JOINT CHILDREN'S SERVICES AND ADULTS AND COMMUNITY BASED SERVICES COMMITTEE

MINUTES AND DECISION RECORD

5 FEBRUARY 2019

The meeting commenced at 4.00 pm in the Civic Centre, Hartlepool

Present:

Councillor: Brenda Harrison (In the Chair)

Councillors: Lesley Hamilton, Marjorie James, John Lauderdale, Sue Little, Ann Marshall, Shane Moore, Stephen Thomas, and Mike Young.

Co-opted members:

Joanne Wilson, RC Diocese Representative David Turner, Primary Schools Head Representative Zoe Westley, Special Schools Head Representative

- Also present: Councillor John Tennant as substitute for Councillor James Brewer in accordance with Council Procedure Rule 5.2 Christine Fewster, Hartlepool Carers Ruby Marshall, Hartlepool Healthwatch Frank Harrison, National Pensioners Convention Gordon and Stella Johnson
- Officers: Sally Robinson, Director of Children's and Joint Commissioning Services Jill Harrison, Director of Adult and Community Based Services Danielle Swainston, Assistant Director, Joint Commissioning John Lovatt, Assistant Director, Adult Social Care David Cosgrove, Democratic Services Team

1. Apologies for Absence

Councillors James Brewer, Mike McLaughlin, Carl Richardson and Katie Trueman. Mark Tilling, Secondary Schools Head Representative

2. Declarations of Interest

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

3. Consultation – All Age Carers Strategy (Director of

Children's and Joint Commissioning Services and Director of Adults and Community Based Services)

Type of decision

Non key.

Purpose of report

To consult Members on the priorities for an all age carers strategy.

Issue(s) for consideration

Carers in Hartlepool provide a fundamental role in the community, and are experts in their field and are often the one whom the cared for person would prefer to be supported by. The national context was provided in the report including the Government's definition of a carer and a young carer. On a local level, recent consultation had taken place with carers and young carers with a number of priorities being identified including what do young carers need and what would help young carers and these were outlined in the report.

Members views were sought on the definitions to use within the All Age Carers Strategy along with any areas, themes and priorities that had not been covered in the consultation; identifying any specific actions for inclusion within the priorities.

Members and others present raised the following comments / questions during the debate -

- A Member raised an issue with the government description of a young carer "...a person under 18 who provides or intends to provide care for another person (of any age, except where that care is provided for payment, pursuant to a contract)" (Children and Families Act and Care Act 2014). They considered that this did not reflect the fact that any child under 16 and over 13 required a local education authority's approval to take paid employment or that at 16 they could take up paid employment or an apprenticeship. They could also at 16 become a paid carer if the person or family member they cared for applied for direct payments. The Assistant Director, Joint Commissioning indicated that the definition would be examined; the one quoted was that stated in the Act.
- Members were concerned that young carers may not always be identified; some would be registered but a lot would not. Many may not wish to be identified as a carer for fear of the impact on their school and personal life. There was also the longer term concern that without adequate support such young people could be almost be set up to fail because of the impact of caring on their educational

attainment and social engagement. The Assistant Director, Joint Commissioning indicated that it was a major issue and was about raising awareness across all partners in how to recognise the signs of a young carer.

- A Member commented that he had been aware of a young carer being disciplined at school for lateness and poor appearance until it came to light that they were caring for an ill relative.
- A Member expressed some concern that because of the new General Data Protection Rules (GDPR) some may be reticent to share information between partner organisations and, therefore, some allowance needed to be given to ensuring that such concerns should not lead to a young person falling through the gaps of support and being failed. If this needed to be addressed at a higher level, then appropriate pressure should be put on government.
- There was an issue that many young carers may not actually identify themselves as carers; it could take up to two years before many realised that was what they were doing and they would often keep it hidden for fear of bullying or being singled-out. The Hartlepool Carers representative indicated that they had 105 young people registered as young carers in Hartlepool though it was believed, based on national prevalence estimates, the actual figure was potentially nearer 2,000.
- Hartlepool Carers were working with GP practices and schools to help identify young carers and to provide the support they needed. The schools representatives indicated that the congested curriculum did create pressures within schools but school staff did look for the signs and were aware of the pressures placed on young carers. At primary school level it may be easier to identify young carers as parents and children were seen together more often. At secondary school level it was stated that staff did have the appropriate 'awareness' but it wasn't always easy to identify these young carers as they often simply did not want to be seen as different.
- The Chair of the Adult and Community Based Services Committee • commented that Hartlepool was fortunate to have Hartlepool Carers and other groups that supported carers throughout the town. It had to be recognised that as well as young carers there were a lot of older and elderly carers providing a significant amount of care, which often impacted on their own health and mental health. Being a carer can be extremely demanding and carers do need support around their own mental and emotional resilience and occasionally respite services. There needs to be a commitment from the local authority and also from health partners. Health partners often referred to the mental health prevention agenda and this was one area where they needed to be seen to be proactive. It was important that GPs also played a part in providing support and this could be as simple as making it easier for carers to make appointments as the time of day surgeries often required patients to make phone calls for appointments was the same as when most carers were busy providing support to those they cared for.
- The Chair of the Adult and Community Based Services Committee questioned if bids were to be made to any government pilots and if

these would involve joint bidding or supporting third sector bids. There were some groundbreaking schemes being developed by Hartlepool Carers that may benefit from government funding. The Assistant Director, Joint Commissioning indicated that no specific bids had been made at this time and they may indeed need to be made by partner organisations. The lead organisation may be determined by government but a partnership approach would always be promoted.

- Members were concerned at the ability of carers to gain access to GP appointments and questioned whether GP surgeries 'flagged' in records that patients were carers. The Hartlepool Carers representative indicated that this was an issue they had raised with GP surgeries in the town who should have a record of carers on their database; however, not all surgeries were working with Hartlepool Carers. There was also the problem that some GPs wouldn't see a young person under 16 without a family adult accompanying them. Members considered this matter should be pursued with the Hartlepool and Stockton-on Tees Clinical Commissioning Group (CCG).
- A Member questioned the level of joined up thinking on the priorities for carers in the town. The Hartlepool Carers representative indicated that a framework had been developed and there were good working relationships with the Council. The Director of Adult and Community Based Services commented that a lot of feedback from carers had come through the consultation and events in Carers Week which had been delivered in partnership.
- Members questioned if there was, with the feedback from carers already received and the comments from Hartlepool Carers, enough to develop a proposal to improve joint working with the CCG. The Chair of the Adult and Community Based Services Committee indicated that much of what was identified that could be done with and for carers didn't require significant investment but could save substantially over time in light of the wider benefits carers provided. The Director of Adult and Community Based Services indicated that this was the rationale behind taking this issue to the Health and Wellbeing Board where health partners including the CCG, North Tees & Hartlepool NHS Foundation Trust and Tees Esk & Wear Valleys NHS Foundation Trust were represented.
- A Member questioned whether carers were they aware of services such as telecare. The Director of Adult and Community Based Services indicated that there was a range of services available and it could be difficult to ensure everyone knew about all of them. The Hartlepool Now website is an excellent resource which signposts people to the wide range of services offered by the Council and partners. Regular items were also included in Hartbeat and services will also be promoted through the Community Hubs as they develop further. Carers are offered assessments and signposted to services (including Hartlepool Carers) but not everyone wanted to access an assessment or support services. There is also a Carers Emergency Respite Care Service that provides replacement care in an emergency when a carer is not able to due to illness for example.

- A Member indicated that the priorities for young carers should extend to not only include help with studying and homework but also facilitating apprenticeship and help organising work placements for example. Adult carers also have access to a range of benefits but often didn't apply for them through either feeling insulted by them or simply being too busy caring for a loved one. It was suggested that where there were benefits carers could access from the council, the approach taken with families who qualified for free school meals for their children should be taken where the 'benefit' was applied automatically and only removed if they insisted. The Council should be more proactive in ensuring people were getting what they were entitled to.
- Members expressed a desire to ensure that young carers didn't miss out on the chances and opportunities their peers had simply because they were caring. The Hartlepool Carers representative indicated that it was an issue that many young people who were carers often ended up as Not in Employment, Education or Training (NEET) or in low pay work. Members agreed, commenting that in many ways young carers were already working. The Government needs to recognise the positive impact of carers within society, in not only the short term but also the long term. Ensuring they received an equivalent of the minimum wage seemed only reasonable.
- A Member asked if there was any scope for the Virtual School to provide some support for young carers who were stating that homework and study were issues for them. The Chair commented that many schools did offer support with homework. The Hartlepool Carers representative indicated that one of the key areas identified by the young carers was education and they did have some study groups to help. The Director of Children's and Joint Commissioning Services indicated that the role of the Virtual School was very defined and it was more appropriate to work with schools on inclusion for young carers rather than exclusion.

The Chair thanked the meeting for the discussion and their comments. The Assistant Director, Joint Commissioning indicated that should any members have any further comments they could send them to her direct.

Decision

- 1. That the discussion and Members comments be noted and used to inform the development of an all age carers strategy.
- 2. That the all age carers strategy be developed in partnership with the Hartlepool and Stockton-on-Tees Clinical Commissioning Group and presented to the Health and Wellbeing Board for consultation.
- 3. That the final all age carers strategy to be presented for approval to Adult and Community Based Services Committee and Children's Services Committee in June 2019.

4. 0-25 SEND (SPECIAL EDUCATIONAL NEEDS AND DISABILITY) TEAM REORGANISATION (Director of

Children's and Joint Commissioning Services and Director of Adult and Community Based Services)

Type of decision

For information.

Purpose of report

To provide Members with an update regarding the reorganisation of the 0-25 Special Educational Needs and Disability (SEND) Team across two departments – Children's and Joint Commissioning Services and Adult and Community Based Services.

Issue(s) for consideration

The review had taken place between June and September 2018 and had included:

- Four workshops with staff to understand current and proposed pathways;
- Commissioning workshop to understand challenges across children and adults; and
- A review of the number, age and complexity of the cases held by the team.

The following were recommendations that were made as a result of the review:

- The re-establishment of a Transitions Operations Group to review all young people aged 16+. This group will review the transition plan and ascertain the complexity of the case to decide whether to allocate an adult worker alongside the children's worker to support transition.
- A reorganisation of the team to split to a children's team and an adult team to ensure that children's needs are met effectively within children's legislation and adults within legislation relating to adults.
- A review of commissioning processes to ensure that children and adults services work together when commissioning packages of care for young people moving to adulthood. This has already started due to the bringing together of the children and adults commissioning functions within the Joint Commissioning Division.

An analysis of demand, numbers and complexity of casework had been undertaken to inform the structure of the teams going forward and further detail was provided in the report.

Decision

That the report be noted.

5. Any Other Items which the Chairman Considers are Urgent

None.

The meeting concluded at 5.00 pm

H MARTIN

CHIEF SOLICITOR

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