

ADULT SOCIAL CARE & HEALTH SCRUTINY COMMITTEE

Meeting: 23 November 2023
At: 6.00 pm

PRESENT

Councillor David Sedgwick (Chair) in the chair; Councillor Gary Lawson (Vice-Chair); Councillors Geoff Abell, Angie Clark, Dallas Jones, Lisa Smart, Catherine Stuart, Karl Wardlaw and Charlie Stewart.

1. MINUTES

The Minutes (copies of which had been circulated) of the meeting held on 12 October 2023 were approved as a correct record and signed by the Chair.

2. DECLARATIONS OF INTEREST

Councillors and officers were invited to declare any interests they had in any of the items on the agenda for the meeting.

The following interest was declared:-

Personal Interest

Councillor

Interest

Lisa Smart	Agenda Item 4 'Responding to our Medium Term Financial Plan' and Agenda Item 5 '2023/24 Mid-Year (Quarter 2) Portfolio Performance and Resources Report: Health and Adult Social Care' – as the Chair of the Valuing People Partnership Board which meet to discuss issues relating to learning disability services.
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3. CALL-IN

There were no call-in items to consider.

4. RESPONDING TO OUR MEDIUM TERM FINANCIAL PLAN

The Cabinet Member for Health & Adult Social Care submitted a report (copies of which had been circulated) providing further detail on the budget change proposals being considered by the Cabinet to address financial and demand challenges, enable longer term transformation, and ensure the delivery of shared strategic partnership ambitions, taking into consideration the feedback received to date.

The Cabinet Member for Health & Adult Social Care (Councillor Keith Holloway) attended the meeting to respond to questions from the Scrutiny Committee.

The following comments were made/issues raised:-

- In relation to the Care Act Application and Demand Management savings, it was queried how confident the service was that these savings could be achieved.
- In response, it was commented that the Care Act Application required at least annual reviews of people with care and supports needs, and that during those reviews a strength-based approach and opportunities to maximise independence was supported. It was noted that by using resources differently and by investing in a small additional reviewing team, the service was able to see more people and explore independent ways to support people to live in their own homes for longer through the use of technology enabled care including virtual care. In relation to demand management, the service was exploring ways to ensure that the right information was available at the right time to promote early intervention which would reduce or delay demand in terms statutory intervention.
- Members requested clarification in relation to the contract reduction proposal in public health.
- In response, it was commented that the demand led contracts were mostly within the statutory sexual health service provision and relate to fitting of long acting, reversible contraception and sexually transmitted infection testing. It was noted that the demand for those services significantly reduced during the pandemic and had not returned to pre pandemic levels so presented an opportunity to reduce the budget, however, should demand increase in the future there would be an option to draw on public health reserves.
- In relation to the Care Act Application, it was queried how staff were being trained to support this work.
- In response, it was stated that over the last 12 – 18 months there had been work with staff teams to further the training offer around the strength-based approach including the opportunities of independence building to help people with a learning disability to gain practical skills and the skills for work.
- Additional information was requested in relation to the saving around the Better Care Fund investment.
- In response, it was commented that the Better Care Fund was a joint integrated budget between Greater Manchester Integrated Care Stockport and Stockport Council. It was noted that the Better Care Fund received an inflationary uplift each financial year dependant on the award from the NHS and consideration was given to how to invest that inflationary uplift into the wider pressures within services across adult social care such as demand demographics, price inflation and fee uplifts which in turn releases council resources to invest in other areas of adult social care and other council services.
- Members welcomed the accountancy-based approach to delivering savings, rather than delivering savings from services.
- In relation to the grant maximisation in public health, it was queried whether the saving would be variable should demand increase.
- In response, it was stated that the service was in discussions with NHS provider partners around how this saving could be implemented, however there was a risk in terms of those widening inequalities, so opportunities were being explored to ensure that services were delivered efficiently and appropriately targeted.
- It was noted that Stockport had one of the higher numbers of people in residential placements and queried whether there was a particular reason for this.

- In response, it was commented that Stockport had a slightly larger proportion of older people than other boroughs in Greater Manchester which was linked to the higher number of residential placements and as such, the focus to mitigate residential placements was around early intervention and promoting independence to support people to stay and live safely in their own homes.
- In relation to a query around the control of top ups as part of residential care, it was noted that the service had started the process of engagement with providers on the fee setting process as part of the annual exercise and national data around the real living wage and inflationary pressures was being used to help inform that. It was noted that a detailed report identifying the proposed fee setting for the next financial year would be submitted to the February meeting of the Committee.
- In relation to demand management, the community led support model and technology enabled care, it was queried whether there were examples of areas where the council had previously offered this, whether this had previously delivered savings and what the uptake rate in relation to technology enabled care had been.
- In response, it was stated that the community led support model involved early intervention through appointments in the community places such as local libraries to support people with the right advice and information to enable them to make better decisions in the future. It was noted that part of this work included ensuring good, accessible commissioned services that was easy to navigate and joined up working. It was commented that proposals were being developed for Technology Enabled Care, including a "Virtual House" that would enable clients and carers to look at options for technology support to improve their independence which would, in turn, ensure adult social care support was available for those in the community with the most complex needs. It was noted that Members of the Committee would have the opportunity to see a demonstration of the "Virtual House" in the future.

RESOLVED – That the report be noted.

5. 2023/24 MID-YEAR (QUARTER 2) PORTFOLIO PERFORMANCE AND RESOURCES REPORT: HEALTH AND ADULT SOCIAL CARE

The Director of Adult Social Care and the Director of Public Health submitted a joint report (copies of which had been circulated) presenting the Mid-Year Portfolio Performance and Resource Report (PPRR) for the Health and Adult Social Care Portfolio. The report focussed on highlights and exceptions in relation to delivering the portfolio priorities since the Agreement was drafted and included forecast performance and financial data, where available, for the Portfolio, along with an update on the portfolio savings programme.

The Cabinet Member for Health & Adult Social Care (Councillor Keith Holloway) attended the meeting to respond to questions from the Scrutiny Committee.

The following comments were made/ issues raised:-

- In relation to Deprivation of Liberty Safeguards, Members welcomed the improvements in the number of high and medium priority referrals awaiting assessment. However, queried whether changing individual categorisations had impacted on the reduction and whether a forecast of 261 was too high for a green RAG status.
- In response, it was stated that the figure of 261 formed part of the 1,300 total figure of referrals awaiting assessment. It was stated that the measure had been assigned a

green status as the cases had now been allocated to the commissioned service and showing improvements. It was recognised that the measure could equally be amber as the service was on a journey, however the resource was in place to reduce the significant backlog.

- It was suggested that there would be merit in changing the measure to amber to demonstrate that improvement journey.
- In relation to a previous request made by the Committee that Greater Manchester ICS senior colleagues be invited to a future meeting, it was queried whether this had been incorporated within the work programme.
- In response, it was noted that it was anticipated that this request could be incorporated under the Health & Wellbeing Board and One Stockport Health & Care Locality Board – roles, responsibilities and relationship item scheduled for the February meeting of the Committee and officers were in communication with Manchester ICS colleagues.
- Members welcomed the new breast screening unit with improved access as the improvements would encourage uptake and requested additional information around the recruitment of the two temporary community cancer project workers.
- In response, it was stated that the new mobile breast screening unit had a lift and work was ongoing to identify a suitable site for a fixed unit to further increase uptake. In relation to the two temporary community cancer project workers, it was stated that a written update would be circulated to the Committee.
- In relation to Deprivation of Liberty Safeguards, it was queried whether the initial assessment or part of the assessment could be re-used to support the new assessment.
- In response, it was stated that there were timescales on the medical part of the assessment, however parts could be re-used and it was classed as best practice to consider the previous assessment, noting that if the assessment had been more than a year ago the medical assessment would need to be redone.
- Members welcomed the improvement in relation to the number of people undertaking the National Diabetes Prevention Programme as it was an area that could deliver better health outcomes.
- Concerns were raised in relation to premature mortality rates due to all-cause in most deprived quintile and the lack of benchmarking data.
- In response, it was stated that there had been a small increase on the mortality rate from two years previous at 621.5 and the measure had been listed as a contextual inequality indicator for the purpose of the report, however additional trend data was available and would be shared with Members of the Committee.
- In relation to the number of people completing a weight management intervention programme, it was noted that there had been 227 referrals, however 0 completions and queried whether this was the right approach.
- In response, it was commented that the measure was misleading as it was a 12-week programme, however the service was on track and expected to meet the 220 completion target for this year.
- It was queried whether there would be an opportunity to measure the progress of the implementation of the Mental Health and Wellbeing Strategy.
- In response, it was commented the first meeting of the Mental Health Partnership Board had recently taken place and there was an advert to recruit a person with lived experience to co-chair the Board. In addition, there was a comprehensive implementation plan for the Mental Health and Wellbeing Strategy which incorporated all aspects of the wider health system. It was noted that an update on the Mental

Health and Wellbeing Strategy was scheduled for the February meeting of the Committee.

- Additional information was requested in relation to the Talking Therapies offer and the associated outcomes.
- In response, it was suggested that officers and the Cabinet Member discuss with the Chair how best to respond to the request for additional information to ascertain whether it should be incorporated within the Scrutiny Committee work programme or a written update circulated to Members outside the Committee meeting.

RESOLVED – That the report be noted.

6. ADULT SOCIAL CARE WORKFORCE STRATEGY

The Director of Adult Social Care submitted a report (copies of which had been circulated) which provided a framework for a robust highly functioning and fully staffed social care workforce, that achieves a regulatory standards to meet the needs of people with care and support needs in Stockport.

The Cabinet Member for Health & Adult Social Care (Councillor Keith Holloway) attended the meeting to respond to questions from the Scrutiny Committee.

The following comments were made/ issues raised:-

- In relation to a query around the total staffing numbers and vacancy rate, it was stated that the vacancy rate in relation to the provider market was around 25% and at quarter 2, there were 22 social worker vacancies out of 166 full-time equivalent posts in Stockport. It was commented that the creative recruitment campaign on social media aimed to promote Stockport as a great place to live and work to attract talent to work at Stockport Council.
- In response to a query around why people chose agency work, it was commented that pay was a main driver for people choosing agency work without looking at the benefits of full-time working and working for the council. In addition, some agency staff had cited flexibility around where and when they work as a reason for opting for agency work.
- It was queried how the council could better meet staff needs for those considering agency work.
- In response, it was commented that the council had a strong flexible working programme across the whole organisation within the One Team People Plan which offers flexible hours and looks at services that may offer additional flexibility. It was noted that when the service had an agency worker, there would be a conversation around what it would look like if they worked for the council, what their needs were and what the service needs were to find a balance to ensure service deliverability. However, the majority of answers came down to pay and the freedom of not having a contract and being able to end that contract in a short period of time.
- Members welcomed the report and the efforts that were being made to strengthen the workforce.
- It was queried whether stress was a factor in staff turnover and vacancy rates.
- In response, it was stated that there was a wide offer from a corporate and local, adult social care perspective around wellbeing including resilience and managing pressures. There was also work underway to support leaders and managers to ensure good,

supportive supervision was in place to ensure people stay in their roles once they join the council.

- It was queried whether a pay review or temporary market supplement could be considered to support retention and recruitment.
- In response, it was noted that there was risk, if the strategy and proposals contained were not implemented, as it could escalate costs in adult social care through the use of agency staff. It was commented that there was an exercise underway around the use of agency staff versus pay grading for staff in comparison to Greater Manchester. It was noted that, from the staff survey results, people value a high support team and the service were working to reduce processes and red tape to ensure maximise people's opportunity to spend more time with the people they serve.
- Additional information was requested in relation to the overall job market position of adult social care and plans for the future workforce, noting that the number of individuals due to retire outweighed the number of people joining the profession.
- In response, it was stated that the national picture around social care was a real challenge and there had been an increase in demand for social workers by around 6.7% since 2011 which had created a wider chasm around recruitment. It was noted that some people that had previously worked as home support workers in home care and provider services, were opting for roles within retail or hospitality which may be linked to the perception around these roles. It was commented that work was ongoing with schools and colleges around apprenticeships, work experience and roles available including the academy of living well to start those conversations early and make social care a sector that people want to work in.

RESOLVED – That the report be noted.

7. SAFEGUARDING PARTNERSHIP ANNUAL REPORT 2022/2023

The Director of Adult Social Care submitted a report (copies of which had been circulated) providing an overview of partnership activity in the children and adult safeguarding partnerships, and focussed on the business plan priorities and progress made in 2022-2023.

The Cabinet Member for Health & Adult Social Care (Councillor Keith Holloway) attended the meeting to respond to questions from the Scrutiny Committee.

The following comments were made/ issues raised:-

- In response to a query around the needs and challenges around equality, diversity and inclusion and requirement for a sharper focus, it was commented that the vast majority of people living in Stockport were white British and where there was a minority, there was a risk around the minority being left behind. It was noted that it was important to empower people to have confidence with working with minority groups in order to learn from their experiences.
- In relation to the community-based, volunteer-led project, Orange Umbrella Scheme, dedicated to raising awareness and signposting support for those experiencing domestic abuse and violence, it was queried how extensive the scheme had been.

- In response, it was stated that the Domestic Abuse Partnership was separate from the Safeguarding Partnership, however the Safeguarding Partnership supported and encouraged the wider work as part of the One Stockport Safety Partnership.
- In relation to the Caring Dads Programme, it was noted that whilst 63 referrals had been made and 41 fathers had been accepted onto the programme, only 24 had successfully completed the programme.
- In response, it was commented that the Caring Dads Programme was a six month programme, twice per year, that ran in smaller cohorts to ensure that they were manageable groups with dedicated support which impacted on the total figures and didn't reflect the determination and progress that had been made.
- Members noted the increase in criminal exploitation and welcomed the focus on the issue as a priority area within complex safeguarding. It was queried what additional plans were in place to address this growing problem including Cuckooing.
- In response, it was stated that as part of complex safeguarding in Greater Manchester, work had been undertaken around youth justice services to understand whether the people working with children and young people in the service understood the signs of criminal exploitation and how to protect and support the young people involved as well as challenging their criminal activity. It was noted that Stockport had supported the ACT approach with a specialist multi-agency team and was the first borough to engage an ACT worker within its Pupil Referral Unit across Greater Manchester to support people who were at risk of or experiencing criminal exploitation.
- It was queried how adults with a learning disability featured in the work of the Partnership Board over the last year and whether there were any plans in relation to safeguarding adults with a learning disability in the year to come.
- In response, it was stated a piece of work was underway to work more closely with NHS Greater Manchester around the LeDeR programme, Safeguarding Adult Reviews to feedback at learning events in order to work in collaboration at a Greater Manchester level across a range of partners.

RESOLVED – That the report be noted.

8. AGENDA PLANNING

A representative of the Assistant Director - Legal & Democratic Governance (Monitoring Officer) submitted a report (copies of which had been circulated) setting out the planned agenda items for the Scrutiny Committee's next meeting and any Forward Plan items.

The following comments were made/ issues raised:-

- In relation to a previous request by the Committee that Greater Manchester ICS senior colleagues be invited to a future meeting, it was noted that it was expected that this request would be incorporated under the Health & Wellbeing Board and One Stockport Health & Care Locality Board – roles, responsibilities and relationship item scheduled for the February meeting of the Committee.
- Members requested an update in relation to the 2022/23 Scrutiny Review on Ambulance Wait Times.
- In response, it was stated that a meeting of the Scrutiny Review was scheduled with the Senior Locality Manager Stockport, NHS Greater Manchester Integrated Care, and Associate Director - Delivery and Transformation, NHS Greater Manchester Stockport

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Locality, on Friday 24 November 2023 to provide officers with the context, aim and requests of the Scrutiny Review Panel to date in order to progress the review.

- It was suggested that the Lead Member of the 2023/24 Scrutiny Review on Adult Social Care & Health IT Systems and Data provide an update on the progress of the review at the next meeting of the Scrutiny Committee.

RESOLVED – That the report be noted.

The meeting closed at 7.56 pm