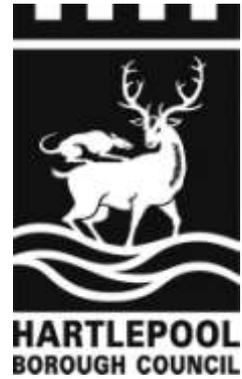


# ADULT SERVICES COMMITTEE

## AGENDA



Thursday 6 September 2018

at 10.00am

in Committee Room B,  
Civic Centre, Hartlepool

MEMBERS: ADULT SERVICES COMMITTEE

Councillors Hamilton, Little, McLaughlin, C Richardson, Tennant, Thomas and Vacancy

1. **APOLOGIES FOR ABSENCE**

2. **TO RECEIVE ANY DECLARATIONS OF INTEREST BY MEMBERS**

3. **MINUTES**

- 3.1 To receive the Minutes and Decision Record in respect of the meeting held on 12 July 2018 (*for information as previously circulated*).

4. **BUDGET AND POLICY FRAMEWORK ITEMS**

No items.

5. **KEY DECISIONS**

No items.

6. **OTHER ITEMS REQUIRING DECISION**

No items.



**7. ITEMS FOR INFORMATION**

- 7.1 Care Quality Commission Update – *Director of Adult and Community Based Services*

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

FOR INFORMATION

Date of next meeting – Thursday 11 October 2018 at 10.00am in the Civic Centre, Hartlepool



# **ADULT SERVICES COMMITTEE**

## **MINUTES AND DECISION RECORD**

12 JULY 2018

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

**Present:**

Councillor: Stephen Thomas (In the Chair)

Councillors: Lesley Hamilton, Sue Little, Mike McLaughlin, and John Tennant.

Also present: In accordance with Council Procedure Rule 5.2 (ii), Councillor Paul Beck was in attendance as substitute for Councillor Carl Richardson.

Julie Compton, Motor Neurone Disease Association

Officers: Jill Harrison, Director of Adult and Community Based Services  
Neil Harrison, Head of Safeguarding and Specialist Services  
Jayne Brown, Passenger Transport Services Team Leader  
Charlotte Roberts, Social Worker  
David Cosgrove, Democratic Services Team

### **10. Apologies for Absence**

Apologies for absence were received from Councillor Carl Richardson.

### **11. Declarations of Interest**

Councillor Sue Little declared a personal and prejudicial interest in Minute No. 15 and left the meeting during its consideration.

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

### **12. Minutes of the meeting held on 14 June 2018**

Received.

### **13. Motor Neurone Disease - The MND Charter** *(Director of Adult and Community Based Services)*

#### **Type of decision**

Non key decision.

#### **Purpose of report**

To seek approval from the Adult Services Committee to adopt the Motor Neurone Disease Charter and to refer the Charter to the Health and Wellbeing Board for consideration by partners.

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

The Head of Safeguarding and Specialist Services reported that Motor Neurone Disease (MND) is a fatal, rapidly progressing disease that affects the brain and spinal cord. It can leave people locked in a failing body, unable to move, talk and eventually breathe. A person's lifetime risk of developing MND is up to 1 in 300. It kills around 30% of people within 12 months of diagnosis and more than 50% within two years. It affects people from all communities and has no cure.

MND affects up to 5,000 adults in the UK at any time. Statistics suggest that six people are diagnosed every day and six people die each day. Assuming an equitable distribution of MND across the country, the national statistics equate to 5 people in Hartlepool living with the condition at any time.

The MND Association is the only national charity in England, Wales and Northern Ireland focused on MND care, research and campaigning. The organisation funds 20 care centres and networks in partnership with NHS Trusts. The MND Association employs 26 Regional Care Development Advisors who are in touch with people living with MND and work to influence local health and social care service providers.

The MND Charter is a statement of the respect, care and support that people living with MND and their carers deserve, and should expect. The charter recommends that everyone with a connection to MND (either personally or professionally) should recognise and respect the rights of people with MND as set out in the Charter, and work towards the Charter's vision of the right care, in the right place at the right time.

The MND charter focuses on 5 key statements relating to:

- the right to an early diagnosis;
- the right to high quality care and treatments;
- the right to be treated as individuals and with dignity and respect;
- the right to maximise quality of life; and
- the rights of carers of people with MND.

Further detail was included in the Charter document submitted with the report.

Integral to the success of the Charter was the relationship between health, social care, housing and adaptations, carers' services and transport. In line with the requirements of the Charter, a named MND Social Worker had been identified who would act as the appointed lead to improve early referral to Adult Services within the Council. In the short time since being appointed to this role, the named Social Worker for MND had made contact with the local MND Nurse Specialist and identified some positive ways that relationships can be developed for the future. This included attendance at an Annual Conference in November, involvement in quarterly meetings where individuals with MND are reviewed and an introduction to the weekly MND clinic that operates from James Cook University Hospital. Information had also been accessed about support available from The MND Association and The National MND Association, which could include grants to meet the costs of adaptations, for example. Information and resources relating to MND will be made available via Hartlepool Now ([www.hartlepoolnow.co.uk](http://www.hartlepoolnow.co.uk)) as well as being included in the Adults Practice Manual which was currently being developed as a resource for Council staff.

If the Charter was adopted, Adult Services would also engage with Hartlepool and Stockton on Tees Clinical Commissioning Group to develop an action plan linked to MND assessment and management, in line with the National Institute of Clinical Excellence (NICE) Guidance which was issued in February 2016, and also submitted with the report.

Julie Compton, Campaigns Manager, North for the Motor Neurone Disease Association addressed the Committee seeking the Committee's support for the Council adopting the charter. People diagnosed with MND and their families needed targeted support, often very quickly, to assist them when a diagnosis was made. A member of the association related her own experiences when her husband was diagnosed the disease and how support could have made so much difference, particularly in the early stages when they had had to fight simply to get a diagnosis.

The Campaigns Manager commented that the appointment of a dedicated social worker in Hartlepool for MND was a significant and forward thinking approach for which the Council should be congratulated. The Association was already aware of the impact the social worker was making. The social worker referred to the statistic that at any time, there would on average be five people suffering MND in the town and reported to Members that at this time there were actually ten Hartlepool residents with MND.

The Chair and Members welcomed the proposal and supported the Council adopting the charter. Members commented on the experiences related to them of the immediate impact of the disease on a family and indicated that the authority should promote the charter with partners and ensure a joint working approach was adopted to assist the families and those diagnosed with MND.

The Chair stated that one of the recommendations from the report would be to refer the matter to the Health and Wellbeing Board to encourage partners to also adopt the charter.

Members suggested that as much information as possible should be made available through the Council utilising the Community Hubs and Hartbeat as appropriate.

The Chair thanked the representatives of the Motor Neurone Disease Association for attending and bringing this important issue to the Council's attention. The personal experience related to the Committee was very moving and took courage to relate and the Chair thanked Mrs Hamilton for sharing that with Members. The Chair considered that adopting the charter would assist the authority in making services more effective in the future. The Chair proposed that the charter be referred to the Health and Wellbeing Board with a recommendation that partners adopt the charter. The Chair also suggested that Housing partners should be particularly encouraged to adopt the charter so that any tenants with this condition could get help immediately.

The recommendations were supported unanimously by the Committee.

### **Decision**

1. That the Committee support the adoption of the Motor Neurone Disease Charter.
2. That the Charter be referred to the Health and Wellbeing Board for consideration by partners with a recommendation that it is supported and adopted.
3. That Housing partners operating in Hartlepool be encouraged to adopt the Motor Neurone Disease Charter to support tenants diagnosed with the condition during what is an extremely stressful period.

## **14. Care Quality Commission Report: Driving Improvement** *(Director of Adult and Community Based Services)*

### **Type of decision**

For information.

### **Purpose of report**

To provide the Adult Services Committee with information regarding the Care Quality Commission (CQC) recent 'Driving Improvement' report.

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

The Director of Adult and Community Based Services reported that in June 2018 the CQC had published a report 'Driving Improvement: Case studies from nine adult social care services' which focused on services which have made significant improvements and how services can be encouraged to

improve. This report followed two other publications; Strategy for 2016 to 2021 'Shaping the Future', published in May 2016 and 'The state of adult social care services 2014 to 2017' published in June 2017.

'Driving Improvement' contained a series of case studies that showed how homes/services that were rated as inadequate had transitioned into services now rated as good. The Director indicated that a representative from the CQC would be attending the next meeting in September.

Members queried the level of involvement with homes locally as they were concerned by some of the case studies. The Director indicated that officers did have regular contact with care homes in the Borough. Contact would be at least monthly but could be far more frequent if a home was experiencing difficulties or required additional input. Often if there were issues within an establishment council officers would know before concerns were highlighted by CQC and would be supporting the home to implement appropriate actions. There was also a regular providers forum which was well attended and allowed providers to share good practice and access information and support. The Director considered that the Council generally had an excellent relationship with care providers.

The Chair echoed the Director's comments indicating that the Council had invested heavily in the support provided to care homes through building those relationships. A lot of work had been undertaken around training for staff, particularly in important areas such as medicine management. The Commissioned Services Team did an excellent job on a day to day basis working with homes to ensure they were moving in the right direction and reflected the improvements brought through the Better Care Fund. The Chair added that there would be a report on the impact of Better Care Fund investment to a future meeting.

### **Decision**

That the report be noted and that the Committee receive a presentation from a representative from the Care Quality Commission at the next meeting.

## **15. Declarations of Interest**

In accordance with the declaration made by Councillor Sue Little at Minute No. 11, Councillor Little left the meeting at this point prior and to the consideration of the following item.

## **16. Access To Transport For People With A Disability** *(Director of Adult and Community Based Services)*

### **Type of decision**

For information.

**Purpose of report**

To provide an update to the Adult Services Committee on the review of access to transport for people with a disability.

**Issue(s) for consideration**

The Head of Safeguarding and Specialist Services and the Passenger Transport Services Team Leader gave a presentation to Members outlining the transport services available to people with a disability.

The presentation highlighted the following key points: -

- The English National Concessionary Fares Scheme
- The Tees- Wide Safe places scheme
- The Bridge Card and how it assisted travellers
- Community Travel Clubs – how they were organised and run.
- Home to school Transport – particularly for SEND
- Day Services Transport
- Connect Tees Valley
- Independent travel training
- Wheelchair accessible taxis – the numbers available.
- An update on the Committee report from July 2017 including -
  - North East Talking Travel Network – meeting in Hartlepool (December)
  - Paul's travel – 'community transport service'
  - Stagecoach – Priority Seating
  - Grand Central - Disabled People's Protection Policy (DPPP)
- Hospital to home transport including –
  - Shuttle bus service - The service runs between the University Hospital of Hartlepool and the University Hospital of North Tees. This service is free. 01429 522 550.
  - Volunteer driver scheme which has been set up for people who need help getting to appointments. For further information ring the trust's service desk on 01429 522 550.
  - Discounts To supplement the trust's shuttle bus, the taxi company 23 Taxis has agreed to run additional services for staff, visitors and patients between University Hospital of Hartlepool and University Hospital of North Tees. These routes will cost £3 per journey
  - National Healthcare Travel Costs scheme - Patients on certain welfare benefits are reminded that they may be eligible for financial support to help with travelling costs. Information is available from the trust's cashiers' offices.

During the presentation and the following debate, Members and those present made the following comments/observations: -

A member of the public related to an incident of racial abuse of a public service bus which a driver had failed to address.

Drivers not making sufficient time allowance for disabled and elderly

passengers to both get on and off a bus.  
How services in Hartlepool compared with other areas. The Passenger Transport Services Team Leader indicated that meetings of operators across the north east did take place where issues were discussed. Training was a particularly important issue for all operators. Complaints should be registered as soon as possible stating the date and time to allow them to be investigated appropriately.  
Bus services were commercial operations with decision made on service provision made on a commercial basis; operators needed them to be viable.  
Members related concerns around certain areas of the town not receiving any service, such as Burbank and Rift House, which could lead to isolated communities.  
The free and very welcome assistance service available to rail travellers. The benefit a hospital shuttle bus to Sunderland would provide as this was the nearest venue for eye specialist services. The Passenger Transport Services Team Leader indicated that she would feed the comment into the Connect Tees Valley meeting.

The Chair indicated that he had concerns around the social isolation of certain communities in the town and requested that this was also fed into Connect Tees Valley.

The Chair commented that it was extremely difficult to effect change in the delivery of bus services following deregulation and the privatisation of Rail services. That did not mean that the Council could not strive to enhance those services already in place. The Chair also considered that some further publicity in relation to the Hospital Shuttle bus service should be undertaken.

#### **Decision**

1. That the report and discussions be noted.
2. That the concerns around the social isolation of communities be raised at the Connect Tees Valley meeting.
3. That some further publicity of the Hospital Shuttle Bus Service be undertaken to improve public knowledge of the scheme

## **16. Any Other Items which the Chairman Considers are Urgent**

None.

The Committee noted that the next meeting would be held on Thursday 6 September 2018 commencing at 10.00 am in the Civic Centre.

The meeting concluded at 11.35 am.

**H MARTIN**  
**INTERIM CHIEF SOLICITOR**

**PUBLICATION DATE: 20 JULY 2018.**

# ADULT SERVICES COMMITTEE

6 September 2018



**Report of:** Director of Adult & Community Based Services

**Subject:** CARE QUALITY COMMISSION UPDATE

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## 1. TYPE OF DECISION / APPLICABLE CATEGORY

1.1 For information.

## 2. PURPOSE OF REPORT

2.1 To provide the Adult Services Committee with an update regarding the Care Quality Commission's regulation of services for adults with care needs.

## 3. BACKGROUND

3.1 The Care Quality Commission is the independent regulator of health and social care in England.

3.2 The purpose of the CQC is to make sure health and social care services provide people with safe, effective, compassionate, high-quality care and to encourage care services to improve.

3.3 The role of the CQC is to:

- Register care providers.
- Monitor, inspect and rate services.
- Take action to protect people who use services.
- Speak with an independent voice, publishing views on major quality issues in health and social care.

Throughout this work the CQC:

- Protects the rights of vulnerable people, including those restricted under the Mental Health Act.
- Listens to and act on experiences of the public.
- Involves the public and people who receive care.
- Works with other organisations and public groups.

#### **4. CURRENT POSITION**

- 4.1 The Adult Services Committee receives regular reports regarding care home provision for older people, and other regulated services for people with social care needs, which include CQC ratings.
- 4.2 Jean Pegg, Inspection Manager has been asked to attend to present an update on behalf of the CQC.

#### **5. RISK IMPLICATIONS**

- 5.1 There are no risk implications associated with this report.

#### **6. FINANCIAL CONSIDERATIONS**

- 6.1 There are no financial consideration associated with this report.

#### **7. LEGAL CONSIDERATIONS**

- 7.1 There are no legal considerations associated with this report.

#### **8. CHILD AND FAMILY POVERTY**

- 8.1 No child and family poverty considerations have been identified.

#### **9. EQUALITY AND DIVERSITY CONSIDERATIONS**

- 9.1 There are no equality and diversity considerations associated with this report. The CQC is committed to equality and human rights throughout their work.

#### **10. STAFF CONSIDERATIONS**

- 10.1 There are no staffing considerations associated with this report.

#### **11. ASSET MANAGEMENT CONSIDERATIONS**

- 11.1 There are no asset management considerations associated with this issue.

#### **12. RECOMMENDATIONS**

- 12.1 It is recommended that the Adult Services Committee receives and notes the content of the CQC presentation.

**13. REASONS FOR RECOMMENDATIONS**

- 13.1 The Adult Services Committee has identified care provision for adults as a priority and is committed to driving improvements in care quality.

**14. CONTACT OFFICER**

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