

ADULT SOCIAL CARE AND SERVICES SCRUTINY PANEL

Date: Wednesday, 2 March 2022
Time: 10.30 a.m.
Venue: Virtual

Please note this is a virtual meeting.

**The meeting will be livestreamed via
the Council's YouTube channel at
[Middlesbrough Council - YouTube](#)**

AGENDA

1. Apologies for Absence
2. Declarations of Interest

To receive any declarations of interest.
3. Minutes - Adult Social Care and Services Scrutiny Panel - 5 January 2022 3 - 6
4. Integration of Health and Social Care - Verbal Update

The Director of Adult Social Care and Health Integration will provide the panel with a verbal update regarding the integration of health and social care.
5. The Role of the Voluntary and Community Sector (VCS) in Supporting Adult Social Care (with a focus on Covid-19 Recovery) - An Introduction 7 - 12

Officers will be in attendance to provide the scrutiny panel with a general overview and introduction to the topic, which will include:

- Details of the impact that Covid-19 has had on the operation of VCS organisations and the ways in which services are delivered;
- Details of the types of support that VCS organisations have provided to health and wellbeing services;
- Details of the financial support provided to VCS organisations during the pandemic; and

- Opportunities for future working.

6. Overview and Scrutiny Board Update

The Chair will provide a verbal update on matters considered at the meetings of the Overview and Scrutiny Board held on 18 January 2022 and 22 February 2022.

7. Date of Next Meeting - 30 March 2022

8. 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
Tuesday, 22 February 2022

MEMBERSHIP

Councillors J Platt (Chair), G Wilson (Vice-Chair), D Davison, T Higgins, D Jones, G Purvis, D Rooney and J Walker.

Assistance in accessing information

Should you have any queries on accessing the Agenda and associated information please contact Chris Lunn, 01642 729742, chris_lunn@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 5 January 2022.

PRESENT: Councillors J Platt (Chair), G Wilson (Vice-Chair), D Coupe, D Davison, T Higgins, D Rooney and J Walker.

ALSO IN ATTENDANCE: D Best, Independent Chair – Teeswide Safeguarding Adults Board (TSAB).

OFFICERS: S Bonner, C Lunn and E Scollay.

APOLOGIES FOR ABSENCE: Councillor D Jones.

DECLARATIONS OF INTEREST

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

MINUTES - ADULT SOCIAL CARE AND SERVICES SCRUTINY PANEL - 8 DECEMBER 2021

The minutes of the Adult Social Care and Services Scrutiny Panel meeting held on 8 December 2021 were submitted and approved as a correct record.

SUSPENSION OF COUNCIL PROCEDURE RULE NO. 5 – ORDER OF BUSINESS

AGREED that, in accordance with Council Procedure Rule No. 5, the remaining agenda items would be considered in the following order: 5, 4, 6, 7, 8 and 9.

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:

- Reference was made to the demands of the pandemic, rising infection numbers and the focus of the NHS' efforts being towards managing this.
- With regards to the North East Integrated Care System (ICS), a Chief Executive had now been appointed to the role. It was explained that following a Government announcement, implementation of the Integrated Care Boards and the wider ICS had been delayed from 1 April 2022 to July 2022, which was felt to be reflective of the challenges currently facing the NHS.
- Details regarding the work that had been taking place in response to the pandemic were provided to Members; activities had included:
 - Maintaining flow in respect of hospital discharge, which had become increasingly difficult, yet undertaken with few exceptions to date.
 - Providing additional home care in the run-up to Christmas, which owing to staff challenges had been more expensive.
 - Responding to outbreaks of Covid within care homes. It was indicated that care home residents had largely been fully vaccinated (first two doses plus booster vaccination), but where there had been outbreaks, homes were temporarily closed to admissions. At present, half of the Council's care homes (15) were closed to admissions. It was explained that homes were closed on a rolling-basis for a period of 28 days before they could be reopened, however, discussions would be taking place regionally to determine whether this could be reduced to 14 days. This situation was not unique to Middlesbrough and was occurring both regionally and nationally.
 - Reviewing additional capacity within extra care to free up hospital beds.
 - Reviewing designated settings to allow for Covid-positive individuals to be discharged from hospital; a designated setting may be required in the future (location to be confirmed accordingly). It was indicated that one provider was

able to offer two units of 15 beds per unit if required, although this would need to be authorised by the Care Quality Commission (CQC) and commissioned by the Hospital Trust.

- The Director concluded by highlighting the dynamic nature of the current situation, which was being monitored on a daily basis.

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

- With regards to people being allowed to visit their relatives in care homes at the present time, it was indicated that this would depend upon the respective care home, e.g. whether there was currently an outbreak; whether visits could be facilitated, etc. Reference was made to the first lockdown period and the additional resources that had been allocated to assist with this during that time. It was explained that the priority at the moment was trying to ensure that admissions could continue, whilst keeping outbreaks down. Mention was made of several regional hospitals that had taken the decision to reduce visiting at the current time.
- Regarding hospital admissions and the availability of ambulances, the panel heard that in the days preceding Christmas and New Year, in-patient Covid figures had doubled, although increases in critical patient numbers were not being seen (potentially due to the effectiveness of the vaccination programme, or the Omicron variant affecting people differently). Conversely however, the full impact of socialising over the festive period had yet to be seen, and there were unvaccinated individuals in Middlesbrough. Reference was made to staffing issues currently being experienced as a consequence of isolation requirements, which had impacted service continuity.
- In relation to a shortage of lateral flow tests and the impact that this had had on care homes, Members heard that the Council was providing as much assistance with this as possible. It was indicated that Public Health had received a blanket allocation of test kits several months ago for working with vulnerable groups. A small stock of these were still available and currently being provided to care homes and domiciliary care providers to help ensure that work could continue.
- In terms of mandatory vaccinations for care home staff, it was explained that two vaccinations were mandatory; some staff had left the sector as a consequence of this. Consideration was now being given towards coverage of the booster for staff, with work continuing to take place this week.
- Regarding designated settings, it was explained that certain prescribed staffing levels were necessary in order for these to operate, with assessment and sign-off by the CQC. Staffing would be a combination of care home and agency staff; ongoing monitoring would be undertaken.

The Chair thanked the Director for the information presented.

NOTED

TEESWIDE SAFEGUARDING ADULTS BOARD - ANNUAL REPORT 2020/2021 AND STRATEGIC BUSINESS PLAN 2021/2022

The Chair welcomed Darren Best, Independent Chair of the Teeswide Safeguarding Adults Board (TSAB) to the meeting, who was in attendance to update Members on the Board's Annual Report 2020/2021 and its Strategic Business Plan 2021/2022. The following matters were raised as part of the update:

- Implications of the Care Act 2014 with regards to safeguarding responsibilities.
- Differences between child and adult safeguarding legislation and practice.
- The responsibilities of Local Authorities within adult safeguarding and the publication of the annual report, as presented.
- The role of the TSAB Chair.
- The reasoning behind the establishment of a single TSAB for the four Teesside Local Authorities.
- The main considerations of the annual report and the positive outcomes identified within it, including:
 - The breadth of partnership work being undertaken;
 - The various agencies involved in safeguarding and the high levels of

- engagement achieved;
 - A genuine openness to learning and development;
 - The role of the TSAB Sub Boards and the work carried out; and
 - Serious case reviews and the partnership work and learning achieved.
- Priorities for 2021/2022, which had been changed to 'I' statements: the purpose of this change was to remind of TSAB's service recipients by approaching from the perspective of the service user or carer.
- Performance Indicators – four out of five had been met; only one had been missed by 2%. It was explained that in terms of the percentage of people satisfied with their enquiry outcome, 73% had been achieved. However, this did appear more promising for the current year.
- The challenges identified within the report, including:
 - The very complex environment that adult safeguarding operated in, which the pandemic had added to; praise was offered to all those working in the sector.
 - The breath of adult safeguarding, which had grown significantly since the 1990s, and now included such issues as homelessness and self-neglect.
 - How the voice of service users and carers could best be heard in terms of service delivery from the Local Authorities.
 - Work to be undertaken in respect of domestic abuse: the impact on families and links to areas such as children's safeguarding; homelessness; trafficking; and financial abuse.
 - Staffing and training – reference was made to the impact of the pandemic; a lack of both staff and resources; recruitment challenges in terms of competition from online retailers; consideration that will need to be given towards supporting staff and ensuring sufficient training.
- Data – reference was made to the general trajectory of the adult safeguarding reports that had been received and, from those, the percentage converted into formal Section 42 enquiries under the Care Act. Consideration was given to the scenario of a rise in the number of cases and enquiries, and whether this was positive or negative – i.e. positive in that there was increased awareness and reporting of issues, or negative in that it was a significant and increasing problem. It was felt that, due to the amount of good work taking place, an increase in the trajectory was a positive occurrence. In terms of the conversion rate from case to formal enquiry, this was circa. 50% nationally, which was reflected locally. It was highlighted that there were no concerns in terms of Middlesbrough's data / trajectory at the present time.

During the discussion that followed, Members asked a number of queries of the Independent Chair and the Director of Adult Social Care and Health Integration. In response, the following information was provided:

- Following the indication that 36% of safeguarding concerns had originated from care home settings, it was explained that there had been an increase in the numbers from care homes during the first 12 months of the pandemic, but which had decreased since 31 March 2021. It was explained that concerns arising from care homes had been at 50% a couple of years ago, prior to safeguarding training being rolled out to care homes. Concerns from care homes related from relatively minor to more serious matters; often it was the care home flagging issues to seek assistance with rectifying issues. The rates had been consistent with care homes in Middlesbrough and other areas. Reference was made to the reopening of care homes and the work that would be undertaken to determine how this had impacted the data. Concerns were expressed for people living independently in community settings in that some situations potentially giving rise for safeguarding concerns could remain unidentified.
- With regards to the processes involved in undertaking serious case reviews, particularly in terms of consultation with respective agencies, it was explained that cases were looked at from the perspective of the individual and then contact made with the agencies that the individual may have been involved with. The processes involved were outlined to Members, including the role of the TSAB; details around scope and timelines; and how agencies to be consulted were agreed. Reference was also made to the role of independent reviewers in undertaking such case reviews.
- In terms of potential gaps regarding organisations involved in TSAB activities, particularly third sector, it was explained that there were some organisations involved, but it would be unmanageable to involve every single one (e.g. meetings currently involved 35 different representatives). It was therefore important to keep those remaining organisations engaged through other means, as the connections and

resources available would benefit discussions. With reference to a case study example and the issue of domestic abuse, reference was made to heavy engagement work with SafeLives and the office of the Cleveland Police and Crime Commissioner. Mention was also made of a domestic abuse strategic partnership and work being undertaken in that regard.

- Members were encouraged to share the 'See it, report it' contact telephone information that was provided, and to also direct people to the TSAB website for further information as required. Reference was made to work undertaken as part of Safeguarding Adults Awareness Week in November, together with other activities that had been completed to raise awareness. It was felt that this had accounted for the rise in the number of concerns being reported.
- In terms of the types of abuse being reported, it was explained that the annual report provided top-level information; a performance sub-group of the TSAB looked at this in further detail by breaking the data down into categories of abuse and looking for trends. The work carried-out annually resulted in the creation of Performance Indicators for the subsequent year.

The Chair thanked the Independent Chair for his attendance and contribution to the meeting.

NOTED

DISCUSSION: SOCIAL HOUSING

Following a request by a Panel Member, a general discussion ensued in relation to social housing. The following matters were considered:

- The availability of bungalows and ground floor apartments.
- The operation of housing associations as private entities.
- The criteria, policies and processes in place for allocating social housing and how providers established these.
- Accessing grants and / or funding for housing adaptation work.
- The work of the Staying Put Agency and the possibility of receiving related information at a future meeting.
- Planning and Development policy and the Local Plan.

NOTED

OVERVIEW AND SCRUTINY BOARD UPDATE

The Chair provided a verbal update on the matters that were considered at the Overview and Scrutiny Board meeting on 7 December 2021.

NOTED

DATE OF NEXT MEETING - 9 FEBRUARY 2022

The next meeting of the Adult Social Care and Services Scrutiny Panel had been scheduled for 9 February 2022.

Regarding the outstanding items on the panel's work programme, following discussion it was agreed that the next review topic would be 'The Role of the Voluntary and Community Sector (VCS) in Supporting Adult Social Care (with a focus on Covid-19 Recovery)'.

AGREED that 'The Role of the Voluntary and Community Sector (VCS) in Supporting Adult Social Care (with a focus on Covid-19 Recovery)' review would commence at the next meeting.

**ADULT SOCIAL CARE AND SERVICES SCRUTINY PANEL
2 MARCH 2022**

IMPACT OF COVID-19 ON VCS ORGANISATIONS THAT SUPPORT HEALTH & WELLBEING

1. SUMMARY

- 1.1 The purpose of the paper is to provide a general overview on the impact that Covid-19 has had on VCS organisations and their support to health and wellbeing services.

2. BACKGROUND

- 2.1 In normal circumstances, the voluntary and community sector (VCS) is a vital partner in providing a wide ranging care and support to enable vulnerable people to live fulfilling and independent lives, and to maintain their health and wellbeing so they do not require the support of statutory health and adult social care services. They provide critical support for some of the groups most vulnerable to poor outcomes from covid-19, including: Older People, BAME, Domestic Abuse and Mental Health (including causes of anxiety such as debt management).
- 2.2 Covid-19 has had a dramatic effect on how our local VCS organisations operate. From impacting on income from their normal funding streams, uncertainty about their future, and the way that they deliver their services. In these challenging times, many have seen an increased demand for their services whilst facing reductions in income sources and less availability of staff and volunteers to meet this increased demand.
- 2.3 Covid-19 restrictions (such as social distancing measures) have meant that staff and clients in VCS services have been unable to deliver or access services in person, which is obviously particularly important in the health and wellbeing sector. It has been challenging for VCS organisations when considering how they could operate (if at all) during the pandemic and how they could recover and/or deliver their services differently.

3. DISCUSSION

- 3.1 This report is based on the interactions between Public Health and VCS organisations that support health and wellbeing, during the pandemic. We realised in the early stages of our Covid planning that a community capacity building approach, based on a shared understanding and commitment to tackle this at a community level, would be essential.
- 3.2 Public Health have worked closely with the VCS through various routes during the pandemic to offer support and build relationships. See key areas of work with VCS partners and the importance of their input below :

3.3 **GoodSam Volunteers**

In March 2020 The HelpBoro Hub was quickly established by the Council to help our elderly and vulnerable residents affected by the pandemic. Residents were able to call the helpline to request help with tasks they could not complete themselves, such as food deliveries, emergency food parcels and prescription collections as they shielded or self-isolated. Essential to the success of this programme were the use of GoodSam Volunteers (also known as NHS Volunteer Responders) – local people who signed up to the GoodSam programme to provide the practical support on the ground following referrals from the HelpBoro hub. These were not so much VCS organisations, but individual volunteers who committed to help.

3.4 **Covid Grant funding Streams for VCS Organisations**

Middlesbrough Council was able to utilise Government Covid funding to offer various grant funding streams to VCS organisations, impacted by Covid-19, who normally provide essential health, care and wellbeing support (see list of VCS Organisations funded at Appendix). These grants totalled over £300k and were to ensure the most vulnerable were not negatively impacted further by the pandemic and the 3 main funding streams are clarified below:

3.5 **VCS Comms Grants and VCS Sustainability Grants :**

In October 2020 the Council opened two grant application processes to VCS organisations :

- a) **Communications Grants** : inviting VCS organisations to share our Covid messaging; create their own using our factual support; and become Covid Champions, ensuring that the messages resonate well with their clients using their local knowledge and assets.
- b) **VCS Sustainability grants** : These grants were designed to support VCS organisations whose finances had been affected by the pandemic to a level where it was having a negative impact on the services they offered to vulnerable groups. We wanted to ensure that these services were able to remain financially viable through lockdown and beyond. We also wanted to support continued running of services in a COVID-friendly way where feasible, so that vulnerable residents and communities could continue access them safely throughout the pandemic. Many organisations were facing a loss in income due to the closure of charity shops; the inability to hold fundraisers as normal; and loss of staff/volunteers due to isolation but were keen to continue supporting their service users if possible.

3.6 **Mental Health/Isolation Grants**

The Council received additional government funding in 2021 aimed particularly at people suffering from poor mental health, impacted further by the isolation enforced by Covid-19. As previously we invited grant applications from VCS organisations providing mental health support. Many grants awarded focused on funding additional staff within VCS organisations that were showing or anticipating increased demand for their mental health and wellbeing services as the lockdown eased, such as befriending services for those socially isolated.

3.7 **VCS Recovery Grants**

In mid-2021 we also offered VCS organisations the chance to apply for Recovery grants – to allow them and their clients to ‘recover’ from the impact of the pandemic and return to “normal” services as much as possible. This programme built on the sustainability grants previously awarded and looked to support people affected negatively around key themes such as mental health, financial recovery, social isolation/re-connection, community cohesion/engagement and increasing vaccination uptake. Once again, VCS organisations stepped up, applied for funding and used it to adapt and improve their service offer.

3.8 **Middlesbrough Covid Champions Network**

The VCS organisations that received the above grants were all invited to become part of the council’s Covid Champions Network. Nominated individuals from these VCS organisations have been invaluable in sharing our Covid messaging with their clients and communities through their own routes; encouraging vaccine uptake; dispelling myths and also providing practical support at vaccine pop-up clinics. They have also played a role in giving us feedback on Covid concerns from their service users and communities to allow us to respond appropriately and have been able to keep their clients correctly informed, updated and reassured around Covid guidelines over the last two years. They have been an essential link for public health in an ever-changing environment and have played an valuable role in addressing mis-information and being creative in their approaches.

4. **CONCLUSIONS**

4.1 The financial health of the VCS has been hit by covid-19; changes to service delivery and increased demand have all led to greater strain on the sector. The VCS has faced challenging times due to the pandemic - from dealing with the sudden loss of normal funding sources to the unavailability of staff and the difficulty of trying to deliver their services remotely. Those that public health have worked with appear to have taken these challenges head on, whilst also adopting civic responsibility in helping keep their service users and wider communities safe and encouraging recovery from the pandemic through positive messaging and working differently. The impact of Covid-19 has *challenged* our VCS organisations to work differently and has actually given us some good opportunities for improving our working relationships with those organisations that received grant funding from public health. The situation has shown that when required Council departments; VCS organisations; community figureheads and local people can work together for a common aim to improve the health and wellbeing of our most vulnerable.

4.2 However, it would be worthwhile for the Council to ensure that those services that they rely on to support Health and Wellbeing have fully recovered from the pandemic and are able to continue offering their services, particularly as there may well now be a higher demand for services from vulnerable people negatively affected. Although the funds offered to date have offered short term relief a wider package of support and bolstering of VCS capacity may

well be required in the longer term if we are to fully support our communities to flourish and recover.

5. BACKGROUND PAPERS

- 1) Case Study provided to PHE on Covid Champions Funding (2021)



PHE- CC008 Case
Study Middlesbrough

- 2) LGA Report : “Accessing Support – The role of the VCS during Covid-19” (June 2020)
<https://www.local.gov.uk/sites/default/files/documents/Accessing%20support%20the%20role%20of%20the%20voluntary%20and%20community%20sector%20during%20COVID-19%20WEB.pdf>

- 3) NCVO/Nottingham Trent University/Sheffield Hallam University : “Respond, Recover, Reset : the voluntary sector and Covid-19” (December 2021)
<http://cpwop.org.uk/wp-content/uploads/sites/3/2021/12/RRR-Report-Dec-2021.pdf>

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APPENDIX

LIST OF VCS ORGANISATIONS Supported by Council Covid-19 Grant Funding

(3 Funding Streams : Sustainability; Mental Health & Isolation; Recovery)

| | Name of VCS Organisation |
|----|--------------------------------------|
| 1 | Recovery Connections |
| 2 | Ubuntu Multi-cultural centre CIC |
| 3 | Aapna Services |
| 4 | AgeUK Tees |
| 5 | Core CIC |
| 6 | Richmond Fellowship |
| 7 | Streets Ahead |
| 8 | Community Voice FM |
| 9 | BME Network |
| 10 | TOP (The Other Perspective) |
| 11 | Linx |
| 12 | Breckon Hill Community Enterprise |
| 13 | Transitions17 cic |
| 14 | Tees Valley Chinese Community Centre |
| 15 | Al Mustafa Centre |
| 16 | Media Cultured |
| 17 | Carers Together |
| 18 | CVL |
| 19 | House of Mercy |
| 20 | My Sister's Place |
| 21 | CVT (Larchfield Community) |
| 22 | Durability North CIC |
| 23 | Synergy Teesside |
| 24 | The Hope Foundation |
| 25 | Element 1 CiC |
| 26 | Depaul UK |
| 27 | Groundwork North East |
| 28 | Teesside Hospice |
| 29 | Barefoot Kitchen |
| 30 | The Bungalow Partnership |
| 31 | Curious Boro |

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