

ADULT AND PUBLIC HEALTH SERVICES PORTFOLIO DECISION RECORD

28 March 2011

The meeting commenced at 10.00 am in the Civic Centre, Hartlepool

Present:

Councillor Gerard Hall (Adult Services and Public Health Portfolio Holder)

Officers: Jill Harrison, Assistant Director, Adult Social Care
Geraldine Martin, Head of Service, Adult Social Care
Neil Harrison, Head of Service, Adult Social Care
Sylvia Pinkney, Public Protection Manager
Angela Hunter, Principal Democratic Services Officer

35. Connected Care: Developing the Business *(Director of Child and Adult Services)*

Type of decision

Key Decision – Test (i) and (ii) apply.

Purpose of report

The report provided an overview of Connected Care in Owton Ward and the development of Who Cares (NE), a community interest company (CIC), to commission services for the people living in Owton.

Connected Care's three year contract ends in March 2011. The report evaluated the success of the model and recommended that a further 2 year contract should be extended to fund a pilot project to enable the services to be rolled out and evaluated across the borough.

The report sought to secure an exception to the contract procedure rules that require a contract valued over £100,000 to go through a tender procurement process.

Issue(s) for consideration by Portfolio Holder

Connected Care is a model which seeks to address fragmented service provision and provide local services that are co-designed and produced by

local people and rooted in their local communities.

In 2008 Connected Care went live with a small team of navigators who work with vulnerable people using low-level interventions and linking them to more specialist services when required.

In 2010 a community interest company (CIC) Who Cares (NE) was set up to develop and commission services to support the people in Owton to live more independently and achieve a better quality of life. The CIC has a Board of Directors drawn from local organisations that have a wealth of experience in developing local community services. Connected Care is embedded in Manor Residents Association, a thriving social enterprise with over 20 years experience of developing local services. It has deep roots and strong networks into the community and an understanding of what is needed.

Connected Care has been funded by the Department of Health (DoH) as a pilot project as well as Hartlepool Borough Council (HBC), Primary Health Trust (PCT), Housing Hartlepool, Neighbourhood Regeneration Funding (NRF) and a range of funding drawn in by the CIC. Work is currently underway with the London Schools of Economics (LSE) to complete a cost benefit exercise in respect of the money that Connected Care saves a whole range of organisations through its early intervention model.

The services offered by Connected Care in Owton and the CIC include:

A team of navigators working with vulnerable people on a range of issues and providing timely support to prevent escalation of their difficulties that would require more costly intervention.

A magazine 'Who Cares' which reaches every home in the Ward

A handy person repair service

Outreach sessions at the local Primary Care Centre

A Time Bank where people share their skills

Future Jobs Fund helping people into training and jobs

A Benefits and Welfare Advice service

Partnership with Accent Foundation Trust to refurbish flats and support vulnerable young people with their tenancies

Supported Access to Independent Living Services (SAILS) service providing support to vulnerable older people at home.

Several external evaluations of Connected Care in the last 2 years have all been positive, feedback from local people using the service is excellent and, in April 2009, HBC Scrutiny Forum recommended the roll-out of Connected Care across the town 'as a positive way of helping reach families that would not normally interact with either the Council or engage with health services'

Connected Care has been recognised with a major national award from 'In Control' in respect of being an excellent model of community work that encourages community engagement and participation.

Connected Care has applied to be a “Local Inclusion Lab” (a Cabinet Office Project to tackle multiple disadvantages in the context of the Big Society, efficiency and reform). If successful this will enable Connected Care to draw in further funding, a Community Organiser and business planning skills as well as expertise to evaluate the roll out of Connected Care across the borough. The project runs for 6 months from April – October 2011.

It is suggested that Connected Care is rolled out to the rest of the borough over the next 2 years. Funding is in place from HBC and the PCT to enable this development for the core navigator service focussed on supporting vulnerable people. The CIL is drawing in income from Housing Hartlepool, Northern Rock and various other organisations to support the low level services. The intention is to put in place a 2 year pilot enable the roll out of the Connected Care model across Hartlepool. The pilot would be funded from a recurrent PCT/LA budget as well as from re-ablement funding coming over to the council in April 2011.

Connected Care is a model which delivers low-level interventions that prevent or delay the need for more costly services if current needs are left to deteriorate. This is a cost-effective service that meets the requirements for prevention and reablement, keeping people living independently in their own homes and connected to their communities. Many people who receive support from Connected Care subsequently become volunteers to give back something to the local community which was there when they needed support. Connected Care is well placed to deliver the roll out of this service across Hartlepool.

This model is founded on effective partnerships and merged funding streams from HBC, NHS, Housing Associations and a range of other sources. It is a model that works and, for that reason, an exemption to the current contract procedure rules that requires a Tender exercise to be used for all contracts over the value of £100,000 is recommended. The exemption request is based on the recommendation that the 2 year roll out is a pilot project to evaluate the roll out of Connected Care across the borough. Funding for this pilot project would be drawn from £200,000 recurrent PCT/LA sources and £480,000 from the reablement funding for 2011-2013.

The Connected Care model meets the objectives of localism, the Big Society, place-based funding and empowering local communities.

Over the next few months Connected Care/ Who Cares (NE) will be, together with a number of organisations from the Community and Voluntary sector (CVS), exploring the possibility of putting together a joint bid to take over some of the local authority's community centre buildings. Asset transfer would facilitate the development of hubs from which Connected Care could develop the business within local community settings in the North and Central areas of Hartlepool.

The Portfolio Holder sought clarification on the reablement funding to be utilised for this pilot project. The Head of Service confirmed that this funding was allocated to PCTs to be transferred to local authorities. The funding was intended to be used to prevent hospital admissions and support people to retain their independence as well as supporting people to retain or regain their skills following a period of illness or a hospital stay. The aspects of the Connected Care model that were proposed to be funded from the reablement monies were the navigator service, the handyman scheme and the SAILS scheme. These key elements in particular had a proven impact supporting vulnerable people to remain living independently in their community. The Assistant Director indicated that £1.3m was available for 2011/12 and £1.2m for 2012/13 with one element of this funding being used to pilot this aspect of the connected care approach across the whole town. Plans were being agreed regarding how the remainder of the funding would be utilised to meet social care priorities that contribute to the delivery of better health outcomes.

It was recognised that the connected care model currently operating within the Owton area of the town had proven to be an excellent model for the delivery of services with Government ministers acknowledging this success on recent visits. A lengthy discussion followed on the background to the introduction of connected care and the success achieved since the model had been implemented. The number of and excellent work undertaken by community and voluntary organisations within the town was acknowledged and it was reiterated that local residents, residents' associations and the relevant community and voluntary organisations should be heavily involved in any proposals to roll out the connected care model to other areas of the town. This would ensure that services would be targeted to the particular needs of that area and measures should be taken to involve local groups and residents in the governance arrangements of the community interest company as was intended when the roll out of the scheme to other areas was first discussed.

In conclusion the Portfolio Holder noted that it was through the excellent partnership working and co-operation with the community and voluntary sector and the local authority that connected care had been so successful and it was hoped that this would continue through the roll out of the service across the town.

Decision

- (i) The request for Connected Care to be exempt from the current procedure of tendering for a contract whose value was in excess of £100,000 was approved. This would enable Connected Care, as a pilot project to secure funding which will pump prime the roll out of Connected Care navigators and the CIC with other voluntary organisations across Hartlepool over the next two years.
- (ii) The Handyperson service and SAILS service was approved to

continue for two years to enable these valuable services to continue to support vulnerable and older residents across Hartlepool.

36. Revision of 2011/2012 Fees and Charges – Public Protection *(Assistant Director, Regeneration and Planning)*

Type of decision

Non-key

Purpose of report

To consider the annual review of fees and charges in respect of services, licences and registrations undertaken by the Public Protection section of the Regeneration & Planning Division.

Issue(s) for consideration by Portfolio Holder

The report set out the services, licences and registrations undertaken under various enactments, together with current and recommended fees for 2011/2012. It was noted that the increase in fees would achieve a gross additional income of £8,000 although costs, including staff costs would also increase proportionally.

The Public Protection Manager highlighted the new legislative framework that introduced new licensing requirements for premises that regularly offer sexual entertainment to its customers. The Portfolio Holder was informed that should Council agree to the introduction of these new controls, it would be necessary to consider what fees should be charged in respect of the considering and granting of Sex Entertainment Venue (SEV) licence applications.

In response to a question from the Portfolio Holder, the Public Protection Manager confirmed that there were no changes to the hackney and private hire license fees. The Public Protection Manager clarified that a sex shop could be licensed under existing legislation but a venue proposing to provide regular sexual entertainment to its customers would be required to apply for a SEV licence.

The Portfolio Holder noted that during recent discussions on the Service Delivery Option Review for this area, funding had been identified to enable the service for the control of rats and mice in domestic premises to be provided free of charge.

Decision

The fees and charges for 2011/2012 to be implemented from 1 April 2011 were agreed.

37. Section 18 Standard for Health and Safety Enforcement (*Assistant Director, Regeneration and Planning*)

Type of decision

Non-key.

Purpose of report

To inform the Portfolio Holder of the progress made in meeting the Council's statutory obligations under Section 18 of the Health and Safety at Work etc Act 1974 and to seek approval of an action plan to fulfil unmet requirements.

Issue(s) for consideration by Portfolio Holder

The report provided details of the Council's statutory obligations under Section 18 of the Health and Safety at Work etc Act 1974, progress made in meeting the requirements and a proposed action plan to fulfil the unmet requirements. The Public Protection Manager confirmed that any capacity issues would be included within the Health and Safety Enforcement Plan to be submitted to the Portfolio Holder in June 2011 along with a revised Enforcement Policy.

The Portfolio Holder emphasised the importance of health and safety at work which was recognised through the observance of the annual Workers' Memorial Day. With this in mind, the Portfolio Holder sought clarification on the commitment of resources to health and safety at work. The Public Protection Manager confirmed that this area was included within the Service Delivery Option although no posts had been identified to be lost in this area of work in the recent review. The service area was fully staffed at present which was enabling the backlog of inspections to be gradually reduced, with high risk businesses being prioritised.

The Public Protection Manager informed the Portfolio Holder that should the action plan be approved, the Council could pledge its commitment online before 31 March 2011.

Decision

- (i) The new requirements placed on the Authority and the progress made in complying with the Standard were noted.
- (ii) The proposed Action Plan including approving that the Council should pledge commitment to the HSE's strategy 'Health and Safety of Great Britain Be Part of the Solution'.

38. Local Autism Action Plan (*Director of Child and Adult Services*)

Type of decision

Non-key.

Purpose of report

To update the Portfolio Holder on developments in respect of autism.

Issue(s) for consideration by Portfolio Holder

The report provides details on the North East Autism Consortium Regional Plan, the Tees Valley Autism Service Delivery Group Action Plan and the Local Autism Action Plan for Hartlepool.

The Portfolio Holder noted that there had been a number of events leading up to this legislation being implemented and he questioned whether more people had accessed services through the provision of the Autism Act 2009. The Head of Service indicated that to date this had not yet been identified but there were events continuing to promote awareness of this. Work was also being undertaken to identify and map those people who would benefit from advice, guidance and support across the locality to enable resources to be targeted.

In response to a comment from the Portfolio Holder, the Head of Service confirmed that the transition pathway from child to adult services had been recently strengthened with significant work being carried out around people accessing personalised budgets and ensuring individual services were undertaken.

Decision

The report was noted.

39. Enablement and Support Services for People with Forensic Backgrounds *(Director of Child and Adult Services)*

Type of decision

Non-key.

Purpose of report

To inform the Portfolio Holder for Adult and Public Health Services of the intention to enter into a framework agreement for enablement and support services for people with forensic backgrounds.

Issue(s) for consideration by Portfolio Holder

The report provided information on the background to the proposed framework agreement to support people with forensic backgrounds. It was noted that the learning disability forensic pathway supported adults from age 19 who may be subject to a legal order as a consequence of their offending behaviour. At present there were 11 adults with learning disabilities from Hartlepool who were supported through the forensic pathway and it was estimated that three people would be ready for discharge over the next 12 months.

The Head of Service confirmed that Positive Support in Tees, a community interest company, worked in partnership with Hartlepool, Stockton, Redcar and Cleveland and Middlesbrough Councils and with close links with the Tees Forensic Assessment Unit.

Decision

The report and arrangements as indicated were noted.

40. Learning Disability Performance and Health Assessment Framework *(Director of Child and Adult Services)*

Type of decision

Non-key.

Purpose of report

To update the Portfolio Holder on the results of the third annual Learning

Disability Performance and Health Assessment Framework.

Issue(s) for consideration by Portfolio Holder

The reported an update on the annual self assessment undertaken with the support of the Hartlepool Learning Disability Partnership Board. The Head of Services informed the Portfolio Holder that since the report had been written, a letter had been forwarded to the Chief Executive of local NHS Trusts in relation to the Learning Disability Self Assessment which highlights the continuing progression in Hartlepool.

The Portfolio Holder acknowledged that understanding the health needs of people with learning disabilities was a complex issue but was pleased to note the engagement with the Primary Care Trust on this issue. The Head of Service indicated that the North Tees and Hartlepool Foundation Trust had recently created a Learning Disability Steering Group to which he was invited to attend. In response to a question from the Portfolio Holder, the Assistant Director indicated that responsibility for mental health and learning disability commissioning would transfer to GP Commissioning Consortia but that decisions had not been taken regarding whether this would be done collaboratively or on a risk share basis. The Portfolio Holder emphasised the importance of the Joint Needs Assessment Strategy and the Health Well-being Board in view of the cross over between health and social care.

Decision

The progress and action plan updates were noted.

41. Briefing on 'No Health without Mental Health' – The New Strategy for Mental Health in England *(Director of Child and Adult Services)*

Type of decision

Non-key.

Purpose of report

On 2 February 2011 the Government published No Health without mental health, its cross-government, all-age strategy for mental health in England. The vision sets out to improve outcomes for people who use mental health services and to promote positive health and wellbeing amongst the whole population.

This briefing summarises the strategy's six objectives and the outcomes

that will measure progress against them.

Issue(s) for consideration by Portfolio Holder

The strategy sets out six overarching objectives, aimed at improving the mental health and wellbeing of the whole population and improving outcomes for people who use services:

1. More people will have good mental health.
2. More people with mental health problems will recover
3. More people with mental health problems will have good physical health.
4. More people will have a positive experience of care and support.
5. Fewer people will suffer avoidable harm.
6. Fewer people will experience stigma and discrimination.

The new strategy should be viewed within a context of wider reforms to the NHS and public services:

- Equity and Excellent : Liberating the NHS : vision for the NHS
- Healthy lives, healthy people : vision for public health
- A Vision for social care : capable communities and active citizens : The future direction for adult social care.

Supporting outcomes frameworks have been developed alongside each of these strategies. See appendix 1

The strategy stresses the Government's expectation that there will be "parity of esteem" between physical and mental health services and emphasizes the interconnections between mental health, housing, employment and the criminal justice system.

The strategy is not intended to be directive. Local services are free to innovate and draw upon evidence of what works, including using National Institute of Clinical Evidence (NICE) quality standards, to develop services that meet local need.

Improving quality and efficiency will be driven by good information available to people who have greater choice and control over their treatments and support. At a local level the new statutory Health and Wellbeing Boards will bring together key partners to ensure services are effectively integrated.

During 2011/12 the Government will establish a Mental Health Strategy Ministerial Advisory Group to identify further actions to deliver the strategy.

£400 million will be committed over four years to expand the improved Access to Psychological Therapies (IAPT) programme to three new groups of people; children and young people; people with long term conditions; and people with severe mental illness. The money is not ring fenced and must

be found from existing budgets. Expanding the IAPT service makes economic sense as highlighted in a report by The King's Fund and Centre for Mental Health. Improving psychological support for people with long term conditions and dealing more effectively with childhood mental health problems can give a return on investment which justifies the expenditure in financial terms alone.

A number of accompanying documents have been published alongside the strategy:

- No Health without mental health : delivering better mental health outcomes for people of all ages (evidence-based interventions)
- Talking therapies : a four year plan of action (IAPT roll-out)
- No Health without mental health : the economic case for improving efficiency and quality in mental health.

The new strategy presents mental health as everybody's business with three specific commitments to:

- Improve the health and wellbeing of the population
- Keep people well
- Ensure that more people with mental health problems regain a good quality of life as quickly as possible.

This is an ambitious strategy that acknowledges much work is needed if the vision is to become a reality. The objectives will not be achieved unless all relevant organisations are sufficiently held to account for delivering them. The Head of Service added that this strategy should ensure mental health has parity with physical health and provide significant opportunities to work with GPs to flag up prevention and early intervention work.

The Portfolio Holder sought clarification on the funding identified in the report. The Assistant Director confirmed that there was already an Improved Access to Psychological Therapies (IAPT) programme established in the Tees Area and additional funding had been identified through being a path finder/pilot.

The Portfolio Holder reiterated his earlier comments on the excellent work undertaken by the community voluntary sector across the town, in enhancing the quality of life of people with long term conditions for example MIND. It was noted that there was an open invitation to other organisations who provided support to people with mental health difficulties to work together to deliver services in the future.

Decision

The report was noted.

The meeting concluded at 11.12 am

P J DEVLIN

CHIEF SOLICITOR

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