HEALTH SCRUTINY FORUM

FINAL REPORT
CONNECTED CARE

JULY 2011

HARTLEPOOL
BOROUGH COUNCIL

CABINET

4 July 2011

Report of: **Health Scrutiny Forum**

Subject: **FINAL REPORT – CONNECTED CARE**

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1. PURPOSE OF REPORT

1.1 To present the findings of the Health Services Scrutiny Forum following its investigation into 'Connected Care'.

2. SETTING THE SCENE

2.1 At the meeting of the Health Scrutiny Forum on 22 June 2010, Members determined their work programme for the 2009/10 Municipal Year. The topic of 'Connected Care' was selected as a scrutiny topic for consideration during the current Municipal Year.

2.2 Connected Care was developed by Turning Point, a social enterprise organisation specialising in the provision of specialist and integrated services to meet the health and social care needs of individuals, families and communities. In essence Connected Care is a :-

"model for community led commissioning…bring[ing] the voice of the community to the design and delivery of all health, housing, education and social service delivery."[1]

2.3 The Connected Care service was established as one of the first national pilots in the Owton Ward of Hartlepool in 2006 and was jointly funded by the Authority and the PCT. The premise of Connected Care in Hartlepool was to integrate health and social care with strategies for social inclusion and then link Connected Care to locality based commissioning.

2.4 In April 2009 the Health Scrutiny Forum completed an investigation into 'Reaching Families in Need' where Members recommended:-

"That learning from the Connected Care Scheme is rolled out to other areas of deprivation in the Town."[2]

[1] Turning Point, 2009
[2] Health Scrutiny Forum, 2009

The response from NHS Hartlepool was that the Connected Care programme roll out would be considered once an evaluation was completed by Durham University.

2.5 In February 2010, the 200+ page evaluation undertaken of Connected Care in Hartlepool by Durham University was electronically circulated to Members of the Forum and a hard copy deposited in the Members Library by the Chair of the Health Scrutiny Forum.

2.6 Connected Care is currently being delivered in the Owton Ward of Hartlepool by 'Who Cares (NE)', which is a Social Enterprise model of delivery operated by residents and local community organisations. There are plans to extend Connected Care into other areas of the Town, although the major barrier to the development of Connected Care in Hartlepool is "access to working capital."[3]

3. OVERALL AIM OF THE SCRUTINY INVESTIGATION

3.1 The overall aim of the Scrutiny investigation was to explore and evaluate the impact of Connected Care in Hartlepool.

4. TERMS OF REFERENCE FOR THE SCRUTINY INVESTIGATION

4.1 The Terms of Reference for the Scrutiny investigation were as outlined below:-

(a) To gain an understanding of the development and current delivery model of Connected Care in Hartlepool;

(b) To examine the impact of Connected Care on the communities where it has been operational;

(c) To analyse the lessons learnt from the Durham University evaluation and how these and other lesson have been / might be applied to the development of Connected Care;

(d) To gain an understanding of the impact of current and future budget pressures on the way in which Connected Care is provided in Hartlepool; and

(e) To explore how Connected Care could be provided in the future, giving due regard to:-

(i) Improving the effectiveness and efficiency of the way in which the service is currently provided; and

[3] Director of Child & Adult Services, 2010

(ii) If / how the service could be provided at a reduced financial cost (within the resources available in the current economic climate).

5. MEMBERSHIP OF THE REGENERATION AND PLANNING SERVICES SCRUTINY FORUM

5.1 The membership of the Scrutiny Forum was as detailed below:-

Councillors S Akers-Belcher, Barker, Cook, Fleet, Griffin, A Lilley, G Lilley, McKenna and Simmons

Resident Representatives: Mary Green, Norma Morrish and Linda Shields.

6. METHODS OF INVESTIGATION

6.1 Members of the Health Scrutiny Forum met formally from 23 November 2010 to 29 March 2011 to discuss and receive evidence relating to this investigation. A detailed record of the issues raised during these meetings is available from the Council's Democratic Services.

6.2 A brief summary of the methods of investigation are outlined below:-

(a) Detailed presentations from staff involved in the Connected Care Programme, supported by written and verbal evidence;

(b) Verbal and written evidence from Housing Hartlepool, Accent Foundation, IntraHealth, Hartlepool Carers and Owton Fens Community Association (OFCA);

(c) Verbal evidence from local people involved in the Connected Care programme; and

(d) Focus Group meeting with local people and the Navigators from the Connected Care programme.

FINDINGS

7. THE DEVELOPMENT AND CURRENT DELIVERY MODEL OF CONNECTED CARE

7.1 In order to understand how Connected Care had developed in Hartlepool, Members of the Health Scrutiny Forum gathered the following evidence:-

The development of Connected Care

7.2 At their meeting of 1 February 2011, Members heard from the Chair of the Connected Care Steering Group that Connected Care had developed out of the concerns raised by Ward Councillors in the Owton Manor Ward; which was one of the most deprived wards in Hartlepool. Ward Councillors were particularly concerned about the disparate way that funding in the Owton Ward was being distributed and the fact that overall outcomes for residents were not improving in line with the financial expenditure.

7.3 Members at their meeting of 23 November 2010 gathered evidence that Connected Care as a programme had been developed by the social care organisation Turning Point. In 2006, Hartlepool and specifically the Owton Ward had been chosen as one of the first pilots in the country for Connected Care, with the aim of integrating social and health care strategies for social inclusion.

7.4 The Connected Care Manager informed the Forum at their meeting of 1 February 2011 that the original key aims of the Connected Care Service were to:-

(i) Provide holistic rather than fragmented response;

(ii) Ensure that services were simple to access and use and employed a “one stop” ethos;

(iii) Ensure that services are centred around the individuals perception of their problems and what outcomes would make a positive difference;

(iv) Ensure that Connected Care is concerned with building community capacity by putting the community in control of the services they need;

(v) Ensure the co-production and co-delivery of services and share skills and expertise from across the community; and

(vi) Design and deliver flexible services that employ a local work force that are willing to do things differently.

The current delivery model of Connected Care

7.5 The Members of the Forum were particularly pleased to learn; at their meeting of 1 February 2011; that the provision to residents of the Owton Manor Ward via the Connected Care Programme was one of a ‘holistic’ one-stop shop. There was a continual commitment to consultation with local groups and partners to ensure that services were meeting the needs of the local populous, as well as ensuring that there was constant innovation to delivery. The main aim of the Connected Care Programme was to facilitate access to services for those residents of Owton Manor in need of that level

of support, via one venue rather than having to deal with a multitude of people at a wide range of venues.

7.6 In order to achieve the delivery model as highlighted in paragraph 7.5, the Members of the Health Scrutiny Forum considered the Service Navigation scheme which had benefitted 1,392 people between 2009-2010. The Service Navigation Scheme was delivered by Navigators whose role it was to identify and engage with those individuals in greatest need of support and in doing so:-

(i) Supporting people to change their lifestyle by working in partnership with other service providers;

(ii) Helping, guiding and supporting them to find the right services in the community to address their needs;

(iii) Ensuring access to relevant knowledge, information and support in order to enable informed choices concerning access to health and social care services; and

(iv) Working with other local services and providers to influence and improve the delivery of services.

7.7 With the Navigators being one of the key facets to the successful delivery of Connected Care in Hartlepool, Members also recognised that there were a number of other projects that Connected Care worked with, which ensured that the residents of Owton Manor could utilise the most appropriate support provision to meet their individual needs. Some of the projects accessed by residents involved in the Connected Care Programme are as follows:-

(i) Handyman Service
This project offers a simple handyman service to elderly or infirm residents, providing simple tasks such as light bulb changing, path clearance in snowy conditions, decorating and garden maintenance.

(ii) Families Accessing Support Team (FAST)
The FAST project provides a multi-agency voluntary sector response to reduce incidents of crime and disorder through a combination of case workers, family befriend support worker and training and employment officer.

(iii) Nurturing Young Peoples Development Project (NYPD)
The NYPD Project provides young people with a drop-in centre that provides advice and guidance designed to motivate and encourage young people to not only become ambassadors and peer mentors, but to realise the opportunities that are available to them through project, training and educational programmes.

(iv) Supported Access to Independent Living (SAILS)
Essentially a 'good neighbour' scheme, SAILS is geared towards individuals whose needs require an intensive level of support, this can be through assistance with shopping, tidying the garden, home visits, ensuring the individual can gain access to social activities and home visits for Benefit advice.

(v) Supported Accommodation for Young People
This programme was funded by the Northern Rock Foundation and brought together providers such as Hartlepool Borough Council, the Accent Foundation and Housing Hartlepool to deliver supported accommodation for young people; including the provision of 24 hour support, a crash pad and support to move on accommodation.

8. THE IMPACT OF CONNECTED CARE ON THE COMMUNITY

8.1 The Members of the Health Scrutiny Forum were particularly interested in hearing from a number of sources, about the impact that Connected Care had made on residents of the Owton Manor Ward of Hartlepool. In order to understand this impact, Members considered evidence as detailed below:-

Evidence from IntraHealth

8.2 When the Health Scrutiny Forum met on 1 March 2011, the Patient and Liaison Officer from IntraHealth was in attendance and provided Members with a very detailed presentation relating to the involvement of IntraHealth with the Connected Care Programme. Members were informed that one of the key focuses of IntraHealth was to help their patients and support their local community, something they felt Connected Care could help them achieve.

8.3 The Patient and Liaison Officer explained to Members how IntraHealth was involved in Connected Care, as well as the Patient and Liaison Officer being a member of the Connected Care Steering Group, IntraHealth's involvement with Connected Care is detailed below:-

(i) Working with Connected Care Navigators;

(ii) Ensuring that the Navigators are an active member of IntraHealth's Patient Participation Group;

(iii) By having Navigator drop-in sessions held 1.5 hours weekly at Wynyard Road Medical Centre; and

(iv) Joint participation in community events.

8.4 Members were already au fait with SAILS (see paragraph 7.7(vi)) and the Patient and Liaison Officer explained that IntraHealth had been involved with SAILS through their Wynyard Road Medical Centre. IntraHealth were able to

offer support to 20 people accessing the SAILS scheme and the Forum was pleased to note that this had lead to some very positive local publicity (see Appendix A).

8.5 Through the partnership working of IntraHealth with the Connected Care programme and specifically through the SAILS scheme, the Patient and Liaison Officer at IntraHealth felt that the following benefits had been achieved for the community:-

(i) Reduction in emergency hospital admissions;

(ii) Service excellence;

(iii) Holistic Care – Health & Social;

(iv) Efficiency; based on:-

a. Medical response not always being required;
b. Navigators being part of the skill mix that now can be offered; and
c. Patients wanting and now expecting a responsive service.

It was acknowledged that some of the above benefits were difficult to quantify and that work with the London School of Economics and Political Science (LSE) into defining the 'cost' benefits of Connected Care, would be vital in proving the worth of the scheme.

Evidence from Accent Foundation

8.6 When the Health Scrutiny Forum met on 1 March 2011, the Area Manager (North East) from the Accent Foundation was in attendance. The Area Manager informed Members that the Accent Foundation was a housing provider with currently 100 properties in Hartlepool. Members were interested to learn that the Accent Foundation had only just started working with the Connected Care programme.

8.7 The Area Manager from the Accent Foundation informed the Health Scrutiny Forum that the Connected Care programme had enabled them to work to support young people in ensuring that they could achieve and sustain tenancy arrangements, whilst helping to support those tenants who had debt problems.

8.8 The Forum was delighted to learn that the work of the Accent Foundation with Connected Care had lead to increased partnership working with organisations such as IntraHealth and Housing Hartlepool. This meant that through the Glamis Walk Supported Living Project, 7/8 units owned by the Accent Foundation were being utilised for supported housing schemes and the combined efforts of IntraHealth and Housing Hartlepool were ensuring that tenants were kept on the 'right track', therefore, leading to sustainable tenancies.

Evidence from Housing Hartlepool

8.9 During the meeting of the Health Scrutiny Forum of 1 March 2011 the Housing Manager (Neighbourhoods) from Housing Hartlepool was present and provided Members with a detailed overview of the involvement of Housing Hartlepool with Connected Care.

8.10 The Housing Manager detailed to Members the different programmes that Housing Hartlepool were involved in through Connected Care. The Health Scrutiny Forum had already heard details of the Handyman Scheme (see paragraph 7.7(i)), but were interested to learn that through the funding of the scheme by Housing Hartlepool, 430 tenants had benefitted from the services provided by the Handyman Scheme and during the bad winter weather of 2010/11, the service had been invaluable to residents in clearing paths to and from their residencies.

8.11 Members of the Health Scrutiny Forum were pleased to hear that Housing Hartlepool were working very closely with the Connected Care Navigators to sustain tenancies. Navigators were also helping Housing Hartlepool tenants through attendance at court hearings and ensuring that the tenant was accessing their full benefit entitlement. It was through this partnership working that the Housing Manager; was pleased to announce; had lead to a reduction in eviction rates for those Housing Hartlepool tenants who were part of the Connected Care scheme.

Evidence from Hartlepool Carers

8.12 The Centre Manager from Hartlepool Carers was present when the Health Scrutiny Forum met on 1 March 2011. Forum Members were informed that Hartlepool Carers had utilised the Connected Care programme to help support some of the clients that Hartlepool Carers worked with.

8.13 It was, however, recognised by Members that Hartlepool Carers themselves offered a Low Level Support Service; operated by 115 volunteers; to support residents in New Deal for Communities (NDC) areas. The Low Level Support Service aimed to offer:-

(a) Emotional support e.g. Befriending, Sitting Service and visiting services;

(b) Shopping or collecting shopping as necessary;

(c) Chaperone to any medical appointments, hospital visits etc;

(e) Dog walking & sitting service;

(f) Small DIY jobs & Gardening services;

(g) Driving services; and

(h) Social groups support services & holidays

Evidence from Local People Accessing Connected Care

8.14 Through verbal evidence provided at the meeting of the Health Scrutiny Forum held on 1 February 2011, written testimonials of people benefiting from the Connected Care service presented to Members at their meeting on 1 March 2011 and by gathering the views of local people at a Focus Group held on 28 February 2011, Members of the Health Scrutiny Forum reinforced the view that Connected Care was ensuring that people in Owton Manor were becoming more empowered and better able to make positive choices.

8.15 A summary of the views of local people who have been involved with the Connected Care programme in Hartlepool as received by Members of the Health Scrutiny Forum throughout their investigation are detailed in the following individual case studies:-

Case Study 1: Had suffered from financial difficulties and through a Benefits Advice Worker was put in touch with a Connected Care Navigator. Up to that point, they felt like there was no 'personal' feedback from the statutory and non-statutory bodies that they were trying to access for help. The Navigator helped to arrange phone calls, letters and meetings to get everything back on track and gave the individual "hope", something they hadn't been experiencing before.

It was the flexible approach by the Navigator that allowed for different people with different circumstances to receive a personalised service which met their needs. It was revealed that the individual had been tenant of the year previously, but the lack of awareness of the Connected Care programme; by the housing provider (they had directed the individual to Citizens Advice Bureau, which was seen as impersonal in nature); meant that within 6 months of the award the individual was being portrayed as a poor tenant. The work of the Navigator lead the person to make a heartfelt statement that the Navigator had "done so much for me, really grateful".

Case Study 2: The Connected Care Navigator had ensured that this individual had remained in a tenancy after the passing of their spouse. Originally the 'Benefits Office' had said they were at the risk of being evicted, but the Navigator had arranged meetings and supported the individual in having the tenancy transferred into their name.

The individual made an observation about the impersonal nature of the 'booths' at the Civic Centre when advice was sought, whereas within the Connected Care service individuals could discuss their problems in private confidential settings. Some of the quotes from the individual in terms of the Navigators were: "Think of people, not of themselves"; "Make you feel wanted"; "Greatest people on this world"; and "Worth millions".

Case Study 3: Had been in jail and become estranged from their child. In moving back to the area to try and be with their child, they were struggling to find out where to go. Through the support of Connected Care, this individual had started out as a volunteer with Manor Residents, had moved into a flat and were currently working towards moving into a house. They were also gaining qualifications and said that they had now come too far to lapse back into drug usage that had originally been the catalyst to their jail sentence.

The non-judgemental approach of the Navigator, by seeing the individual as having a past, but recognising that it was in the past, had enabled the individual to feel a sense of worth. As the individual stated "I would be lost without them", the Connected Care Navigators were there as someone to talk to "talking to you, not at you" and to help find solutions to their problems. The biggest change was that the local community, who had initially isolated the individual, saw them now as a valued member of their community.

Case Study 4: Had had been in trouble with the law and lost their children as result. The circle that they were in was that they couldn't have their children back without a house, but without their children they couldn't get a house. Initially accessing a Hairdressing course through the Helping Hands scheme, they had been one of the first tranche of people to benefit from the Connected Care service, leading to them securing a house and being reunited with their children.

Evidence from Owton Fens Community Association (OFCA)

8.16 Representatives from OFCA provided Members with evidence of the impact that Connected Care had made on the Owton Manor community, when they met on 1 March 2011. The representative from OFCA commented that the Connected Care model had made a huge difference to the lives of residents in the Owton Manor area of the Town. Emphasis was placed on the current work being under taken by Connected Care, Turning Point and the LSE to prove the financial worth of Connected Care to all organisations, whether they be housing providers, the Local Authority or the NHS.

9. LESSONS LEARNT FROM THE DURHAM UNIVERSITY EVALUATION OF CONENCTED CARE

9.1 When Members of the Health Scrutiny Forum met on 1 February 2010, the Chair of the Connected Care Steering Group was present to talk to the Forum about the lessons learnt from the evaluation into Connected Care undertaken by Durham University. It was recognised by Forum Members that due to the publication of the report back in February 2010 a number of the recommendations were already being actioned.

9.2 The Chair of the Connected Care Steering Group drew Member's attention to the importance that the evaluation placed on the Navigators being independent of the services provided. This meant that as the Navigators didn't have any vested interests, then they didn't have to defend

organisations when things went wrong. The report then went on to highlight a number of lessons that could be learnt by other Connected Care programmes as detailed below:-

(a) A Service Co-ordinator that oversees the services can play a transformational role in acting as 'maker of the services, in setting up the services and embedding Connected Care with other services locally;

(b) Commissioners overseeing Connected Care need to work continuously to sustain partnerships between statutory services and communities. Connected Care needs to be a significant priority for commissioners to mitigate the tension between pursuing nationally determined targets and long term partnership goals;

(c) Leadership is critical as implementation involves transformation of a service system rather than the simple provision of additional services;

(d) For Connected Care to be embraced within wider services, partner organisations need to train their own staff to understand new roles and relationships. Staff need to be enabled to work across service boundaries and develop collaborative relationships and mechanisms including spheres of information sharing and confidentiality;

(e) It is important to reach agreement on vision and outcomes early in order to focus energies on service change and to secure relationships with the full range of services across health, housing and social care to implement change;

(f) Community members as part of the service solution bring local 'know-how', an understanding of their local area and a greater commitment to sustain contact with users of the service until all issues are resolved. Service users in the community who were interviewed valued the service as 'someone on their side' and perceived it as less impersonal than, and independent of, local statutory services;

(g) Dynamic forms of user engagement need to be sustained in order to continuously inform service delivery;

(h) Connected Care service design is based, in principle, on shifting power from commissioners to the community. Community organisations can play a critical role in securing greater accountability at a local level. In communities, where there is little history of engagement, the need for continued investment in capacity building is critical. It is also important to understand levels of prior community engagement to highlight any capacity building that is needed locally; and

(i) Wider community involvement is not an easy objective to achieve. There is a need to establish processes that develop and sustain

community engagement in the planning, management and delivery of a Connected Care service.

10. THE IMPACT OF CURRENT AND FUTURE BUDGET PRESSURES ON CONNECTED CARE

10.1 The Connected Care Manager was present at the Health Scrutiny Forum meeting of 1 February 2011, where Members were informed of the budgetary pressures on the continuation of the Connected Care programme. Like many publically funded programmes, Connected Care was likely to feel pressured by the general reduction in public spending by the current Government through the removal of Working Neighbourhoods Fund (WNF) and the Comprehensive Spending Review (CSR).

10.2 Members were aware of the impact of the withdrawal of WNF and the challenges faced by the Local Authority (amongst others) by the CSR announcement. However, the Connected Care Manager informed Members that detailed discussions were being undertaken by Connected Care, Turning Point and the LSE in order to quantify the impact of Connected Care to the community. There was some initial evidence that the overall cost of an eviction for Housing Hartlepool was £6,000, therefore, if Connected Care could be proven to have stopped an eviction, then that was how much the service was worth to Housing Hartlepool. Similarly clearing old people's paths during snowy weather, may save the local NHS money in hospital admissions due to slips and falls. The Connected Care Manager emphasised that this did not mean that for example they would go to Housing Hartlepool asking for £6,000, but that it would enable a more open discussion in terms of the value of funding Connected Care.

10.3 With the positive evaluation of Connected Care in Hartlepool, as undertaken by Durham University (see Section 9), the Connected Care Manager highlighted that although Connected Care was not a cost free service, it did demonstrate an example of the Government's policy direction of the 'Big Society' and Members were delighted to learn that Andrew Lansley; Secretary of State for Health; had recently visited the Connected Care programme in Hartlepool and been impressed by the service provided and achievements made.

11. HOW CONNECTED CARE MIGHT BE DELIVERED IN THE FUTURE

11.1 Members of the Health Scrutiny Forum had already made their intentions clear in terms of future delivery of Connected Care back in April 2009 (see paragraph 2.4). This desire to see a 'roll-out' of the Connected Care model to other areas of the Town had yet to be realised, but Members were informed by the Connected Care Manager at their meeting of 1 February 2011 that 'Who Cares North East Limited' had been set up as social enterprise organisation. The evaluation by Durham University highlighted the development of the Social Enterprise as:-

"Its aims were to extend its service navigation, low level support, Handyman and benefits and welfare advice services across the south of Hartlepool, beyond the boundaries of the Owton estate."[4]

11.2 Although the social enterprise would allow greater benefits for the people of Owton Manor, so it was also seen as a vehicle that may allow for the 'roll-out' of Connected Care to other areas of the Town which may benefit from this service. Forum Members, however, recognised that other providers were providing support to other communities in the Town and that these needed to be taken into account when factoring in any full scale roll-out of Connected Care delivery. The recognition of individual communities having different needs was an element of the evaluation by Durham University, which stated:-

"One of the prime features of the service that enhances its potential to provide appropriate service is its localism and the opportunity for Connected Care to be based on a deep understanding of the distinctive problems facing that local community."[4]

11.3 When Connected Care partner organisations had been present at the Health Scrutiny Forum meeting of 1 March 2011, there was considerable support for a roll-out of Connected Care across Hartlepool. The Housing Manager from Housing Hartlepool commented that it could only benefit the organisation, with Housing Hartlepool likely to be the main housing provider in areas targeted, whilst the Patient and Liaison Officer from IntraHealth spoke of the impact the scheme could make in other areas of the Town where IntraHealth were already delivering services.

12. CONCLUSIONS

12.1 The Health Scrutiny Forum concluded:-

(a) That Connected Care service have made an major impact on the lives of the people of Owton Manor, ensuring that they are more empowered members of their local community;

(b) That the proactive impact of Connected Care in terms of benefitting other statutory and non-statutory services was difficult to quantify, but that efforts were being made through the work being undertaken by the LSE, to address that issue;

(c) That support existed within organisations currently involved in Connected Care to see the service rolled out across the Town;

(d) That care needed to be taken to ensure that any roll-out of Connected Care did not duplicate efforts already on-going within communities;

[4] Callaghan et al., 2009

(e) That organisations involved with Connected Care needed to ensure that they continued to promote the role of Connected Care to all staff and service users; and

(f) That a 'one-size-fits-all' delivery model for Connected Care would not work and expansion of the scheme must take into the account the needs of the community to ensure the delivery of a bespoke service.

13. RECOMMENDATIONS

13.1 The Health Scrutiny Forum has taken evidence from a wide range of sources to assist in the formulation of a balanced range of recommendations. The Forum's key recommendations to the Cabinet are as outlined below:-

(a) That a strategy is devised to identify those communities within Hartlepool who may benefit from the delivery of the Connected Care model;

(b) That once recommendation (a) is completed, Connected Care is rolled-out to other communities in Hartlepool:-

(i) Ensuring that the necessary governance structure is in place;

(ii) Identifying the needs of the individual community from residents and ensuring the delivery of a bespoke service that covers any gaps in existing provision;

(iii) Ensuring that partnership arrangements are in place for current service providers and that duplication of work does not occur for those providers already delivering relevant services in that community; and

(iv) That a feasibility study is carried out into support for the Connected Care roll-out through the transfer of staff and / or resources.

(c) That following the completion of the work being undertaken by the LSE:-

(i) That the findings are shared with the Health Scrutiny Forum; and

(ii) That where evidence demonstrates the financial benefits of Connected Care, those organisations benefitting from early intervention by Connected Care, are invited to support or further support the Connected Care programme through resource allocation.

(d) That in order to ensure the safety of Connected Care Navigators and as part of a multi-disciplinary approach to meeting the needs of individuals, that a feasibility study be undertaken into Navigators accessing Care First, Rio, Employee Protection Register and other related systems.

ACKNOWLEDGEMENTS

The Forum is grateful to all those who have presented evidence during the course of our investigation. We would like to place on record our appreciation, in particular of the willingness and co-operation we have received from those named overleaf:-

Hartlepool Borough Council:

Geraldine Martin – Head of Service, Adult Social Care

Jill Harrison – Assistant Director, Adult Social Care

Councillor Ray Wells

External Representatives:

Ray Harriman – Connected Care Manager

Angie Wilcox – Manager, Manor Residents Association

Kevin Cranney – OFCA

Marjorie James – OFCA

Christopher Akers-Belcher – LINk Co-ordinator, Hartlepool LINk

Stephen Thomas – LINk Development Officer, Hartlepool LINk

Professor Gerald Wistow – Chair of the Connected Care Steering Group

Helen Ivison – Housing Manager (Neighbourhoods), Housing Hartlepool

Elizabeth Carroll – Patient and Liaison Officer, Intrahealth

Tracy Jefferies – Centre Manager, Hartlepool Carers

Wanda Graham – Area Manager (North East), Accent Foundation

Those individuals involved in the Connected Care Programme who provided evidence at the Forum Meetings and the Focus Group held on 28 February 2011.

COUNCILLOR STEPHEN AKERS-BELCHER
CHAIR OF THE HEALTH SCRUTINY FORUM

April 2011

Contact Officer: James Walsh – Scrutiny Support Officer
Chief Executive's Department – Corporate Strategy
Hartlepool Borough Council
Tel:- 01429 523647
Email:- james.walsh@hartlepool.gov.uk

BACKGROUND PAPERS

The following background papers were consulted or referred to in the preparation of this report:-

(a) Report of the Scrutiny Support Officer entitled 'Scrutiny Investigation into Connected Care – Scoping Report' presented at the meeting of the Health Scrutiny Forum of 23 November 2010

(b) Turning Point (2009) *Connected Care*, Available from http:www.turning-point.co.uk/commissionerszone/centreofexcellence/Pages/ConnectedCare.aspx (Accessed 27 September 2010)

(c) Final Report of the Health Scrutiny Forum entitled 'Reaching Families in Need' presented at the meeting of Cabinet of 17 August 2009

(d) Callaghan, G., Quinn, J. (2010) *Evaluation of Connected Care in Hartlepool*, Durham University

(e) Report by the Director of Child and Adult Services entitled 'Progress Report – Connected Care' presented to Cabinet of 8 February 2010

(f) Report of the Scrutiny Support Officer entitled 'Scrutiny Investigation into Connected Care – Setting the Scene – Covering Report' presented at the meeting of the Health Scrutiny Forum of 1 February 2011

(g) Presentation by the Connected Care Manager entitled 'Health Scrutiny – Connected Care: Connected Services – Connecting People' delivered to the Health Scrutiny Forum meeting of 1 February 2011

(h) Report of the Connected Care Manager entitled 'Supported Accommodation Service for Young People Aged 18-24' presented to the Health Scrutiny Forum meeting of 1 February 2011

(i) CD / Booklet of the Connected Care service entitled 'Partnership Working in Owton' presented to the Health Scrutiny Forum meeting of 1 February 2011

(j) Report of the Scrutiny Support Officer entitled 'Scrutiny Investigation into Connected Care – Partner Organisations – Covering Report' presented to the Health Scrutiny Forum meeting of 1 March 2011

(k) Presented by the Patient and Community Liaison Officer entitled 'IntraHealth and Connected Care' delivered to the Health Scrutiny Forum meeting of 1 March 2011

(l) Testimonies from Connected Care service users presented to the Health Scrutiny Forum meeting of 1 March 2011

(m) Report of the Scrutiny Support Officer entitled 'Scrutiny Investigation Connected Care – Additional Evidence from Hartlepool Carers' presented to the Health Scrutiny Forum of 29 March 2011

(n) Report of the Scrutiny Support Officer entitled 'Scrutiny Investigation into Connected Care – Feedback from Focus Group' presented to the Health Scrutiny Forum of 29 March 2011

(o) Callaghan, G., Quinn, J. (2009) *Hartlepool Key Lessons*, [online], Turning Point, Available from http://www.turning-point.co.uk/commissionerszone/centreofexcellence/Pages/Hartlepoolkeylessons.aspx?dm_t= (Accessed 21 March 2010)

(p) Minutes of the Health Scrutiny Forum of 22 June 2010, 23 November 2010, 1 February 2011, 1 March 2011 and 29 March 2011.

Appendix A

Hartlepool Mail

Sails project 'changing lives of isolated people'

Flagship scheme supporting the lonely

A PIONEERING partnership scheme is changing the lives of older people living in loneliness and isolation.

The flagship Supporting Access to Independent Living Services (Sails) project is aimed at keeping people healthy and happy in their own homes and also enjoying community pastimes.

It is being developed as part of an ongoing partnership to help people over the age of 60 enjoy a balanced lifestyle with advice on all aspects of their health, social and financial needs.

Central to the scheme is the link-up between IntraHealth's Wynyard Road medical practice and Connected Care, a Government pilot scheme to encourage co-operation between health, social care and housing services to offer integrated, personalised care and support.

Award-winning IntraHealth won a contract to provide GP services for NHS Hartlepool and works with a number of partner agencies to provide healthcare to people across the town.

It runs practices in Wynyard Road and at Hartfields.

The beauty of the Sails project is that those patients who are living lonely lives can be identified and contacted.

Elizabeth Carroll, IntraHealth's patient and community liaison officer said the programme, in the Owton Ward area of Hartlepool, is transforming lives.

She said: "The aim of the service is to enable residents to remain living independently in their own homes through a range of integrated support services. It is brilliant to be working with Connected Care to enable our patients to take advantage of this exciting initiative."

Those eligible must live in the south wards of Hartlepool and be either aged 60 or over, a carer, have a chronic or long-term illness, suffered a recent bereavement or feel isolated.

by Paul Watson

paul.watson@northeastpress.co.uk

Everyone signing up to Sails gets an initial benefits assessment to see if they are receiving benefits due to them and their family. Patients do not have to divulge personal information such as savings if they do not want to.

Sails staff will contact each household on a daily or weekly basis, by agreement, either by phone or a home visit.

Dependent upon their needs, patients can access the meals on wheels service, handyman service and also a range of social activities on offer at the Manor Residents Association Resource Centre, in Kilmarnock Road.

Connected Care administrator Sammie Carroll, who runs the Sails project, said: "People should not have to worry about being lonely and isolated.

"The partnership aspect of Sails means that there is always someone we can call upon who will be able to help people who are isolated in the community.

"It helps to integrate people and also ensures their health and everyday needs are looked after. Nobody should have to feel they are alone or live an isolated existence.

"Our message is that we are here – so come and join us."

Patients or their relatives/carers who are interested in taking part in the Sails project should ring Mrs Carroll on (01429) 223195.

DELIGHTED WITH SCHEME: (Left to right) Doris Hargreaves, Elizabeth Carroll and Sammie Carroll. *(IRN: 517342)*

Difference made to Doris's life 'amazing'

PENSIONER Doris Hargreaves admits she was a virtual prisoner in her own home before the Sails project 'changed her life'.

The now-sprightly 83-year-old has become a regular visitor to the resource centre and both Elizabeth and Sammie keep in constant touch with her to make sure she is safe and well.

Doris, who moved to the town two years ago from Essex to be nearer family members, told the *Mail*: "If it was not for Liz and Sammie I don't know where I would be. They are brilliant.

"I can always ring one of them up and get help and advice straight away."

Mrs Hargreaves, who lives half-a-mile away from the Manor Residents Association Resource Centre, is contacted every Monday morning by telephone and collected on days that she wants to visit the centre for social activities.

She previously suffered a nervous breakdown but is now an active and sprightly member of the community and the Sails programme which helps people from 60 upwards with the oldest member of the programme aged 90.

Doris quipped: "I'm one of the younger ones!.

"This has been life-changing for me and I would urge any other elderly people in the area to get in touch and enjoy the benefits.

"Before this I would be sitting at home watching TV and looking out of the window.

"It means a great deal to me knowing that there is someone out there who I can contact and who have become very close friends for me.

"There was nothing like this in Essex and the difference in my life is amazing."

Connected Care facts and contacts

CONNECTED CARE was the first national pilot scheme and was launched in the Owton ward of Hartlepool three years ago.

It is a partnership between local residents, ward councillors, community associations and local services including health.

Its main aim is to improve the overall delivery of health and social care services in a targeted area and covers 2,900 households and almost 6,800 people.

It is regularly monitored to provide a model that can be rolled out in other parts of the country.

The Sails initiative is one part of the overall Connected Care programme which also runs schemes to improve community safety and tackle anti-social behaviour.

Connected Care can be contacted on freephone 0800 6340868 or (01429) 297201.