

ADULT SOCIAL CARE & HEALTH SCRUTINY COMMITTEE

Meeting: 29 February 2024
At: 6.00 pm

PRESENT

Councillor David Sedgwick (Chair) in the chair; Councillor Gary Lawson (Vice-Chair); Councillors Geoff Abell, Suzanne Wyatt, Laura Clingan, Dallas Jones, Lisa Smart, Catherine Stuart and Karl Wardlaw.

1. MINUTES

The Minutes (copies of which had been circulated) of the meeting held on 18 January 2024 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 interests were declared:-

Personal Interest

Councillor

Interest

Gary Lawson

Agenda Item 6 'Think Carer Strategy' as an unpaid carer employed by Stockport Metropolitan Borough Council under the shared lives scheme.

Lisa Smart

Agenda Item 5 'The Health & Wellbeing Board and One Stockport Health & Care Locality Board – roles, responsibilities and relationship' as the Chair of the Valuing People Partnership Board which was referenced as part of the presentation under this item.

3. CALL-IN

There were no call-in items to consider.

4. SCRUTINY REVIEW PANEL - ADULT SOCIAL CARE & HEALTH IT SYSTEMS AND DATA: FINAL REPORT

The Scrutiny Review Panel submitted a report (copies of which had been circulated) detailing the work undertaken by the Scrutiny Review Panel of the Adult Social Care & Health Scrutiny Committee in respect of the recording system used by Adult Social Care and presenting the proposed recommendations.

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:-

- Members thanked the officers involved in the Scrutiny Review for their time and support.
- It was requested that an update on the progress of the transformation programme and the recommendations contained in the report be submitted to the Adult Social Care & Health Scrutiny Committee within a 6 to 9 month period and that the update be written in conjunction with practitioners.
- In relation to paragraph 5.4 of the report, it was requested that the figures pertaining to practitioner time spent in direct contact with people and carers and time spent writing up paperwork be amended to a percentage or numerical value to provide consistency and enable comparison.
- In response, it was agreed that the wording within paragraph 5.4 of the report would be amended prior to its submission to Cabinet.
- Members welcomed the report and commented that the review was an example of good practice.

RESOLVED – (1) That the draft ‘Scrutiny Review Panel - Adult Social Care & Health IT Systems and Data: Final Report’ be approved and adopted.

(2) That the thanks of the Scrutiny Committee be extended to all those who took part in the Scrutiny Review.

5. THE HEALTH & WELLBEING BOARD AND ONE STOCKPORT HEALTH & CARE LOCALITY BOARD – ROLES, RESPONSIBILITIES AND RELATIONSHIP

The Deputy Place Lead submitted a report (copies of which had been circulated) providing an update on the differing roles and responsibilities between the Health and Wellbeing Board and the One Stockport Health & Care Locality Board and why both continue to be necessary.

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:-

- Members thanked the officer for their presentation of the report and for the clarity that it provided.
- It was noted that, as a Scrutiny Committee, Members were interested in the impact of the changes on the people of Stockport.
- It was queried if Stockport were delivering services differently than other areas of Greater Manchester under the new operating model.
- In response, it was commented that the operating model for Greater Manchester provided the framework for the discharging of functions and therefore the Locality Board in each of the boroughs were charged with the same remit, however how this was implemented at a local level varied. It was noted that membership across Locality Boards differed and within the One Stockport Health & Care Locality Board the

membership was wider to incorporate partners across the system, by way of example Greater Manchester Police and Housing, in order to address the wider determinants of health.

- Members were advised that the feedback received in relation to the Locality Plan was positive and demonstrated to Greater Manchester that the approach was comprehensive, that the relevant partners were involved and that the One Stockport Health & Care Locality Board was considering the wider determinants of health and care in the broadest sense.
- It was requested that a report detailing the interrelations between the various boards and partnerships be circulated to Members of the Scrutiny Committee via email.
- It was commented that the default should be Stockport making decisions about Stockport and decisions relating to Stockport should only be taken at a Greater Manchester level if there was good reason such as efficiency.
- In response, it was commented that in referencing the decisions taken at a Greater Manchester level, there were benefits including value for money driven by an economy of scale and resource management as evidenced through the work in relation to prescribing and medicine optimisation which had increased efficiency and provided standardisation of care. However, commented on the importance of keeping as much as possible at a locality level around the local population.
- It was noted that the Joint Strategic Needs Assessment included dated information and queried how the assessment was updated.
- In response, it was stated that there was a programme of updating the Joint Strategic Needs Assessment which was completed in a phased way with a number of topic areas scheduled for this year and agreed that a copy of the programme would be shared with Members of the Scrutiny Committee for their information.
- Members queried the implication of the financial recovery plan around the Greater Manchester Integrated Care System on Stockport.
- In response, it was commented that there was a significant financial deficit which had an implication on all boroughs in Greater Manchester. Part of the agenda included exploring across the ten localities what could be done once such as medicine optimisation and prescribing which would drive some efficiency for Greater Manchester as a whole and contribute to the delivery of the financial plan. It was noted that the challenge was around the clarity in relation to the budget for the next financial year from a health perspective. It was further noted that NHS England planning guidance for 2024/25 had not been released, with planning for 2024/25 ongoing, and within that there would be a challenging cost improvement programme.
- Members commented on the importance of multi-year settlements for local government and the NHS.

RESOLVED – That the report be noted.

6. THINK CARER STRATEGY

The Director of Adult Services submitted a report (copies of which had been circulated) presenting the Think Carer Strategy which was a plan for Stockport as a place and a community. The intention was that it would become the focus for work to improve recognition of and support for carers in Stockport over the next 5 years and would help to guide services across Adult Social Care, the NHS as well as charities, the education sector, employers and many other local services. The strategy was aligned to the

ambitions described within the One Heart section of the Borough Plan, the One Health and Care plan and the Neighbourhoods and Prevention 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:-

- Members welcomed the strategy and commented on the importance of quality support for carers in Stockport.
- In response to a question around the short-term respite provision, it was commented that a key message from the carer survey was that the offer around respite needed to be personalised to the individual and the challenge was how to offer that personalised approach, thinking about resources and how to use the resources in the best way to benefit more carers.
- In relation to the survey results around the proportion of carers who were satisfied with their experience of care and support within the North West, it was noted that Stockport had the lowest proportion which underlined the need for the Think Carer Strategy.
- It was noted that there was work ongoing to improve the respite offer and ensure that people knew what was available.
- Members queried the decision to include young carers with adult carers, noting the differences in their needs.
- In response, it was commented that carers and Signpost for Carers which represented all age groups did not want two separate offers for young carers and adult carers as they wanted to ensure a consistent approach with standard principles recognising that the needs of individuals were different depending on where they were in the different age groups.
- It was noted that being a carer can bring a great deal of fulfilment and the training, support and respite care provided from the Council's Shared Lives Scheme was fundamental in supporting carers across Stockport.
- It was commented that better relationships with the Council, NHS and Jobcentre would be beneficial for carers.
- It was queried how schools could be encouraged to identify and address the issues around young carers.
- In response, it was commented that the partnership board would represent organisations such as the Council, NHS and voluntary sector partners who had influence and that the sub-group who were looking at young carers would be able to effect some change with the people who had oversight of schools. It was noted that part of delivering the strategy was about raising the profile of caring and there were mechanisms in the partnership to influence and increase the publicity and communication around the needs and recognition of carers.
- It was suggested that training around the identification of and support for young carers be offered to schools.
- It was noted that black and minority ethnic groups are often underrepresented and queried how this would be taken into consideration as part of the identification and engagement work.
- In response, it was commented that, as part of the priorities that have been set by the Carers Partnership Board, outreach work with those communities would be undertaken and would include the neighbourhood work in terms of the awareness of the local

population in the neighbourhood which would support the service in identifying where those conversations were needed.

RESOLVED – That the report be noted.

7. MENTAL HEALTH AND WELLBEING STRATEGY UPDATE

The Director of Public Health submitted a report (copies of which had been circulated) providing an update on progress with the delivery, including an overview of the new governance structures and highlights from each of the five ambitions included in the strategy.

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:-

- Members welcomed the report, the ambitions contained and use of people with lived experience.
- It was queried whether support was being provided through collaboration partner organisations such as mental health nurses with the police.
- In response, it was commented that through Pennine Care there was joint working with the police whereby a mental health nurse would accompany a police officer during a crisis or intervention with the aim to reduce the number of people who were taken by the police under a Section 136 of the Mental Health Act. It was noted that in Stockport, the service was currently able to cover 20 days out of 30 per month.
- It was queried why the service was only available for 20 days per month and whether it would be appropriate for the Scrutiny Committee to recommend that further funding be considered.
- In response, it was clarified that the service was fully funded for 30 days, however there were workforce recruitment issues that was preventing this from being delivered.
- In response to a question of whether utilising a bank service had been considered, it was commented that the programme was offered jointly with bank and permanent staff, however there was a national issue relating to the mental health workforce.
- It was stated that Members supported the programme and requested a better understanding of the areas that they were able to influence.
- It was felt that the phrase ‘harder to reach customers’ used in the report should not be used as it insinuated that the blame lay with the person rather than the system and requested that the term be rephrased as appropriate.
- In relation to people with a learning disability who required support with their mental health, it was noted that there had been some key person dependency issues with specialists in mental health and learning disabilities and queried how the strategy was approaching those areas of specialism.
- In response, it was commented that, in line with the business planning for mental health and in the next 12 months, learning disability leads had joined the group to provide support in relation to the objectives for people with learning disabilities and reduce the gaps in delivery. It was noted that there were plans to deliver the Green Light toolkit which was intended to assess the gap in mental health services, learning around the delivery of joint working with learning disability colleagues and access to

ensure that individuals with a learning disability were able to better use the services that were available.

- It was noted that at the Joint Health Scrutiny Committee for Pennine Care it had been reported that waiting lists for mental health were in excess of two years, there was a 25% job vacancy and an increase in demand. As such, council services and voluntary sector support was imperative to supporting people with their mental health.
- In relation to the Connect 5 mental health literacy training, it was queried what the differences were in the three levels of training and how the service was accessing further funding to support the continuation in the delivery of the training.
- In response, it was commented that the temporary funding was a positive investment in the last two years and partially carried forward, however there were ongoing discussions, exploring all options, in relation to sustainability with the intention for it to be a train-the-trainer programme. It was noted that the programme was a highly regarded course with each module taking half a day. The first level was for anyone who wanted to improve their own and others mental wellbeing, the second included the use of a supportive approach and covered suicide prevention and the third was a further extension into supportive conversations for people who were in more contact with individuals who require support.
- In relation to ambition five, it was queried how the Mental Health Living Well Hub worked in practice.
- In response, it was stated that the Living Well model was being developed as part of the long-term plan from the NHS and within Stockport there was joint working with a range of partner organisations including GPs and voluntary sector services to bring together the strength and experience from various organisations to offer a joined up service. As part of the Living Well programme there were six primary care nurses working within each localities primary care networks to bridge the gap between primary care and specialist mental health services.

RESOLVED – That the report be noted.

8. ANNUAL RESIDENTIAL/ NURSING CARE, HOME CARE AND OTHER CARE MANAGEMENT FEE SETTING 2024/ 2025

The Director of Adult Services submitted a report (copies of which had been circulated) outlining the 2024/25 fee setting recommendations for the most significant areas of externally commissioned services within Adult Social Care and representing the continuation of a strategic approach by the Council to invest in the wider Social Care Market.

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:-

- It was commented that a fair wage was both the right approach as an employer and economically sensible where there were recruitment and retention issues.
- Given the significant budget implications associated with the fee setting, it was queried why Members had not had the opportunity to consider the report prior to the budget setting full Council meeting.

- In response, it was commented that there were issues in relation to the timescale for preparing the report, particularly with regard to the volatility around inflation rates and completing the cost of care exercise, however this would be a consideration when preparing the fee setting report for 2025/26.
- It was noted 59% of care homes were rated as good or outstanding by the Care Quality Commission and queried what work was being undertaken to improve the figure.
- In response, it was stated that the 59% related to the nursing care provision which reflected the changes in the Care Quality Commission inspection regime and pressures in the acuity of individuals. It was noted that this was a priority to address, and work was ongoing with health colleagues and the Care Quality Commission to provide support, advice and intervention and there was also investment in a system of self-assessment to monitor providers more effectively.
- It was queried what mechanisms were in place to provide assurance that providers were paying all their staff at the Real Living Wage rate.
- In response, it was commented that there were spot-checks within quality assurance and there was the ability for individuals to report pay related issues directly to the service for investigation. It was also noted that if providers were not paying a competitive wage, there would be issues with recruitment so there was an element of self-regulation in the market.
- It was queried how assurances could be provided that employees were not paying for travel related costs as required within their role.
- In response, it was stated that there was a contractual requirement particularly around home care to ensure that providers were paying fair mileage which would be challenged if a provider was found to be in breach of their contract.
- It was commented that a challenge in recruitment and retention was opportunities for career progression and therefore adequate career progression plans would likely save money in the long term.
- In response, it was commented that the service recognised the challenge in relation to recruitment and retention of social care staff and the Council continued to support the sector with the recruitment challenge by continuing to work collaboratively with health colleagues on jobs fayre events and strengthening the training offer including the developing specific social care leadership courses in collaboration with Stockport College to show that there were opportunities for career progression.
- In relation to the cost pressures, it was queried whether the service was confident that the percentage increase was sufficient.
- In response, it was stated that percentage increase was slightly lower than in previous years due to the fair cost of exercise that the council undertook last year which was a national requirement that saw a significant uplift averaging around 10.3%. It was stated that the service was confident that the fee uplift was fair and had taken into account a variety of factors including the existing fees and rising costs of energy and food.

RESOLVED – That the report be noted.

9. 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.

RESOLVED – That the report be noted.

The meeting closed at 7.40 pm