ADULT SERVICES COMMITTEE

MINUTES AND DECISION RECORD

11 OCTOBER 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, John Tennant, Carl Richardson and Mike Young.

Also present: Donna Owens, North East Commissioning Support Unit
Gordon and Stella Johnston

Officers: Jill Harrison, Director of Adult and Community Based Services
Neil Harrison, Head of Safeguarding and Specialist Services
David Cosgrove, Democratic Services Team

22. Opening Comments

The Chair welcomed Councillor Mike Young to his first meeting of the Committee after his appointment at Council.

23. Apologies for Absence

Apologies for absence were received from Frank Harrison (National Pensions Convention/Years Ahead Forum), Judith Gray (Healthwatch) and Evelyn Leck.

24. Declarations of Interest

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

25. Minutes of the meeting held on 8 September 2018

Received.

26. Transforming Care – North East and Cumbria (*Director of Adults and Community Based Services*)

Type of decision

For information.

Purpose of report

To provide the Adult Services Committee with an update on progress of the North East and North Cumbria Transforming Care Programme.

Issue(s) for consideration

The Head of Safeguarding and Specialist Services reported that following the Winterbourne View scandal a national programme was launched aimed at reducing reliance on long stay learning disability hospitals. As a result the transformation programme was developed, and the North East and Cumbria were awarded 'fast track' status.

A transformation plan was developed which identified that by improving the community infrastructure, supporting the workforce and avoiding crisis by focusing on earlier intervention and prevention, the North East and North Cumbria would be able to support people in the community more effectively thus avoiding the need for hospital admission.

The plan focused on a systematic reduction and closure of learning disability assessment and treatment beds over the five years to March 2019 across the North East and North Cumbria. The Transforming Care Partnership Board (TCPB) agreed a work programme which identified priority areas and established associated work streams.

During 2017/18 the TCPB demonstrated positive progress against delivery of its local plan through achievement of planned trajectories and bed closures. A collaborative commissioning hub for Durham, Darlington and Tees had been established to ensure sustainable delivery.

The Tees area had effectively reduced its contracted inpatient assessment and treatment bed capacity. There had been a coordinated effort to reduce reliance on inpatient beds and prevent inappropriate admissions.

Within Hartlepool there had been investment in community infrastructure through the delivery of an enhanced community support service (provided by Tees Esk and Wear Valley NHS FT), shifting investment from bed based provision to the community and providing a greater degree of resilience to those people being resettled from long stay inpatient care who require a high degree of intensive support. Additional funding had also been awarded by NHS England to enable an intensive in reach provision that supports people and families to prevent crisis and social care providers to enable effective discharges.

Along with other Local Authority areas, Hartlepool has submitted plans for

those with an indicative discharge date before March 2019 and the financial impact has been reported back to the TCPB via regional finance leads.

Appendix 1 to the report provided an overview of the funding invested to support the Transforming Care programme across Tees, Durham and Darlington.

The Head of Safeguarding and Specialist Services highlighted that there had been a risk identified from a case heard by the Court of Protection (MM Case: [2017] EWCA Civ 194) in which it had been determined that, in the case of conditional discharge of MHA s.37/41 restricted patients, neither the Secretary of State nor the tribunal had a power to deprive a person of their liberty outside of a hospital setting. Such a power 'would have to be prescribed by law and it is not'. Nor was it necessary to imply such a power. To do so would create a power that was 'unconstrained, without criteria, time limits or protections', with inferior review rights in the community when compared with those in hospital, which would be discriminatory'. The implications of the MM case on those people with Mental Health Act restrictions had halted the proposed discharge of several people until further clarity was sought, which means that discharge in the near future was unlikely.

The representative from the North East Commissioning Support Unit commented that the appendix identified the investment that was being made which was going some way towards alleviating the pressures on the system. The focus was now moving very much more towards supporting people within their own homes.

Members questioned the issue of finance which was not yet settled and also raised issues around the transfer of information between agencies to ensure there were no gaps in the transfer processes. The representative from the North East Commissioning Support Unit commented that in terms of financing the programme created financial pressures across health and social care. It was noted that the Tees-wide planning group aimed to ensure that available resources were used effectively to meet identified needs. There were processes in place to ensure that information was tracked and agencies did work collaboratively.

A Member questioned the process for crisis admissions and the work being undertaken to reduce them and also the potential budget savings around the new processes. The representative from the North East Commissioning Support Unit stated that intensive support teams were in place. There had been a move of some resources out of hospitals into the community to support people with the aim of preventing admissions. Service providers were reporting, however, that the level of complexity of need for those requiring support was increasing. Community based support was also more expensive to provide; the support packages for patients in the community were resource intensive. That may reduce over time but the move to community based services was the correct direction.

A Member expressed concern that, alongside other service areas, this could be seen as a cut in NHS in-patient services and would these changes mean that should patients require hospital treatment would they be sent further afield than at present. The Member also questioned the ease of accessing services through GPs. The representative from the North East Commissioning Support Unit stated that there was a process of reducing in-patient beds across the north east. Historically, there had been a significant over-reliance on in-patient care across the north east in relation to adults with learning disabilities and complex needs and this process was, therefore, quite a significant culture change for all involved. In terms of the issues with GPs, that had not been raised as an issue to date but the representative from the North East Commissioning Support Unit indicated that she would investigate further. A Member subsequently asked if GPs were getting better at supporting mental health patients in the community and the representative from the North East Commissioning Support Unit indicated that a lot had been done to provide primary care staff including GPs with information, advice and training.

A Member questioned the retention of mental health professionals. The representative from the North East Commissioning Support Unit stated that as part of these processes a regional workforce plan was being developed to assess the current situation and to target training needs for the future.

A Member commented that stigma was still one the greatest issues around mental health and questioned what in the wider scope was being done to break down some of these barriers that often prevented people from seeking help. The Head of Safeguarding and Specialist Services stated that tackling stigma was part of the wider agenda on access to services. A mental health event using the Working Together for Change methodology was being organised for 12 December which would include work around this issue. The Chair requested that all Members of the Committee should be invited to that event and that a follow up report on the event be submitted to the Committee in the new year.

Concern was expressed by a Member at the issue of finances and the transfer of the financial 'dowry' from the NHS to local services when the in-patients were discharged to community care. Twelve such patients were being discharged into the community in Hartlepool but only in four cases was there finance attached. The Head of Safeguarding and Specialist Services indicated that each case was assessed on its own merits as to whether funding was an NHS or adult social care responsibility. The representative from the North East Commissioning Support Unit indicated finances were being reviewed across the north east and there would be a shift in finances but there was a lot of finance tied into infrastructure. It was acknowledged that this issue was a financial pressure.

In closing the debate the Chair commented on the Winterbourne View scandal, and confirmed that the provision of care closer to people's homes

was something that was fully supported by the Council. The issue of finance was, however, still a big concern particularly at a time when local government finances were under extreme pressure. The annual cost of some individual care packages could easily extend into six figures and this was a matter the authority would have to keep under close review moving forward.

The Chair added that the second major issue was the up-skilling of the local workforce as many of the individuals being discharged had significant and complex needs and needed the correct support structures to be in place. This was still a developing picture and the Chair was concerned that at this time it did not appear the correct resources were in place. Members supported the underlying principle of discharging people from long term in-patient care but did feel that there were still some quite significant questions yet to be answered.

Decision

That the report be noted and the progress against the regional plan be noted.

27. Shared Lives Provision (*Director of Adults and Community Based Services)*

Type of decision

For information.

Purpose of report

To provide the Adult Services Committee with an update on the development of Shared Lives provision within Hartlepool.

Issue(s) for consideration

The Head of Safeguarding and Specialist Services reported that everyone who lives with or visits a Shared Lives carer, as well as the carer, were part of a local Shared Lives scheme. There were around 150 Shared Lives schemes across the UK. Schemes matched people who need support with a Shared Lives Carer - giving each person time to get to know each other, and choose to share their family and community lives together - whether for day support, respite, or to move in with their Shared Lives carer's family.

Shared Lives schemes were responsible for recruiting, training and approving Shared Lives carers. They carry out Disclosure and Barring Service (DBS) checks on the Shared Lives carer; and ensure the property meets fire, electrical and gas safety regulations. All Shared Lives schemes in England are registered and inspected by the Care Quality Commission (CQC). Shared Lives provision is consistently rated better than most other types of social care.

Shared Lives schemes are either directly run by local authorities or by

charities and social enterprises. Almost all Shared Lives schemes operate geographically on the same boundaries as the local council body that has responsibility for Adult Social Care.

Hartlepool Borough Council previously held a small contract with an Adult Placement provider but due to low uptake, the contract was terminated in 2008/09. With the development of Shared Lives Plus, and following conversation and further exploration of the model with ADASS North East, there is now a strong case to develop a new Shared Lives model for Hartlepool.

Several iterations of the model had been discussed for Hartlepool and the option of developing a Tees model had been considered. Development of a Tees Shared Lives model would require investment up front and would take time to become established. An alternative option was, therefore, explored with Durham County Council (DCC) and it was determined that it would be preferable for Hartlepool to build on the well-established Durham model, which is operated with the support of DCC and Shared Lives Plus. The Durham model would enable Hartlepool to spot purchase provision and would fully realise the benefits of being linked to the UK network.

A Member questioned how many users could be expected in Hartlepool, would there be a local coordinator and what costs were anticipated. The Head of Safeguarding and Specialist Services indicated that initially seven individuals had been identified that would potentially benefit from Shared Lives provision and these cases would be considered in December. There would be an advertising campaign, however, in the near future to raise awareness and hopefully recruit additional Shared Lives Carers.
The costs to the Council of operating a scheme solely for Hartlepool would be at least £100,000. At the present time, based on the initial number of individuals identified, and the need to grow the scheme, it was considered beneficial to commission support from elsewhere but this may be subject to review in the future. The Chair requested that, as the scheme develops, it was linked into the Council's offer through the Centre for Independent Living.

Decision

That the update and progress on the development of Shared Lives provision be noted.

28. Annual Report of Adult Social Care Complaints and Compliments 2017/18 (*Director of Adults and Community Based Services*)

Type of decision

For information.

Purpose of report

To present the Annual Report of Adult Social Care Complaints and

Compliments for 2017/18 to the Committee.

Issue(s) for consideration

The Director of Adult and Community Based Services submitted a report setting out an analysis of complaints and compliments during 2017/18 and drawing comparisons with previous years. A total of 18 complaints were received during 2017/18. The number of complaints received had decreased by one from last year. Of the 18 complaints received, 4 complainants withdrew their complaints leaving a total of 14 investigated in 2017/18. This was a decrease of one from 2016/17 where 15 complaints were investigated. Of the 14 complaints investigated in 2017/18, 13 have concluded local statutory complaints processes and one remained ongoing. To date, 2 complainants, from the 13 complaints that had concluded local statutory complaint processes, have approached the Local Government and Social Care Ombudsman (LGSCO) with their complaint.

The Director stressed that it was important to focus on the compliments the services received, as well as learning from complaints, and particularly to ensure that staff received positive feedback regarding their work. During 2017/18, 57 compliments were received relating to adult social care. These ranged from an expression of thanks and appreciation in the form of a thank-you cards to written communication. In addition to this, verbal expressions of thanks and appreciation were received from service users, carers and their families who had participated in providing feedback about newly qualified social workers. Appendix 1 to the report provided some examples of compliments received during the period.

A Member commented that there appeared to be an increase in complaints from service users with physical disabilities or sensory loss and requested a breakdown of how many related to sensory loss. The Director indicated that she did not have those details to hand but with the overall numbers being so low it would be difficult to identify any particular trends. Overall, adult services within the Council supported some 5,000 people, so the numbers of complaints were very small and there were none that she could recall that stood out in relation to sensory loss. The authority did have an appropriate number of workers trained in sensory loss that could provide more specialised support. The Chair requested that a breakdown of the figures be provided for Members information after the meeting.

A Member questioned what support there was available to members of staff who had complaints made against them, particularly when they were simply the subject of human error. The Director stated that the service did not operate a blame culture; mistakes were opportunities to learn and often lead to improvements. The Director indicated that in her experience none of the complaints made were due to deliberate actions by a member of staff and confirmed that any staff involved in complaint investigations were offered appropriate support..

Members welcomed the lower number of complaints reported and the low number in general, though a Member did question if the complaints

procedure itself needed to be reviewed to assure no one was being put off complaining. The Director indicated that low level concerns could often be resolved quite quickly and simply without recourse to the formal complaints procedure. The complaints recorded were those that could not be resolved in this fashion and had been pursued through the formal route.

Members also welcomed the number of compliments recorded and referred to some of the comments made by people thanking the council for the service they had received. The Chair referred to a recent compliment that had been received from the family of a service user who wished to return home from hospital so that he could die in his own home. Those arrangements had been made by the department within one day and the gentlemen died two days later at home. His family were extremely grateful for the work undertaken by social workers to make the transfer from hospital to home happen in such a short period of time and the whole incident reflected how our staff regularly go the extra mile to make such things happen.

Decision

That the contents of the Annual Report of Adult Social Care Complaints and Compliments be noted and that the report be published online.

29. Any Other Items which the Chairman Considers are Urgent

None.

The Committee noted that the next meeting would be held on Thursday 15 November 2018 at 10.00 am in the Civic Centre, Hartlepool.

The meeting concluded at 11.00 am.

H MARTIN

CHIEF SOLICITOR

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