ADULT SOCIAL CARE AND SERVICES SCRUTINY PANEL

A meeting of the Adult Social Care and Services Scrutiny Panel was held on Wednesday 2 March 2022.

PRESENT:	Councillors J Platt (Chair), D Davison, T Higgins, G Purvis and D Rooney
PRESENT BY INVITATION:	Councillors
ALSO IN ATTENDANCE:	
OFFICERS:	K Jackson, D Johnson, C Lunn and E Scollay
APOLOGIES FOR ABSENCE:	Councillors D Jones, G Wilson and J Walker

21/44   **DECLARATIONS OF INTEREST**

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

21/45   **MINUTES - ADULT SOCIAL CARE AND SERVICES SCRUTINY PANEL - 5 JANUARY 2022**

The minutes of the Adult Social Care and Services Scrutiny Panel meeting held on 5 January 2022 were submitted and approved as a correct record.

21/46   **INTEGRATION OF HEALTH AND SOCIAL CARE - VERBAL UPDATE**

The Director of Adult Social Care and Health Integration provided Members with an update regarding the integration of Health and Social Care; the following points were made:

- Sam Allen had recently taken up the post of Chief Executive of the Integrated Care Board (ICB) for the North East and North Cumbria Integrated Care System (ICS). Meetings between the Chief Executive and Local Authority Directors would be taking place over the coming weeks.
- The NHS was amending the way it carried out its internal governance; the intention was for the ICS to be implemented in April 2022, but had been delayed to July 2022. At present, discussion was taking place with Chief Executives across the region in relation to the operating model for the ICS. The ICS was concerned with the structure of the NHS, though there was a role for Local Authorities to have representation on the associated Board. Beneath that, a further structure would be established to consider matters at local level. The operating model for the ICB was currently under discussion; Tees Valley Chief Executives would next be meeting on 16 March 2022 to feed their collective opinions regarding this back to the NHS.
- It was felt that the current working relationship that the Local Authority had with the NHS / Clinical Commissioning Group (CCG) was as strong as it had ever been. It was envisaged that the majority of the current Directors and representatives of the CCG would continue to liaise with the Local Authority once the ICS had formally been established, as there was a requirement of the NHS to retain local structures and linkages.
- Due to Middlesbrough's health demographics, it was felt that the ICS provided opportunity for longer term preventative work to be looked at.

During the discussion that followed, Members asked a number of queries of the Director. In response, the following information was provided:

- A Member commented that they felt reassured by the information provided, particularly as they had previously held concerns around the alteration of the local structure in relation to the size of the area that the new ICS would cover. In response, the Director indicated that there would be structural changes. The ICB, which was a

Board of the NHS, covered the large geographical area; to ensure that local areas could 'feed in', there would be an Integrated Care Partnership (ICP), which was currently being discussed by the Chief Executives. The ICP would bring together local statutory and voluntary partners to arrive at collective agreement around what was appropriate for the respective local area. It was explained that the ICS guidance had been produced with an expectation that there would be one ICP for the whole geographical area. However, as the largest ICS in England, this would not have been practical and therefore, four ICPs were currently being created (Middlesbrough would belong to the Tees ICP, which was likely to involve the five Local Authorities). It was felt that this approach would grant opportunity for Middlesbrough to act as an individual Local Authority where choosing to do so, but would also provide a forum where the five Local Authorities could come together to provide a strengthened voice for collective matters.

- With regards to the statutory guidance for delivering the frameworks, it was explained that there was statutory guidance associated with the establishment of the ICB. The Chair for the local area had consistently aimed to maintain as much flexibility for individual local areas as possible, essentially because it reflected the statutory guidance and was practical to do so. Reference was made to the scale and diversity of the ICS area, which covered Redcar to Cumbria, and the need to successfully represent the varying needs of those different localities within it. There was more flexibility around the establishment of the local ICPs than there was the ICB, primarily because the Board was part of the NHS structure and would therefore be replicated across England.

The Chair thanked the Director for the information presented.

NOTED

21/47   **THE ROLE OF THE VOLUNTARY AND COMMUNITY SECTOR (VCS) IN SUPPORTING ADULT SOCIAL CARE (WITH A FOCUS ON COVID-19 RECOVERY) - AN INTRODUCTION**

The Director of Adult Social Care and Health Integration and the Advanced Public Health Practitioner were in attendance at the meeting to provide an introduction to this new topic. A written report had been submitted in advance of the meeting.

By way of background and context, the Director made the following points:

- Within Adult Social Care, there were a number of different themes of service delivery / operational activity, which consisted of in-house service provision and independent (commissioned) service provision. Separate from those was the support provided by the VCS. Some of the services within the VCS were commissioned, others were pre-existing VCS organisations that acted entirely independently from the Council in the broader community. In terms of the latter, it was highlighted that despite not being directly commissioned, those organisations provided a critical contribution to the resilience of the Council's services because they supported the same communities that the Council sought to support.
- Traditionally the Council had linked into the VCS through Middlesbrough Voluntary Development Agency (MVDA), but also in the acknowledgment that there were lots of other aspects of the VCS that operated outside of MVDA, which although challenging to engage with was important to do so. It was felt that improvements could be gained around this engagement work both in respect of Adult Social Care and the Local Authority as a whole.
- Reflecting upon the impact of the pandemic, it was felt that in some respects there had been a hiatus for a couple of years in terms of development work because everyone had been focused on operational delivery. It had impacted service plans and had caused problems, but had also created opportunities. Moving out of the acute phase and into the recovery phase, now was the time to reassess, take stock and consider how activities would be carried out in a post-pandemic world.
- During the pandemic, Public Health had worked exceptionally well with the

VCS. The submitted report reviewed the work undertaken by Public Health primarily during the pandemic, and where that work now left the authority in relation to the VCS.

The Advanced Public Health Practitioner provided the following information to the panel:

- The Advanced Public Health Practitioner had been responsible for creating the Council's 'Covid Champions Network', which was initially formed through government grant funding.
- The role of the VCS was essential in supporting those accessing health and wellbeing services (and preventing poor health), as well as social care services. Consideration was given to the high profile of some VCS organisations and the comparatively low profile of others; it was important that the value of all of those was recognised.
- Public Health's engagement work with the VCS had initially commenced via the government grants programme. It had been recognised that, as Covid hit, the Council needed to support those VCS organisations that were going to be significantly affected. It was explained that formal organisations were suddenly unable to support vulnerable clients in their usual ways (e.g. following the removal of face-to-face contact), and therefore organisations needed to reconsider their operational models. In addition to that, usual sources of income such as charitable donations, grant funding, income from charity shops and/or holding events, had also been affected and therefore they needed to work differently.
- Following receipt of the first round of government grant funding, consideration was given as to how the VCS could best be supported. Details of the various types of funding awarded were provided in the submitted report. To begin with, Communications Grants were awarded in order to facilitate Public Health's engagement with vulnerable people in communities around raising awareness of Covid and keeping safe. The 'Covid Champions Network' was created through VCS organisations because they knew what messages would work best for their communities, and small grants were awarded for this work.
- The next grants to be awarded were VCS Sustainability Grants. The purpose of those was to support organisations losing their funding streams, or that had reduced staffing due to isolation etc., to sustain those services, but allow them opportunity to consider how they might operate differently. For example: virtual engagement with clients; doorstep deliveries; purchasing laptops to maintain contact with vulnerable people, etc., and to keep businesses in operation as they lost income streams. Those organisations involved in this joined the 'Covid Champions Network'.
- The Council then supported this further by providing Mental Health/Isolation Grants to those VCS organisations providing related support, whether that be related to dementia, caring or older people; mental health was also becoming a major issue as a consequence of isolation. It was highlighted that many excellent ideas had emerged for projects that could be delivered through VCS partners.
- Public Health was especially keen for organisations, through the 'Covid Champions Network', to become more aware of what others were doing and provide opportunities for partnership working. It was explained that when grants were being dispensed around mental health (Mental Health/Isolation Grants – second funding allocation) and recovery work (VCS Recovery Grants – third funding allocation), Public Health encouraged partnership working via the grant application forms, with higher funding packages being made available if partners demonstrated how they were going to work together and deliver services differently. It was felt that this had been a very positive spin-off of the grants process and the 'Covid Champions Network'.
- There had been some positive implications arising from the pandemic. For

example: organisations had been forced to rethink their operational models, including how services could be streamlined or delivered in a way that improved relations with their contacts. In addition, some projects had provided significant insight, e.g. in relation to men's mental health, one project had identified men to be more responsive via telephone than in-person. It was hoped that such findings would be taken forward in the future.

- Volunteers had been essential. Initially, work had commenced with GoodSam Volunteers (also known as NHS Volunteer Responders). In addition, individuals who were not formally attached to a VCS organisation had volunteered to join (and had continued to remain with) the 'Covid Champions Network' to deliver messages in their communities. The 'Covid Champions' had also, through the VCS organisations, provided practical support at Public Health's Covid Community Clinics, with staff and volunteers manning those clinics, undertaking queue management tasks, and engaging with clients and promotional work. Volunteers had gone above and beyond and it was highlighted that this had been really positive for relations between the Council and the VCS. As a consequence of Covid, Public Health had made contact with the VCS that had not been undertaken previously, and it was hoped that this could be taken forward further in the future.

- Consideration now needed to be given towards how the VCS could be supported in the future to enable more robust services to be provided longer term. With regards to finance, it had been observed that some organisations would have struggled within the first 3-6 months of the pandemic if grant funding had not been provided, which was very concerning given the positive impact that they had had. In moving forward, it was felt that provision of support/knowledge around financial planning could be provided in order to strengthen their approach to be more business-like and maintain the sustainability of their organisations. Additional approaches could look at reviewing the wider services to determine which of those organisations, whether from a Health and Social Care perspective or a Public Health perspective, could be strengthened further through partnership working. In terms of the various different communities that the VCS sector had been essential in supporting throughout the pandemic, in particular the different ethnic communities and groups, it was felt that engagement work could continue to be built-on in the future. Although it had been a very difficult time for VCS organisations, it was hoped that the work they had undertaken with Public Health had improved relationships all round, and that this work would continue. Although there were no specific plans in place for next steps as of yet, mention was made of the commitment that volunteers had made in relation to the 'Covid Champions Network'. It was explained that all had indicated that they wished to remain with the Network and to volunteer either as 'Community Champions' or general 'Health Champions'. This was especially positive as it would help to maintain those community links going forward.

During the discussion that followed, Members raised a number of queries/comments. In response, the following information was provided:

- Regarding positive outcomes that had emerged from the pandemic, examples of 'old world' community support provided to individuals were outlined. These included: collection of shopping and prescriptions; assisting neighbours; and work by GoodSam Volunteers. It was hoped that this support would continue because it had been incredibly valuable for local communities.

- With regards to the 'Covid Champions Network', the Advanced Public Health Practitioner explained that in December 2020, because previous grants had been provided and delivered well, Public Health had received further funding of £180,000, which was utilised to strengthen the approach with 'Covid Vaccine Champions'. It was explained that the issue of Covid vaccines had

been difficult to address because there were some key areas/communities that were not engaging, and as restrictions were being lifted nationally, people were becoming more blasé about the need for vaccines. Therefore, more specific engagement work was required, which could result in further VCS organisations becoming involved.

- Members heard that, prior to the pandemic, Public Health had intended to create a 'Health Champions Network'; Covid had helped to develop this because there was now a 'Covid Champions Network' with circa. 70-80 Members (some Council staff, but the vast majority were VCS organisations or volunteers) in place. It was hoped that, once Covid had entered a recovery/end phase, these Members could be retained as generic 'Health Champions'. Consequently, each had been asked if there were any particular areas of Public Health that interested them, e.g. smoking, obesity, mental health, cancer issues or community engagement, or if no specific interest, whether they would be willing to act as a generic 'Health Champion' within their community. It was explained that there would no expectation for individuals to provide expertise on any topic; it was a way of providing a route in for Public Health to improve its outreach resource. The decision was entirely for the respective individual, although Public Health was keen not to lose volunteers or the key VCS organisations that were currently represented.

- The Director of Adult Social Care and Health Integration highlighted the importance of not aligning activities to specific areas, i.e. Health, Social Care or Public Health, because to do so would forge a return back to traditional silo ways of working when the objective was to create networks within local communities, where people could support each other and assume responsibility for the area. The importance of maintaining those networks during and beyond the recovery phase was highlighted. It was explained that through the voluntary development agency and the Council's own direct contributions, assistance could be provided to local communities to help them develop their own resilience and grow their own support networks and links.

- The Advanced Public Health Practitioner explained the importance of two-way communication in terms of conveying messages to local communities. It was important that Public Health understood the issues facing local communities from a 'grass roots' level and were able to communicate accordingly. The role of the VCS organisations in facilitating this process had been invaluable. Moving forward, it was essential that this continued in order for Public Health to understand what the emerging issues and barriers for communities were. The Director of Adult Social Care and Health Integration made reference to a Local Area Coordination pilot that had been undertaken circa. 10 years previously, which was based on an Australian idea and looked at networks within local communities. The Advanced Public Health Practitioner referred to the work undertaken with VCS organisations and ethnic communities, and the invaluable role that local religious leaders had played in conveying messages. It had been fully recognised that there were key people on the ground that needed to be engaged with, and therefore very important that these relationships be maintained and developed going forward.

- A Member made reference to the different communities within Middlesbrough; the importance of conveying messages to these varying communities and the assistance that Elected Members could provide.

- A Member commented that the VCS was excellent at adapting quickly to change and commended the joint working between the VCS and the statutory sector. It was commented that the encouragement of partnership working in terms of applying for grant funding was very positive because competing for funds generally created division. Encouraging organisations to apply for joint funding improved that process.

- With regards to the management of the 'Covid Champions Network', it was explained that in the earlier stages of the pandemic, the group had met on a fortnightly basis and then on a monthly basis; the group currently met virtually

every six weeks. It was explained that all of the information distributed to the Champions was the latest, formal information available at the time of the respective communication. Interaction was two-way and it was explained that any responses to requests for information were always provided by Public Health in order to help build relationships. Similarly, if any messages needed to be amended or specified for different communities, this would be undertaken collaboratively. Volunteers and VCS organisations were offered training by Public Health England in relation to vaccine and Covid conversations; all Champions had completed this.

- With regards to 'Covid Champions' and the representation within different areas of Middlesbrough, it was indicated that although there was a strong BAME representation, representation on the whole was generally town-wide. Work was currently taking place in respect of vaccination uptake figures; increased engagement work in Wards with both low uptake and no representation on the network would be undertaken.

The Chair thanked the officers for their attendance and contributions to the meeting.

The panel discussed the potential next steps for the review. It was agreed that, in preparation for the next meeting, representatives of several frontline VCS organisations and individual volunteers would be contacted and invited to attend and provide information from their perspective. Consideration was given to DBS checks for individuals working within community settings. Reference was made to the directory of VCS organisations that was available on the Council's website and a suggestion made as to how this resource could be developed, e.g. link-in with social media.

AGREED that representatives of several frontline VCS organisations and individual volunteers would be contacted and invited to provide information at the next meeting.

21/48 **OVERVIEW AND SCRUTINY BOARD UPDATE**

The Chair provided a verbal update on the matters that were considered at the Overview and Scrutiny Board (OSB) meetings on 18 January 2022 and 22 February 2022.

A Member queried whether Executive Members had attended the two OSB meetings to provide updates. The Chair advised that the respective Executive Member had attended the 22 February 2022 meeting, but attendance at the 18 January 2022 meeting would need to be confirmed. This would be followed-up directly with the Member raising the enquiry.

AGREED that the Chair would review the Executive Members' attendance at the 18 January 2022 OSB meeting and confirm the position with the Member raising the enquiry.

21/49 **DATE OF NEXT MEETING - 30 MARCH 2022**

The next meeting of the Adult Social Care and Services Scrutiny Panel had been scheduled for 30 March 2022, which would be the last scheduled meeting of the 2021/2022 Municipal Year.

The panel would continue with 'The Role of the Voluntary and Community Sector (VCS) in Supporting Adult Social Care (with a focus on Covid-19 recovery)' review by considering terms of reference and inviting representatives from the VCS to provide information.

NOTED