

ADULT SOCIAL CARE AND SERVICES SCRUTINY PANEL

Date: Wednesday 10th February, 2021
Time: 1.30 pm
Venue:

AGENDA

Please note: this is a virtual meeting.

The meeting will be live-streamed via the Council's [Youtube channel](#) at 1.30 pm on Wednesday 10th February, 2021

1. Apologies for Absence
Apologies for Absence
2. Declarations of Interest
To receive any declarations of interest.
3. Minutes- Adult Social Care and Services Scrutiny Panel - 9 December 2020 and 13 January 2021 3 - 14
4. Integration of health and social care- Verbal Update
The Executive Director of Social Care and Health Integration will provide a verbal update to the panel.
5. Setting the scene presentation- Support for Carers 15 - 18
The Executive Director of Social Care and Health Integration and the Principal Social Worker & Service Lead (Adults) will be in attendance to provide an overview to the panel on support for carers.
6. Chair's OSB Update

The Chair will provide a verbal update from the Overview and Scrutiny Board held on 14 and 27 January 2021.

7. Any other urgent items which in the opinion of the Chair, may be considered.

Charlotte Benjamin
Director of Legal and Governance Services

Town Hall
Middlesbrough
Date Not Specified

MEMBERSHIP

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

Assistance in accessing information

Should you have any queries on accessing the Agenda and associated information please contact Susie Blood, 01642 729645, susie_blood@middlesbrough.gov.uk

ADULT SOCIAL CARE AND SERVICES SCRUTINY PANEL

A meeting of the Adult Social Care and Services Scrutiny Panel was held on Wednesday 9 December 2020.

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

PRESENT BY INVITATION: Councillors B Cooper, D Coupe, A Hellaoui, T Mawston, M Storey and P Storey

OFFICERS: S Blood, E Scollay, C Breheny and M Jackland

APOLOGIES FOR ABSENCE: Councillors J Goodchild and D Rooney

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 - 11 NOVEMBER 2020**

The minutes of the Adult Social Care and Services Scrutiny Panel meeting held on 11 November 2020 were submitted and approved as a correct record.

20/4 **PALLIATIVE /END OF LIFE CARE- SETTING THE SCENE -NHS TEES VALLEY CLINICAL COMMISSIONING GROUP (CCG)**

The Chair welcomed the Panel and members of the Health Scrutiny Panel to the meeting. He advised that this was a setting the scene meeting in response to Palliative and End of Life Care. With this in mind, he welcomed Craig Blair, Director of Commissioning Strategy and Delivery from NHS Tees Valley Clinical Commissioning Group (CCG).

The Director firstly provided some context, outlining that the Tees Valley CCG was now coterminous with the Tees Valley Integrated Health and Care Partnership (ICP). The ICP working spans three secondary care providers, five hospices, five local authorities and parent carer forums along with numerous third sector organisations. It is a complex and a diverse system that they work in.

The Panel were advised that there had been an organisational change and a recent merger of three diverse CCGs, Hartlepool and Stockton-on-Tees CCG, Darlington CCG and South Tees CCG to become Tees Valley CCG . The merge highlighted inequalities and variation in funding and contracting methods across hospice services and palliative care services and emphasised the need for one strategy co-produced with partners.

The aim of the CCG was to explore the use of new contracting methods and national service specifications for similar services provided by hospices and specialist services adapted to meet the needs of individual providers. Many of the CCGs palliative and end of life care services have outdated service specifications which require review.

In terms of Covid, it has been challenging for all sectors, however the Director advised that as a system they have responded in a coordinated, flexible and effective way. However the pandemic has had wider system impacts with Hospices especially in light of reduced charitable income. The Director outlined that there is a need to continue the excellent working relationships with the Hospices to ensure vital services are maintained. Covid and the organisational changes have driven an added impetus to review services and explore the development of a system wide approach to delivering integrated services.

The Panel were advised that once the need is established across the CCG and the current service analysis completed, then the delivery model and the most appropriate payment and contracting methods to deliver the model will be determined.

The CCG are willing to look at innovative contracting solutions to deliver true integrated care that draws on the emerging 'Future Vision' work NHSE/I are currently supporting Hospice UK to produce, with the aim of re-imagining a more sustainable future for palliative and end of life care. The CCG are also focussed on collaborative working to develop and deliver new and innovative pathway development and contracting solutions to deliver true integrated care that draws on the emerging 'Future Vision' work NHSE/I are currently supporting Hospice UK to produce, with the aim of re-imagining a more sustainable future for palliative and end of life care.

The aim from a commissioning service:

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 the patient and the people important to them.

Opportunity for the Tees Valley

The Director explained to members that an opportunity had arisen through NHS England to undertake a commissioning pilot, as a way of looking and contacting services. Tees Valley CCG were successful in bidding for the commissioning pilot and were awarded funding of £50,000 which will be used to review and commission services for end of life and palliative care. The funding will allow the CCG to recruit and employ officers for project support to look at the services we have now, where there are gaps and what can be done to improve.

The funding will be used to;

- Support driving the agenda forward and create an environment where transformation can be achieved in a collaborative way across partners.
- Undertaking multi-agency engagement, patient/carer/parent consultation and engagement events to support development of a Tees-wide vision and strategy for PEOC.
- Ensure the vision and strategy are owned by partners and are built from the 'bottom up', addressing local issues and building on good local practice.
- Enable the capacity to build relevant relationships across all key stakeholders that span the adults and children's agenda's and enables implementation of the key principles of the proposed service specification plus address local concern regarding service stability and cohesion.

What the CCG hope to achieve

This approach would support delivering the following key service developments and outputs:

- Scoping existing services against the national service specification and NICE Guidance
- Development of an ICP vision, key priorities and strategy for Palliative and End of Life Care spanning children and adult's services utilising the Ambitions for Palliative and End of Life Care and the CQC framework: Getting to Good
- Creating a cohesive pathway that spans all age ranges and offers equity of access for patients across all locality areas within the ICP, providing consistency across the following areas-
 - community support including primary care
 - specialist palliative care Acute/Community based support
 - Hospice provision
 - Children and Young People/adult transition, palliative and respite care
- Ensuring stability of service across the hospice market
- Reviewing and developing 24/7 access to specialist advice – for example there are several ways this is being delivered at the moment and the CCG would like to review and look at developing a standard offer.
- Reviewing and developing 24/7 community nursing services for both children and adults

- Increased implementation and utilisation of key aspects of the personalised care agenda to improve patient outcomes
- Co-ordinated care across organisations where money follows the person into the most appropriate setting and choice is supported for the person and family/carer where possible.

In terms of Implementation, the Director outlined that the CCG will:

- From existing resources and new resources, the CCF would like to undertake engagement with partners
- Baseline Palliative and end of life Care (PEoLC) services across the Tees Valley, using the commissioning and investment framework to classify key services into core, specialist and enhanced.
- Utilise service specification good practice templates to ensure revised service offerings meet the key requirements for good PEoLC.
- Ensure service specifications meet national standards, national policy and personalised care approaches, with amendments to meet each provider arrangement as appropriate.
- Test the guidance to develop meaningful integration across providers and organisations which may require non- traditional contracting methods.
- Explore alternative contracting methodologies such as delegated budgets or other innovative contracting approaches e.g. contracts or grant agreements with Hospices.
- Explore and develop further the relationships between specialised and local commissioning in order to improve the EOL journey for Children and Young people and their families is as joint up as possible.

Finally, the Director advised of the next steps for the pilot scheme, these being:

- Agree and sign off Memorandum of Understanding with NHS England for the pilot funds (December – Jan 2021)
- Recruit project support as per the requirements of the bid (circa Jan – March 2021)
- Agree a programme of extensive engagement with patients, carers and stakeholders to co-design a vision for End of life services across the Tees Valley early in 2021. This would need to be done within a covid safe way.
- Translate the vision into new pathways and re-design service models with providers – supporting a collaborative approach
- Mobilise new pathways to support improved patient outcomes - spanning 2021/22. All parties supported in the pilot would have a clear mobilisation plan in place once this new way of working was introduced post the pilot.

Following the presentation, the members raised a number of issues:

1. The panel were pleased that the CCG were leading as an example in terms of their service delivery and flexibility especially through Covid.
2. There was concern that at present, when an individual is at end of life, family members are unable to be with them if they are residents of a care home. The Director advised that this was a very sad situation and he hoped that through engagement groups this would be discussed a solution of how to address this be devised.
3. The Panel also raised concern that there was a reliance and need for charities, however their finances were disappearing and how could this be resolved. In response, the Director outlined that unfortunately the CCG do not have unlimited resources but it was hoped that the charities are fully engaged with the progress and the CCG look at ways to best use their facilities and support them.
4. Lastly, a Panel member questioned how the pilot will ensure engagement with hard to reach groups especially since at present with Covid-19 there has been a move to digital / remote engagement. In response, the Director outlined that the community engagement teams would address these factors and once safe to do so devise a strategy of engagement.

The Chair thanked the Director for this excellent presentation. Following on from the item, it was agreed that at present with the CCG undertaking the pilot, it would add little value to undertake a full scrutiny review on Palliative and end of life at this stage.

It was therefore agreed to receive some more information on the pilot implementation and revisit the topic in 6 months- time.

AGREED-

1. That the presentation be noted
2. That the CCG be invited to a future meeting to provide further information on the pilot.
3. That the scrutiny panel revisit the topic in 6 months time.

20/5

PALLIATIVE / END OF LIFE CARE- SETTING THE SCENE- TEESSIDE HOSPICE

The Chair welcomed David Smith, Chief Executive of Teesside Hospice to the meeting. Prior to the meeting, the Chief Executive had shared a briefing document, however briefly went through key aspects.

He advised the Panel that Teesside Hospice was established in 1982, and is a charity working in partnership with the NHS and wider system delivering specialist palliative care, end of life care, wellbeing activities, lymphoedema care and grief and trauma counselling services for adults and children across Teesside and parts of North Yorkshire. As others have developed their skill in delivering generalist care, their priority is to look after people, their families and carers who have complex or multiple needs and to provide Specialist Palliative Care and support and expertise in end of life care. In addition, they provide specialist advice and support to other professionals on palliative and end of life care, offer specialised education and training and undertake research across our areas of work.

Teesside Hospice employ 148 people in a variety of different roles and have over 300 volunteers in our hospice, retail and fundraising departments.

The services are available free of charge to the people who need them. In 2020-21, the clinical services will cost just over £3M to deliver. About 43% of this comes from the local NHS with the remainder coming primarily from fundraising activities across Teesside and local residents via retail sales in the shops.

Teesside Hospice and Mission statement

Our Vision is that we are there for everybody who needs us. We want to change the way our society and healthcare systems care for people with a life limiting illness and ensure that local people get the very best care at the end of their life.

Our Mission is to complement other services by leading the development of new ways of working and delivering hospice care that meets the needs of those at the end of their life today and those in the future, whatever their needs might be.

The Panel heard that there is a skilled multidisciplinary team at the hospice, which offers patients holistic care, ensuring that their physical, emotional, social and spiritual needs are met. The team includes: a Consultant in Palliative Medicine, Hospice Medical Team, Specialist Nurses, Occupational Therapists, Dietician, Social Worker, Physiotherapist, Complementary Therapist, Chaplaincy and Counselling Services.

The Hospice also provides a 10 bedded Inpatient Unit, which is the only specialist inpatient beds for people requiring palliative or end of life care in the locality. The Chief Executive advised that it is useful to consider the facility at Teesside Hospice as a High Dependency Unit for people with Palliative and End of Life Care needs.

With a target occupancy rate of 85% and average length of stay around 14 days, the Inpatient Unit focusses its work in the general areas:

- End Stage Care: Some patients choose to spend their last days in the unit, being admitted during the very late stages of their illness

- Pain and Symptom Management: for people experiencing pain and other symptoms that have not been controlled by generalist interventions.
- Psychosocial and spiritual distress: needs that cannot be met by the generalist referring team.

The Hospice also offers a wellbeing clinic and offers supportive care for those who are at their end of life. Teesside Hospice, like other hospices offer a range of services, which may include the following: pain and symptom control; psychological and social support; rehabilitation – helping patients to stay independent and continue to live their lives as they have done before; complementary therapies, such as massage and aromatherapy; spiritual care; family care; practical and financial advice; bereavement care. The Hospice offers peer support and also fundraises to offer an outreach nurse, who directs people either into the hospice or to other services.

Their goal is to help our people face the world without fear or feelings of inadequacy arising from having been, or still being, unwell; to have attachments to others which have emotional meaning (to love and to feel loved); to be able to do things in the world which have a meaning and a purpose for them. In order to achieve this goal Teesside Hospice include the development of communities within their services and where appropriate, a therapeutic community meeting appropriate quality standards.

Given the specialist nature of our work, referral into Teesside Hospice is generally through a GP, hospital team or social worker. Self-referrals are also possible and support is also available for family members and carers affected by a life-limiting illness.

In terms of finances, Covid has had a massive impact and on charitable donations, especially through the shops. However in terms our specialisms the cost for the Hospice have increased and they are looking at a half a million pound deficit going forward. If the Hospice carries on in the same way, it is unfortunate but the Hospice is likely to have to close in the next 3-4 years' time. The Chief Executive outlined that this is the extreme and in order to mitigate this the Board of Trustees instigated a transformation programme that has sought to seek savings and efficiencies in our work whilst working with partners and the wider system to increase the level of core statutory funding the hospice receives. The Hospice are encouraged by the warm words we have received and the confirmation that our specialist inpatient beds and Specialist Wellbeing and outpatient services are essential to the local system. The Chief Executive advised that the Inpatient unit is where the most resources lie, however there is a need for the specialist beds and have help shape our thinking of where we can go forward. £750,000 from Reserves will be used for the next financial year to ensure the Hospice remains running, however further work needs to be looked into.

The Chief Executive eluded to the work undertaken by the Scrutiny Panel in 2011 on End of Life Care, which was very in-depth, however frustrating as there is still gaps and a need for people to have good, end of life care. It was agreed that the report would be circulated to the Panel and that the Democratic Services Officer would contact the CCG to ascertain the progress of the recommendations made in 2011.

In terms of fundraising, the Panel asked about what the Hospice had done in terms of increasing its fundraising. In response, the Chief Executive outlined that the hospice had opened a new charity shop, there has been a push towards digital fundraising, lottery and there had also been corporate fundraisers, which had resulted in £20-30k. A Panel member also enquired whether the Council had a payroll giving service and whether the Hospice could be included within this.

The Chair thanked the Chief Executive for his presentation and wished him and the Hospice luck in the future.

Agreed:

- That the information be noted
- That the Democratic Services Officer circulate the report on End of Life Care undertaken in 2011 and contact the CCG to ascertain the progress of the

recommendations made in 2011.

- That the Democratic Services Officer contact the Council's HR service with regard to payroll giving.

20/6 **CHAIR'S OVERVIEW AND SCRUTINY BOARD UPDATE**

The Chair provided a verbal update from the Overview and Scrutiny Board held on 3 December 2020.

Agreed-

That the update be noted.

20/7 **ANY OTHER URGENT ITEMS WHICH IN THE OPINION OF THE CHAIR, MAY BE CONSIDERED.**

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.

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.

Wednesday 13th January, 2021

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.**

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Adult Social Care and Services - Support for Carers.

Background – Impact of Caring

- The 2011 UK census showed that there were approximately 6.5 million people of all ages providing unpaid care. A 2019 poll published by Carers UK indicates that this number could now be closer to 8.8 million.
- The number of people aged 65yrs or over has also grown from 1.4million in 2011 to potentially over 2 million in 2019.
- 2011 census information showed that there were 166,000 young carers between the ages of 5-17 providing support to a parent or sibling with illnesses or disabilities in the UK. The Children's Society estimate that this figure is closer to 800,000, largely due to the number of young carers who remain unidentified.
- ONS data shows that there are approximately 2,500 young or young adult carers across South Tees between the ages of 0-24.

State of Caring 2019 - key findings

In 2019, 8,000 current and former carers shared their experiences and helped inform the *State of Caring 2019* report.

- 39% responding to a national survey said they are 'struggling to make ends meet'.
- 68% reported regularly using their own income or savings to pay for care or support services, equipment or products for the person they care for.
- 12% of carers reported that they or those they support received less care or support services during the previous year due to a reduction in the amount of support from social services.
- 53% of carers said that they are not able to save for their retirement.
- 64% say that they have focussed on the care needs of the person they care for, and not on their own needs.

The Impact of Covid-19 - summary of key national findings

Passing on the virus to those they care for has been concerning carers since the start of the pandemic, with many shielding, or choosing to shield. Some have moved away from their families to live in and provide care.

- Every day of the pandemic, carers have been providing care worth £530 million.
- 81% of carers have taken on more care.
- 64% have not had a break during the pandemic.
- 64% of carers say their mental health has been impacted by Covid.
- Local authorities are seeing increasing numbers of carers asking for help because of breakdown.

Council Statutory Responsibilities & Direct Services

The Care Act 2014 put in-place significant rights for Carers in England including:

- A focus on promoting Carers' wellbeing.
- A duty on local councils to prevent, reduce and delay the need for support, including the needs of Carers.
- A right to a Carers' Assessment based on the appearance of needs.
- A right for Carers' eligible services to be met.
- A duty on Local Authorities to provide information and advice to carers in relation to their Caring role and their own needs.

Middlesbrough Council works closely with Carers' Together, The Junction, MVDA, Mind and other agencies to promote information and services for Carers.

Carers may choose to receive support from these agencies (e.g. advice, signposting, support groups, etc.) or may wish to approach Adult Social Care directly.

Adult Social Care also offers advice and guidance, signposting and links to local resources, as well as providing support directly, which often includes:

- Practical Support for the Cared for Person.

Social Work Teams complete needs-led assessment of the cared-for person.

Talking with the carer, it may be appropriate to provide additional care and support for the cared for person, in order to better support the carer.

This may include domiciliary care, personal care, sitting services to give the carer a break, attendance at a Day Centre or Respite care.

- Practical Support for Carers.

All carers are offered an Assessment in their own right to establish the effects that the caring role is having, and whether this is having a significant impact on their wellbeing.

We provide services, usually via a Direct Payment, to support the carer in their caring role.

Direct Payments give Carers more choice and control over the support they receive, which may include, but is not limited to:

- Assistance with domestic routines (e.g. gardening or housework).
- Taxi-fares / transport.
- Gym membership / recreation / therapeutic interventions.
- Provision of equipment.

Middlesbrough Council do not ask Carers to contribute financially towards the cost of the services they receive in their own right.

In the first 9 months of this financial year, 2,780 Carers Assessments were offered to Carers in Middlesbrough. This is a significant increase on the previous year (19/20) when 1,900 carers Assessments were offered.

South Tees Carers Offer

Redcar & Cleveland Borough Council, Middlesbrough Council and South Tees CCG are working on an integrated commissioning model scheduled to be tendered in June with a start date of 1st October 2021

Going forward a Commissioning sub group comprising of statutory sector colleagues from health and social care will help shape the pending specification(s). It is anticipated that a collaborative model will be developed to encourage organisations to work together to provide a holistic offer across South Tees.

South Tees Carers Forum & Strategy

The developing forum covering MBC and RCBC council areas consists of over 120 members with 5 focus groups examining the key themes in the National Carers Action Plan 2018-20. The work of the forum is helping shape the pending commission.

These key themes form the basis of the draft South Tees Carers Strategy that will outline the strategic direction over the next 3-5 years.

Core Commissioned Support Services

- Adult Carers Outreach Service delivered by Carers Together
- Young Carers Service delivered by The Junction Foundation
- Young Carers Schools Project delivered by The Junction Foundation
- We Care You Care Communication and Campaigns delivered by MVDA
- MBC & RCBC South Tees Hospital Project delivered by Carers Together
- Mental Health Project delivered by Middlesbrough & Stockton Mind

Developments

Young Adult Carers – The Junction Foundation in partnership with Carers Together were successful in securing short term funding from Commitment to Carers Mind the Gap Project funded by NHS England & NHS Improvement

Active Minds Bags – 3-6 month pilot to provide memory bags through and managed by Middlesbrough Library Service to people with dementia, their carers and family including those from BME groups. .

Dementia Advisor Service – the current service will be relocated to the newly developed Dementia Hub at Woodside. The service will be recommissioned in line with the S.Tees commission

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