

## ADULT SOCIAL CARE AND HEALTH SCRUTINY COMMITTEE

At a meeting of the Adult Social Care and Health Scrutiny Committee held on  
Monday, 15 April 2024

**(Present)**                    **Councillor Sweeney (Chair)**  
**Councillors J Banks, Bell, D Long, T Long, Makin, and Mussell**

**(Not Present)**        **Councillors Clarke, Spencer, and Stevenson**

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### **31        APOLOGIES FOR ABSENCE**

Apologies for absence were received from Councillors Clarke and Spencer

### **32        MINUTES**

\*        **Resolved that the minutes of the meeting held on 15 January 2024 be approved and signed.**

### **33        DECLARATIONS OF INTEREST**

No Declarations of interest from Members were made.

### **34        DECLARATIONS OF PARTY WHIP**

No Declarations of Party Whip were made.

### **35        MENTAL HEALTH PROVISION IN ST HELENS PRESENTATION**

A presentation by the NHS Divisional Director of Mental Health Care provided a progress update on Mental Health Services in the Borough.

A benefits realisation programme was established in June 2022 to ensure that the potential benefits of the acquisition of Northwest Boroughs HealthCare NHS Foundation Trust by Mersey Care NHS Foundation Trust to patients, staff and other stakeholders were fully realised. The objectives of the Benefits realisation programme were:

- Realise benefits to patients, staff and stakeholders of a larger Trust;
- development of a new operating model appropriate to a Trust covering a larger area;
- Implement an effective plan to bring together the workforce of both Trusts;  
and
- Create a single, shared culture.

The Committee had received a presentation in January 2023 following the merger of the two Trusts and the Committee received an update on progress since then.

The achievements since the merger included:

- 100% of Quality Review Visits were planned and undertaken in agreed timescales;

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- Out of Area Placements (OAP) had reduced from 150 per month to 3;
- Serious Incidents Management policies had been standardised and one Trust wide team was established;
- All policies reviewed and aligned where appropriate;
- North West Boroughs secure services integrated into Mersey Care secure division;
- Spreading best practice from North West Boroughs regarding Patient Access Programme across rest of Mersey Care;
- All IT Infrastructure from North West Boroughs successfully migrated over to Mersey Care systems;
- Unified management of complaints now in place across the Trust.

Urgent care was identified as priority and the best practice from both organisations had been amalgamated and integrated with the Trust. It was noted, during Covid-19 pandemic, the crisis line (available via option 2 when calling NHS 111) received 86,592 calls which was far higher than expected when the line was set up. The lowest age to have had made contact was 7 years old with the oldest person being 96. Over the previous 12 months, in St Helens, 1272 called the crisis line with full assessments completed. There were however some intensive users of the crisis line, people who use the line often as part of their illness and management (17 people had been identified as intensive users amounting to 312 assessments completed among them – separate assessments were made as patients did not always present with the same issues). Digital improvements were reported in first response services with a dedicated line for police and ambulance staff to call for advice if dealing with someone with Mental Health issues.

Prevention and Resolution Service was commissioned for St Helens providing a full mental health assessment of people who present to A&E. Following this pilot only one of those patients presented back to A&E with mental health issues suggesting improvements in outcomes.

The notable challenges faced by the Trust included financial investment and the ability to develop long-term plans and demand for urgent care beds. A lack of availability of inpatient beds caused delays getting people the services they needed which often caused mental health to deteriorate further. There were no urgent care beds located in St Helens but St Helens residents were able to get beds in the region and patients could be placed in beds out of the region if urgently required however placing people far from home was not always best for their treatment and recovery. Issues within Social Care could also cause delays discharging people from urgent care beds leading to further demand pressures however St Helens had good social care services available so St Helens residents were a minority of those currently unable to be discharged.

Community Mental Health Services were undergoing a transformation process to meet the current needs of the population. Community services needed to be more responsive and personalised to individual patients. There were some recruitment challenges in psychology services however the waiting times for services were lower than in other places.

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Reference was made to the St Helens Gardening Group which had done a lot of good work with mental health patients. The community group had provided users with a feeling of belonging through social interactions, shared knowledge and education regarding gardening which provided a sense of achievement. The Group had achieved a Star Award at Southport Flower Show last year.

Members of the Committee asked questions and the following points were raised:

- Mersey Care and Merseyside Police were going live with phase 1 of Right Care, Right Place (RCRP) the week after the meeting with Cheshire Police having previously started the process. Mersey Care jointly reviewed mental health cases with the Police where the Police hadn't responded or provided an unexpected response.
- People presenting with mental health needs at A&E created additional pressure on A&E and was not a good environment for people with mental health support needs to be in, particularly when there were long waiting times. People with mental health need presenting to A&E rather than a more appropriate service was a sign of opportunities for better intervention being missed.
- While there were a number of services that veterans could access for mental health support without a clinical referral there would be occasions when a veteran presents to a health service looking for support.
- Members expressed an interest in receiving the results of feedback from patients and how the Trust responded to the feedback.
- The Trust held regular meetings with officers from Adult Social Care regarding service users with mental health support needs.
- Healthwatch confirmed that they had heard a lot that patients don't feel like they have the family doctor anymore. It was suggested that it was hard for people to talk to locums rather than a GP known to them about any mental health concerns and crisis line raised particular concerns about how long callers were left on hold. The Healthwatch representative expressed encouragement regarding improvements to crisis line mentioned during the presentation.
- Members expressed concerns that the current system nationally was not working because the resources were not in the right places to work. There needed to be a fundamental revision of how NHS interacts with adult social care.

\* **Resolved that the report be noted.**

### 36 **CARE COMMUNITIES' PRESENTATION**

The Clinical Director of Cheshire and Merseyside Integrated Care Board and Associate Director of Transformation and Partnerships, C&M ICB – St Helens Place gave a presentation update on progress made with the Care Communities programme.

The vision for St Helens Care Communities was to develop a way for health services to work together in a multidisciplinary way to deliver the right personalised care/support for a whole of person approach and ensuring a

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seamless journey through healthcare and social support in the Borough. It was seen as important to patient experience for them to not have to repeat their story to different services and for the interventions they receive from different services to fit together well.

Within St Helens there was currently 31 GP Practices grouped across four Primary Care Networks (PCNs) with four Care Communities aligned to the four PCNs. Progress implementing the vision had been slow as changing the way people think and work took time.

St Helens was currently rated 26<sup>th</sup> most deprived local authority area in the country with 25% of residents living in areas in the 10% most deprived in the country. St Helens had fewer GPs per capita than other parts of Cheshire & Merseyside. The 31 practices in the Borough were all different sizes and the four PCNs were also different in size based on geography of the Borough. The ICB St Helens Place Team had chosen to begin the Care Communities project with the North PCN as this was the smallest of the four and was seen as the easiest to complete and set an example to the other PCNs.

Care Communities consisted of a Core Team that linked with other health services teams, GPs, Housing Providers, Schools, and Council Services to form wider locality teams. The Challenges for the ICB were identifying the people from different services who were on the ground delivering the services and engaging them to work together with others more effectively. There was currently no funding for the programme so it was difficult to commit lots of time and resources to it.

Members of the Committee asked questions and the following points were raised:

- All services should be able to refer patients to other services when they would be better able to meet the patient's needs. This involved services in PCN areas knowing each other and how to refer. This included GPs, schools, community groups and food banks for example all being able to inform people they come into contact with how to access another service they may benefit from based on their needs. These didn't always need to be health services with some people being able to have their needs met in the community, saving health services time and resources.
- Questions were raised on how residents access a Care Communities programme without going to their GP. The idea of supporting people before the need for GP was paramount and required all partners to be linked to have the capabilities to signpost.
- Linking digital systems was a challenge as services all had different systems that didn't necessarily talk to each other. St Helens did benefit from having developed the shared care record for key actions but not all details about a patient were shared between services.
- It was suggested that there were currently 49 supplies of IT systems within the NHS and they didn't communicate with one another. Concerns over digital exclusion of some residents were raised and how digital services would work for those patients without access to digital channels.
- Concerns were raised about the ability of Care Communities to be successful without backing from Government and funding. Primary Care

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services were under pressure due to demand and the majority of funding (54%) was being spent in secondary care (i.e. hospitals) with Primary and Community Care having a share of the rest (46%).

- As private businesses GPs were independent from the NHS and were not required to conform to a prescribed way of working which sometimes made it difficult to generate buy in to new ways of working.
- Examples of patient lived experience issues were shared. The need for funding was vital. The impact of poor quality housing on people's health was also raised as a concern.
- The importance of the Social Prescriber role was further discussed as they were able to link patients to community services where they were more appropriate for patients than a health service.
- Care communities was about promoting 'who you know' to enable a multifaceted approach.

\* **Resolved that the presentation be noted.**

### 37 **CABINET RESPONSE TO THE SCRUTINY SPOTLIGHT REVIEW OF DENTISTRY**

The Committee received Cabinet's response to the Spotlight Review of Dentistry. The Cabinet Member for Wellbeing, Culture and Heritage thanked the Task Group for its work on this important issue and supported the recommendations. It was suggested that there needed to be some caution about the level of changes that could be effective due to funding constraints.

In relation to children's dental health the Director of Public Health informed the Committee that surveys were made available to assess Children's Dental Health and results showed that St Helens was below the regional and national average. Bad dental hygiene was currently the most likely reason for a child to be admitted to hospital. To tackle this issue the Family Hubs included services to promote dental hygiene in families.

\* **Resolved that the report be noted.**

**Councillor Bell left the meeting**

### 38 **INEQUALITIES COMMISSION PRESENTATION**

The Director of Public Health provided an overview of the work of the Inequalities Commission which had been operating for 18 months at the time of the meeting. Following the Covid-19 pandemic and the cost of living crisis, inequalities had risen both nationally and within the Borough. Established by the People's Board the Inequalities Commission was focused on economic and housing inequalities and well as health inequalities. Within the commission approach all partners were engaged in all tasks and there were no separate working groups or projects. The work of the Inequalities Commission had influenced the development of the Family Hubs. The Commission's activity was trying to tackle loneliness and isolation, raising aspirations among young people and combatting food and fuel poverty.

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Funding was a challenge with no specific funds being able to be allocated to the Commission. A lot of work related to the Commission was being undertaken through good will or existing resources however there were many initiatives that would help to tackle inequalities that could not be afforded currently.

Members were positive about the work of the Inequalities Commission so far and were pleased with the cooperation between the various agencies involved. The Committee was however concerned about health inequalities and the current disparity between life expectancy in the most deprived and least deprived wards in the Borough.

\* **Resolved that the report be noted**

### 39 **QUARTER 3 PERFORMANCE REPORT 2023/24**

The Committee considered the Quarter 3 Performance Report 2023/2024 as it related to Priority 2 of the Borough Strategy. The Director for Adult Social Care, and the Director of Public Health provided an overview of the performance indicators as they related to their service areas.

Members of the Committee asked questions and the following points arose:

- Members raised concerns regarding emergency hospital admissions for falls for over 65s (PH-018) as admissions were 31.59% higher than target. The Director of Public Health informed the Committee there had been difficulties finding a suitable provider for services through a recent tendering process and officers were considering alternative arrangements.
- In relation to all the indicators, it was confirmed that collaboration and sharing best practice was taking place with neighboring authorities. Members were reassured that The Cheshire & Merseyside Directors Network, Executive and National Health and Social Care Networks shared continuous best practice and learning.
- With quality of housing having a significant impact on health, concerns were raised about older residents in private rented homes due to rising rents, poor standards in some homes (suggested 1 in 12 are substandard) and the need for adaptations to reduce trip hazards and reduce falls. Officers mentioned that positive impacts had been made tackling cold homes relating to chronic obstructive pulmonary disease (COPD) incidents.

\* **Resolved that the performance position at Quarter 3 2023 be noted**

### 40 **INTEGRATED CARE PARTNERSHIP**

The Chair provided a brief update on the Cheshire and Merseyside integrated Joint Health Scrutiny Committee.

\* **Resolved that the verbal update be noted.**

### 41 **SCRUTINY WORK PROGRAMME 2023/24**

The Scrutiny Work Programme was presented to the Committee to consider items for future meetings. It was noted that an item on Vision for Adult Social

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Care: 5 Year Plan, and The Market Position statement had been scheduled to be brought to this meeting but had been deferred to the next meeting. The Chair was scheduled to meet Link Officers to prepare items for the Committee's next meeting. The Chair closed the final meeting of the municipal year by thanking everyone who contributed towards the Committee including, Committee Members, Portfolio Holders, Officers, Healthwatch and the Scrutiny Team. Members of the Committee thanked the Chair for her work leading the Committee.

\* **Resolved that the report be noted.**

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