

## **Minutes of the meeting of Adults and wellbeing scrutiny committee held at Online meeting only on Monday 29 March 2021 at 2.30 pm**

- Present:** Councillors Elissa Swinglehurst (Chairperson), Jenny Bartlett (Vice-chairperson)\*<sup>1</sup>, Sebastian Bowen, Helen l'Anson, Tim Price, David Summers and Kevin Tillett
- In attendance:** Councillors Pauline Crockett (Cabinet member - health and adult wellbeing), David Hitchiner (Leader of the Council) and Felicity Norman (Cabinet member - children and families)
- Officers:** Mandy Appleby (Assistant director for adult social care operations), Ewen Archibald (Head of community commissioning and resources), Ben Baugh (Democratic services officer), Kate Coughtrie (Deputy solicitor to the council) and Jenny Preece (Governance support assistant)
- Invitees:** Cat Hornsey (A member of the Carers Focus Group), Barbara Millman (A member of the Making it Real Board) and Ian Stead (Healthwatch Herefordshire)

[note: \*<sup>1</sup> Councillor Bartlett left the meeting during agenda item 'Carers strategy' and took no part in the voting thereon, nor took any part in agenda item 'Committee work programme'.]

### **42 APOLOGIES FOR ABSENCE**

Apologies for absence had been received from committee member Councillor Alan Seldon. Apologies had also been received from Councillor Yolande Watson (cabinet support member adults and communities); Chris Baird (director for children and families), Rebecca Howell-Jones (acting director of public health), Paul Smith (assistant director all ages commissioning) and Stephen Vickers (director for adults and communities) (Herefordshire Council); and Dr Ian Tait (NHS Herefordshire and Worcestershire Clinical Commissioning Group).

### **43 NAMED SUBSTITUTES (IF ANY)**

Councillor David Summers was present as a substitute for Councillor Alan Seldon.

### **44 DECLARATIONS OF INTEREST**

No declarations of interest were made.

### **45 MINUTES**

The minutes of the meetings held on 13 January 2021 and 26 January 2021 were received.

**Resolved:**

- i. That the minutes of the meeting held on 13 January 2021 be approved as a correct record and be signed by the chairperson; and
- ii. That the minutes of the meeting held on 26 January 2021 be approved as a correct record and be signed by the chairperson.

#### **46 QUESTIONS FROM MEMBERS OF THE PUBLIC**

A question received from a member of the public, a supplementary question put at the meeting, and the responses provided by NHS Herefordshire and Worcestershire Clinical Commissioning Group are attached as appendix 1 to these minutes.

The chairperson thanked Andrea Davis for her question and drew attention to the committee's previous request for a written briefing note and to the response of the executive:

'With regard to the CHC (*NHS Continuing Healthcare*) position and the previous requests from scrutiny to be kept informed on CHC outcomes for Herefordshire citizens, the LA (*local authority*) will request an analysis of the CHC and joint funded position in Herefordshire from the CCG (*NHS Herefordshire and Worcestershire Clinical Commissioning Group*). Herefordshire Council will also contribute a report to support the understanding of the committee.'

The chairperson requested that this analysis and report be provided by the end of April 2021 and that this should also address the questions raised in Ms Davis' recent correspondence to councillors.

The assistant director for adult social care operations said that the council and the CCG were working closely on working practices and processes, and supported the preparation of a joint report. In response to a question, the assistant director commented on the redeployment of resources to support the health and social care system response to the COVID pandemic and said that further work could now be resumed.

A committee member felt that it was regrettable that a CCG representative was not available to attend this meeting and that responses should have an equal amount of detail and specificity as the questions that had been submitted.

#### **47 QUESTIONS FROM COUNCILLORS**

No questions had been received from councillors.

#### **48 CARERS STRATEGY**

The chairperson advised that the purpose of this item was to consider the draft carers strategy for 2021 to 2026.

The head of community commissioning and resources (HCCR) introduced the report, the principal points included:

- i. The document was an early draft of the carers strategy and this was an opportunity for the committee to influence and shape the document; a further version would be presented to the health and wellbeing board in June 2021, and the final version would be presented to cabinet in September 2021.
- ii. Engagement on the strategy would continue with carers and wider stakeholders.
- iii. In addition to the covering report and draft strategy, a review of the joint carers strategy 2017-21 was included in the agenda papers.
- iv. The draft strategy identified five priorities: carers voice; carers in the community; services offered to carers; carers wellbeing; and financial. It also identified two over-arching themes: 'think carer' and 'carers and technology'. It was reported that these had emerged from feedback and contributions from carers and other stakeholders.
- v. Attention was drawn to the outline action plan which summarised the key actions proposed under each of the priorities and would be developed further in subsequent versions.

The chairperson invited the attending experts by experience to comment. Cat Hornsey said that parent carers were not represented enough currently and hoped that the new strategy would help to address this. Barbara Millman considered that coordination between services could be improved to ensure that the offered solution was appropriate to the needs of both the person being cared for and for the carer, adding that technology could not always be utilised effectively by people with dementia.

Ian Stead said that Healthwatch Herefordshire was pleased to see the draft strategy, particularly the intention to ensure that carers voice was heard and the proposed establishment of a carers partnership board. Mr Stead commented that carers often felt isolated and there was a need to provide single points of contact to help them to access sources of information, support, and networks. It was noted that the Talk Community programme could help to identify carers in local communities.

The assistant director for adults social care operations (ADASCO) commented on the modernisation of adults social care pathways, reflecting the rights of carers and aligned to strengths-based practice. It was reported that anyone who received an assessment through the Care Act would be linked in to community brokers, who could help to identify community resources to support the person. The isolation of carers during the COVID pandemic had been a significant concern and reviews would be undertaken, utilising Talk Community options and formal services where necessary.

The chairperson welcomed the draft strategy and the direction of travel, especially the strengths-based approach, the extensive engagement, the establishment of a carers partnership board, and the recognition of the challenges around the identification of carers. It was noted that much of the draft strategy was shaped around long term care but it was questioned whether specific approaches could be explored in terms of unexpected and urgent crisis situations. The chairperson expressed support for single points of contact, with smooth escalation into the processes, to minimise the potential for confusion and to maintain engagement. It was also questioned whether

consideration had been given to providing training to existing community groups in terms of mapping the services that were available and how to access them.

The HCCR said that: a separate point of access for adult social care through ‘the front door’ would need to be maintained but efforts would continue to develop the routes for information and signposting within the council and further afield; there would be a re-representation of the Talk Community concept to encompass WISH (Wellbeing Information and Signposting for Herefordshire) going forward, enabling greater alignment of various sources of information; the findings of the engagement demonstrated that people wanted trusted sources of information to be more clearly identified; the vaccination programme had helped to shed light on the distribution and overall numbers of carers with a significant caring role (estimated to be 9,000-11,000) and about the services and networks that they were in contact with; and the difficulties for people who were suddenly thrust into the role of caring were acknowledged and this would be reflected upon in the further development of the strategy.

Cat Hornsey commented that parent carers, who cared for children and young people from 0 to 25 years, needed to engage with children’s and adults’ social care, as well as education and health services. Therefore, points of access would need to be aware of the wide range of organisations involved.

The ADASCO noted the ‘no wrong door’ approach in terms of pathways for children and young people and commented on the potential for a similar innovation for carers. She added that, especially during the pandemic, the local system worked to consider the needs of both service users and carers.

The vice-chairperson thanked everyone that had worked on and contributed towards the draft strategy, said that the five priorities were excellent, and commended the ownership of the strategy by system partners. Attention was drawn to references in the draft strategy to carers experiences of the Department for Work and Pensions (DWP) and it was questioned whether there was an opportunity to work with the DWP to encourage a more holistic approach. In terms of improving the understanding of employers about employees’ caring roles, it was also questioned whether there were opportunities to work with the council’s partners, such as Balfour Beatty Living Places, and local business groups, including the Marches Local Enterprise Partnership. Clarification was sought on the use of colour shading in the draft action plan. The vice-chairperson drew attention to the fact that 17 out of 21 of the young carers that responded to the young carer survey in 2020 stated that they had free school meals and considered this to be worryingly high, and questioned whether the demographics of the 64 carers that responded to the public carers survey in 2021 might indicate that a high proportion of carers were in need of support themselves.

The HCCR responded on various points, including: respondents to the young carer survey were not necessarily representative of all young carers but it would not be surprising if there was a high level of free school meals eligibility, in view of the level of vulnerability that those carers and their families often experienced; it was the intention to stimulate partners to engage with the issues from an employer perspective and to offer challenge and support to employers who were interested in being more ‘care aware’; as much of the DWP approach was managed at a national level, there were challenges but efforts would be made to engage with local managers to shape the offer

locally; and the colour coding in the draft action plan delineated each priority and did not reflect the status of each action.

The chairperson of the children and young people scrutiny committee commented on the difficulty in identifying the precise numbers of children and young people who were acting as carers, especially as some people may not want their circumstances to be identified as they may be concerned that this could have implications for the family unit. The HCCR explained that, during the life of the current strategy, there had been increased investment in services for young carers, with a focus on identifying them and then supporting them; an overview was provided of the key points of identification, including schools, GPs, and referrals from other services. He advised that there was a commitment to continuing at least the existing level of resourcing and explained that grants had been made available to voluntary organisations providing support and facilitating networking groups.

The vice-chairperson of the children and young people scrutiny committee noted that a carers service was delivered by Crossroads Together and questioned: the cost of the service; the services it provided; whether there had been a council or service user evaluation; and whether demand might change in the context of developments in terms of Talk Community, community brokers, linkages to voluntary organisations and charities, and the Integrated Care System. The HCCR reported that: the service was not designed to meet all of the needs of carers; it was focused on signposting advice, support around planning for emergencies and crisis, the provision of training opportunities, and other activities; it was organised on a locality basis; it did not undertake carer assessments; the value of the contract was in the region of £160k and it was close to halfway through the contract period; and an overview was provided of the performance monitoring arrangements. The HCCR acknowledged the need to reflect upon the changing environment in terms of the wider provision for carers.

Committee members were invited to ask questions and make comments, the principal points arising from the debate included:

- Some carers did not recognise themselves as carers and may not be aware of the support that was available, highlighting the need for the continued development of points of access and networking groups.
- The inclusion of the quotes from carers in the draft strategy was appreciated, including a key point 'You cannot separate the cared for from the unpaid carer'.
- Attention was drawn to the section on 'Who is the strategy for?' and the boundary between being a good neighbour and being a carer was explored briefly.

The HCCR said that the Census 2021 asked revised questions about unpaid care and the time commitment involved. It was noted that there were diverse roles which helped many helping people to remain independent.

- Reference was made to the last meeting on the 'NHS White Paper: integration and innovation' (minute 40) and the emerging Integrated Care System (ICS) and it was noted that the discussion had not mentioned carers. A committee member commented on the potential for an 'integrated carers system' given the recurring themes of points of access, sharing information and simplifying pathways. It was

considered that NHS Herefordshire and Worcestershire Clinical Commissioning Group should be asked to consider where unpaid carers fitted within integrated care.

The HCCR outlined the significant progress made under the current strategy, particularly by Wye Valley NHS Trust and in mental health services, in terms of identifying and working with carers. It was considered that the challenge around the ICS, and the role of those commissioning and developing health services, was valid and the new carers partnership board could act as a critical friend to the ICS process as it unfolded, alongside other developments such as the mental health community collaborative.

Mr Stead advised that the Herefordshire and Worcestershire Sustainability and Transformation Partnership had adopted a commitment to carers but it was not clear whether it was reflected formally in the ICS.

- A committee member said that some children and young people were not aware that they were carers, assuming that they were doing what they were supposed to do, and commented on the guilt that they could experience when the person that they cared for became sick or expressed anger and how this could affect the carer throughout their own life.

Cat Hornsey added that many young carers often looked after siblings, as well as older family members.

- Returning to the point about people becoming carers in unexpected and urgent crisis situations, the chairperson commented on a personal experience of the pressures associated with gaining an understanding of systems and getting everything organised within in a short time span.

The ADASCO acknowledged the significant changes that could arise for people finding themselves in such circumstances and recognised that there was a piece of work to be done around this; this would be highlighted to the clinical and practitioners' forum.

- Barbara Millman commented that many carers did not know which services were free and this might discourage them from wanting to have an assessment.

The chairperson noted that the new strategy should go some way to get the communication right and to build trust.

- A committee member emphasised the need for employers to understand the issues and provide appropriate flexibility to employees with caring responsibilities.
- Cat Hornsey said that she had spoken to a number of parent carers and the majority were not aware of carers assessments, only a few had received them, and only one was for a child under 18. She also said that some parent carers were scared to seek help, as they were concerned that they might be judged as parents for the challenging behaviours of their children, and it was suggested that they needed understanding and support from other people in a similar situation.

The HCCR outlined the provision for carers assessments for adults in the Care Act 2014 and the parallel provisions for children and young people in the Children and Families Act 2014. He said that he would communicate the discussion on assessments to the children and families directorate. He also said that it would be expected of the services commissioned for carers that enquiries would be handled sensitively and appropriately, and consideration could be given to a campaign to promote awareness and encourage people to seek support, with signposting to relevant networks.

The chairperson of the children and young people scrutiny committee acknowledged the identified challenges for young carers and carers of children and young people, adding that the committee may wish to explore the issues further in its own work programme.

Mr Stead suggested that schools should be strongly encouraged to adopt policies which supported young carers, as they often had different needs and disadvantages.

Observations were invited from cabinet members, the main points included:

- The cabinet member - children and families: said that the 'Young Carers Report January 2021' outlined the work being undertaken with young carers and with schools; suggested that some form of joint scrutiny committee activity could be considered; and asked whether the carers partnership board would include a place for the young carer voice.

In response to a question, the ADASCO provided further information on the Children and Families Act 2014 and the Care Act 2014, and the transitional process involved. The HCCR provided clarification around 'young adult carers' in this context. He also commented on the significant growth in the scope, nature and quality of the work being undertaken to support young carers during the life of the current strategy.

- The cabinet member – health and adult wellbeing: thanked participants for the discussion which had highlighted serious points for reflection; it was essential to consider individual needs and circumstances, and the ease of access to information; and it would be interesting to see the extent to which the Census 2021 would reveal further information about unpaid carers.

The attending experts by experience were invited to express any final points:

- Barbara Millman commented on conversations with people caring for adults with mental health needs who had identified problems in getting carers assessments. In response, the ADASCO explained the first stage of contact, involving a strengths-based conversation which may resolve queries or signpost people appropriately to meet the need being expressed. She added that there was generally no difficulty for carers to qualify for a carers assessment should they need and want one. Nevertheless, the point around the identified cohort would be explored further.

In response to questions from the chairperson, the ADASCO advised that the usual practice was to write a letter to articulate the help and support that had been provided and to invite people to come back if there was any change or there were any further needs. It was reported that an external team could be asked to review the process.

The HCCR said that it was important to recognise that carers were a diverse group of people, with different expectations and requirements in relation to assessment. It was reported that the Care Act created the right for someone to have a carers assessment if they wanted one but it did not create a right to receive a service or any particular support or resources as a result of that assessment. He added that work had been undertaken internally and in wider networks to develop people's understanding of the options and the possible outcomes.

The committee discussed draft recommendations and agreed the following resolution.

**Resolved:**

**That the draft strategy be supported, particularly the level of consultation undertaken and planned, and the following be recommended to the executive:**

- a. That the need for coordination on appropriate solutions, for both the person being cared for and for the carer, be highlighted in the strategy;**
- b. That consideration be given to specific approaches in terms of urgent crisis situations;**
- c. That attention be given to single points of contact, including trusted sources of information and linkages to services that support carers;**
- d. That the strategy be shared with the council's partners and local business groups to raise awareness of the issues for carers who are also employees;**
- e. That consideration be given to working with the Department for Work and Pensions (DWP) to raise awareness of carer specific needs;**
- f. That the use of colour in the action plan be reviewed to make it clear that these do not relate to red, amber, green ratings;**
- g. In view of the changed circumstances and the new strategy, that consideration be given to the carers support service to ensure that the service remains fit for purpose;**
- h. That system partners be invited to consider improving the experiences for carers in an integrated way across the system, with specific consideration given to carers as part of the emerging Integrated Care System;**
- i. The adults and communities directorate and the children and families directorate jointly review practices and processes to ensure consistency**

**and support across all ages, including the advice and guidance provided on assessments; and**

- j. Consideration be given to the identification of young carers and the specific needs of young carers in an educational setting.**

## **49 COMMITTEE WORK PROGRAMME**

The chairperson invited the committee to review the work programme, drawing attention to a number of updates to the meeting schedule and associated agenda items.

It was reported that the chairperson and vice-chairperson had recently discussed the possibility of undertaking a task and finish group on the health impact of the intensive poultry industry and, whilst the timing would be dependent on the availability of public health and intelligence unit officers to progress it, it was suggested that a scoping statement be prepared for consideration by the committee at a future meeting.

On the proposed deferral of the agenda item on the domestic abuse strategy, the head of community commissioning and resources explained that the Domestic Abuse Act would become law in April 2021 and, whilst national guidance was still in draft form, this would require the current strategy to be updated and new material to be added to reflect the requirements of the Act. In response to a question from a committee member, the head of community commissioning and resources briefly explained the appropriate referral pathways where it was suspected that someone was experiencing domestic abuse.

The committee agreed the following resolution.

### **Resolved:**

**That the committee work programme be confirmed, subject to following:**

- 1. That an additional meeting be held on Friday 30 April 2021, 9.30 am, to consider an item on mental health;**
- 2. That the 10 May 2021 meeting be rescheduled to a date during the week commencing 17 May 2021;**
- 3. That the item on Learning Disability Services be considered at the 21 June 2021 meeting and the item on Domestic Abuse Strategy be considered at a meeting in October 2021;**
- 4. The schedule of recommendations and responses, as appended to the report, be noted; and**
- 5. That a scoping statement for a task and finish group on the health impact of the intensive poultry industry be prepared for consideration by the committee.**

**50 DATE OF NEXT MEETING**

Friday 30 April 2021 at 9.30 am

The meeting ended at 4.45 pm

Chairperson

## Questions from members of the public

### Adults and wellbeing scrutiny committee, 29 March 2021

#### Question

**From: Andrea Davis**

Question for Herefordshire and Worcestershire Clinical Commissioning Group regarding NHS Continuing Healthcare (CHC)

On March 2nd 2020 at the Adults and wellbeing scrutiny committee, Herefordshire CCG could provide no credible explanation for the low rates of CHC awarded. This picture has not changed with 2019-20 (pre covid) Q2 Figures with Herefordshire 173rd of 191 CCGs. Herefordshire is 33.65 (59% of England number), England overall is 57.38 and Salford is 211.81, so you're more than 6.29 times more likely to get CHC there than in Herefordshire.

**Question: Please provide a specific explanation of why that is the position in Herefordshire accounting for why the rates for CHC are so low.**

The source data is available here:

<https://www.england.nhs.uk/statistics/statistical-work-areas/nhs-chc-fnc/>

#### Response

**From: Tom Grove, Associate Director of Communications and Engagement, NHS Herefordshire and Worcestershire Clinical Commissioning Group (CCG)**

Over the past two years, expenditure on Continuing Health Care (CHC) packages in Herefordshire has increased from £11,990,468 to £13,375,592.

There are several factors which contribute to CHC data variation, including differences between local commissioning arrangements in each CCG and Local Authority area. In Herefordshire, in addition to CHC fully funded care packages there are numerous integrated care packages jointly funded between the CCG and Herefordshire Council. Integrated care package data is not nationally captured or routinely consistently adopted by all CCGs and Local Authorities in England and is therefore not reflected in the reported figures.

Although NHS Herefordshire and Worcestershire CCG is not considered an outlier in terms of CHC eligibility figures by NHS England, this is an extremely complex area and there can sometimes be differing views. Where there are differences of opinion between Herefordshire Council and the CCG, there is a very clear process in place for reviewing the implementation of CHC practice.

Working in close partnership with Herefordshire Council, NHS Herefordshire and Worcestershire CCG remains committed to providing the very best outcomes for the population of Herefordshire.

## Supplementary question

**From: Andrea Davis**

**Given Herefordshire and Worcestershire CCG's assertion that CHC is an 'extremely complex area' and notwithstanding the lack of a comprehensive explanation on the CCG website, (which is normal recognised practice), please explain how the CCG comply with the National Framework requirement at paragraph 21, to promote awareness of NHS Continuing Healthcare, and to thereby ensure members of the public are fully informed of their right to a CHC checklist and assessment.**

For clarification, those Roles and responsibilities of CCGs within the National Framework are:

21. CCGs are responsible and accountable for system leadership for NHS Continuing Healthcare within their local health and social care economy (refer to paragraphs 40-41), including:

f) ensuring delivery of, and compliance with, the National Framework for NHS Continuing Healthcare; **promoting awareness of NHS Continuing Healthcare.**

## Response to the supplementary question

**From: Tom Grove, Associate Director of Communications and Engagement, NHS Herefordshire and Worcestershire Clinical Commissioning Group (CCG)**

In alignment with the principles and guidance of the National Framework for NHS Continuing Healthcare and NHS-funded Nursing Care 2018, NHS Herefordshire and Worcestershire CCG cases are considered individually, on a case-by-case basis, according to each individual's needs.

Any members of the public who might be eligible for NHS Continuing Healthcare funding are provided with information to explain the process around application and assessment. This initial communication predominantly takes place through conversations with the Health or Social Care professional who submits the referral. NHS Herefordshire and Worcestershire CCG makes sure that there is ongoing communication with the patient or their representative during the process, including letters, patient information leaflets and direct communication from the CHC Nurse Co-ordinator.

The CCG has established a CHC Communications Group that meets monthly and which is attended by patient representatives, carer group representatives, Healthwatch, Local Authority officers, CHC managers, the CCG Patient Liaison Manager, and the CCG Communications Manager. This group is focused on all communication aspects of CHC, including wider promotion to members of the public. Most recently this group reviewed all patient information provided by letter and leaflet to ensure they were clear, understandable, and accessible.

The CHC Communications Group is currently working on a CHC webpage that will provide more general information about CHC. This will be complete by the end of April 2021.