

# ADULT SERVICES COMMITTEE AGENDA



Tuesday 12 August 2014

at 10.00 am

in Committee Room B, Civic Centre, Hartlepool

MEMBERS: ADULT SERVICES COMMITTEE

Councillors Beck, Lilley, Loynes, Richardson, Sirs, Springer and Thomas

1. **APOLOGIES FOR ABSENCE**
2. **TO RECEIVE ANY DECLARATIONS OF INTEREST BY MEMBERS**
3. **MINUTES**
  - 3.1 To receive the Record of Decision in respect of the meeting held on 7 July 2014 (*attached for information*)
4. **BUDGET AND POLICY FRAMEWORK ITEMS**
  - 4.1 Savings Programme 15/16 – Adult Services – *Director of Child and Adult Services*
5. **KEY DECISIONS**
  - 5.1 No items



6. **OTHER ITEMS REQUIRING DECISION**

6.1 No items

7. **ITEMS FOR INFORMATION**

7.1 Support for People with Dementia in Hartlepool – *Director of Child and Adult Services*

8. **ANY OTHER BUSINESS WHICH THE CHAIR CONSIDERS URGENT**

**Date of next meeting** – Monday 1 September 2014 at 10.00am in Committee Room B, Civic Centre, Hartlepool.



# **ADULT SERVICES COMMITTEE**

## **MINUTES AND DECISION RECORD**

7 JULY 2014

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

**Present:**

Councillor Carl Richardson (In the Chair)

Councillors: Paul Beck, Geoff Lilley, Brenda Loynes, Kaylee Sirs,  
George Springer and Stephen Thomas.

Also present: Members of the public E. Leck and F. Harrison.

Officers: Gill Alexander, Director of Child and Adult Services  
Jill Harrison, Assistant Director, Adult Services  
Neil Harrison, Head of Service  
Jeanette Willis, Head of Strategic Commissioning  
David Cosgrove, Democratic Services Team

### **1. Apologies for Absence**

None.

### **2. Declarations of Interest**

None at this point in the meeting. At Minute No. 8 Councillor Thomas declared a personal interest.

### **3. Minutes of the meeting held on 1 May 2014**

Confirmed.

In relation to Minutes No. 91 "Section 136 Mental Health Act (MHA) 1982/2007 Place of Safety Pilot Evaluation" the Chair indicated that he had requested that copies of the surveys undertaken be circulated to the Committee. The Head of Service stated that he had contacted Tees, Esk and Wear valleys NHS Foundation Trust (TEWV) who considered that the small number of surveys they had received (six) wouldn't be of great value in determining satisfaction levels on the revised arrangements introduced. The Trust commented that many of the patients did not complete exit surveys when they were discharged. The Chair requested that a further request for the surveys be made to the Trust.

#### **4. Moving Forward Together – The Vision for Adult Services in Hartlepool 2014-17** (*Director of Child and Adult Services*)

##### **Type of decision**

Budget and Policy Framework.

##### **Purpose of report**

To seek approval from the Adult Services Committee for 'Moving Forward Together – The Vision for Adult Services in Hartlepool 2014-17'.

##### **Issue(s) for consideration**

The Assistant Director, Adult Services reported that the original vision document covering 2011-14 had been endorsed by Cabinet in January 2012 following a consultation process in 2011 with a wide range of stakeholders. The updated document now submitted followed the original model and set out the direction of travel for the next three years. The document looked at what had been achieved in recent years, sets out the vision for adult services and outlined the priorities for 2014-17, reflecting the impact of the Health and Social Care Act 2012 and the Care Act 2014.

The transformational change of adult social care began in 2006 and would continue to be driven forward by three key component principles:

- Preventing ill-health and intervening early to keep people well;
- Focusing on community-based approaches and public health initiatives to encourage people to take care of their own health and well-being;
- Delivering personalised care and support through personal budgets.

Local authorities would continue to work with other statutory, independent, voluntary and third sector providers, people who used services and their carers to shape provision and increase the number of people determining how they are supported or commissioning their own services.

The Assistant Director commented that Moving Forward Together 2014-2017 reflected the direction of travel from the transformational change driven forward by the Health and Social Care Act 2012 and the Better Care Fund in its priorities and the high level action plan provided the framework for the detailed work required to deliver against this agenda.

The vision document also sets out the outcomes that must be achieved over the next three years to successfully deliver this vision for adult social care in Hartlepool: -

- excellent information in a range of formats;
- a diverse market place offering choice;
- strong partnerships across key organisations;

- safe services that promote people's independence;
- robust support for carers;
- preventative services;
- integrated services;
- keeping people out of hospital as the default position;
- supporting people to manage their own long term conditions;
- excellent residential services where these are needed;
- lean, fit-for-purpose systems to deliver adult social care;
- competent, flexible workforce able to work across boundaries;
- an authentic 'learning organisation' that celebrates what it does well and uses complaints and performance evaluation to identify where it can do better.

A Member commented that care needed to be exercised when entering into any contractual relationships with voluntary and third sector providers in light of recent experiences. Consideration needed to be given to their back office capacity as well as their ability to provide the front line services. The Chair commented that that accountability processes also needed to be assured. The Chair also had concerns in relation to the referral of 'lean services'; these services should not be cut back to the point that they then start to fail to deliver.

Members acknowledged the excellent achievements highlighted within the vision document but were concerned that nationally it was recognised that adult social care was at breaking point due to budget pressures. Every service had its cost and with the growing numbers of elderly people, many with complex needs, those costs would only grow. The delivery models now being discussed with partner organisations placed much more emphasis on those services provided and coordinated through the local authority.

The Chair reflected on the comments made by Members and members of the public in relation to private sector providers and commented that appropriate accountability routes must be established. The Assistant Director assured Members that there was appropriate and robust contract monitoring. There were also processes in place to monitor personal budgets.

Reference was made to the HealthWatch investigation into domiciliary care where, while there were high satisfaction rates, there was still some concern expressed by service users about time allocations and consistency of workers. The Assistant Director indicated that there were actions being taken as a result of the HealthWatch report and a report would be considered later on the agenda..

A Member commented that he was aware of issues affecting the discharge procedures from Sandwell Park. These appeared to be centred on discharge letters and medication.

The Assistant Director commented that through the Better Care Fund the

local authority, working in partnership with the Foundation Trust and the Clinical Commissioning Group (CCG), would look to the provision of services within the community that would reduce the need for hospital admissions unless absolutely necessary. The discharge procedures for those that had to be admitted to hospital needed to be robust so that all the appropriate services were coordinated. This was all the more difficult when all partners were being faced with severe financial pressures.

### **Decision**

That Moving Forward Together – The Vision for Adult Services in Hartlepool 2014-17 be approved and that updates on the action plan be submitted to future meetings of the Committee.

## **5. Mental Health Joint Implementation Plan** (*Director of Child and Adult Services*)

### **Type of decision**

Non key decision.

### **Purpose of report**

To seek approval from the Adult Services Committee to develop a joint Mental Health Implementation Plan for Hartlepool with key stakeholders, and to consult with Hartlepool citizens on the development of the plan in partnership with Hartlepool and Stockton on Tees CCG.

### **Issue(s) for consideration**

The Head of Service reported that Hartlepool Mental Health Forum, chaired by Hartlepool HealthWatch, aimed to promote collaborative working across statutory, private and voluntary sector organisations in partnership with people who use mental health services, their carers and families.

It was proposed that a Task and Finish Group be established led by officers from the Council and the Clinical Commissioning Group to support the development of a local Mental Health Implementation Plan.

The proposed timescales were tight with reports to this Committee and the Health and Wellbeing Board in the autumn: -

June 2014	Establishment of Task and Finish Group
July 2014	Consultation and co-production of local plan
August 2014	Produce draft plan for consideration
September 2014	Report to Adult Services Committee
October 2014	Joint report to Health and Wellbeing Board

Members welcomed the report but requested that the consultation process was robust.

**Decision**

1. That the development of a joint Mental Health Implementation Plan which will be produced in partnership with people who use mental health services, their carers and families be approved.
2. That the local Mental Health Implementation Plan be presented to the Adult Services Committee in September 2014 for approval.

**6. Joint Health and Social Care Learning Disability Annual Self Assessment Framework (2012/13)** *(Director of Child and Adult Services)***Type of decision**

Non key decision.

**Purpose of report**

To update the Adult Services Committee on the results of the eighth annual learning disability performance and self assessment framework (SAF) and to seek approval to share the findings of the report with the Health and Wellbeing Board and agree the Learning Disability Partnership Board key priorities for 2014/15.

**Issue(s) for consideration**

The Head of Service reported that an independent inquiry into access to healthcare for people with learning disabilities was established under Sir Jonathan Michael's leadership in May 2007. The inquiry found convincing evidence that people with learning disabilities have higher levels of unmet need and receive less effective treatment. Valuing People Now, a three year strategy for people with learning disabilities, identified that a key priority for delivery was to secure access to, and improvements in healthcare.

A North East regional programme of work was launched in April 2008 with the aim of ensuring people with a learning disability are as healthy as possible and have equality of access to health care. The North East regional programme is chaired by Dr Dominic Slowie, the National Clinical Director for Learning Disability, NHS England.

The Head of Service indicated that the report provided an update on the outcome of the joint health and social care learning disability annual self assessment. The report contained a summary of the findings and details of the key challenges and priorities. A copy of the Quality Assurance Report was submitted as an appendix to the report.

Members discussed services for people with autism and the Chair indicated

that such an important area should be discussed in more depth at a future meeting of the Committee. The Assistant Director commented that the wide ranging remit of services that those diagnosed on the autistic spectrum required was one of the reasons for referring reports from this Committee through to the Health and Wellbeing Board to gain a wider ownership with partner organisations.

Members commented that there were some excellent services and groups in the town supporting people with learning disabilities and the example of the process developed by Voice For You to help people with learning disabilities access services through their GP was highlighted.

It was noted from the Quality Assurance Report that the local authority was supporting one service user who was now living in Cornwall and questioned what care management difficulties that created. The Head of Service indicated that while the individual was a hospital in-patient following being placed under s117 of the Mental Health Care Act, their family had moved to Cornwall. When the individual was discharged from hospital, they wished to be placed near where their family was now located. As the responsible authority under s117 Hartlepool was required to manage the case. It had resulted in some management issues but the Council was now working with Cornwall County Council's social services to support the individual.

Members questioned what CQC (Care Quality Commission) inspections had been undertaken of care homes in Hartlepool recently and what, if any recommendations had been made. The Head of Service reported that he had not been informed of any significant issues for the CQC's recent inspections. Members suggested that it would be useful to invite the CQC to a future meeting to discuss their increased involvement with the local authority. The Assistant Director indicated that officers would look to invite the CQC to a meeting which would coordinate with the submission of an update report on quality assessments of care homes for older people and a report on adult safeguarding issues.

### **Decision**

1. That the content of the report and the progress made against key national targets be noted;
2. That the key priorities for improvement for 2014/15 be approved;
3. That the key information be reported to the next meeting of the Health and Wellbeing Board.
4. That representatives of the CQC (Care Quality Commission) be invited to a future meeting of the Committee to discuss adult social care provision in Hartlepool.



## 7. **Deprivation of Liberty Safeguards – Implications of the Supreme Court Judgement** (*Director of Child and Adult Services*)

### **Type of decision**

No decision required, for information.

### **Purpose of report**

To inform the Adult Services Committee of the current position regarding Deprivation of Liberty Safeguards and the implications of a recent Supreme Court Judgement.

### **Issue(s) for consideration**

The Assistant Director, Adult Services reported that the Council had the legislative responsibility as Supervisory Body (SB) under The Mental Capacity Act 2005 for the assessment of and the granting, or otherwise, of all Deprivation of Liberty requests for authorisation received from the Managing Authorities (Care Homes and Hospitals) in Hartlepool and for out of area placements for care homes.

The Supreme Court, on 19 March 2014, overturned the Court of Appeal in the cases of P v Cheshire West and Chester Council, and P & Q v Surrey County Council. In what is the most far-reaching human rights case heard in the UK for a decade, the Supreme Court reversed the Cheshire West decision by 7 Justices to 0, and Surrey decision by 4 to 3.

The Supreme Court has decided the test to be applied should no longer include factors the Court of Appeal had suggested were relevant, such as:

- “the relative normality” of the surroundings in which the person is placed,
- whether the person (or their relatives or carers) objects to the placement,
- whether a person with comparable disabilities would be expected to live in a less restricted environment,
- whether the reason or purpose for the placement is a relevant factor.

The Supreme Court ruled that the test as to whether a person is deprived of their liberty is now based on two key components which must both be satisfied:

- The person is under continuous supervision and control; and
- The person is not free to leave.

The Assistant Director stated that there were significant implications for Local Authorities as a result of this judgement in terms of workload, capacity and costs. The judgement and the new test set the bar at which a person may be deprived of their liberty much lower than before. This

means that the Council, as Supervisory Body, will receive more requests for assessment under the DoLS process. This will put pressure on the DoLS function and on the capacity of Best Interests Assessors as well as generating additional work for the legal team and additional applications to the Court of Protection.

The Assistant Director highlighted the impact of the Supreme Court ruling by reporting that in 2013/14 there were 49 requests for authorisation received (from care homes and hospitals) and assessed by Adult Services. In one day last week there had been fifteen such requests.

There has been a meeting of lead officers to discuss the implications of the judgement and the proposed way forward for HBC and a draft action plan has been developed. It was highlighted that this has been done in the context that the legal position presently remains fluid.

The financial implications need to be further analysed and the exact costs would not be known until the number of additional referrals can be quantified. At this early stage it was anticipated that there would be a financial pressure of up to £448,000 in 2014/15 linked to the creation of a new team to deal with the additional work, plus additional mental health assessments by s12 doctors and increased costs for legal advice and court applications.

The Corporate Management Team recommend that costs for 2014/15 should be funded from the use of Child and Adult Services reserves and any under spends within other areas of the Adult Services budget which can be achieved in 2014/15. This funding strategy was designed to protect the Council's overall financial position and had been reported to the Finance and Policy Committee on 30 June 2014. A subsequent report would also be submitted to Council.

The Chair and Members expressed concern as to where the additional funding would be found in light of the severe financial pressures within the department. Members questioned if any collaborative arrangements with other local authorities had been examined. The Assistant Director indicated that since the assessment of and the granting of all Deprivation of Liberty requests had become a local authority responsibility a number of Best Interest Assessors (BIAs) had been trained and it was considered that the department could accommodate the demand from within the borough at this time. The potential for collaboration may then be explored at a later date. The Director of Child and Adult Services confirmed that these issues had been discussed by the region's Directors with the possibility of some shared resource being considered in the future.

Members questioned what the implications were for those care homes that provided care for elderly people with dementia and other complex care needs that had security locks on their doors to protect their residents. The Assistant Director indicated that officers were meeting with the care home providers in the town to discuss these issues with a view to managing and

prioritising referrals. Plans were also in place to offer training to care home providers / managers later in the year.

### **Decision**

1. That the current position regarding Deprivation of Liberty Safeguards and the implications of the recent Supreme Court Judgement be noted;
2. That the approach being taken locally in order to ensure that the Council complies with statutory and legal requirements be noted; and
3. That the proposed funding strategy for addressing the 2014/15 forecast costs, which had been reported to the Finance and Policy Committee within the Medium Term Financial Strategy report on 30th June 2014 for consideration and referral to full Council for approval be noted.

Councillor Thomas declared a personal interest in the following item prior to its commencement.

## **8. Update on Progress in Response to HealthWatch Investigation into Domiciliary Care in Hartlepool** (*Director of Child and Adult Services*)

### **Type of decision**

No decision required; for information.

### **Purpose of report**

The 2013 HealthWatch investigation into domiciliary care made several recommendations. The report provided an update to the Adult Services Committee on the progress made in relation to the providers who were contracted to provide domiciliary care within Hartlepool.

### **Issue(s) for consideration**

The Head of Strategic Commissioning updated the Committee on the progress made in relation to the HealthWatch recommendations to improve domiciliary care. The report set out the progress made in relation to each individual recommendation. Members welcomed the partnership approach that had been undertaken with HealthWatch in progressing the recommendations quickly and effectively.

Members expressed concerns that many working in the adult care sector were on the national minimum wage and frequently zero hours contracts.

Members expressed their thanks to HealthWatch for their investigation into domiciliary care. Members also commented on the excellent work being

undertaken by Council staff and providers in this sector in very challenging circumstances.

### **Decision**

That the progress report be noted and that further reports be submitted as appropriate.

## **9. Provision of Services for Older People and People with Dementia** *(Director of Child and Adult Services)*

### **Type of decision**

No decision required; for information.

### **Purpose of report**

The purpose of the report was to provide the Adult Services Committee with an update in relation to the procurement of support, information, social inclusion and lifestyle pathways for older people (over the age of 65 years) and people of any age living with dementia.

### **Issue(s) for consideration**

The Head of Strategic Commissioning reported that as part of the savings programme for Adult Services for 2014/15, it was agreed by the Adult Services Committee in November 2013 that day opportunities, community access and low level support for older people and people with a dementia would be brought together and procured under one contract to achieve a saving of £250,000 for the Council and £50,000 for the CCG. The achievement of this saving involved termination of existing contracts and was expected to have minimal impact on people using existing services.

The procurement process began with the advertisement of the tender opportunity to provide social inclusion, community access and low level support for older people and people with a dementia on the Hartlepool Borough Council website and the North East Procurement Organisation Portal. Two tenders were received and evaluated in December 2013, however, neither submission addressed the key requirements of the service specification and a contract could not, therefore, be awarded.

The tender documentation was re-drafted to include an increased focus on dementia services and a more prescriptive service design to meet the Council's expectations and requirements. The second tender was advertised in January 2014 and two submissions were received and evaluated. The submissions received were not from the same organisations who tendered originally.

The tender submitted by the Trustees of the Hospital of God met with the Council's requirements. The service design had a clear focus on social

inclusion, community access and low level support for older people and people with a dementia. The Council offered the contract to the Hospital of God, however, they were unable to accept owing to issues around the social inclusion elements of the service and particularly in relation to the TUPE responsibilities with outgoing providers.

It had been determined, therefore, to revise the service specification into three separate contracts whilst still incorporating a more innovative approach including the requirements of the Working Together for Change Review undertaken with users and providers of the relevant services. The three new contracts are as follows

- Social Inclusion for People with a Dementia
- Social Inclusion for Older People
- Information and Handyperson Services.

In the interim, Corporate Procurement had confirmed an exemption to the Contract Procedures Rules to extend the existing contracts so that there was no loss of service or disruption for people who currently access these services.

The Council's Corporate Procurement Manager and the Chief Solicitor had been consulted and agreed that, following reference to the Contract Procedure Rules contained within the Constitution, the contracts would be exempt from the procedure rules as they were contracts with professional persons or organisations for the provision of services in which the professional knowledge and skill of such persons or organisations is of primary importance, or where the contract is for the provision of caring services to children or vulnerable persons.

The combined cost of the new services would be £620,000 which would be funded £415,000 from the Council and £205,000 from CCG. Due to the fact that tenders for the new services had not yet been awarded, the anticipated full year saving of £250,000 for the Council would not be achieved in 2014/15 and the shortfall was to be funded from an Adult Services reserve.

The Vice-Chair circulated some information at the meeting which she had found very helpful when dealing with family members diagnosed with the early stages of dementia. The Vice-Chair considered the information to be an excellent example of how such information could be simplified yet remain extremely useful. The meeting briefly discussed the care of elderly dementia patients in care home settings making specific reference to the services provided through the Hospital of God. A dementia information leaflet from the North East Dementia Alliance was also circulated for Members information.

The Assistant Director, Adult Services reported that a report on dementia services was to be submitted to the next meeting of the Committee.

**Decision**

That the Department's commissioning strategy in relation to the provision of social inclusion for older people and people with dementia be noted together with the Department's intention to:

- (i) Contract with the Trustees of the Hospital of God for the provision of social inclusion for people with dementia
- (ii) Enter into discussions with a preferred provider for the provision of social inclusion for older people
- (iii) Tender for the provision of an information and handyperson service.

**10. Any Other Items which the Chairman Considers are Urgent**

No items.

The meeting concluded at 11.55 am.

**P J DEVLIN**

**CHIEF SOLICITOR**

**PUBLICATION DATE: 14 JULY 2014**

# ADULT SERVICES COMMITTEE

12 August 2014



**Report of:** Director of Child & Adult Services

**Subject:** SAVINGS PROGRAMME 2015/16 –  
ADULT SERVICES

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## 1. TYPE OF DECISION

Budget and Policy Framework

## 2. PURPOSE OF REPORT

2.1 The purpose of this report is to identify proposals for the delivery of savings in adult services for consideration as part of the 2015/16 budget process.

## 3. BACKGROUND INFORMATION

3.1 As part of the 2015/16 Savings Programme, a number of service areas were identified where potential savings could be made. As part of the budget process for 2015/16 it has been agreed that individual Policy Committees will consider these savings proposals prior to consideration by Finance and Policy Committee and then Council.

3.2 The report identifies the areas where savings are expected to be achieved, the risks associated with achievement of savings and the considerations which have been taken into account in developing proposals.

### 3.3 Scope

The areas of expenditure under consideration within this review are:

Assessment & Care Management

- Care Management Teams (Social Work & Occupational Therapy)
- Adult Safeguarding

Residential Placements

#### Personal Budgets

- Home Care
- Equipment
- Day Services
- Supported Accommodation
- Direct Payments

### 3.4 Aims

The focus of adult services is to support people to remain independent and to exercise choice and control regarding how their support needs are met. Some services are provided by the department (including assessment and care management and disability day services) and others are commissioned (such as residential placements and day services for older people).

### 3.5 Service Users

People who use adult social care services in Hartlepool are over 18 and assessed against the Fair Access to Care Services (FACS) criteria as having a substantial or critical level of need. Services support older people, people with learning disabilities, sensory loss or a physical disability, people with mental health needs, people who have alcohol dependency or substance misuse issues and carers.

### 3.6 Engagement

The department engages with people who use services through a range of methods including:

- Carers Strategy Group
- Learning Disability Partnership Board
- Mental Health Forum
- Champions of Older Lifestyles Group
- Service User Focus Groups; and
- Family Leadership Courses.

Feedback is also obtained through the annual Adult Social Care User Survey, a national Carer's Survey and through complaints and compliments.

There has been a requirement since 2012 for Local Authorities to publish a Local Account for adult social care to inform local residents about:

- how well adult social care has performed
- the challenges faced; and
- plans for future improvements

Hartlepool's Local Account for 2013/14 was approved by Adult Services Committee in March 2014.



### 3.7 Inputs / Expenditure

The total expenditure on adult social care is £45m, of which £16.5m is income from people's personal contributions and other sources (primarily NHS funding).

The breakdown of spend on adult social care is as follows:

Area of Expenditure	Spend
Assessment & Care Management	£5.3m
Residential Placements	£18.4m
Personal Budgets	£18.4m
Housing Related Support	£2.5m

The breakdown of spend on personal budgets is as follows:

Area of Expenditure	Spend
Home Care	£6.6m
Direct Payments	£5.2m
Supported Accommodation (including Extra care)	£2.9m
Day Services	£1.8m
Equipment	£0.9m
Other	£1.0 m

### 3.8 Outputs / Outcomes

The Care Quality Commission no longer assess or rate adult services but the last two assessments that were undertaken rated Hartlepool's services as excellent – the best rating that could be achieved. Since the last assessment, services have continued to perform well and most performance indicators for adult services have been achieved or exceeded.

Some of the outputs achieved are as follows:

- Over 5,700 people receive support from adult social care services.
- Over 2,000 carers had an assessment during the last year and received support to maintain their caring role.
- The number of people using telecare continues to grow with over 1,600 people currently being supported.
- People received over 5,600 pieces of equipment to help them stay at home and over 95% were received within 7 working days.

Some areas where particularly positive outcomes have been achieved include:

- Over 95% of people who have ongoing needs and are eligible to receive a personal budget have their support provided through a personal budget and exercise choice and control over how their support needs are met.
- Over 13% of adults with a learning disability and adults receiving mental health services are in paid employment.
- 76.3% of service users surveyed reporting that they are satisfied with adult services (the third highest satisfaction rating in the country).

- 81.3% of people who use services and carers who were surveyed reporting that they find it easy to access information about services.
- 92.1% of carers surveyed reporting that they have been included or consulted in discussions about the person they care for.

### 3.9 Savings Target

The savings target for Child & Adult services for 2015/16 is £2.860m.

The departmental approach to identifying savings was to focus on three key areas:

- Integration and service remodelling across functional areas
- Reducing cost of high end demand through prevention, early intervention and reducing unit costs; and
- Increasing income.

All areas of spend were reviewed under these headings, taking into account savings achieved in previous years and statutory responsibilities, and areas were identified where savings could be achieved with least impact on front line services for local people.

Within adult services, the following savings have been made over the last three financial years:

- 2012/13 - £1,540,000
- 2013/14 - £860,000
- 2014/15 - £1,520,000

Reducing budgets by this level on an ongoing basis cannot be achieved without an impact on frontline services and on people who use adult social care services, although proposals have sought to minimise this impact as far as possible. It is inevitable that further savings proposals will have an increasing impact on frontline services, as it is not possible to sustain current levels of service and performance with reducing budgets and increasing demands on services.

There is no scope to further increase income following the decision by Adult Services Committee in January 2014 to implement a revised Contributions Policy requiring people to contribute up to 100% of the costs of their support.

The proposed savings within adult services therefore focus primarily on integration and reducing high end demand (through the Better Care Fund work) and a small element of reducing unit costs through a review of contracts and management structures.

The proposed contribution to the departmental target from adult services is £1.075m.

## 4. PROPOSALS

### 4.1 Review of Contracts

- 4.1.1 A range of services are commissioned by the Council to support adults with social care needs.

These include:

- low level support;
- housing related support;
- support for people with sensory loss;
- day services for older people; and
- support for people with dementia.

The total value of these contracts is approximately £3.3m.

- 4.1.2 A saving of £915,000 has been made against these contracts over the past three years through renegotiation of existing contracts and retendering where appropriate to achieve better value for money, leaving little scope to achieve further savings in this area without a significant detrimental impact on people using services.
- 4.1.3 It is proposed that inflationary uplifts are not offered on these contracts from April 2015, which would achieve a saving of approximately £75,000.

### 4.2 Review of Management Structure

- 4.2.1 Following significant reductions in management capacity over recent years, a further review has been undertaken which has identified two posts that can be deleted, subject to voluntary redundancy applications being approved for the current post holders.
- 4.2.2 The posts identified for deletion are Head of Service (Band 15) and Modernisation Lead - Older People, Dementia, Carers and Dignity (Band 13). Deleting these posts will achieve a saving of approximately £100,000 but will have a significant impact on management capacity within adult services.

### 4.3 Further Integration of Health and Social Care

- 4.3.1 Local Authorities were notified in June 2013 of the launch of the Better Care Fund (BCF), a £3.8bn pool of funding identified nationally to promote the integration of health and social care services that support some of the most vulnerable population groups.
- 4.3.2 The guidance states that the BCF is a genuine catalyst to improve services and value for money and a real opportunity to create shared plans that integrate services to provide improvements for local communities.

4.3.3 The BCF allocation for Hartlepool is £7.476m which is made up as follows:

Funding Stream	Funding
Existing NHS Transfer to Social Care (2013/14)	£1.8m
Existing Reablement Funding	£0.61m
Existing Carers Funding	£0.2m
Additional NHS Transfer to Social Care (2014/15)	£0.5m
Capital Grants (including Disabled Facilities Grant)	£0.83m
Funding from CCG baseline budget	£3.536m

4.3.4 The BCF Plan for Hartlepool, which was approved by the Health & Wellbeing Board in March 2014, is based on a shared vision across health and social care:

*‘To develop outstanding, innovative and equitable health and social care services, ensuring excellence and value in delivery of person centred care working across both health and social care’.*

4.3.5 The plan is focused on three key areas:

- Low Level Support and Management of Long Term Conditions
- Intermediate Care
- Improved Dementia Pathways

4.3.6 In each of these areas, services will be delivered in a more integrated holistic way across health and social care, improving outcomes for people using services and reducing duplication, inefficiency and waste at the interface of care.

4.3.7 The aims of the Hartlepool BCF Plan are to:

- Reduce the number of people aged 65 and over who are permanently admitted to residential care;
- Maintain current excellent performance in relation to delayed discharges attributable to social care;
- Reduce the number of delayed discharges and lost bed days from acute settings for people aged 65 and over who are medically fit for discharge;
- Reduce avoidable emergency admissions of people aged 65 and over;
- Increase the diagnosis rate of dementia;
- Increase the number of people supported by assistive technology; and
- Increase the number of people accessing reablement services.

4.3.8 By moving to new models of service delivery, reorganisation of pathways and removal of professional boundaries, reliance on intensive, high cost interventions will be reduced which will achieve savings across the health and social care economy.

4.3.9 It is highlighted within the guidance that the BCF is intended to provide protection for social care services that would otherwise be at risk.

- 4.3.10 The Hartlepool BCF plan identifies that funding currently allocated through the NHS Transfer to Social Care has been used to enable the local authority to sustain the current level of eligibility criteria and to maintain existing integrated services that support timely hospital discharge, delivery of reablement and telecare services, commissioning of low level support services and support for carers.
- 4.3.11 The plan states that investment in these services will need to be sustained to maintain this as the social care offer for Hartlepool and to maintain current eligibility criteria and will need to be increased in order to deliver 7 day services and to address the implications of the Care Bill, which will require additional assessments to be undertaken for people who did not previously access social care and provision of further support for carers.
- 4.3.12 It is also proposed that additional resources are invested in social care to deliver enhanced reablement and step up services, which will reduce hospital admissions and readmissions as well as permanent admissions to residential and nursing home care.
- 4.3.13 Prior to the changes to the national guidance regarding BCF it was anticipated that, through a combination of reducing the need for intensive, high cost services and additional investment in social care services that have a health benefit, a saving of £900,000 could be achieved through further integration of health and social care.

## **5. RECENT ANNOUNCEMENTS REGARDING THE BETTER CARE FUND**

- 5.1 The Department of Health and Department for Communities and Local Government sent two letters to all Health and Wellbeing Board Chairs on 11 July 2014 outlining proposed changes to the BCF assurance and planning processes, including changes in relation to the performance and finance metrics.
- 5.2 The key points relating to pay for performance and risk sharing are as follows:
- Up to £1 billion of the Better Care Fund allocated to local areas is to be spent on out-of-hospital services according to the level of reduction in emergency admissions they achieve.
  - Health and Wellbeing Boards will propose their own performance pot based on their level of ambition for reducing emergency admissions (with a guideline reduction in emergency admissions of at least 3.5%) and they will be allocated a portion of the £1 billion performance money in the fund in accordance with the level of performance against this ambition.
  - Where local areas do not achieve their target reduction in emergency admissions the money not released will be available to CCGs, principally to pay for the unbudgeted acute activity
  - The remaining money from the performance pot not earned through reducing emergency admissions will be available upfront to be invested

in out of hospital NHS commissioned services (including joint services), agreed by Health & Wellbeing Boards.

- Reduction in unplanned admissions will now be the sole indicator underpinning the pay for performance element of the BCF. The other existing performance metrics will not be linked to payments but must still be included within plans.

5.3 The key points relating to plan improvement and assurance are as follows:

- A revised planning template will be issued by NHS England, requesting additional financial data around metrics, planned spend and projected savings
- Revised plans to be submitted at the end of the summer, ahead of a further process of national assurance and ministerial sign off
- NHS England will provide revised guidance to shape the further development of local BCF plans, including information on the revised pay for performance and risk sharing arrangements
- Plans will be reviewed later in the summer to ensure they are ambitious enough to achieve improvements in care and that every area is on track to begin in April 2015. A new national BCF Programme Team will be established working across Whitehall, local government and the NHS.

5.4 An initial analysis of impact on the Hartlepool BCF plan has been undertaken based upon the information received to date:

- The amount of funding to be held back in the Hartlepool BCF performance pot, dependent on the achievement of the target reduction in emergency admissions, will be between £776k (3.5% of spend on emergency admissions for Hartlepool) and £1.8m (based on a pro rata share of £1bn nationally).
- The Hartlepool BCF plan sets an ambition of a 6.4% reduction in emergency admissions with expected savings of £1.4m.
- Work is underway to determine which parts of the plan will be affected by the described funding changes and determine the overall impact on delivery of the outcomes.

5.5 Further guidance issued by NHS England and the Local Government Association on 25 July 2014 sets out the requirements for BCF plans to be revised and re-submitted by 19 September 2014 following sign off by Health & Wellbeing Boards.

5.6 The planning templates have been revised to provide added emphasis on the following:

- A clearer articulation of the analysis and evidence that underpins the BCF plans.
- A clearer articulation of the delivery chain that will underpin the shift of activity away from acute activity.
- A tighter description of the schemes underpinning the plan schemes and the underlying success factors.
- A much clearer focus on the risks, the risk sharing arrangements and the contingency plan in case the target reduction in admissions are not met.

- A clearer articulation of the alignment between the BCF and other plans and initiatives within a locality across NHS and social care.
- Ensuring that the potential impact of proposed schemes on providers are understood, and providers are fully engaged.

5.7 Further detail is also required regarding the protection of social care services, with the following information required:

- the total amount from the BCF that has been allocated for the protection of social care services.
- the total level of resource that will be dedicated to carer-specific support, and the nature of that support.
- Confirmation that at least the local proportion of the £135m has been identified from the NHS £1.9bn funding for implementation of new Care Act duties on councils (including new entitlements for carers, national minimum eligibility threshold, advocacy, safeguarding and other measures in the Care Act).
- The financial impact on local authority's budgets resulting from changes to the BCF policy since April 2014.

5.8 Work is underway with the CCG to further assess the impact of the revised guidance on the Hartlepool BCF plan and to complete the revised planning templates. Once this work is complete, the impact on the proposed savings in adult services will also be re-assessed, and further reports to Adult Services Committee may be required if there is a need to develop alternative savings proposals.

## 6. OPTIONS ANALYSIS

6.1 A range of options to achieve the required savings have been explored across adult services and been discounted, primarily due to the level of risk involved. These include:

### 6.1.1 Reducing Capacity in Care Management Teams

This is considered too high risk due to the significant impact on people using services, impact on caseloads for social workers and the new requirements in relation to Deprivation of Liberty Safeguards. Reducing social work and occupational therapy capacity would also result in significant increases in waiting times for people who are referred for assessment and support and would have a negative impact on performance against key indicators, such as assessments completed within 28 days of referral, completion of annual reviews and people supported to access services using personal budgets.

### 6.1.2 Reducing Spend on Residential Placements

This is not possible in light of the fair cost of care and increased pressure on residential provision. A number of providers have already contacted the Council requesting an increase in fees due to the financial pressures on

providers associated with increases in the National Minimum Wage and increasing costs of food and utilities.

#### 6.1.3 Reducing Spend on Personal Budgets

It is not possible to reduce spend on personal budgets without a fundamental review of the Council's approach to personalisation and the Resource Allocation System. Any attempt to reduce spend without a full consultation exercise and a clear rationale for change would result in significant risk of juridical review, as has been seen elsewhere in the country. People who already have services could not have their personal budget reduced without evidence of a reduction in their assessed level of need as the Council has a statutory duty to meet assessed need. A reduction in assessed need is difficult to evidence when the majority of people that are supported by the department have an ongoing need or condition which is likely to result in increasing needs over time and with age. This issue will be revisited when considering savings for 2016/17 but is not expected to make a significant contribution to future savings targets.

#### 6.1.4 Increasing Income

There is no scope to further increase income from contributions of people using services following the implementation in April 2014 of a revised Contributions Policy requiring people to contribute up to 100% of the costs of their support, dependent upon their ability to pay for services.

The savings proposals identified for 2015/16 take into account use of NHS funding via the Better Care Fund to support and protect social care services which would otherwise be at risk. Services already funded from the Better Care Fund allocation include reablement services, telecare, transitional care beds that support people after a hospital stay, support for carers, low level services, support services and equipment for older people in their own homes and day services for people with dementia.

## 7. **RISK IMPLICATIONS**

7.1 There are a number of risks implicit in the delivery of any package of savings and it is important to recognise these as part of any decision making.

7.2 The risks considered in relation to the review of contracts are:

- Management of provider relationships.
- Implications of an increase in the National Minimum Wage and changes in Employment Law which may impact on the ability of providers to maintain current levels of service based on current contract values.

7.3 There are significant risks associated with the successful delivery of the BCF Plan which are logged in a BCF risk register and will be developed further as detailed plans for BCF implementation are agreed. The risks include:

- There is insufficient time to implement the schemes to have the impact in the short term on performance and savings.



- The schemes identified in the BCF fail to deliver the required reduction in acute and care home activity by 2015/16, impacting on the funding available to support core services and future schemes.
- Partners can't agree the best model of service delivery and / or the implementation of the model.
- Introduction of the Care Act results in significant pressures for social care services with resulting impacts on the delivery of the BCF plan.
- Workforce skill mix and availability to deliver the new pathways of care is not adequate.
- The focus is on performance and savings rather than being person-centred.
- Shifting resources to fund new integrated services destabilises current providers, particularly in the acute sector.

## 8. FINANCIAL CONSIDERATIONS

8.1 It has been highlighted in previous reports that failure to take savings identified as part of the 2015/16 savings programme will result in the need to make alternative unplanned cuts and redundancies elsewhere in the Authority to balance next year's budget.

8.2 The proposals outlined will deliver the following savings:-

<b>Proposal</b>	<b>Proposed Savings</b>
Review of Contracts	£75,000
Review of Management Structure	£100,000
Further Integration of Health & Social Care	£900,000
<b>Total Proposed Savings</b>	<b>£1,075,000</b>

## 9. EQUALITY AND DIVERSITY CONSIDERATIONS

9.1 An Equality Impact Assessment will be undertaken as more detailed proposals to deliver the Better Care Fund are developed.

9.2 By definition, all of the savings proposals in adult services will affect the people who access adult services – those who are over eighteen and assessed against the Fair Access to Care Services (FACS) criteria as having a substantial or critical level of need (older people, people with learning disabilities, sensory loss or a physical disability, people with mental health needs, people who have alcohol dependency or substance misuse issues and carers).

## 10. STAFF CONSIDERATIONS

10.1 Informal consultation with Trade Unions regarding any staffing implications associated with the savings proposals will be undertaken if needed as more detailed proposals to deliver the Better Care Fund are developed. Any staff

affected by the proposals will be informally notified and formal consultation will be undertaken in line with agreed HR policies and procedures, if the proposals are accepted.

- 10.2 At this early stage, it is anticipated that two posts will be deleted to support achievement of the adult services saving proposals, both of which are linked to expressions of interest in voluntary redundancy which will allow staff restructures and re-allocation of work to other team members.

## 11. RECOMMENDATIONS

- 11.1 It is recommended that Members of the Committee
- note the content of this report and formulate a response to be presented to Finance and Policy Committee; and
  - note that further reports may need to be considered by the Adult Services Committee as the position regarding the changes to the Better Care Fund become clearer.

## 12. CONTACT OFFICER

Jill Harrison  
Assistant Director – Adult Services  
Hartlepool Borough Council  
Tel: 01429 523911  
Email: [jill.harrison@hartlepool.gov.uk](mailto:jill.harrison@hartlepool.gov.uk)

# ADULT SERVICES COMMITTEE

## 12 August 2014



**Report of:** Director of Child and Adult Services

**Subject:** SUPPORT FOR PEOPLE WITH DEMENTIA IN HARTLEPOOL

### 1. TYPE OF DECISION/APPLICABLE CATEGORY

No decision required – for information.

### 2. PURPOSE OF REPORT

2.1 The purpose of this report is to provide the Adult Services Committee with an update on the support available for people in Hartlepool living with a dementia, taking into account the national and local context.

### 3. BACKGROUND

3.1 Dementia is one of the most pressing issues relating to older people. It is a range of symptoms including memory loss, mood change, and problems with communication and reasoning that are brought about by diseases that damage the brain, such as Alzheimer's disease. It is progressive and at present there are no cures.

3.2 The National Dementia Strategy 'Living Well with Dementia' launched in 2009 and highlighted the need for early diagnosis and treatment. The strategy estimated that only 1/3rd of people with dementia receive an accurate and timely diagnosis.

Therefore, local efforts to support people with dementia target early diagnosis, delaying the onset of dementia and helping them to live a good life for as long as they can. Current treatments help to prolong this period.

3.3 Lack of early identification of people with dementia and formal diagnosis remain issue that impact on early intervention. Reasons for this include:

- lack of information
- lack of awareness and confidence in dealing with people with dementia by both the general public and medical and support staff,

- The taboo - dementia remains a subject that many people find hard to talk about, much like cancer was 15 – 20 years ago. We all know someone who has it or is affected by it but we don't talk about it.
- 3.4 Across the country, the current ways of providing and resourcing services for older people and particularly those who have dementia are already under severe strain and in the longer term are considered unsustainable.
- 3.5 It is predicted that the number of people in Hartlepool who have dementia will increase significantly in the next 16 years from 1,148 in 2014 to 1,597 in 2030. This is an increase of approximately 40% and is a key pressure at a time of shrinking resources. The Joint Strategic Needs Assessment for Hartlepool identifies this increase as a key priority that requires action and this is also reflected in Hartlepool and Stockton on Tees Clinical Commissioning Group's commissioning intentions.

#### 4. NATIONAL DEVELOPMENTS

- 4.1 The National Dementia Strategy 'Living Well with Dementia', aims to ensure significant improvements are made to dementia services across three key areas:
- improved awareness,
  - earlier diagnosis and intervention,
  - higher quality of care

The Strategy's key objectives require implementation largely at a local level, and are resulting in significant improvements in the quality of services provided to people with dementia. The objectives are set out below:

Objective	
1	Improving public and professional awareness and understanding of dementia.
2	Good-quality early diagnosis and intervention for all
3	Good-quality information for those with diagnosed dementia and their carers
4	Enabling easy access to care, support and advice following diagnosis
5	Development of structured peer support and learning networks
6	Improved community personal support services
7	Implementing the Carers' Strategy
8	Improved quality of care for people with dementia in general hospitals
9	Improved intermediate care for people with dementia
10	Considering the potential for housing support, housing-related services and Telecare to support people with dementia and their carers
11	Living well with dementia in care homes
12	Improved end of life care for people with dementia

13	An informed and effective workforce for people with dementia
14	A joint commissioning strategy for dementia
15	Improved assessment and regulation of health and care services and of how systems are working for people with dementia and their carers
16	A clear picture of research evidence and needs
17	Effective national and regional support for implementation of the Strategy

Fig 1

- 4.2 Since the launch of the National Strategy a number of other developments have continued the focus on dementia both directly and indirectly.
- 4.3 The Marmot Report (2010) looked towards a goal of environmental sustainability and contended that creating a sustainable future is entirely compatible with action to reduce health inequalities through promoting sustainable local communities. The Review's policy objectives include;
- creating and developing sustainable places and communities
  - strengthening the role and impact of ill-health prevention"
- 4.3 The Prime Ministers Call to Action in March 2012 was designed to make a real difference to the lives of people with dementia and their families and carers by 2015. One of its 3 key objectives is 'creating Dementia Friendly Communities'.'
- 4.4 The Dementia Action Alliance Carers Call to Action in 2013 establishes several milestones to be achieved by March 2015:
- 2/3 of Health and Wellbeing Boards, Clinical Commissioning Groups and Local Government in England will be expected to recognise the importance of support for carers of people with dementia.
  - Local areas will be awarded star ratings based on demonstrating measurable actions in line with the five aims of the Call to Action.

## 5. HARTLEPOOL POSITION

- 5.1 As one means of addressing the national strategy, the care and health community in Hartlepool have been key partners in the 'North of Tees Dementia Collaborative.' This was formed in late 2012 involving the following key partners: -
- Hartlepool Borough Council
  - Stockton Borough Council
  - Hartlepool and Stockton Clinical Commissioning Group
  - North Tees and Hartlepool NHS Trust
  - Tees, Esk and Wear Valleys NHS Foundation Trust (TEWV)
  - North East Commissioning Support Unit (NECS)
- 5.2 In addition a number of independent and voluntary sector organisations have been involved including:

- Hartlepool Healthwatch
  - Hartlepool Carers
  - Hospital of God, Greatham
  - Stockton Healthwatch
  - Carer organisations in Stockton, initially the George Hardwick Foundation and subsequently “Sanctuary.”
  - Alzheimer’s Society,
  - CleveARC
- 5.3 The Collaborative agreed to jointly deliver a range of improvements across organisational boundaries aiming to commission and deliver health and social care of the highest quality for people with dementia that addresses the objectives of the national strategy at a local level.
- 5.4 In its first 2 years, the Dementia Collaborative has concentrated on identifying areas of provision of services for people with dementia that require improvement. This has been done using process improvement technique often referred to as ‘lean’ or ‘Rapid Process Improvement Workshops (RPIWs)’ based on the principles of removal of waste and continuous improvement
- 5.5 Over the last year and a half the Dementia Collaborative has looked at 8 topics using RPIWs
1. Continuing Healthcare
  2. Preventing unnecessary attendance at A&E for people with dementia living in care homes
  3. Assessment and discharge planning for persons with dementia on an acute ward
  4. Managing behaviours from persons with dementia that staff find challenging in an acute hospital setting
  5. Access to intermediate care / reablement for persons with dementia
  6. Supporting people with dementia to live in their own homes
  7. Improving the delivery of domiciliary care for people with a dementia
  8. End of life care for people with dementia and what is different for them
- 5.6 There have also been two shorter 3-day workshops that have revisited earlier work on Continuing Healthcare and acute hospital care for patients with dementia whose behaviour is a challenge for staff to manage. Two further RPIWs are planned this year. One will look at the social care review process where people are supported to live in their own home. The topic of the other workshop is still to be decided.
- 5.6 The Collaborative has also trained several Certified Leaders to facilitate workshops using the ‘Kaizen’ or ‘Lean’ methodology.
- 5.7 The continuation of the Collaborative is currently under discussion. Whilst there remains a complete commitment to the principles of supporting people with dementia and developing and improving services and support, the particular methodology being used requires significant investment of staff time

which is hard to justify in a period of austerity when other change options may be available.

- 5.8 However the focus on dementia created by this collaborative working means that there is now a common understanding of the issues and the need for change regarding support for people with dementia. This means that initial steps in making Hartlepool, and partner organisations more dementia friendly have already occurred.

## **6. RAISING AWARENESS OF DEMENTIA IN HARTLEPOOL**

- 6.1 A Hartlepool Dementia Forum was formed in 2011 by representatives from organisations within the town who strive to improve support to people with dementia; prioritising front line support to people with dementia and their carers. Its membership is broader than the typical health and social care focus demonstrating a community wide approach and includes representatives from the libraries, public health and sports development as well as the voluntary and community sector and charitable organisations.
- 6.2 As one means of raising awareness of the issues faced by people with dementia some members of the group have undergone Dementia Friend Champion training. This has enabled them to deliver Dementia Friends Information Session. These sessions are now being rolled out across the Council to raise the level of dementia awareness. The sessions provide attendees with basic awareness of what dementia means to an individual and starts to build understanding about how dementia might manifest itself in face to face meetings. They also request the attendee to make their own commitment to working towards a more dementia friendly community
- 6.3 To date workers from the Library Service and the Contact Centre have participated and further sessions are planned with both teams. The aim is to ensure all workers in these front facing parts of the Council are able to receive basic information to help them in their work. Sessions are also planned for all members of the Child and Adult Services Commissioning, Management Information and Financial Assessment Teams.
- 6.4 The intention is that these information sessions, which provide a basic level of understanding, will be rolled out to other workers within the Council and local organisations involved in the project. This is an open offer and Dementia Friends Information Sessions have already been offered to staff at Hartlepool Carers, Hartlepool Voluntary Development Agency and Hartlepool Healthwatch as well as to members of the Carers Strategy Group, Champions of Older Lifestyle Group and the 50+ Forum.
- 6.5 The sessions undertaken to date have been well received and some participants have indicated that they may also undertake the Champions training. The roll out of this will continue as part of a basic building block for a more dementia friendly community.

## 7. HARTLEPOOL AS A DEMENTIA FRIENDLY COMMUNITY

- 7.1 The Dementia Forum has now established a working group bringing together a large range of local organisations to actively look at the possibility of Hartlepool becoming accredited as a 'Dementia Friendly Community'. The working group has a diverse and growing membership, reflecting the community wide approach. Members include representatives of:
- Hartlepool Carers
  - Hospital of God, Greatham
  - Hartlepool Borough Council (Child and Adult Services, Libraries and Planning)
  - Hartlepool Voluntary Development Agency
  - Tees Esk and Wear Valley NHS Foundation Trust
  - Age UK
  - CleveARC
  - Hartlepool and East Durham Mind
  - North of Tees Dementia Collaborative
  - Representatives from Dementia Friendly Stockton
- 7.2 Initial work undertaken to identify and canvas support from people and organisations within Hartlepool to become part of the national Dementia Friendly Communities Programme has been well received. The programme focuses on improving inclusion and quality of life of people with dementia in the broader community in line with the Prime Minister's Challenge in 2012. The drive is wide ranging and moves the concept of local success away from health and social care into the wider community as a whole. This can include adapting the built environment and its design and recognising the impact of dementia in the home, schools, colleges, employment settings and commercial and business sectors.
- 7.3 A Dementia Friendly Community has high levels of public awareness and understanding of dementia. People with dementia and their carers are encouraged to seek help and are supported by their community who are able to offer that support. People with dementia are included and their ability to remain independent and have choice and control over their lives is improved.
- 7.4 The Dementia Forum's workgroup has developed an action plan (attached as Appendix 1) which has identified the need to actively consult people who have dementia and their carers to get their views as the first priority to be addressed. Views are now being sought about:
- what is important for a dementia friendly community,
  - what already works,
  - what doesn't work
  - what are the barriers that prevent people doing what they want
- These views are essential as the identified issues will form the basis of a local agenda for becoming a dementia friendly community.



7.5 Making contact with and consulting with everyone who has dementia is challenging because of the very nature of the condition. Whilst the disease is progressive, improved earlier diagnosis, improved treatment and often gradual onset means that many people who have dementia are still independent and living active lives and can express their views. Sometimes they may need help and it is for this reason that initial contact will be with the organisations and individuals who are already in contact with people who have dementia such as:

- Tees Esk and Wear Valley Foundation Trust's Memory Clinic and the Older People's Mental Health team,
- Hospital of God at Greatham's Dementia Cafe, Carers Cafe Day Centre and Community Access Support service,
- Hartlepool Carers,
- Joseph Rowntree's Hartfields retirement Village,
- Thirteen Group's Laurel Gardens and other extra care schemes
- GP practices to be asked to offer their newly diagnosed their patients the option of participating in the consultation,
- Hartlepool Deaf Club

A key action of the working group is to ensure that this list of potential contact groups continues to grow to ensure that the work is as inclusive as possible and contacts as many individuals as possible who are hard to reach or seldom heard.

7.6 A one size fits all approach to the consultation process is inappropriate. To overcome this, the best advice from both national and local experience is being used. The different methods being used reflect the different ways dementia impacts on people. The consultation will include individual 1 to 1 structured discussions, group discussion and focus groups, questionnaires, with assistance to complete them if required, and 'walking the patch' - a technique where people who have dementia are accompanied so the observer can see first-hand the difficulties encountered.

7.7 Once collected, the views of people who have dementia will be collated and form the basis of the local agenda for working toward becoming Dementia Friendly Hartlepool. The views of carers and family of people who have dementia are important and will also be included. However, experience from other parts of the country indicates that the views of the two groups will differ. It is likely that the emphasis from carers will be on safety because they are concerned that their relative or friend may be 'at risk.' Alternately, it is likely that the emphasis from the people with dementia themselves will be on continued participation and regaining access to things that they have lost. All the differing views are valid but need to be collected separately so that new ways of meeting the needs of people with dementia can be developed whilst addressing the worries and concerns of carers

7.8 It is intended to have a facilitated consultation event in late September / early October for people with dementia and their carers to validate the information collected and confirm the message from people with dementia that needs to be shared town wide.

## **8. ENGAGING THE WIDER COMMUNITY**

- 8.1 At a national level there has been considerable support from Government, political parties and the business and commercial sector as well as from the charitable and voluntary sector. Significant stakeholders such as Alzheimer's Society, Age UK, Joseph Rowntree Foundation, Argos, Homebase, Marks and Spencer, Lloyds Banking Group and Lloyds Pharmacy have all committed to the scheme. Some employers have committed to create over 190,000 Dementia Friends in shops and banks across the UK. Organisations that have signed up at a corporate / national level are also key players in any local plans.
- 8.2 This level of sign up will need to be replicated at a local Hartlepool level. All organisations that come into contact with people who have dementia need to be encouraged to work to become Dementia Friendly. A coherent persuasive reason for doing this is needed so that the goal can be achieved. However the argument is relatively simple. People with dementia, particularly those in the earlier stages, continue to be customers and users of the same facilities as any other citizen. If an organisation can be encouraged to make 'reasonable adjustments' it is easier for those customers to continue to use the facilities on offer. Friendly approachable staff, clear signage and an easily navigated environment will benefit not just people with dementia but all other users of a service.
- 8.3 Many organisations such as those in the NHS and local government are already engaged in programmes to improve support to people with dementia. What has previously been lacking is the drive to broaden that commitment to all parts of the organisations. This connection has already started to occur with, for instance, HBC's planning department wishing to be involved so that issues relating to dementia can influence the 'Local Plan' and the keen uptake of dementia awareness training by the Contact Centre and Library Service. Once it is clear what the offer is, the business community can also be approached to participate, building locally on the commitments made nationally as a starting point.

## **9. ACCREDITATION AS A DEMENTIA FRIENDLY COMMUNITY**

- 9.1 The accreditation process identifies and structures local activity, building it into a whole. Contributions that are already being made are acknowledged. This helps to establish a plan to take things forward. In essence a pledge is required from each member organisation or individual stating how they are or plan to improve the wellbeing, support and acceptance of people with dementia and meet some or all of the stated outcomes of the National Dementia Declaration as previously identified in 4.1.
- 9.2 Pledges do not have to be major projects. Often small changes such as talking to colleagues or other organisations to increase basic understanding can be the most effective. However pledges to improve the built environment

or improve signage can have benefits for the whole community not just those who have dementia.

- 9.3 A decision to formally seek Dementia Friendly Community accreditation will need to be made once the canvassing of interest, awareness raising and consultation with people who have dementia is completed.

## **10. RECOMMENDATIONS**

- 10.1 It is recommended that the Adult Services Committee
- note the developments of support for people with dementia and their carers and receive further progress reports as appropriate; and
  - encourage the attendance of elected members at forthcoming one hour Dementia Friends Information Sessions.

## **11. REASONS FOR RECOMMENDATIONS**

- 11.1 Supporting people with dementia is a growing issue and it will become increasingly challenging to meet the needs of people with dementia within the reducing resources available within health and social care.
- 11.2 The development of a Dementia Friendly Hartlepool that will improve local services and support for people with dementia and their carers requires sign up from all key partners.

## **12. CONTACT OFFICER**

Steve Thomas  
Modernisation Lead - Older People, Dementia, Carers and Dignity  
Child and Adult Services  
Hartlepool Borough Council  
Tel: 01429 284296  
E Mail: [steve.thomas@hartlepool.gov.uk](mailto:steve.thomas@hartlepool.gov.uk)

## Dementia Friendly Action Plan for Hartlepool

Dementia Friendly Communities have produced key criteria for a viable Dementia Friendly Community known as Foundation Criteria. These are listed in the Foundation criteria column.

No	Foundation Criteria	Action	When	By Whom	Comments
1 a	Make sure you have the right local structure in place to maintain a sustainable dementia friendly community	Identify interested parties locally and form a working group.  Hartlepool Dementia Forum to be invited to take the lead in the project.  DFC project group to be established.	March 2014  April 2014	ST  ST/KH  Working group	interested parties already meet in the forum and there has been previous discussion about DFC or Dementia Action Alliance. Using the Dementia Forum demonstrates that parties are coming together for the project rather than being led by any one organisation.  Dementia friendly Community working group is now in place [April 2014].  Working group are now starting the process of consulting with people who have dementia to identify what they think is necessary for a dementia friendly community, what works and what the barriers are [July 14].
b		Dementia Forum meeting to discuss the project and agreed to take project forward.	March 14	ST / KH	Action agreed / complete
c		Draft proposal to be shared with all Dementia Forum members and identified stake holders.	May 2014	ST	Shared 30 April 2014
d		Call 1 <sup>st</sup> Project Group meeting	May 2014	ST /KH	Initial planning meeting occurred on 6 May 2014.

7.1  
APPENDIX 1

No	Foundation Criteria	Action	When	By Whom	Comments
2	Identify a person or people to take responsibility for driving forward the work to support your community to become dementia friendly and ensure that individuals, organisations and businesses are meeting their stated commitments.	Key players identified: <ul style="list-style-type: none"> <li>HBC Child and Adult Services [already attend the Dementia Forum]</li> <li>TEWV FT [already attend the Dementia Forum]</li> <li>Hartlepool Carers [already attend the Dementia Forum]</li> <li>HBC Public Health</li> <li>Hospital of God</li> </ul>	Already agreed  April 2014 Already agreed Already agreed TBC	ST CR-J  KH CJ ST	Working party in place [June 2014]
3	Have a plan to raise awareness about dementia in key organisations and businesses within the community that support people with dementia.	1st working group meeting to focus on awareness raising and starting to identify contacts and plan initial promotion of the project.	May 2014	Working group	<ul style="list-style-type: none"> <li>Discussed in initial planning meeting <b>6 5 14</b>. Initial emphasis will be to link to dementia awareness week and national campaign</li> <li>Dementia awareness sessions to be scheduled for Library staff [ST/DS]</li> <li>Use of workforce health promotion has been explored with SC [public health dept] A potentially very useful link is available into NE Better Health at Work award – all Directors of Public Health are signed up to this and there are several local firms and organisations involved inc. Thirteen group, Tata Steel, EDF energy, Herema, Northgate and Cleveland Fire Brigade</li> <li>All working group members have ascertained that their organisations view the idea of a Dementia Friendly Hartlepool positively and are like to agree to support Dem Friendly community and are identifying formal route for agreement where necessary</li> </ul>

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					[All]
					<ul style="list-style-type: none"> <li>• A link to Cleveland Fire Brigade was provided by 'Dementia Friendly Stockton' who is involved in all the local Dementia Friendly Community working groups in the Tees Valley. This has produced a positive result and the brigade want to be involved in the Hartlepool project [July 2014]</li> <li>• 'Dementia Friendly Stockton' are now actively supporting and advising the Hartlepool project [July 2014]</li> </ul>
		Use PHE and the Alzheimer's Society's national multi-media campaign - launch weekend of 3-4 May (tbc) followed by advertising and PR starting on 7 May (tbc).  Link with Dementia Awareness week 18th to 24 <sup>th</sup> May.	May 2014	Working group	<ul style="list-style-type: none"> <li>• This was used as a launch window. Activity ran through to end of May.</li> <li>• Promotion material used at Dementia Awareness week events</li> </ul>
		Report to HBC Adult Services Committee, updating on progress on dementia collaborative and other activities and to include idea of Dementia Friendly Hartlepool.	July / Aug 2014	ST	Report on agenda for August 2014 meeting.
		PHE partnerships marketing team to be contacted by Hartlepool's Public Health department.	March 2014 [complete]	Public health	PHE partnerships marketing team <a href="mailto:partnerships@phe.gov.uk">mailto:partnerships@phe.gov.uk</a> can provide everything you need to take part, including promotional materials for workplaces.
		2 <sup>nd</sup> working group meeting to start to identify contacts and local priorities and plan next phase of promotion of the project and start to identify local priorities.	June 2014	Working group	Meeting took place 19 <sup>th</sup> June. Smaller working party established to take consultation forward and feed back to main group. This is now actively exploring consultation with people who have

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					dementia and their carers [July 2014]
Current time line					
4	Develop a strong voice for people with dementia living in your communities. This will give your plan credibility and will make sure it focuses on areas people with dementia feel are most important.	Invite people with dementia and their carers and families to be involved in the project.	July 2014	Working party	Their involvement from the beginning is crucial to ensure that their views steer the local direction of the project including membership of the planning group. The working group is now actively involved in this task [July 2014].
		Project group members to attend sessions for carers at Hartlepool Carers to inform about the project, gauge interest and request involvement.	July 2014	ST /KH/CR-J	Hartlepool Carers are already very active members of the dementia forum and also deliver the post dementia information sessions and link in with TEVV FT and also offer support to carers of people with dementia.
		Project group members to attend Dementia cafe to inform about the project, gauge interest and request involvement.	July 2014	ST /KH/CR-J	The monthly 'Dementia Cafe' for people who have dementia and their carers is run by Hospital of God . HoG reps were invited to project group meeting on 19 <sup>th</sup> June – are keen to be involved but could not make the meeting. There has been further e mail contact.
		Hold stakeholder event for people who have dementia and their carers.	Sept/Oct 2014		
5	Raise the profile of your work to increase reach and awareness to different groups in the community.	Project group members to attend April COOL group to inform about the project, gauge interest and request involvement.	April 2014	ST /KH/CR-J	<b>Complete</b> further briefing to be given on progress at subsequent meetings
		Offer Presentation to <ul style="list-style-type: none"> <li>• 50+ Forum</li> <li>• Healthwatch members</li> </ul>	Aug 2014	ST /KH/CR-J	Use existing 'voice' organisations for Older People to join in the project <i>Presentation to be developed</i>
		Invite key stakeholder connected with health and social care to give expressions of interest for the project <ul style="list-style-type: none"> <li>• HBC</li> <li>• NT&amp;H FT</li> <li>• TEVV FT</li> </ul>	Aug 2014	Working group	

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		<ul style="list-style-type: none"> <li>HAST CCG</li> </ul>			
		Request key stakeholders to identify Dementia Friendly Community champions.	Sept 2014	Working group	
		Hold public meeting[s] to invite members of the public to join the project.	October 2014	Working group	
		Invite prospective new stakeholder from the business, commercial, voluntary and community sectors to support the project.	Nov 2014	Working group	Many national business and organisations have signed up at a national level so those should be targeted first
		Increase publicity campaign and awareness raising for what a Dementia Friendly Hartlepool [or parts of the town] would look like.	Nov 2014	Working group	Aim to use existing contact points such as Libraries, Community and Sports centre, social and leisure clubs and entertainment venues, other projects supporting vulnerable people such as Safe Places, and stopping doorstep scams / crime and 'cold calling.'
		Request interested parties to make achievable pledges that would help to make the town more dementia friendly.	Dec 2014	Working group	Pledges can be from the very simple [e.g. to go and find out more] to the complex [redesigning built environment or working practices].
		<p>Evaluate support for the project and determine whether to seek accreditation Options</p> <ul style="list-style-type: none"> <li>Accredit as a Dementia Friendly Community for all or part of Hartlepool</li> <li>Establish a Dementia Action Alliance</li> </ul> <p>Confirm active membership of the project and review pledges.</p> <p>Start to formulate what an application might look like based on individual and organisational pledges.</p>	Dec 2014	Working group	A decision needs to be made at this point about whether to use the <b>Dementia Friendly Communities</b> approach for the whole or part of Hartlepool or to establish a <b>Dementia Action Alliance</b> of key stakeholders who could then facilitate smaller more geographically focused Dementia Friendly Communities within Hartlepool; for instance, Seaton Carew, the Headland, Owton Manor, Greatham, Hart and link more closely with local community groups and residents associations.



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		<p>Identify those key areas that the people of Hartlepool feel are important especially those with dementia and who care for them.</p> <p>Plan campaign of awareness raising and recruitment.</p>			
6	Focus your plans on a number of key areas that have been identified locally.	<p>Consolidate membership and identify activities that might be part of an application/ accreditation.</p> <p>Confirm progress sign up and initiate application / accreditation process [online process by one member of the project on behalf of the group.]</p> <p>Submit application.</p>	<p>Nov 2014</p> <p>Dec 2014</p> <p>Feb 2015</p>	Working group	<p>Process is different depending on decision to go down specific Dementia Friendly Community route or Dementia Action Alliance route and several smaller community schemes</p> <p>Once successful each fully signed up partner can use the Dementia Friend Logo</p>
7	Final step.	Formal Launch event.	March 2015	All partners	
	Have in place a plan or system to update the progress of your community after six months and one year.	Initiate progress report system for members and news letter or report out.		Working group	The project is only as good as its component parts [members] so feedback on their progress is vital and has to be collected, collated and shared.