

Health and Adults Scrutiny Committee 1.6.23

Report by Michael Hanley

Chair: Janet Battye (JB, LD).

1. Adult Social Care Position

Cath Whalley (CW, Director of Adult Social Care): Adult Social Care is such a big area. Childrens Services have had CQC inspections and from September Adult Services will be inspected.

Who do we serve?: All adults over 18 who need social care and those young people transitioning to adult services. This includes the following: the physically disabled, people with dementia, learning difficulties, autism. self neglect/hoarding, substance/alcohol abuse and unpaid carers.

There are 90 social workers. They use the Care Act (2014), Mental Capacity Act (2005), DoLS (Deprivation of Liberty Safeguards 2007), Mental Health Act (1983-2007). Safeguarding adults is a key duty. Duties: Assessing care and support needs, assessing mental capacity, best interest decisions, safeguarding enquiries. There is a 10% vacancy rate for social workers. We need to train our own. Most SWs are specialised in one area: mental health, safeguarding.

There are 18 Occupational Therapists (OT) in this area . They are experts in equipment (stair lifts etc), inducing adaptive behaviour and home adaptations. This helps people lead independent lives.

There are 26 Social Care Workers. They support SWs and OTs.

There are two Rehabilitation Officers for the Visually Impaired (ROVIs). They provide advice, guidance and support to the visually impaired.

There are two Community Approved Mental Health Professionals (usually a social worker). They are involved with sectioning seriously mentally ill patient who need to be admitted to hospital.

Michael Hanley (MH, L): Commented that when he worked as a GP two years ago, there were long delays in getting an approved social workers to Alston when a patient needed sectioning (patient was very severely mentally ill and a danger to themselves or others) and we need more of these professionals.

There are 12 residential care managers

Reablement: This is care provided to patient for six weeks after hospital discharge. Nursing and Residential Care Homes. Extra care housing and Shared Lives (usually elderly adult invites other person into their home to help look after them). Personal budgets are for people who want to manage their own care. Day services: person comes in for day care, often as respite.

Helen Chaffey (HC, LD): Discussed her local GP is working with the parish council to improve mental health in the local area.

Demands and Pressures

There is 8500 hours of care given per week, an increase of 20% in the last 4 years. In May 23 there were 75 patients stuck in hospital, ready for discharge (south Cumbria) but unable to be discharged because their home wasn't suitable or sufficient care wasn't available. There has been an increase in mental health assessments. It is difficult to recruit and retain SWs and OTs and there is competition from other sectors such as other authorities and the private sector.

MH: Asked how will this committee work with the Integrated Care Board (ICB)/ICS (Integrated Care System) which is in charge of the Eden area (North East and North Cumbria ICB). There is no representative from that ICB here today, so we are not hearing what plans this ICB has for the Eden area.

David Stephens (DS, Health Scrutiny Officer): We have had contact with the North Cumbria Acute Trust.

Jane Scattergood (JS, Lancs and South Cumbria ICS): I am going to work closely with my counterpart in Cumberland.

National Picture: This is a fragile care sector. Funding reforms have been pushed back to 2025 (this implies no new money).

Amanda Mc Glennon (AG, WAF officer): Discussed the new CQC (Care Quality Commission) assessment. This will look at Adult Social Care. 9 parameters will be assessed. The CQC plans to review all Local Authorities (LA) within 2 years.

MH: Asked if an LA gets an inadequate rating then how will they improve if the funding has been frozen until 2025?

AG: We don't know what the interventions will be, but they will probably be looking at robust plans to improve certain areas where the service could be improved.

Commissioning: Quite a few of the contracts have ended at the end of March 2023. Cumberland will be hosting some services. We are looking at zero carbon innovations. This is an opportunity to recommission. There is the Homecare AQP Framework. This is currently Cumbria wide. It provides intimate care, stoma care, positional changes and feeding. The service prevents isolation. There is a project to look at the service. There will be service user and provider input. The project plans to propose a new framework by the end of July 23 and this will go to the cabinet in December 23 for award decision.

Better Care Fund: This is a fund to improve delivery of health and social care. Its a collection of different grants. The BCF for WAFC will be £35 million. Funding will require agreement between the LA and the ICB. Submissions have to be in by the end of June. Themes: supporting unpaid workers, reablement, assessment capacity and community equipment.

3. Integrated Care System

Dr David Levy (Medical Director, Lancashire and South Cumbria ICB):

The ICB was established on 1.7.22. The area is divided into four places: Blackburn, Blackpool, South Cumbria and Lancashire. Each place will have neighbourhoods: Blackburn 4, Blackpool 5, South Cumbria 5 and Lancashire 28. Some commissioning money will be moving to ICBs: primary care, dentistry, pharmacy and optometry. Next year hospital specialist services will move to the ICB. There will be an Integrated Care Partnership (ICP) with Health and the LA. The Joint Strategy Needs Assessment will feed into this. The ICP will have the following priorities: Starting Well: supporting children, Living Well: reducing ill health, Working Well, Aging Well and Dying Well. The NHS Joint Forward Plan will look to the next 5-10 years, working with NHS provider, LA and the Third Sector.

Jane Scattergood (JS, LSC ICB): The ICB includes part of Cumberland: Millom but excludes Eden. We couldn't change the footprint to include Eden. JS described the new ICB's hierarchy of committees. There will be a local group looking at Health and Community Development in Furness and South Lakes areas.

MH: Asked whether The North East and North Cumbria ICB (NENC ICB) which covers Eden has similar plans.

JS: Yes, they have. I don't know the detail.

4. Work Plan

DS: Discussed the subjects for future scrutiny: Better Care Fund, Winter Pressures, Population Health, Safeguarding.

MH: Asked why wasn't a representative of the NENC ICB invited to attend to discuss what is going to happen to the Eden area.

JB: Yes, we will look into this.

DS: Ed Tallis is Jane Scattergood's counterpart on the NENC ICB. I will contact him. Health scrutiny of Eden needs to be covered by both Cumberland and Westmorland and Furness Councils. We may need to form a subcommittee. We are one of only a few Local Authorities where the boundary is not co-terminus with the local HealthAuthority boundary.

Pat Bell (PB, LD): Maybe we should have a development day (for councillors regarding health provision). As for the Work Plan, I am desperate for you to look at IT, direct payments and social care futures.

JB: Another item would be Healthwatch. We have another meeting this year in September but the next in January 2024. I would like us to have another meeting in November.

The committee agreed to this.