

Minutes

HEALTH AND SOCIAL CARE SELECT COMMITTEE

21 November 2023



Meeting held at Committee Room 5 - Civic Centre

	<p>Committee Members Present: Councillors Nick Denys (Chair), Philip Corthorne (Vice-Chair), Tony Burles, Reeta Chamdal, June Nelson, Sital Punja (Opposition Lead) and Peter Smallwood (In place of Adam Bennett)</p> <p>Also Present: Richard Ellis, Joint Lead Borough Director, North West London Integrated Care System (NWL ICS)</p> <p>LBH Officers Present: Gary Collier (Health and Social Care Integration Manager) and Nikki O'Halloran (Democratic, Civic and Ceremonial Manager)</p>
31.	<p>APOLOGIES FOR ABSENCE (<i>Agenda Item 1</i>)</p> <p>Apologies for absence had been received from Councillor Adam Bennett (Councillor Peter Smallwood was present as his substitute).</p>
32.	<p>DECLARATIONS OF INTEREST IN MATTERS COMING BEFORE THIS MEETING (<i>Agenda Item 2</i>)</p> <p>There were no declarations of interest in matters coming before this meeting.</p>
33.	<p>MINUTES OF THE MEETING HELD ON 10 OCTOBER 2023 (<i>Agenda Item 3</i>)</p> <p>RESOLVED: That the minutes of the meeting held on 10 October 2023 be agreed as a correct record.</p>
34.	<p>EXCLUSION OF PRESS AND PUBLIC (<i>Agenda Item 4</i>)</p> <p>RESOLVED: That all items of business be considered in public.</p>
35.	<p>CARERS STRATEGY DELIVERY UPDATE (<i>Agenda Item 5</i>)</p> <p>The Chairman welcomed those present to the meeting. Mr Gary Collier advised that the report provided the Committee with an annual update and preceded a report which would be considered by Cabinet. The report had included the draft strategy which aligned with the outcomes in the delivery plan for 2023/24. The strategy reflected the vision and mission statements considered by the Committee in the update report in 2022. The report also included case studies. Some information from the previous year's report had been included in this report to provide Members with a fuller picture and, as it was now available, data from the 2021 census had also been included. The latter showed a reduction in the number of those identifying themselves as carers compared to the 2011 census and feedback from the Office of National Statistics</p>

(ONS) suggested that this could be related to the census being conducted under Covid lockdown conditions.

Mr Collier advised that, in addition to the 2021 census, the key sources of comparative data about carers were the annual national short and long term (SALT) services return (completed by all local authorities with adult social services responsibilities) and the Adult Social Care Outcomes Framework measures for carers tested through the biennial National Carer Survey, which was currently in progress. The meeting was informed that there were limitations with the SALT data as strict criteria meant that carers who had not gone through a carer's assessment were not counted. As a result, adult carers being supported by the Carer Support Service who had not had a carers assessment had not been included in this data. Mr Collier advised the Committee that the Carer Support Service contract was between the Council and Carers Trust Hillingdon, who acted as lead provider on behalf of a consortium known as the Hillingdon Carers Partnership. The contract represented the main Council support offer to young carers and an important part of the offer to adult carers.

Mr Collier advised that SALT was being replaced with new reporting requirements called Client Level Data (CLD) that would start to be collected from 1 April 2023. This had less strict inclusion criteria in relation to which carers were included and would provide more information about types and levels of care provided. Comparative information from this data was unlikely to be available until October or November 2024. This would enable Hillingdon to benchmark against comparable local authorities.

It was noted that there had been a reduction in the number of carers who had declined a carers assessment (81% of carers who were offered an assessment declined in 2021/22 and 77% in 2022/23). Although the reasons for refusal were not recorded, the reasons given anecdotally included: the services offered through the Carer Support Service already met their needs; and the service offer available following an assessment did not justify the time taken to complete it. The Committee was informed that feedback from the Carers Forum identified that some carers were concerned about what would be expected from them if they were identified as a carer, i.e., they might be asked to do more than they felt willing to do. It was noted that carers did not need to have had a carers assessment to be able to access the Carer Support Service. Members requested that it be explored further why carers declined to have a carers assessment.

Mr Collier informed the meeting that Carers Trust hosted the Carers Register and carers of all ages were encouraged to register. The register had the dual function of providing a means to target information to carers and also providing demographic data about carers in Hillingdon.

Members noted that there had been a lot of good work being undertaken but queried whether this activity would have taken place anyway, regardless of whether or not the draft strategy had been developed. They also queried how success would be measured and how the draft strategy would help to deliver objectives. Mr Collier advised that a number of actions had been included in the draft strategy which would help with the delivery of the intended outcomes but that there would be challenges with measuring impact. Deciding metrics presented a challenge as a balance had to be found between the effectiveness of the metric in measuring impact against the resource implications of collection and analysis of data. Actions included in the delivery plan had been discussed with partners and were considered as ones that would contribute to achieving intended outcomes. It was acknowledged that some

actions reflected national police and were therefore 'must dos'.

Members were advised that the Carer Support Service was a successful model that had contributed to considerable additional funding being secured for carers in Hillingdon. This was particularly relevant for young carers as a high proportion of the service for young carers provided by Carers Trust was funded through external funding additional to that received from the Council under the contract.

It was noted that national drivers such as the statutory hospital discharge guidance were driving some of the actions at Hillingdon Hospital in respect of identifying and recognising carers but other actions arose from feedback from carers. The inclusion of a carer flag on the new Cerner patient database at Hillingdon Hospital demonstrated a recognition of the importance of the role of carers.

Mr Collier acknowledged that some of the actions within the delivery plan were not new and that was because the issues were also not new but ongoing. He advised that one of the aims with the delivery plan was to only include those actions that were over and above business as usual. This meant that the plan should reduce in size over time, although actions might reappear as local circumstances, including personnel, would change.

Mr Richard Ellis, Joint Lead Borough Director at North West London Integrated Care Board (NWL ICB), advised that the local authority recognised the contribution made by carers, especially young carers. It was interesting that there were no national targets set in relation to carers and resources needed to carved out that would otherwise be used to meet statutory duties. Mr Ellis advised that accountability probably did need to be revisited and picked up with Hillingdon Health and Care Partners (HHCP). A lot of progress had been made but further work was needed to identify where action was still required.

Progress against the action plan would be taken through the governance structure for the Hillingdon Health and Care System which had been set out in the report. Members suggested that the current structure illustrated the reporting lines but not how the decision making was held to account. Mr Collier advised that accountability would sit with the Hillingdon Health and Care Partners Delivery Board.

Members noted that the NWL Integrated Care Partnership had been developing and questioned how the patterns of service delivery and demand had changed and how the offer had therefore changed. Mr Collier advised that there was still room for improvement with regard to the Direct Payments as the take up from carers was quite low in comparison with some other NWL boroughs. Action was also needed to explore the scope for Personal Health Budgets to be used to address the health needs of carers. Work was already underway at a Primary Care Network (PCN) level by H4All to identify carers as part of case finding arrangements which led to referrals into the Hillingdon Carer Support Service.

Mr Ellis advised that there had been progress in primary care with GPs flagging when a carer was calling on behalf of a cared-for person. THH had also improved its practice of logging who the carers were and ensuring that a patient's package of care at discharge also took account of the needs of the carers. Considered needed to be given to when the carer themselves needed urgent medical attention, particularly in relation to mental health needs, and the support provided for the continuing care of the looked-after person.

Concern was expressed regarding the decline in the number of carers that wanted to be assessed and the impact on those accessing support. Members were aware that there might be some stigma for some carers who might be friends, neighbours or extended family who might see caring as their duty rather than seeing themselves as carers and queried how this was addressed and how those who slipped through the net were picked up. Mr Collier advised that all partners needed to be thinking from a carer perspective and, as a result, notable improvements had been made at THH and in primary care. Identification within primary care was essential and this was where the role of the carer lead in practices was particularly important.

The Committee believed that more work was needed to take this into communities as, although not everyone who provided care wanted to be seen as a carer, there would be some who had just not recognised themselves as carers. Carers Trust staff were good at explaining what it was that a carer did that made them a carer. Volunteers from certain community groups were able to go back to their communities to explain their experience and to provide peer support. Members asked that progress over the next twelve months be reported back to the Select Committee. Mr Collier advised of the intention to come back to the Committee in June 2024 in advance of the 2023/24 update to Cabinet.

H4All and Carers Trust had been undertaking roadshows across the Borough and had identified a large number carers that had been previously unknown to partners, particularly in the south of the Borough.

Mr Ellis advised that there were three statutory definitions of carers explained in the report which captured a large proportion of those who gave care but did not cover them all. The Council had worked hard to support people in communities in positions of respect and provided them with information about the support available to carers so that they could disseminate it to those that might need it.

Concern was expressed that there was a high proportion of residents self-funding in the south of the Borough and a lower number in the north. It was noted that these figures did not refer to self-funders but were carers supported by the Carer Support Service. Members were also advised that men were less likely to consider themselves 'carers' than women. Although work was being undertaken to address this, officers would need to report back on the outcomes of these actions.

Members queried whether it would be possible to breakdown the data on young carers even further as there would be a significant difference between the role of a carer aged 10 and that of one aged 18. Similarly, there would be differences between the role of a 10 year old and a 65 year old. Although the census data was not that granular, Mr Collier advised that he would look into what detailed information was being collected by the Carer Support Service (or could be collected).

Whilst it was acknowledged that the Carers Trust had undertaken engagement with carers, Members queried how well engagement mechanisms were now working and whether the Carers Trust was thought to be representative of the carer community. Mr Collier advised that, as there were resource constraints, engagement activity needed to be prioritised. Work had been undertaken in various communities, some of which had been successful in identifying carers and some not as successful. Carers Trust had been attending various groups but there was a limitation on how often this could be done. Further information on this would be included in the Committee's next annual

update report in 2024 and a representative from Carers Trust would be invited to attend. It was also agreed that Members hear from young carers and get an update on what was going on in schools such as Oakwood to support young carers.

Mr Collier stated that further work with schools had been planned. In addition, the GP Confederation had been working in partnership with the Carers Trust to encourage more GP practices to establish carer leads, although it was emphasised that they could not be compelled to do so. Mr Ellis advised that he would like to revisit this with the GP Confederation and the PCNs as almost every practice should have identified a carer lead.

It was suggested that, as well as identifying carers, it was important to know about the care that carers were providing. It was felt that the use of consistent categories of care and support would everyone to be use the same terminology in discussions.

Members thanked Mr Collier for his excellent report and for the inclusion of case studies therein which brought the information to life. However, they were disappointed that not all GPs had been engaging in the work that had been undertaken.

The Democratic, Civic and Ceremonial Manager was asked to draft a short summary of the Committee's comments in relation to the report. This would then be circulated to Members before inclusion in the report to Cabinet.

RESOLVED: That:

- 1. progress against the Carers Strategy delivery plan activity for 2022/23 and against the delivery plan for 2023/24 be noted; and**
- 2. the Democratic, Civic and Ceremonial Manager collate and circulate the Committee's comments prior to inclusion in the annual delivery plan update report to Cabinet.**

36. **2023/25 BETTER CARE FUND SECTION 75 AGREEMENT** (*Agenda Item 6*)

Mr Gary Collier, the Council's Health and Social Care Integration Manager, advised Members that the Better Care Fund (BCF) was a national initiative with two objectives:

1. Enable people to stay well, safe and independent at home for longer; and
2. Provide the right care in the right place at the right time.

The first BCF plan had been put in place in 2015/16 and the latest iteration covered a two-year period from April 2023 to March 2025. The Section 75 (s75) agreement gave legal effect to the financial and partnership arrangements that had been put in place to deliver the BCF objectives. Cabinet had approved the first year (2023/24) with a one year extension.

The report had included the national metrics and the Q2 position. The BCF metrics had an adult focus but work in relation to child related schemes continued to take place. The Committee was advised that the North West London Integrated Care Board (NWL ICB) had been doing a review of the BCF schemes being undertaken across all NWL boroughs to identify any duplication in service provision. It was anticipated that there would be a resultant revision in Q4.

Mr Collier advised that capacity in relation to mental health discharges had been strengthened this year and there had been examples of the delegation of functions between the NHS and social care. Many features of the legal agreement had remained

the same as the previous year. Monitoring requirements for this last year had been considerable and it was anticipated that this would continue going forward.

Mr Richard Ellis, the Joint Lead Borough Director at the NWL ICB, advised that there had been an overlap with the previous report on this agenda as some of the BCF funding was used for carer support. He noted that there was limited local flexibility in terms of how the BCF money was spent but that every effort was made to maximise this flexibility. Mr Collier advised that the BCF contained different funding schemes and that the local authority had less agency over the ICB additional voluntary contributions. Some voluntary contributions had been taken out of the BCF but the services that these related to had continued to be provided. The Council did have some say over the use of the NHS minimum contribution as well as the Improved Better Care Fund and local authority discharge fund and had been very transparent about their use, all of which had positive benefits for Hillingdon's health and care system.

Members were advised that £905k core funding for voluntary and community organisations had been removed from the BCF Pooled Budget. However, the funding was still available for the same services. This reflected a move to commissioned services rather than providing various organisations with annual grants to deliver services. Public procurement regulations necessitated that the Council would have to go out to tender for these services but the approach offered a longer-term certainty and stability for the service providers as the Council would be offering contracts of up to 8 years. Service delivery could also be better monitored by the Council. Metrics would be reflected in service specifications and monitoring frequency would be proportionate, e.g., contracts of higher value would be subject to more frequent monitoring.

With regard to the national metrics, some were consistent but there had been changes to others. This was the first year that the ICB had been established and it had decided to review the eight BCF agreements across NWL to seek "consistency". However, it was unclear what was meant by "consistency" as this had not been defined.

In Hillingdon, effort had been made to get the ICB to understand that there were differences between the 2.5m residents in NWL but a consistent way of managing these issues had not been identified. Mr Ellis advised that it would be important to ensure that Hillingdon's interests were protected.

The NWL ICB review of the BCF had supported Hillingdon's BCF proposals. Furthermore, the standards and expectations of the ICB had been met and had been acceptable to the external assessors. The delegation of the bridging care service from the NHS to social care had been very successful and other boroughs were now being encouraged to introduce similar schemes.

Members noted that the s75 agreement aimed to drive innovation and integration. Examples of this could be seen through the initiatives driven by the delegation of functions between the NHS and social care. There were also some posts that had been funded which had reduced time spent in hospital. For example, additional staff specialising in mental health had been placed in Hillingdon Hospital's Emergency Department (ED). Additional funding had also been put in place for short term care staff to help support fast discharge at the hospital. Mr Collier advised that he would change the way that updates on the BCF were reported to the Committee to make the impact on residents more tangible.

It was noted that some residents were concerned about the cost of the additional

services that might be needed when they were discharged home. Mr Collier advised that this was set in a statutory framework for Adult Social Care under the Care Act. The schedule in the report appendix had referred to funding from short-term support to enable residents to step down from hospital. Longer term care needs would be subject to a financial assessment as required under the Care Act. The Pooled Budget covered services that enabled residents to get out of hospital, e.g., bed based services and support to return to the community through the Bridging Care Service.

The report stated that there were some NHS / ICB funding contributions for 2024/25 which were identified as provisional pending the outcome of the review of out of hospital services and BCF schemes in NWL. Mr Collier advised that he hoped to have further information about this in January 2024 but that it was less likely that it would change in 2024/25 and that any major changes would be more likely in April 2025 when old contracts would be ending and new ones could be aligned.

Mr Collier advised that, although not yet published, a national comparator would be available in the near future. Once available, he would share this information with the Committee and would be able to include it in future reports to show Hillingdon's position in context.

RESOLVED: That:

- 1. Mr Collier provide Members with information about the national comparators once available; and**
- 2. the report be noted.**

37. **CABINET FORWARD PLAN MONTHLY MONITORING** (*Agenda Item 7*)

RESOLVED: That the Cabinet Forward Plan be noted.

38. **WORK PROGRAMME** (*Agenda Item 8*)

Consideration was given to the Committee's Work Programme. It was agreed that, as there were no items of business scheduled, the meeting on Monday 18 December 2023 be cancelled.

The draft recommendations from the Select Committee's recent review of the CAMHS referral pathway had been circulated to those stakeholders who had attended the various witness sessions. The feedback that they had provided had been collated and would be incorporated where appropriate. The draft final report would be considered by the Select Committee at its meeting on 23 January 2024.

Members discussed the new commissioning model that was being introduced for the delivery of health and social care services that had previously been provided by the voluntary sector through annual grants. It was agreed that the impact of this change be considered at the meeting on 23 April 2024. This would need to include a list of those services that were currently provided by the voluntary sector under grant arrangements, with notes against them as to which organisation then provided the service under procurement arrangements. Thought would also need to be given to what support would be provided to those smaller voluntary organisations that were perfectly capable of providing the contracted services but which did not necessarily have in-house bid writing expertise.

With regard to the review that had been undertaken in relation to assisted living

technologies, it was noted that Mr Matthew Wallbridge, the Council's Chief Digital and Information Officer, had been asked to provide the Committee with an update. Once this information had been received, consideration could be given to any further action that was required.

RESOLVED: That:

- 1. the meeting scheduled for 18 December 2023 be cancelled;**
- 2. the draft final report on the CAMHS referral pathway be considered by the Select Committee at its meeting on 23 January 2024;**
- 3. information on the impact of the new procurement arrangements on small charities be considered by the Committee at its meeting on 23 April 2024; and**
- 4. the Work Programme, as amended, be noted.**

The meeting, which commenced at 6.30 pm, closed at 8.17 pm.

These are the minutes of the above meeting. For more information on any of the resolutions please contact Nikki O'Halloran on nohalloran@hillingdon.gov.uk. Circulation of these minutes is to Councillors, officers, the press and members of the public.