

ADULT AND COMMUNITY BASED SERVICES COMMITTEE

MINUTES AND DECISION RECORD

7 February 2019

The meeting commenced at 11.00 am in the Civic Centre, Hartlepool

Present:

Councillor: Stephen Thomas (In the Chair)

Councillors: James Brewer, Lesley Hamilton, Sue Little, Mike McLaughlin and Mike Young

Also present: Corinne Walsh and Elaine Heal, Tees, Esk and Wear Valleys NHS Foundation Trust.
Zoe Sherry, Chair of the Hartlepool Mental Health Forum / Hartlepool Healthwatch
Judy Gray, Hartlepool Healthwatch
Evelyn Leck and Gordon and Stella Johnston

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

55. Apologies for Absence

Apologies for absence were received from Councillor Carl Richardson and Frank Harrison (National Pensioners Convention).

56. Declarations of Interest

Councillor Stephen Thomas declared a personal interest as an employee of Hartlepool Healthwatch and as a Member of Hartlepool Dementia Friends.

57. Minutes of the meeting held on 10 January 2019

Received.

58. Support for People Living with Dementia *(Director of Adult and Community Based Services)*

Type of decision

For information.

Purpose of report

To provide the Committee with a further update regarding support for people living with dementia in Hartlepool, following a report in December 2017.

Issue(s) for consideration

The Head of Strategic Commissioning – Adult Services provided the Committee with a detailed update on the support provided across the Council and partner agencies for those people living with dementia in Hartlepool. The update highlighted the following key areas –

- The numbers of people living with dementia in Hartlepool and the projected numbers to 2030.
- The objectives of the National Dementia Strategy – Living Well with Dementia.
- The Prime Minister's Challenge on Dementia 2020.
- The work of the North of Tees Dementia Collaborative including details of the partners involved and members of the collaborative.
- The ongoing work on the raising of awareness of Dementia in Hartlepool and the continued success of the Dementia Advisory Service.
- Hartlepool as a Dementia Friendly Community.
- Active Ageing - a grant to the value of £5,200 has been received to increase physical activity for the over 55s with a specific focus on those living with dementia.

Representatives from Tees, Esk and Wear Valleys NHS Foundation Trust (TEWV) who were leading on the North of Tees Dementia Collaborative were present and provided the Committee with a more detailed update on the work of the collaborative since its commencement in December 2012.

The Chair thanked the officer and the TEWV representatives for their detailed update which he considered reflected the huge amount of work happening in Hartlepool tackling issues around dementia. This was supported by other Members, one of whom added his particular thanks as a family member was living with dementia.

An appendix to the report set out the detailed bid that had achieved the grant allocation of £5,200 that had been received to increase physical activity for the over 55s with a specific focus on those living with dementia and a member of the public questioned the coaching costs and salaries. The Head of Strategic Commissioning commented that some of the activities would be provided by council staff with some others using

external providers.

A member of the public referred to the current systems where if referred to a specialist consultant by a GP, a patient was required to use the online 'choose and book' appointment booking system. Not all elderly people had computers or were computer literate; the system was only convenient for the NHS. Not all people would know about the support services they could access through Hartlepool Now or The Bridge. Members agreed that people did need to have a choice and most choose and book referrals did include a phone number for people to make appointments over the phone. The Chair commented that there were many venues with leaflets signposting people, elderly or otherwise, to support services in Hartlepool.

The Chair echoed the comments made by Members in support of the excellent services available and while there was still a level of stigma affecting people living with dementia, a lot of work had happened in the seven years of the North of Tees Dementia Collaborative. The Chair wished to record his thanks to the representatives from TEWV present and all the team that had worked on Collaborative making significant steps in support of people living with dementia.

Decision

The Committee noted the developments in relation to support for people with dementia and their carers and that further progress reports would be received as appropriate.

59. Non-Residential Services for Older People *(Director of Adult and Community Based Services)*

Type of decision

For information.

Purpose of report

To provide the Committee with an update in relation to non-residential services provided and commissioned by the Council to support older people.

Issue(s) for consideration

The Head of Strategic Commissioning – Adult Services gave an update to the Committee on the services provided to support older people ranging from lower level preventative services to intensive personal support. Further information regarding all of the services could also be found on Hartlepool Now (www.hartlepoolnow.co.uk) which can be accessed online at or via the Hartlepool Now phone app.

The Head of Strategic Commissioning gave a presentation highlighting the following key points: -

- In Hartlepool there were 17,700+ Older People (65+) of which 3,600

- had Eligible Care Needs and 675 were living in Residential Care
- Service provision included; Domiciliary Care – delivered in people's homes, Building-based and Community-based Day Opportunities and Social Inclusion, Telecare, Dementia Advisory Service, Handy Person Service, Carers Support and Carers Emergency Respite Service and Direct Payments.
- Domiciliary Care provided vital support to enable people to remain in their own homes with approximately 950 people per annum receiving support. 249,000 hours of care were delivered through 390,000 calls/visits.
- Building-based Day Opportunities and Social Inclusion - 125 people access day opportunities and social inclusion services at either Gretton Court or Hartfields with 300 sessions delivered per week. Services supported those who were frail and / or living with dementia.
- Community-based Day Opportunities and Social Inclusion - Support provided in the community specifically at Luncheon Clubs and support to access community facilities. Luncheon Clubs were provided every day at venues across the town with an average of 300 attendances each week. Community Pastimes were provided by Hospital of God – bespoke support to enable individuals to access community activities (5,400+ supported interactions in the past year).
- Extra Care and Housing Related Support Services - 160 people supported in 5 Extra Care Housing Schemes; 400 people supported in Sheltered Housing via Floating Support; 5,200 pieces of equipment delivered to 2020 people; 2,900 people registered for Telecare with 6,300 calls per month receiving a response.
- Low Level Support Services - Dementia Advisory Service, Handy Person Service, Project 65 and the Befriending Network.
- Carers Support and Emergency Respite Service - Carers support service provided by Hartlepool Carers with 1,500 carers received information, support and advice.
- Carers Emergency Respite – up to 72 hours emergency support provided by HBC domiciliary care service. 1,100 people registered. 30+ people used the service last year.
- Direct Payments - People are supported to manage Direct Payments, variety of uses including care agencies, employing personal assistants, day opportunity and social inclusion activities.
- Intermediate Care Services - Services provided by HBC Direct Care and Support Service and residential provision at West View Lodge (rehabilitation and transitional care).
- Formal Complaints – There are an average of 5 complaints per year that relate to services for older people. Concerns are regularly received and acted upon which reduced the need to formally complain. Contract and Quality Officers work closely with providers and the wider social care workforce to react quickly to concerns and implement quality improvements.

A member referred to the Norway model of domiciliary care provision which was based on a hub and spoke basis and where staff involved

received better wages. The Chair commented that last year he had held discussions with York University on the potential to undertake further research on different models of domiciliary care including the Norway model but this had unfortunately not happened. The Chair considered that it may be an opportune time to potentially seek another partner for such a research project.

A Member questioned the complaints reported and questioned the numbers received and if the complaints made to other agencies were similar to the ones reported. The Head of Strategic Commissioning indicated that the majority of complaints on domiciliary care related to late staff changes and staff late for calls. The other agencies that operated would have their own internal procedures. The Chair indicated that one issue that was often repeated was 15 minute calls and he questioned how many actually happened and in what circumstances. The Head of Strategic Commissioning indicated that on the council contracts a different rate was paid for 15 minute calls with such calls accounting for between 15-20% of all calls. These short calls were only used for things such as safety or medication checks. These checks were regularly reviewed to ensure they were appropriate.

A member of the public was concerned that some 15 minute calls may be the result of family members not wanting to pay for longer calls. Why was it not the case that the minimum was 30 minutes as for many older people simply having someone to talk to for a while would be a great benefit. The Head of Safeguarding and Specialist Services commented that calls were organised on an individual basis to meet the identified needs of each person. Some people simply didn't want carers staying with them watching them eat and requested shorter calls. Monitoring information showed that calls were lasting an average of 25-27 minutes.

A Member referred to the controversy around domiciliary care staff not being paid when travelling between appointments which meant that they were effectively not being paid the minimum wage. The Head of Strategic Commissioning stated that the council staff and the two contracted agency staff were paid above the national minimum wage and tended to have very good worker retention. The Healthwatch representatives indicated that if there were issues with domiciliary care, Healthwatch could review the issue from a slightly different angle which may help with potential resolution. The Chair added that Healthwatch were looking at the potential of investigation work around domiciliary care in the near future.

A Member asked if many people refused domiciliary care due to the requirement to make a financial contribution. The Head of Strategic Commissioning indicated that some may refuse or reduce what was offered if they had to contribute towards the cost of their care. The Chair considered that from work undertaken by Healthwatch some time ago, the cost of a care package would affect people's decision on whether to have home care or the size of the package agreed.

A Member asked if the handyperson service was free to clients. The Head of Strategic Commissioning indicated that the handyperson was a free service for older people though individuals needed to pay for the actual 'resources'.

The Chair thanked the Head of Strategic Commissioning for the informative presentation and commented that there was obviously a lot being provided in this area of care, probably much more than in other areas. These services were developing well but there were still things that needed to be developed further such as tackling social isolation. The Chair wished to record his thanks to the staff and teams providing these essential services to the town's most vulnerable people. The Chair also requested a further report in six to twelve months on the developments outlined in the presentation.

Decision

That the report and presentation be noted and that a further update be provided to a meeting in the new Municipal Year.

60. Mental Health Update (*Director of Adult and Community Based Services*)

Type of decision

Non key.

Purpose of report

To provide the Committee with an update on progress against the Mental Health Joint Implementation Plan.

Issue(s) for consideration

The Head of Safeguarding and Specialist Services reported that the Committee had last considered the Joint Implementation Plan in March 2018 when it was agreed to further develop a local plan to include a focus on the Prevention Concordat; the Crisis Care Concordat and the recommendations of Hartlepool Matters report published in 2016.

A Working Together for Change event was held at the Centre for Independent Living on 12 December 2018. The event was attended by 65 individuals representing 14 organisations, including commissioners, service providers, family carers and people with lived experience. An overview report of the event and the key priorities were attached at Appendix 1.

The Chair of the Mental Health Forum stated that the event had been an excellent opportunity for representatives from many different groups to meet and network. The next meeting of the Mental health Forum would be held on 21 February 2019 at 10.00 am at the Centre for Independent Living and all were invited to attend.

A Member raised the issue of male suicides and questioned if information was readily available on the agencies that men could turn to if they needed advice or support. It was indicated that information was widely available. The Chair of the Mental Health Forum indicated that the suicide rate across Hartlepool had improved significantly. The Head of Safeguarding and Specialist Services added that the Tees-Wide Suicide Prevention Task Force had made significant inroads but it was always possible to improve public awareness.

Reference was made to the documentary film Evelyn which it had been hoped would be shown at the Vue Cinema in the town. This hadn't happened and it was suggested that the potential of showing the film at other venues, such as community centres be looked at. The Chair welcomed the proposal and asked if officers could explore this option.

The Chair welcomed the update report and the report on the December event. This was a priority area that unfortunately the Council didn't have the necessary funding to drive forward on its own. Partner organisations needed to work together to improve pathways and ensure there were no service delivery gaps. The report showed that there had been some valuable first steps taken towards this aim.

Decision

1. That the progress to refresh the Joint Mental Health Implementation Plan be noted and the local priorities that have been co-produced through the recent Working Together for Change event approved.
2. The Committee noted that the information presented at the appendix to the report had also been presented to Audit and Governance Committee for consideration as part of their review of Preventative Mental Health Services.

61. Any Other Items which the Chairman Considers are Urgent

None.

The meeting concluded at 12.30 pm.

H MARTIN

CHIEF SOLICITOR

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