

# **ADULT SERVICES COMMITTEE**

## **MINUTES AND DECISION RECORD**

7 July 2016

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

### **Present:**

Councillor: Stephen Thomas (In the Chair)

Councillors: Lesley Hamilton, Kaylee Sirs, Sylvia Tempest and John Tennant.

Also Present: Councillor Paul Beck as substitute for Councillor Carl Richardson in accordance with Council Procedure Rule 5.2.

Chief Inspector Paul Haytack and Inspector Phil Morris, Cleveland Police.

Members of the public: S Little, S Johnson, G Johnson, J Gray, M Lockwood, R Marshall, F Harrison.

Officers: Jill Harrison, Assistant Director, Adult Services  
Neil Harrison, Head of Service, Adult Services  
Jeanette Willis, Head of Strategic Commissioning, Adult Services  
David Cosgrove, Principal Democratic Services Officer

### **9. Apologies for Absence**

Apologies for absence were received from Councillors Brenda Loynes and Carl Richardson.

### **10. Declarations of Interest**

Councillor Stephen Thomas declared a personal interest as an employee of Healthwatch.

### **11. Minutes of the meeting held on 16 June 2016**

Received.

In relation to Min No. 6 'Tackling Social Isolation', the Assistant Director informed the Committee that the Befriending Network Contract had been awarded to Age UK.

## **12. Mental Health – Crisis Care** *(Director of Child and Adult Services)*

### **Type of decision**

For information.

### **Purpose of report**

The report provided an update to the Adult Services Committee on the progress in respect of Mental Health – Crisis Care.

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

The Head of Service reported on the work undertaken in Hartlepool in relation to the Mental Health Crisis Concordat and summarised the recommendations from a Crisis Care Summit. On 25 February 2016 Hartlepool Healthwatch held an event at the Centre for Independent Living focused on Mental Health Crisis Care. The event was attended by over 70 people from a number of statutory and non statutory providers, all of whom had an interest in mental health crisis care.

The crisis care concordat references four key themes:

1. Access to support before crisis point
2. Urgent and emergency access to crisis care
3. Quality of treatment and care when in crisis
4. Recovery and staying well.

The Crisis Care Summit aimed to pick up the key issues in terms of what currently works well, areas for improvement and what was important to change in the future. The report went on to provide an overview of the responses around the debates of what was working well, what was not working well and the areas for priority action. An appendix to the report also set out a summary of progress made against the Crisis care Concordat and a number of the actions would be incorporated into the Mental Health Forum action plan.

The Head of Service highlighted that the Crisis Care Concordat suggests that by identifying a crisis early, professionals can prevent further escalation and often costly and unnecessary interventions.

Chief Inspector Paul Haytack and Inspector Phil Morris, Cleveland Police, were present at the meeting and gave feedback on the event and the changing role of the Police's involvement in dealing with people with mental health issues. The Police had adopted many of the recommendations put forward by Lord Bradley and during a recent visit

he had given some positive feedback on the arrangements in place.

In the past, the Police had often used s136 to detain people displaying mental health issues, where they may be at risk of harming others or themselves in order to get them into a place of safety. There was now a 'street triage' approach being taken to enable such individuals to access the right kind of support directly rather than bringing them into the custody suite. This had reduced the use of s136 from approximately twenty cases per week to less than one a week. If an individual was brought into the custody suite, the Police also now had access to a TEWV Liaison and Diversion Team which could provide specialised support and signposting to appropriate services for the person concerned.

The Police representatives indicated that there was additional training in place for officers and PCSOs and the force was looking towards the potential of a TEWV member of the Liaison and Diversion Team being placed within the control room so they could provide advice directly at the point of a call being made to the Police. The Police had also looked at the next steps after 'street triage' and custody as, custody in particular, may have an adverse effect on the individuals mental health. The Police were looking at developing the information that could be provided to people indicating where they could go for support.

A Member questioned the response to on-line threats such as cyber-bullying and the potential for young people self-harming. The Police representatives stated that the force took such reports very seriously and where they had substantiated information they would act. The 'street triage' approach would also be used in such incidents. Members considered the issue of the perception of mental health among young people to be a particular issue, as it was among some adults. The Head of Service commented that there was a multi-agency group involving TEWV and CAMHS looking at the issue of the stigma around mental health in young people.

A Member questioned the Police approach to those children and young people that may have undiagnosed learning difficulties. The Police representatives did indicate that the triage approach had been in place for some time with young people brought into the custody suite. The approach led to more support, and where necessary warnings, to divert them away from the justice system.

A Member referred to their work on mental health issues with secondary school children and would welcome the opportunity to extend that to the Police where possible. A Member questioned what level of support was available in schools to support young people. The Head of Service commented that there was a programme of support being developed by a multi-agency group. Teachers and those involved in education often witnessed the first indications of mental health issues and a lot of work was being done through the department, schools and the Children's

## Services Committee.

A member of the public referred to their experiences with support provided by the Police and was concerned that in situations where the Police may have been called to an incident involving someone with mental health problems, two or three officers could be involved which, under the new policing arrangements, could leave the town with only one other officer. If the person was transported to Roseberry Park, that took up quite a considerable amount of Police time. The Police commented that the public should not worry about police cover; there were resilient staffing arrangements in place and the reference to only four officers being available was incorrect.

The member of the public was concerned at the level and availability of information generally and considered that it could be improved to signpost people to more appropriate services rather than calling the Police. The Police representatives stated that their website did include a lot of information but would look at how it could be more readily accessed. The member of the public also expressed concern about the removal of services from Hartlepool and called for a crisis care centre to be provided in Hartlepool.

The Chair thanked the Police representatives for their input and the meeting in general for the debate. It was clear that there was a lot of support available and that this could be built upon through the recommendations from the Crisis Care Summit. There was concern, as expressed during the debate, on the continued 'drift' of services out of the town and how residents could then access those relocated services when many already had pre-existing transport issues.

## Decision

1. That the recommendations from the Crisis Care Summit be noted and progressed against the Crisis Care Concordat;
2. That the report is presented to the Tees Crisis Care Concordat meeting for inclusion in the Tees action plan;
3. That the Mental Health Forum progress the implementation of recommendations from the report and monitor progress against the Crisis Care Concordat action plan.

## **13. Access to Transport for People with a Disability** (*Director of Child and Adult Services*)

### **Type of decision**

Non key.

## **Purpose of report**

The report sought approval from the Adult Services Committee to submit a referral to the Audit and Governance Committee regarding access to transport for people with a disability.

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

The Head of Service reported that transport and access to transport within the Borough was regarded as one of the top three priorities when consulting with adults with a disability. Consultation with community groups in recent years had highlighted a decline in the number of wheelchair accessible vehicles, a decline in the frequency and equality of access to private hire vehicles and bus journeys; and difficulties in access and conveyance.

Following discussions with local citizens, including representatives from the New Hartlepool MS Support Group, it had become apparent that people were concerned at the reduction in opportunities for people to remain independent. Without access to good transport links, people were at increased risk of social isolation and were unlikely to be able to remain active citizens without opportunities to access education training and employment, sport and recreation.

As this issue cuts across a number of policy committees, and would benefit from further investigation, it was proposed that a referral was made to the Audit and Governance Committee to review the current situation. A copy of the proposed referral was set out in an appendix to the report.

A Healthwatch representative added that a further issue restricting those with mobility issues was that none of the shuttle buses operated by the Foundation Trust between the Hartlepool and North Tees hospital sites could be easily used by people with mobility problems and not used at all by those in wheelchairs.

The Head of Service commented that one of the issues the hospital transport situation created was that as the shuttle buses were inaccessible to people with disabilities. The Trust was contracting with those companies/operators with wheelchair accessible vehicles to provide this transport, which further reduced their availability from the general public. Members expressed their concerns in relation to wheelchair accessible taxis and the limited availability of these vehicles. A member of the public commented that in order to get a wheelchair accessible taxi, the public would have to book journeys at least 24 hours in advance and often, they would be unavailable on evenings. The number of these vehicles had also been severely reduced over recent

years. The member of the public acknowledged that the Council had severe budgetary problems but felt that the re-instigation of the dial-a-ride service was essential to this section of the community.

The Chair commented that the issues raised highlighted that the referral to Audit and Governance Committee was timely.

### **Decision**

That approval be given to the submission of a referral to Audit and Governance Committee seeking a review of access to transport for people with a disability.

## **14. Service Provision at the New Centre for Independent Living** (*Director of Child and Adult Services*)

### **Type of decision**

For information.

### **Purpose of report**

The report provided the Adult Services Committee with information on the range and type of services that will be delivered from the new Centre for Independent Living (CIL).

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

The Head of Service referred to the report presented to members on 6 July 2015 which provided an overview of the proposed process to implement a new service model and pricing framework from September 2016. The fairer pricing framework was agreed at the meeting on the 23 March 2016, and the Adult Services management team has been in discussion with staff side representatives through formal consultation in respect of the future delivery of services.

The report set out the details of the consultation with services users and their families and also with staff. The new CIL was focused on three distinct functions, meeting service demand, increasing income and promoting independence. The approach to these and arrangements already in place were set out in detail within the report.

Services currently delivered at Warren Road would also cease as they transferred to the new CIL and discussions had progressed with Catcote Academy on their potential use of the Warren Road building to meet their demand for autism specific provision. An agreement was being

drafted to ensure that any service complimented that being provided at the CIL. It was also anticipated that the Handprint Arts service would transfers to the CIL from its current base in Surtees Street.

The Head of Service also updated the Committee on the development of the Waverley Allotment Group Promoting Change, Transforming Lives Project.

A Member indicated that some of the staff currently based at Warren Road were concerned at the transfer to the new CIL and the effect that it may have on jobs. The Head of Service stated that there was no reduction in staffing proposed but there were some changes to contracts around evening and weekend working, linked to service need.

A member of the public questioned the responses received from families in relation to the new extended services being offered at the CIL. The Head of Service commented that they had been generally positive and had resulted in the proposal to pilot services on Friday evenings and Saturday mornings.

The Chair considered that his only concern was that the CIL shouldn't become an 'island' and that from the opening of the new facility there should be strong links developed with the local community. The Chair suggested that a visit to the new building should be arranged for the Committee. The Head of Service indicated that a visit would be organised once the main building works had been completed.

### **Decision**

1. That the Committee notes the plans for service provision at the new Centre for Independent Living.
2. That a site visit be arranged for Members and regular attendees to the new building at an appropriate point in its development.

## **15. Direct Care and Support Services – Outcome of CQC Inspection** *(Director of Child and Adult Services)*

### **Type of decision**

For information.

### **Purpose of report**

To inform Adult Services Committee of the outcome of a recent Care Quality Commission (CQC) inspection into the Direct Care and Support Service provided by Hartlepool Borough Council.

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

The Head of Service reported that CQC undertook an inspection of the Direct Care and Support Service provided by Hartlepool Borough Council on 10, 16 and 17 February 2016. A full copy of the inspection report was submitted as an appendix to the report. The overall rating was that the service 'Requires Improvement'. The breakdown of the rating was as follows: -

Is the service safe? - 'Requires Improvement'  
Is the service effective? - 'Requires Improvement'  
Is the service caring? - 'Good'  
Is the service responsive? - 'Good'  
Is the service well led? - 'Requires Improvement'.

A detailed improvement plan had been developed to address the issues raised within the inspection and this was set out in a second appendix to the report. Additional resources would be required to ensure all actions of the report in respect to staff training were met. It would be necessary to provide refresher training for some staff, with backfill arrangements in place to ensure business continuity. Additional costs would be met from any underspend on staffing budgets supported by departmental reserves if required. Additional staff would be required to cover rosters in order for all staff to attend refresher training. There would be changes to current processes to ensure that improvements were delivered. The CQC was not proposing to take any enforcement action. The improvement plan aims to address the required improvements identified in the report.

Members commented that the assessment had raised some concerns, though supported the action plan proposed. There were concerns that some of the issues raised were around training. The Head of Service indicated that most of the issues raised through the inspection were known.

A member of the public commented that many service users would be surprised at the CQC assessment as she believed the service and staff were very focussed on the needs of their service users. The Assistant Director indicated that this was a new inspection process, much different to the previous approach, and would take some time to embed. The service would be reassessed once the action plan had been implemented.

The Chair commented that he had also been surprised by the inspection result as he believed the service provided an excellent service to users. The Chair supported seeking a re-assessment once the action plan had been implemented and suggested that in advance a 'mock CQC inspection' be undertaken to ensure the service would meet the new



CQC inspection regime.

### **Decision**

1. That the inspection report and the improvement plan that has been developed in response to the issues identified be noted.
2. That a progress update be provided in six months time to provide members with assurance regarding the delivery of the required improvements.
3. That following the implementation of the improvement plan a 'mock CQC inspection' be undertaken to assess the effectiveness of the improvements prior to a formal re-inspection of the service being sought from the Care Quality Commission.

## **16. Quality Ratings for Commissioned Services** *(Director of Child and Adult Services)*

### **Type of decision**

For information.

### **Purpose of report**

Further to the report on care homes for older people in June 2016, the report provided the Adult Services Committee with an update on quality ratings for all other commissioned social care services that were regulated by the Care Quality Commission (CQC).

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

The Head of Strategic Commissioning reported that there were a number of services commissioned for adults that were regulated, inspected and rated by the CQC. All services commissioned by Adult Services were subject to contract monitoring and the Quality Standards Framework. Regulated services were also required to be registered by the CQC and were subject to regular inspection, which was followed by a published rating.

These services included: -

Domiciliary Care for Older People

Non Residential Services for Working Age Adults

Residential Care for People with Learning Difficulties

Residential Care for People with Mental Health Needs

Extra Care Support.

A summary of the current CQC ratings for the services listed above was included in an appendix to the report. It was positive to note that the majority of services were rated as 'good'. Those services rated as 'requires improvement' had plans in place to deliver those improvements and were able to access support from the Council in terms of their action plans and monitoring of progress.

Both residential and non-residential providers had access to the training and support provided through the Commissioned Services Team and the wider Council. This included enhanced support in relation to medication issues, which had been commissioned through the Better Care Fund and access to training regarding adult safeguarding. All providers were encouraged to attend regular forums for managers and proprietors to enable networking and the sharing of good practice.

While there were no specific risks with the services at present, there was a potential risk that the current services would not be able to meet the needs of young people moving into adult services and people with learning disabilities who develop dementia in the future and these issues were currently being explored. The Head of Strategic Commissioning did indicate that there were significant financial considerations associated with the sustainability of commissioned services, including calculating the fair cost of care and implementation of the National Living Wage.

Members referred to some of the excellent services being provided around the town and questioned what impact the new living wage was having on staff retention levels. The Head of Strategic Commissioning commented that staff retention was only really an issue in nursing care. Staffing in most residential homes was quite settled which added to the 'homely' feel of many. The Council had also led the way on incorporating living wage increases within contracts. It was highlighted that Hartlepool did have some very good providers and that relationships with the Council were generally very positive.

The issues of the Unison Ethical Care Charter and the use of fifteen minute visits were raised by a Member and the Head of Strategic Commissioning commented that work on the use of fifteen minute visit had been reported to Committee in the past. There were issues around travel time and taxation that were still ongoing for care workers. In terms of zero hour contracts, the Head of Strategic Commissioning responded to Members queries stating that there had been moves towards removing them through contracts but the feedback from operators was that some staff wanted to retain them as it gave them greater flexibility to manage their own hours.

A Member commented on the risks around young people transitioning from children's services into adult services and the potential under or oversupply of those services. The Head of Strategic Commissioning

commented that managing the market was very challenging and confirmed that the situation was closely monitored. A member of the public questioned the respite care provision for carers. The Head of Strategic Commissioning stated that there was a Carers Emergency Respite Service operated by the Council with over 800 people registered.

Members questioned the provision of services to those that had chosen to receive care within Hartlepool but were from outside the Borough. Members also questioned the services to refugee families. The Head of Strategic Commissioning commented that safeguarding issues did fall to the local authority. The Head of Service stated that the department did work with refugee families either using existing services or bespoke services depending on need.

The Chair commented that he was pleased to see the good ratings these services received from the CQC. It was an area that did require constant scrutiny. In relation to the Ethical Care Charter, the Chair requested that a report be submitted to a future meeting.

### **Decision**

1. That the report be noted.
2. That a report be submitted to a future meeting on the Unison 'Ethical Care Charter'.

## **17. The Care Quality Commission Strategy for 2016 to 2021** *(Director of Child and Adult Services)*

### **Type of decision**

For information.

### **Purpose of report**

To make the Adult Services Committee aware of the publication of the Care Quality Commission's strategy for the coming five years.

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

The Head of Strategic Commissioning reported that on 24 May 2016 the CQC published 'Shaping our future: CQC's strategy for 2016 to 2021'. A supporting document was published alongside the strategy, identifying what the new strategy means for the different types of services that CQC regulates. An overview of the strategy was

submitted as Appendix 1 to the report, together with a document summarising what the strategy means for different services attached as Appendix 2; the section relating to adult social care was set out on pages 17-20. The Head of Strategic Commissioning highlighted that there were to be some changes to how CQC carried out enforcement, particularly around communication with families.

The Chair considered that a more 'joined up' approach between the CQC and Healthwatch would be helpful as each had an important role to play and more effective monitoring could come through the two organisations working together.

### **Decision**

That the report be noted.

## **18. Engagement with Older People** (*Director of Child and Adult Services*)

### **Type of decision**

For information.

### **Purpose of report**

To update the Adult Services Committee on the outcome of an engagement event with older people and action taken as a result, as well as plans for further engagement on a regular basis.

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

The Head of Strategic Commissioning reported that the Council had given a commitment to support four consultation events each year with older people in Hartlepool and the second of those events had been held on 14 March, 2016. The event had focussed on the following topics; transport, community safety, the Hartlepool Now website and iPads – is this the future. Details of the feedback and issues discussed under each of these topics were set out in detail in the report.

Members commented on the excellent work of the Anti-Social Behaviour Team and requested that their compliments be passed on to the officers in the team. A Member raised the potential changes that the government's new bus legislation may bring forward and also indicated that the issue of the Combined Authority would need to be re-visited once a decision on involvement had been agreed by Council.

The Chair indicated that he was pleased to see the continued prioritisation of tackling social isolation as this was a priority for the Committee for this year. The Chair also considered that as far as possible, the department should look to using the Council's own facilities for events.

**Decision**

1. That the feedback from the engagement event be noted;
2. That plans for a further event in July, to which Members are welcome to attend, as outlined in the report be noted;
3. That Members encourage older people from their wards to attend and contribute to the event.

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

None.

The meeting concluded at 12.10 pm.

**P J DEVLIN**

**CHIEF SOLICITOR**

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