

ADULT SERVICES COMMITTEE

MINUTES AND DECISION RECORD

2 February 2017

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

Present:

Councillor: Steve Thomas (In the Chair)

Councillors: Lesley Hamilton, Tom Hind, Carl Richardson, Kaylee Sirs and Sylvia Tempest

Also Present:

Ryan Ward, Unison
Frank Harrison and Bill Keen, Years Ahead Forum
Members of the Public – Stella Johnson, Gordon Johnson, Sue Little, Evelyn Leck and Dominic Sherwood

Officers: Jill Harrison, Assistant Director, Adult Services
Jeanette Willis, Head of Strategic Commissioning
Denise Wimpenny, Principal Democratic Services Officer

61. Apologies for Absence

Apologies for absence were submitted on behalf of Councillor George Morris and Edwin Jeffries, Chair of the Joint Trade Unions.

62. Declarations of Interest

Councillor Steve Thomas declared a personal interest as an employee of Healthwatch Hartlepool, personal interests in relation to Minutes 65 and 66 and a personal and prejudicial interest in Minute 67 and highlighted his intention to vacate the Chair and leave the meeting during consideration of Minute 67. Councillors Tempest and Hamilton declared personal interests in Minute 66.

63. Minutes of the meeting held on 5 January 2017

Received.

64. Matters Arising from the Minutes

In relation to Minute 34 of the minutes of the meeting held on 6 October 2016, the Assistant Director advised that a letter had been received from the Secretary of State in response to the letter that had been sent on behalf of the 4 Tees authorities regarding financial pressures linked to the Deprivation of Liberty Safeguards. Whilst it was acknowledged that local authorities' obligations had increased as a result of the supreme court judgement, it was highlighted that changes to the current arrangements may be implemented following the outcome of the Law Commission Review. In terms of funding for Adult Services, the response highlighted that local authorities had been given the opportunity to raise additional funding through the social care precept and would also receive further funding through the Better Care Fund in future. The Chair expressed disappointment in relation to the response. Clarification was provided in response to concerns raised regarding the financial arrangements introduced by the Government in terms of trying to maximise funding to address the social care challenges.

In relation to Minute 58 of the minutes of the meeting held on 5 January 2017, the Assistant Director was pleased to report that two new providers had expressed an interest in delivering care provision in the town, further details of which would be provided at the March meeting. The former Manor Park site had been purchased by a new provider, who was currently operating in Stockton. It was envisaged that this site would be operational within the next 3 to 4 months offering 45 beds, around half of which would be nursing care beds. This was a very positive development, particularly in context of the availability of nursing beds over the last two years. A new provider had also purchased the former Admiral Court site which would offer similar size provision and would hopefully be operational by the end of the year, with further details to be provided to Committee when available. Members welcomed the positive developments regarding the nursing care position.

Decision

That the information given, be noted.

65. Direct Care and Support Services – Update on Action Plan following CQC Inspection (*Director of Child and Adult Services*)

Type of decision

No decision required – for information

Purpose of report

To provide the Adult Services Committee with an update on the action plan developed for the Direct Care and Support Service following the inspection by the Care Quality Commission (CQC), and to provide assurance that actions have been implemented to address those areas highlighted as requiring improvement.

Issue(s) for consideration

The report provided background information to the monitoring and inspection arrangements of the CQC together with details of the findings of a CQC inspection of the Direct Care and Support Service. The CQC gave the service an overall rating of 'requires improvement'. In response to the findings, the DCSS had developed an action plan to address the three areas identified in the CQC report as 'requiring improvement'. A copy of the improvement plan, together with an update on progress was attached at Appendix 1.

The Chair advised that Healthwatch was currently undertaking a piece of work with service users in relation to their views on the quality of the service provided, feedback from which would be reported to the Council in due course.

In response to a request for clarification, the Assistant Director outlined the role and purpose of the Direct Care and Support Service.

A query was raised in relation to the methods utilised by Healthwatch in terms of obtaining feedback from individuals. Members were advised of the role of Healthwatch in support of this work which included visits to service users to seek their views and obtain responses to questions regarding personal experiences, as well as engagement with family members and carers to enable feedback to be provided to the Council.

A member of the public was pleased to report the positive experiences of a family member who had utilised this service.

Decision

That the contents of the report and comments of Members be noted.

66. Unison Ethical Care Charter – Implementation within Domiciliary Care Services *(Director of Child and Adult Services)*

Type of decision

No decision required – for information

Purpose of report

To provide an update on progress in respect of the implementation of Unison's Ethical Care Charter in respect of Domiciliary Care Services.

Issue(s) for consideration

The Head of Strategic Commissioning referred to a report presented to the Committee on 9 March 2015 when Members noted the current position in relation to domiciliary care services and received an overview of the department's progress in implementing Unison's Ethical Care Charter. The Charter aimed to ensure that employees of organisations were properly remunerated and protected whilst carrying out their employment, details of which were outlined in the report.

Members agreed to receive a further update following renegotiation of domiciliary care contracts. The Committee was referred to the Unison Ethical Care Charter, attached at Appendix 1. The stages had been summarised and progress measured from the current two main external providers and the internal HBC service. Appendices 2, 3 and 4 provided a summary of progress for each organisation, Carewatch, Careline and the Council's Direct Care and Support Services. The appendices demonstrated that all organisations were meeting the broad principles of the Ethical Care Charter with only one slight exception in one agency. The external agencies faced challenges regarding resources and, on occasion, the ability to retain staff who did not want permanent contracts.

There were currently nineteen local authorities signed up nationally to the Charter. As and when a new contract was issued the Ethical Care Charter standards would be incorporated in the terms and conditions as part of any tendering/contracting process and the option to formally sign up to the Charter would be explored and pursued.

Members were referred to the risk, financial and staffing considerations, as set out in the report. In relation to commissioned services, it was noted that zero hour/flexible contracts were used by agencies and some staff employed by these organisations reported that they did not want the security permanent contracts offered, the reasons for which were provided.

A representative from Unison, who was in attendance at the meeting, commented on the background in relation to the Ethical Care Charter and Unison's commitment to address issues within care generally. The representative welcomed the Council's approach to explore this issue from Unison's perspective and was keen to work with the Council to progress this.

A Member expressed a view that the equality and diversity considerations, as detailed in the report, should include reference to care sector jobs being predominantly undertaken by females.

Feedback from care providers in terms of staff not wanting the security of permanent contracts was questioned. A Member advised that personal feedback from some individuals working in the care sector did not support such claims. Concerns were also raised that some care staff had been discouraged from joining a union. The Head of Strategic Commissioning commented that whilst feedback from providers indicated that some staff did not want the security of permanent contracts, this would be addressed and built into future contracts as part of the re-commissioning process if appropriate. The Head of Strategic Commissioning agreed to further explore the issues raised in more detail with individuals following the meeting.

Given the staffing issues outlined, the Chair sought clarification as to whether there was an opportunity for staff to raise issues anonymously to which the Committee was advised that arrangements were in place to facilitate this.

The Assistant Director responded to further issues raised in relation to the estimated level of need in terms of domiciliary care provision within Hartlepool and the monitoring arrangements in place to ensure quality of care provision.

Concerns were raised in relation to the impact of 15 minute calls, the impact on care provision as a result of a high turnover of staff and the difficulties recruiting staff to the care sector.

In response to further comments raised by a member of the public regarding national issues facing the care sector including increasing pressures on care workers, the Chair indicated that whilst such issues were acknowledged, these concerns had been debated at length in previous meetings. The Assistant Director added that the purpose of the report was about commitment to the Ethical Care Charter while previous reports to Committee had focussed upon actions taken following an investigation by Healthwatch. The Healthwatch investigation had highlighted some issues for consideration, but had found that overall rates of satisfaction with services were high. The Chair reiterated that the purpose of the Ethical Care Charter was to provide safeguards to people receiving services.

In concluding the debate, the Chair proposed that the Committee should continue to work with staff, care providers and Unison towards adoption of the Charter. In addition, the Chair requested that an update report on progress be provided to the September meeting of this Committee.

In accordance with Council Procedure Rule 17.5 of the Constitution, a

recorded vote was taken:-

Those in favour:-

Councillors Hamilton, Richardson, Sirs, Tempest and Thomas

Those against:

None

Those abstaining:

Councillor Hind

The vote was carried.

Decision

- (ii) The Committee noted the current position in relation to progress against implementation of the Unison Ethical Care Charter.
- (ii) The Committee agreed to continue to work with staff, care providers and Unison towards adoption of the Charter.
- (iii) That an update report on progress be provided to the September meeting of this Committee.

Further to minute 62, Councillor Thomas vacated the Chair for consideration of the following item.

Following a comfort break, Councillor Richardson in the Chair

67. Healthwatch Hartlepool Dementia Diagnosis Consultation Report *(Director of Child and Adult Services)*

Type of decision

No decision required – for information

Purpose of report

To inform the Committee of the outcomes of the recent consultation regarding patient experience of dementia diagnosis in Hartlepool.

Issue(s) for consideration

The Assistant Director reported on the background to the recent consultation regarding patient experience of dementia diagnosis in Hartlepool. A report, prepared by Healthwatch Hartlepool, attached at Appendix 1, had been presented to the Health and Wellbeing Board on 16 January 2017 and it had been recommended that the findings be also considered by the Adult Services Committee.

The debate at the Health and Wellbeing Board had highlighted that a significant amount of progress had been made in Hartlepool in relation to dementia diagnosis and awareness, with Hartlepool and Stockton on Tees CCG reporting one of the highest rates of dementia diagnosis in the country and new developments such as The Bridge and the Dementia Advisory Service which was funded from the Better Care Fund.

It was noted, however, that there were areas where more could be done to improve awareness and reduce the stigma associated with dementia, as well as ensuring that people had access to support following a diagnosis, including the person with dementia, carers and the wider family. The importance of access to information and advice was highlighted and the Health and Wellbeing Board had been reminded that Hartlepool Now was a key resource to promote local activities and resources. It was also noted that work was underway through the North of Tees Dementia Collaborative to review information that was provided following a diagnosis.

The Committee was referred to the conclusions and recommendations as outlined in Appendix 1. Reference was made to the recent Family Leadership Course for people with dementia and their carers, and it was noted that a number of speakers from that group, had attended the Health and Wellbeing Board to share their experiences many of which supported the conclusions set out in the Healthwatch report. Work was continuing with this group and it was suggested that representatives/speakers be invited to a future meeting of this Committee later in the year to talk about their experiences and any improvements that had been made since this work had commenced.

A query was raised as to the potential reasons why dementia diagnosis levels were higher in Hartlepool than other areas. The Assistant Director advised that a lot of work had been done with CCG's and GP's in terms of promoting early diagnosis, the benefits of which were outlined. A Member was pleased to note the improvements in early diagnosis and commented on the reluctance of doctors in the past to diagnose dementia. Members noted the increase in individuals developing early onset dementia and the evidence that diagnosis and associated procedures had improved.

Emphasis was placed upon the need to continue to improve awareness to ensure that people had access to support following a diagnosis. Whilst the benefits of the Hartlepool Now site, in terms of publicising information

electronically, were acknowledged, the need to target individuals who may not have access to the internet was highlighted. The Assistant Director advised that Hartlepool Now was just one method of disseminating information to individuals and whilst the site may not be regularly accessed by the elderly population, statistics revealed that the site was widely utilised by family members or carers. Members were advised that arrangements would be made for information of this type to be publicised in Hartbeat and in other accessible formats. Members were advised that work was ongoing with GP's in this regard. In response to suggestions by a member of the public that information should be provided by GP's at the time of diagnosis, the Committee was advised that the timing for distribution of information should be tailored around an individual's requirements.

The Assistant Director responded to further issues raised in relation to the report. Clarification was provided regarding patient/carer/family feedback which was broadly positive with patients and family members reporting that generally once a referral to the memory clinic happened, the appointment came through quickly. Assurances were sought as to how the findings and conclusions of the report were noted and acted upon. The Assistant Director advised that the contents of the report had been shared with a number of bodies including the Health and Wellbeing Board, which brings together key statutory partners and representatives from the voluntary sector. In terms of ensuring all GP's had signed up to the actions within the report, it was suggested that a representatives from the GP Federation be invited to attend a future meeting of this Committee.

In response to comments raised by a member of the public regarding the importance of addressing the issues around mental health, Members were advised that an update report regarding this issue would be presented to the March meeting of this Committee.

Decision

- (i) That the contents of HealthWatch Hartlepool Dementia Diagnosis Report be noted.
- (ii) That representatives/speakers who attended the Health and Wellbeing Board be invited to a future meeting of this Committee to share their experiences since this work was undertaken.

68. Any Other Items which the Chairman Considers are Urgent

The Chairman ruled that the following item of business should be considered by the Committee as a matter of urgency in accordance with the provisions of Section 100(B) (4)(b) of the Local Government Act 1972 in order that the matter could be dealt with without delay.

69. Any Other Business – Hartlepool in Unity Gig

A Member reported that a Hartlepool in Unity Gig would be held on Friday 10 February at the Town Hall Theatre, Hartlepool to which all Elected Members and members of the public were invited to attend.

70. Date and Time of Next Meeting

It was reported that the next meeting would be held on 2 March 2017 at 10.00 am.

The meeting concluded at 11.45 am.

P J DEVLIN

CHIEF SOLICITOR

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