

**HEALTH AND ADULTS  
OVERVIEW AND SCRUTINY COMMITTEE  
Monday 13<sup>th</sup> March 2017**

**PRESENT** – Councillors Mahmood (Chair), Foster K, Humphry's, Marrow, Oates, Slater Julie, Smith and Whittle.

**Also Present –**

Steve Tingle	Director of Adult Social Care
Andy Griffiths	Chief Officer, Healthwatch Blackburn with Darwen
Ron O'Keeffe	Healthwatch Blackburn with Darwen
Katherine White	(Acting) Head of Strategic Commissioning and Integration
Ben Aspinall	Corporate Services.

**RESOLUTIONS**

**27. Welcome and Apologies**

The Chair welcomed everyone to the meeting of the Health and Adults Overview and Scrutiny Committee.

**28. Minutes of the Health and Adults Overview and Scrutiny Committee meeting held on the 23<sup>rd</sup> January 2017**

**RESOLVED –**

That the Minutes of the meeting held on the 23<sup>rd</sup> January 2017 be agreed as a correct record.

**29. Declarations of Interest in items on this Agenda**

There were no Declarations of Interest received.

**30. Collaborative Approaches to Integrated Volunteering Pathways**

The Chair welcomed the Director of Adult Social Care and the (Acting) Head of Strategic Commissioning and Integration to the meeting and invited them to provide Members with a presentation updating them on the exploration of new collaborative methods of creating volunteering pathways to help meet need:

It was explained to the Committee that the aims of this Cross-council and partner approach were as follows:

- Prevention and early Intervention before crisis
- Needs met by universal services
- Reduced demand on statutory services

Risk stratification and the specific roles and delivery models of the Integrated Neighbourhood Teams for Health and Social Care and Transforming Lives

were outlined, with the Neighbourhood Prevention and Stepdown the aims were explained as:

- Providing support to avoid or delay access to crisis services
- Supported signposting
- Asset based approach – create networks and activity to plug gaps
- Growing and nurturing volunteers
- Exploiting technology
- Preventing revolving door syndrome

With the connector role being:

- 19 connectors across partnership
- Providing 1:1 support
- Confidence building
- Promoting 5 ways to well being
- Linking to community activity/Your Call
- Managing volunteers
- Managing referrals from INT's

Connector capacity was explained with the spectrum of “Intense” (support) of up to 8 weeks through to “Towards resilience” discussed. Members were advised that there was Capacity to work with over 1500 people at any one time and that if each connector managed 7 volunteers who each supported 4 people that would increase capacity by a further 532 with the total supported being over 2000.

The next steps for “Your Call” Volunteers were explained as:

- Campaign to recruit more volunteers
- Managed through Lancashire Volunteer Programme
- Single referral pathway and support for volunteers
- Access to “Better Impact “ system

Members were informed that– current priorities and the principles of change in Adult Social Care were:

- What needs to change to make you safe?
- How do I help to make that happen?
- How can I help you use your networks and resources to support your chosen life?

A more comprehensive approach to holistic planning was described under the heading of “Create”:

- What does a good life look like?
- What do I have to know about to support you?
- How can I help you to make a plan?
- Who do you want to be involved in the planning?
- What resources are available to support this?

In order to build capacity and resilience it was explained that Strength Based Training was key to delivery with:

- 4 x 2 Day courses commissioned
- 55 staff have completed the course
- 20 places available on the March cohort

And that the next steps are to extend across the Partnership and embed and promote these principles as ‘the Blackburn with Darwen way.’

As with all principles, the “so what?” factor was discussed, with Members being advised that using a person centred and asset based approach outcomes for individuals should be:

- People living well for longer
- Independence and self-care at home
- Individuals in control of their own health and care
- Neighbourhood infrastructure and support from volunteers

With respect to system wide outcomes; it was explained that such a system demands health and care that is responsive to people's needs and is seamless between different parts of the system; i.e. Integrated Neighbourhood Teams, demand management, integrated workforce, and reduced hospital admissions.

The (Acting) Head of Strategic Commissioning and Integration concluded with an overview of the next steps:

- Analysis of referrals across the partnership
- Developing new Models of Care
- Locality Leads and Neighbourhood Managers integrated
- Joint workforce development
- Drive to recruit volunteers

## **RESOLVED –**

That the Director for Adult Social Care and the (Acting) Head of Strategic Commissioning and Integration be thanked for their attendance.

### **31. Committee’s Work Programme**

The Chair invited the Corporate Services representative to provide an overview of the achievements made in the Committees work programme throughout the year and to guide Members through the draft recommendations, as follows:

1. That the Executive Member for Health and Adult Social Care provide the Committee an update on their work with NHS and third sector partners to narrow the time gaps between new referrals and dementia diagnosis in the next Municipal year.

2. That the Executive Member for Health and Adult Social Care provide the Committee with information on the department's collaborative work with its partner agencies to meet the demand for EMI dementia beds in the next Municipal year.
3. That the Executive Member for Health and Adult Social Care and the Director of Adult Commissioning and Personalisation look to devise and implement tailored training packages for family caring for relatives with dementia.
4. That the Executive Member for Health and Adult Social Care further promote the dementia ELearning and online training packages to increase awareness of this training for those caring for people with dementia.
5. That the Adult Services department further promotes the availability of assistive technology such as fridge sensors, medicine dispensers; food monitors to increase awareness of such products to better support the preventative agenda.
6. That the Executive Member for Health and Adult Social Care implement mechanisms to further recognise, promote and support the good work of family and volunteer carers in the manor of the 'YourCall Good Neighbour Awards'.
7. That the Executive Member for Health and Adult Social Care, together with the Director of Adult Commissioning and Personalisation and the Director for Localities and Prevention, look to work collaboratively with Blackburn College to develop a mechanism to upskill volunteers to help them build a pathway into work.
8. That the Executive Member for Health and Adult Social Care invite the Committee to any listening and consultation events relating to the Social Care Retender.
9. That the Executive Member for Health and Adult Social Care, together with the Director of Public Health and key partner agencies, look to develop a marketing campaign around raising awareness of cancer screening across the borough.

10. That the Executive Member for Health and Adult Social Care, and the Director of Public Health provide the Committee with regular feedback in the next municipal year on the Local Development Plan in relation to the wider Sustainability and Transformation Plan.
11. That the Committee commends the joint preventative work to date between the Adult Services and Localities departments to build community asset based approach to meeting demand.
12. That the Executive Member for Health and Adult Social Care look to create (and promote) an online portal which collates all support services available to carers in a single place.
13. That the Committee endorses the Recommendations noted in the Healthwatch Blackburn with Darwen 'Adult Carers Report 2016, Namely;
  - I. The language used to identify adult carers should be thought about carefully as often people don't identify with this label. Asking if an individual lives with and/or supports someone with a Physical and/or Mental Health Condition or Substance misuse Issue could prove more affective.
  - II. Health professionals should respect & listen to the carer as they are the ones most likely to have an in depth understanding of the individual (cared for).
  - III. GP's should ask all adults if they live with and/or support someone with a Physical and/or Mental Health Condition or Substance misuse Issue.
  - IV. Health professionals should involve & inform the carer in any key decisions if the cared for consents & finds appropriate, this is in accordance to NICE clinical guideline C9138 1.3.10 & C9138 1.3.11.
  - V. Health professionals should affectively signpost carers to services that can offer support, including third sector partners & training.
  - VI. More information should be made available in regards to respite care & the options available if the carer can no longer fulfil their role.
  - VII. Caring for those with a Mental Health Condition or Substance Misuse Issue should be treated with the parity of those caring for individuals with a Physical Health Condition.

VIII. The role of those who care should be promoted widely, raising awareness & reducing stigma.

**RESOLVED –**

That the progress, recommendations and conclusion of the Committee’s work programme for 2016/17 municipal year be noted.

That the Recommendations as outlined above be agreed.

Signed..... Date.....

Chair of the meeting at which the Minutes were signed