

ADULT SOCIAL CARE AND SERVICES SCRUTINY PANEL

A meeting of the Adult Social Care and Services Scrutiny Panel was held on Wednesday 13 January 2021.

PRESENT: Councillors J Platt (Chair), S Hill (Vice-Chair), D Jones, G Purvis, D Rooney, J Walker and G Wilson

PRESENT BY INVITATION: Councillors

OFFICERS: S Blood, E Scollay, McLeod and K Warnock

APOLOGIES FOR ABSENCE: Councillors

20/2 **DECLARATIONS OF INTEREST**

There were no declarations of interest received at this point in the meeting.

20/3 **MINUTES- ADULT SOCIAL CARE AND SERVICES SCRUTINY PANEL - HELD ON 9 DECEMBER 2020**

The Chair advised that the minutes of the meeting held on 9 December 2020 would be submitted to the meeting on 10 February 2021 for approval.

20/9 **SUSPENSION OF COUNCIL PROCEDURE RULE NO. 5 - ORDER OF BUSINESS**

AGREED - in accordance with Council Procedure Rule No. 5, the Chair agreed to vary the order of business as follows; item 5,6,4,7 and 8.

20/5 **INTEGRATION OF HEALTH AND SOCIAL CARE- VERBAL UPDATE**

The Chair welcomed the Director of Adult Social Care and Health Integration to the meeting to discuss issues relating to integration of health and social care.

These updates continue to be different pre -Covid as the priority of the work is response to Covid pandemic and the recovery framework. The position nationally is the delivery of the vaccine on the horizon.

The department has been receiving questions in relation to the vaccines and although this the responsibility for the NHS, the Council commission services where there are vulnerable groups and where there are the top priority groups, the department have a lot of preparation work to do and working very closely with the NHS (through the local clinical commission group and the local acute hospitals/ primary care networks) to ensure we have plans in place to get them through the system.

The Director outlined that he was delighted that a number of the front line staff within Adult Social Care had begun to be vaccinated, which has begun in James Cook University Hospital. We have also been supporting the roll out of vaccine with Care home staff and this has now been rolled out through the Primary Care networks to the over 80s and care home residents. It is hoped that we will see a massive acceleration of the vaccine programme within the next few weeks. National Government , and the Health Secretary has outlined a plan, which outlines the top 4 priority groups, including the health and care staff will be vaccinated by the end of February 2021.

K Warnock outlined that to date (as of 12 January 2021) 6,500 James Cook Hospital staff have been vaccinated to date, 12,000 vulnerable adults (including over 80's and care home staff) have been vaccinated across Redcar and Middlesbrough.

As well as the Covid response, the Director outlined that the services are continuing to

function, whilst dealing with more people self-isolating. The NHS and Council services are under pressure and the Country still do not know the impact of the Christmas relaxation. However he advised that it was as important as ever to ensure residents and staff abide by the guidance to ensure everyone is safe.

A panel member outlined that they had come across a request for a housebound resident to attend a clinic for the vaccine within a surgery, however they are completely housebound. The Director outlined that there will be issues that faced and the Health Secretary had mentioned rolling out mobile vaccination units, however as yet there has been no further information.

AGREED- that the information be noted

20/6

THE LGB&T COMMUNITY AND ELDERLY CARE- UPDATE

The Director of Adult Social Care and Health Integration was in attendance to provide an update on the recommendations from a 2019 review on LGBT&Q Community and Elderly Care. The review came about following an observation that there was little conversation in the care homes and LGBT and there was some work completed by the Mayor to identify whether residents felt comfortable identifying themselves as LGBT. The Director did however stress that the actions set out within the recommendations needed to be continued, and to a degree the service has been able to do this.

In terms of the recommendations the progress to date was as follows:

SCRUTINY RECOMMENDATION	Update – January 2021
That activities which raise awareness and celebrate LGB&T be undertaken in care settings to encourage participation in open discussion.	Care homes as independent businesses have final control over this but encouragement has been provided through the Care Home Forum. Action Complete.
That training and development sessions be undertaken with care providers. Training should focus upon general awareness raising of LGB&T matters, as well as more specific training around the promotion of engagement and open discussion between clients and care staff.	Training on equality and diversity, including LGB&T issues is now part of the mandatory training undertaken by care providers. Action complete.
That work be undertaken by officers in Commissioning and Procurement to ensure that contracted providers have policies in place to support the anticipated increase of openly LGB&T residents in the future.	The requirements for care homes to have equality and diversity policies in place that reflect the needs of LGB&T residents have been reviewed and are monitored through the normal contract monitoring processes. Action Complete.
That an online LGB&T awareness raising module be introduced and implemented for all Elected Members and Council employees, which could also potentially be part of the induction process. The Panel would also encourage staff to undertake additional offline training, where possible.	Corporate Induction has been reviewed since the scrutiny report to include updated content on equality and diversity issues, including LGB&T and an online equality and diversity training module has been created for all staff; this is accessible to all Elected Members. Action complete.
That consideration be given to the use of the LGB&T acronym across the	The Council's Equality and Inclusion Working Group gave

Council.	consideration to the use of LGB&T as an acronym and is content to use this. Action complete.
That engagement work be undertaken with all communities to raise awareness and understanding of LGB&T issues, which would promote community cohesion and group interaction whilst challenging negative behaviours. This would also assist the relatives and friends of LGB&T individuals who are receiving care support.	Meeting undertaken, May 19, with Director of Culture, Communities and Communication and agreement reached that C,C&C would develop engagement programme aimed at addressing community cohesion issues focussed on LGB&T issues. Action complete, however this will be readdressed.
That an awareness-raising briefing/training session, or series of sessions, in collaboration with LGB&T support organisations, be scheduled for all Elected Members in respect of the issues surrounding LGB&T and wider Equality and Diversity areas, and how to engage with 'hard to reach' groups around LGB&T matters.	Action remains outstanding. Planning will be undertaken to deliver during Q1 2021.
That the Local Authority works in partnership with other organisations to further develop LGB&T support provision in Middlesbrough; each service directorate to consider how support can be provided to the LGB&T agenda.	The Local Authority continues to work closely with a range of partner organisations around LGB&T support. The issued was briefed through WLMT for consideration by Directorates. Action Complete.
That a wider related project be undertaken by the Health Scrutiny Panel to look at the support being offered to LGB&T individuals within health services, particularly in terms of accessing health facilities and the processing of referrals.	The Health Scrutiny Panel has agreed for this project to be added to its 2020/21 work programme. Action in progress.

The Panel welcomed the update on the recommendations, however mindful people are still disadvantaged and discriminated for who they are.

AGREED- That the recommendations be noted.

20/4

PALLIATIVE AND END OF LIFE CARE- FUTURE WORK

The Chair invited Katie McLeod, Head of Commissioning and Strategy at the CCG. The Head of Commissioning advised that she supported the adult 18-64 age range postfolio which covered acute, community services and those with long-term conditions, cancer services and end of life care.

At the last meeting held in December 2020, the Panel heard from Craig Blair and the information provided by the Head of Commissioning was to build on this information and focus on the future of the programme and to provide further information.

The Head of Commissioning restated the aim, which was to:

To make the last stage of people's lives as good as possible by aligning systems and processes so that everyone works together confidently, honestly and consistently to help that patient and the people important to them.

The Panel were advised that the Tees valley CCG is one of the four sites nationally to be identified as a commissioning exemplar site.

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It was explained that exemplar sites were selected by NHS England to support the national overarching agenda of:

- Publication of a clear commissioning model, supported by national levers and incentives to commission, contract and fund the best Palliative and End of life Care for their area.
- Integrated and seamless care across providers and organisations

The Panel learnt that NHS England would support the local sites and this support would focus on plans to address national drivers, alongside development of an environment which supports co design and implementation of a Palliative and End of Life Strategy by 2022. As part of the opportunity and NHS support, Tees Valley CCG have an opportunity to build this vision and in return, the Tees Valley CCG will test out new models, work with service specification ideas and work in collaboration to meet the aims of the agenda.

The time scale is set from January 2021- March 2022, in this time the CCG hope to carry out meaningful engagement processes and develop our vision and work through detailed actions of where we are now and where we want to be.

Since December 2020, the following progress has taken place:

- NHS England have issued a Memorandum of Understanding to the CCG for review and feedback by early January
- Plans in place to sign the Memorandum of Understanding by mid – end January and funds will be transferred to the CCG thereafter (expectation is that funding is spent on programme management, events, clinical consultation time etc and it not to be used for delivery of services)
- CCG are in the process of developing a job description to recruit to the project support role which was identified in their bid.
- CCG team part of national project groups to drive the agenda forward and provide meaningful feedback into the commissioning and finance modules of the overarching programme.
- CCG to form part of and be instrumental in the development of a team that support peer learning across the country.
- Locality areas previously undertook a self- assessment against the national Ambitions Framework Plans in place to revisit this across all stakeholders to support wider engagement and assessment of 'where we are now', and
- Comprehensive engagement plan in development to use the learning from this self assessment to begin a programme of engagement and ultimately co design of a future vision for PEoLC. The current climate with Covid does put pressure on the services and we are working with external organisations to look at how we get the best out of engagement.

A panel member queried about the coordination of services and what was meant by this. In response the Head of Commissioning outlined that there were a host of services which may be involved in the patients end of life journey e.g. inpatient support to the voluntary service. The CCG want to ensure they create a collaborative and co-design approach so that patients feel their care is seamless and do not feel like they have to repeat their story. The CCG are working on the personalisation agenda and embedding this across end of life care, to produce a personal approach and ensure we get this right at the beginning.

Another panel member questioned about data sharing within organisations and how developed the peer support network was. In terms of data sharing, the Head of Commissioning outlined that there was a lot of work being undertaken in terms of digital and data transformation. There was work ongoing in transferring data from one organization to another and the CCG will work on the best practice that is already out there nationally and locally.

In terms of peer support, the networks were new and came out as a result of the exemplar site. However we will work with the four sites and share experiences. We will ensure we look at what we have locally e.g. healthwatch. The Head of Commissioning advised that we need to work together and produce a co-designed model to ensure we have the best palliative and end of life care for residents.

David Smith, Chief Executive of Teesside Hospice was also in attendance and spoke at length regarding the fragile state of the voluntary / community palliative care is in e.g he outlined at present there was no lead Palliative Care Consultant at James Cook University Hospital.

He also discussed the sustainability of hospices and how, if the CCG see this as a priority, would need to be included (as discussed at the previous meeting) in the aim of the programme.

As previously discussed, the Chair advised that the panel would welcome an update on the work in 6 months -time and thanked the officers for their presentation.

AGREED-

- **That the information be noted**
- **That the panel receive an update from the CCG in 6 months- time regarding progress of the programme.**

20/7

CHAIR'S OSB UPDATE

The Chair provided an update on items discussed at the Overview and Scrutiny Board held on 18 December 2021.

Agreed- That the update be noted.

20/8

ANY OTHER URGENT ITEMS WHICH IN THE OPINION OF THE CHAIR, MAY BE CONSIDERED.

Forward Work Programme

The Chair expressed at the panel was now in a position to move onto a new topic and in previous meetings the panel had shown an interest in examining the support for carers.

Panel members agreed and one member asked whether the financial support could be looked at.

AGREED-

- **That the Democratic Services Officer invite an officer to attend to provide an overview on support for carers to the next meeting.**
- **That once the introductory information had been received, detailed terms of reference for the review would be drawn up for the panel to consider.**