

# **ADULT AND COMMUNITY BASED SERVICES COMMITTEE AGENDA**



**Thursday 7 March 2019**

**at 2.30 pm**

**in Committee Room B,  
Civic Centre, Hartlepool**

**MEMBERS:** ADULT AND COMMUNITY BASED SERVICES COMMITTEE

Councillors Brewer, Hamilton, Little, McLaughlin, C Richardson, Thomas and Young.

**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 7 February 2019 (*for information as previously circulated*).

**4. BUDGET AND POLICY FRAMEWORK ITEMS**

None.

**5. KEY DECISIONS**

None.

**6. OTHER ITEMS REQUIRING DECISION**

- 6.1 Centre for Independent Living – *Director of Adult and Community Based Services*  
6.2 Community Led Support – *Director of Adult and Community Based Services*



**7. ITEMS FOR INFORMATION**

- 7.1 Community Hubs Update – *Director of Adult and Community Based Services*
- 7.2 Care Homes for Older People – *Director of Adult and Community Based Services*
- 7.3 Community Integrated Intermediate Care – *Director of Adult and Community Based Services*

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

FOR INFORMATION

Date of next meeting – to be confirmed.



# **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](http://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**

**PUBLICATION DATE: 14 FEBRUARY 2019**

# **ADULT AND COMMUNITY BASED SERVICES COMMITTEE**

**7 March 2019**



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

**Subject:** CENTRE FOR INDEPENDENT LIVING

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## **1. TYPE OF DECISION/APPLICABLE CATEGORY**

1.1 Non-key decision.

## **2. PURPOSE OF REPORT**

2.1 To provide Adult and Community Based Services Committee with an update on the Centre for Independent Living (CIL) and to seek support for the proposed future direction of travel for the CIL.

## **3. BACKGROUND**

3.1 The CIL has been operational since February 2017 and replaced services previously provided at Warren Road, Havelock Day Centre, Cromwell Street and Handprints Art Studio, as well as providing a base for a number of organisations that support adults with disabilities.

3.2 In 2018 the Council engaged the services of Chris Milner Associates to review the existing service offer and support the development of a plan for the future. This piece of work, which involved seeking views from current users of the service, families and carers, staff and partners, and a review of models elsewhere in the country has now concluded.

3.3 The review identified that the CIL currently provides:

1. Day opportunities
2. A venue for training and events
3. Office accommodation

#### **4. CURRENT PROVISION - DAY OPPORTUNITIES**

- 4.1 The key focus of the CIL is to support working age adults with disabilities to maximise their independence through day opportunities and the service currently supports 95 people to access a range of activities throughout the week. There has been a steady increase in attendances since the new CIL opened and there are currently five more people identified to access the service.
- 4.2 In order to meet the increased demand the service has moved to operate some services outside of the normal operating times to make better use of the CIL and its facilities on evenings and weekends. The service opened over the summer months on a Saturday morning hiring out its therapeutic rooms and offering an 8 week art class and has hosted several events for the 'Young Inspectors & Rights of Passage' delegates.
- 4.3 The service has retained accreditation from the National Autistic Society with the most recent assessment report praising the Council's commitment in respect of the services and facilities for adults with autism.
- 4.4 Since the CIL opening, a small team of volunteers and day service staff have worked with people who use the day service to develop 'The People's Pantry'; a service operated from the Centre's training kitchen which provides support to the CIL catering team.
- 4.5 The CIL staff also provide support to the Waverley Allotment Project, which has been further developed in partnership with the Regeneration and Neighborhood Services department, supported by Big Lottery Funding.

#### **5. CURRENT PROVISION – TRAINING AND EVENTS**

- 5.1 The CIL is regularly used for events, training and meetings, and regularly hosts a number of consultative groups including the Learning Disability Partnership Board and Mental Health Forum.
- 5.2 The Events Hall can comfortably accommodate 100 people and has hosted a number of diverse events including the launch of the Hartlepool Borough Council Plan, Healthwatch dementia event, Health & Wellbeing Board, the '1 Hart 1 Mind' drop in event, fundraising and social events and wider public forums.
- 5.3 The smaller meeting / training rooms are used to host a wide variety of training and learning sessions including training delivered to Council, the Youth Forum and School Council and the wider public. There have also been a number of private bookings for family events and parties.
- 5.4 In 2017 a total of 7,848 people attended training or events at the CIL. This increased to 9,699 people in 2018 (a 23% increase on the previous year).

- 5.5 Feedback for people using the facilities has praised the 'positive and friendly environment' with many complimentary comments received regarding the facilities on offer.

## 6. CURRENT PROVISION - OFFICE ACCOMMODATION

- 6.1 The CIL hosts a number of disability specific providers through the leasing of office accommodation. This currently includes:

Tees Esk & Wear Valley NHS Foundation Trust - providing assessment, care planning and interventions for people with a learning disability.

Incontrol-able CIC / Blue Rose thinking – A Disabled Persons User Led Organisation (DPULO) providing services that have a positive impact on the lives of disabled people in Hartlepool including advocacy and Project 65.

In Good Hands Deafblind Support Project (HI-VIS UK) - building capacity of organisations to support people with sensory loss and aiming to increase the number of older people identified with age acquired deafblindness.

Thirteen Housing - providing a Telecare monitoring service that supports the Council's Direct Care and Support Service and operates the Homecall service from the CIL 24 hours per day, 365 days a year.

My Life - provides support to individuals who have a learning disability, autism, mental health needs or experience of forensic services.

Direct Care & Support Service (HBC) - registered with the Care Quality Commission as a domiciliary care service and responds to calls and alarms within 45 minutes of activation. The service supports approximately 3,000 people through a range of services including telecare, the Carers Emergency Respite Care Service and intermediate care support.

## 7. FUTURE PROPOSALS

- 7.1 It is recognised that there is significant potential for the CIL to develop further and to provide working age adults with disabilities with increased opportunities to access training, employment and services that support independence.
- 7.2 In order to maximise this potential it is proposed that the CIL becomes part of the Community Hub offer, along with the three existing Hubs (North, Central and South). The CIL will be managed within Preventative & Community Based Services under the new Head of Service for Community Hubs and Wellbeing, enabling a greater focus on health and wellbeing and stronger links with the broader community offer.
- 7.3 The current day opportunities offer will be maintained within the CIL, managed within Adult Social Care, but will have an increased focus on independent

living and development of life skills, aiming to attract younger people and people with a broader range of support needs. This will involve re-branding and marketing the services on offer, making better use of existing community facilities and services and working beyond current core hours.

7.4 The 'day opportunities' offer will be focused on five areas:

- Life Planning Advice and Support – provided by the existing Learning Disability Social Work Team and the new 18-25 Team which has recently been created based at the CIL.
- Routes to Wellbeing – maximising access to sport and leisure activities within the CIL and within the wider service, continued support for the Waverley Terrace Allotment Project, health education and advice and building links with Summerhill and environmental and cycling programmes.
- Routes to Friendship and Social Inclusion – providing a safe place for people to meet up and socialise, developing social clubs and cinema nights and improved links with existing activities within the community.
- Routes to Independent Living – developing life skills that support people to live independently, with links to independent travel training and access to equipment and support.
- Routes to Employment – maximising links with existing programmes that support employability through links with Adult Education and access to training and work experience.

7.5 The aim of the revised offer is to improve outcomes for existing users of the day opportunities service while also providing services for a new cohort of people who are moving to adulthood. The development of the offer has been informed by current users of the service and their families / carers and will continue to be shaped by the aspirations and needs of people who require support in the future, with a clear focus on supporting people to live healthy fulfilling lives, as independently as possible, as an integral part of local communities.

## 8. NEXT STEPS

8.1 Priorities for the coming 12 months are to:

- Complete a staffing restructure that incorporates the CIL in the Community Hub model and gives leadership and strategic direction to the day opportunities provision.
- Work collaboratively with the community to co-produce services that are responsive and deliver good outcomes.
- Work with other providers to ensure that resources are maximised, and services are not duplicated.
- Develop a new offer for adults with disabilities, building on the Community Hub principles and the successful developments to date within the CIL.

- Strengthen transition arrangements for young people to better identify future needs, develop life plans and ensure that services are responsive.

8.2 Progress is already being made in a number of areas and, once the new staffing structure is fully implemented, there will be increased capacity to drive change.

## **9. RISK IMPLICATIONS**

9.1 There are no risk implications associated with this report

## **10. FINANCIAL CONSIDERATIONS**

10.1 The CIL budget included a target to increase income by £25,000 as part of the Council's 2018/19 savings programme and this target is currently being achieved.

10.2 The independent consultancy support for this work was funded from the non-recurrent element of the Improved Better Care Fund grant (iBCF).

## **11. LEGAL CONSIDERATIONS**

11.1 There are no legal considerations associated with this report

## **12. CHILD AND FAMILY POVERTY**

12.1 No child and family poverty considerations have been identified.

## **13. EQUALITY AND DIVERSITY CONSIDERATIONS**

13.1 The CIL was designed with the involvement of the local community, in particular those who were accessing day opportunities and parents and carers of adults with a disability.

13.2 The National Autistic Society accreditation and provision of a Changing Places facility ensure that services are accessible to all and compliant with the Equality Act 2010.

## **14. STAFF CONSIDERATIONS**

14.1 Engagement with a number of staff will be required to support office moves and changes to current staff structures. This will be undertaken with appropriate involvement of Human Resources and Trade Unions.

## **15. ASSET MANAGEMENT CONSIDERATIONS**

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

## **16. RECOMMENDATION**

- 16.1 It is recommended that the Adult and Community Based Services Committee notes the update and progress to date to develop the CIL and supports the proposed future direction of travel, including the inclusion of the CIL within the developing Community Hub offer.

## **17. REASONS FOR RECOMMENDATION**

- 17.1 The proposed future model for the CIL supports the broader objectives of the Council and the Department to maximise the Community Hub offer and to take a strengths based approach that supports adults with disabilities to live independent lives.

## **18. CONTACT OFFICER**

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Sign Off:-

Director of Finance and Policy ☒

Chief Solicitor ☒

# ADULT AND COMMUNITY BASED SERVICES COMMITTEE

7 March 2019



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

**Subject:** COMMUNITY LED SUPPORT

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## 1. TYPE OF DECISION/APPLICABLE CATEGORY

Non key decision.

## 2. PURPOSE OF REPORT

- 2.1 To provide the Adult and Community Based Services Committee with information regarding engagement with the National Development Team for Inclusion's Community Led Support Programme, and to seek the Committee's support for this way of working.

## 3. BACKGROUND

### 3.1 National Development Team for Inclusion

The National Development Team for Inclusion (NDTi) is a not-for-profit organisation promoting equality for people who risk exclusion and need support to lead full lives. NDTi aims to make choice, control and opportunity for socially excluded people a reality in communities.

The NDTi team works with government, local authorities, the NHS, voluntary and private sectors, user and family / carer led organisations to make change happen through supporting national policy development and working with local statutory and independent sector organisations to implement change.

NDTi has a long track record (20+ years) of supporting individuals, teams and organisations through the design and delivery of a diverse range of development supports, training and facilitation programmes.

### 3.2 Community Led Support

Community Led Support (CLS) is based on a set of principles for how social care support should be delivered. These are implemented in ways that are determined by people directly delivering services along with local partners and



members of the community they are serving. It builds on what is already working, joining up good practice and strengthening common sense, empowerment and trust.

CLS assists organisations to work collaboratively with their communities and their staff teams to redesign a service that works for everyone; that evolves and is continually refined based on learning.

The network of areas implementing the programme has increasing ownership of CLS as a concept and there is growing public and media interest as cultural and system change is resulting in improved outcomes for people, much more efficient and effective working processes and much more timely and person centred responses.

- 3.3 Nine Local Authorities were involved with the CLS programme initially; Denbighshire, Derby, Doncaster, East Renfrewshire, Leeds, Shropshire, Scottish Borders, Somerset, South Ayrshire. An evaluation report published in December 2017 identified a number of areas where CLS had a positive impact in these nine areas:

- better experiences and outcomes for local people;
- easier access and greater efficiency;
- engaged staff and improved morale; and
- potential for savings.

The full report, which includes supporting data and case studies can be accessed at: <https://www.ndti.org.uk/resources/publications/what-works-in-community-led-support/>.

- 3.4 Over 20 Local Authorities are now engaged in the Community Led Support programme and interest continues to grow.

#### **4. COMMUNITY LED SUPPORT PRINCIPLES**

- 4.1 Common principles that govern Community Led Support:

- co-production brings people and organisations together around a shared Vision;
- there is a focus on communities and each will be different;
- people can get support and advice when they need it so that crises are prevented;
- the culture becomes based on trust and empowerment;
- people are treated as equals, their strengths and gifts built on;
- bureaucracy is the absolute minimum it has to be; and
- the system is responsive, proportionate and delivers good outcomes.

- 4.2 An important part of process is for local stakeholder groups to agree a vision that is co-produced and locally tailored. This happens early on in the programme to ensure that there is a common definition of success and that partners understand their collaborative role in contributing to realising this

vision. Overarching, long term, core components of the vision that the CLS programme aims to support include:

- that local people receive support that is responsive, community based and focused on resilience and keeping them in control of their lives;
- that communities are actively involved in shaping and delivering local support and develop local solutions to respond to need;
- that social care practitioners feel supported and trusted, experience increased morale and ability to determine local working practices, develop skills to have strengths based conversations with people, are skilled in identifying local solutions and have a positive approach to risk;
- that voluntary sector partners and other statutory agencies are involved in the delivery of information, advice and support at a local level and deliver support in a joined up, holistic way; and
- that statutory services are of a high quality, are efficient and responsive and 'fit for purpose' in their ability to respond to increased demand on services within restricted budgets.

- 4.3 Work to support these changes is delivered through a combination of workshops, discussions, facilitation, mentoring and meetings. The aim of the NDTi input is to support local leaders in the implementation of the change process and the design of a transformed social care mode; in embedding the cultural changes required to support the new ways of working and ensuring these changes are sustainable over time. Further detail regarding local programme activity (core elements and additional elements is attached as **Appendix 1**).

## **5. PROPOSAL**

- 5.1 It is proposed that the Council engages with the NDTi Community Led Support Programme from April 2019. The programme will run for approximately 18 months and will include 85 days dedicated input from NDTi as well as access to networking events that facilitate sharing of learning and best practice across all CLS sites.

## **6. RISK IMPLICATIONS**

- 6.1 There are no risk implications identified associated with this report.

## **7. FINANCIAL CONSIDERATIONS**

- 7.1 The cost of the programme (£98,500 for 18 months) will be covered from the Adult Social Care Transformation reserve created from the re-phasing of the Adult Social Care Precept in 2017/18.

## **8. LEGAL CONSIDERATIONS**

- 8.1 There are no legal considerations associated with this report. An Exemption to Contract Procedure Rules will be approved to enable the Council to engage with the NDTi programme, based on their unique ability to provide this support.

## **9. CHILD AND FAMILY POVERTY CONSIDERATIONS**

- 9.1 There are no family poverty considerations associated with this report.

## **10. EQUALITY AND DIVERSITY CONSIDERATIONS**

- 10.1 There are no equality and diversity considerations associated with this report.

## **11. STAFF CONSIDERATIONS**

- 11.1 There are no staffing implications specifically associated with this report.
- 11.2 The evaluation report published in December 2017 identified a number of areas where CLS had a positive impact for staff. These included improved staff engagement and staff morale with social care workers reporting feeling enthusiastic, creative and motivated. One site also reported a reduction in staff sickness.

## **12. ASSET MANAGEMENT CONSIDERATIONS**

- 12.1 There are no asset management implications associated with this report.

## **13. RECOMMENDATIONS**

- 13.1 It is recommended that the Committee notes the information provided and supports the involvement of Adult and Community Based Services in the NDTi Community Led Support programme.

## **14. REASONS FOR RECOMMENDATIONS**

- 14.1 The NDTi Community Led Support programme will provide additional expertise and capacity to support the further development of Adult and Community Based Services with a focus on maximising community assets and developing social capital, as well as providing opportunities to access learning and best practice from other areas of the country.

**15. CONTACT OFFICER**

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Sign Off:-

Director of Finance and Policy ☒

Chief Solicitor ☒

## COMMUNITY LED SUPPORT

### Local Programme Activity (Core Elements)

As part of the programme, each area is supported by NDTi:

**a) To embed within teams of practitioners a strong culture of strengths based, person centred working and promotion of independence, choice and control within their practice;**

An approach that looks first to the person's own strengths and gifts, their social capital and the community around them is widely now regarded as best practice. Workshops will be delivered which focus on 'good conversations' as opposed to professional led assessments. These may include half day workshops for all those supporting people at various stages of the customer journey in addition to full day, more in depth workshops for practitioners which also consider promoting independence, outcomes based support planning and using the 'resource wheel' which looks to paid services only when everything else has been explored first.

**b) To involve the voluntary sector, other partners, community groups and local people in collaborating together to develop new ways of working**

Co-production is at the heart of CLS and partners from the voluntary sector as well as local community groups and individuals need to be involved and kept informed as much as possible. This needs to happen within the localities and, as an independent partner, the NDTi can support the local engagement process around CLS to gain enthusiasm, involvement and sign up.

**c) To streamline working processes and paperwork, devolving decision making to teams whilst strengthening responsibility and ownership of changes;**

An asset-based conversation between the practitioner and the person is essential but, to be effective, needs to be supported by the process and systems around it.

Seeing people quickly after they have contacted services for support is an essential component of success and means people are much more likely to be responsive to conversations that look to their own strengths and those around them in identifying solutions. 'Customer journey' workshops will therefore be required to address this in order to design and test new systems and recording that would be most effective.

**d) To explore new ways of managing demand that may involve setting up 'community hubs' where people can have face to face discussions within their community and seek guidance and information and which may result in a proportionate assessment.**

The approach of inviting people into a community venue for a 'conversation' helps not only manage demand more effectively by using time more efficiently. In addition, with an asset-based conversation that looks to local solutions building on the person's strengths, is more effective in enabling people to remain part of their community for longer, preventing or delaying the need for paid support. This arrangement also helps to change the culture of expectation and dependency on paid support, particularly if local people and community organisations are involved in the delivery of those community hubs.

**e) Through the NDTi research and evaluation team, to understand the impact of changes and to evaluate the effectiveness based on clarity around the desired outcomes and definitions of success.**

An important part of embarking on cultural and process change is to agree with a range of stakeholders how success will be defined, what the drivers and context are, considering the indicators of that success and therefore what it is that needs to be measured and what information needs to be collected and analysed.

Ongoing evaluation support will be tailored to the needs, capacity and resource of the local area, but is likely to include:

- a dedicated “evaluation link” from NDTi’s research & evaluation team who will provide ongoing advice about the kinds of information/data needed in order to show whether the changes are making a difference;
- a minimum of one ‘fieldwork visit’ to meet with local people, staff and teams to hear about what’s changing for whom, and how this has happened; and help to make sense of different sources of information about these changes and what this means for ongoing developments.
- There is an expectation that core information will be shared, anonymously, with the research and evaluation team at NDTi and further guidance on this will be provided to help develop streamlined data collection systems. This focus on evaluation helps local areas and the Programme overall to identify the kinds of changes and impacts being achieved across the network, and most importantly, to share learning about what works.

**f) Leadership development**

One of the key critical success factors is strong local leadership at all levels and throughout organisations and partners. Embedding CLS requires a particular kind of leadership that allows creativity to flourish, that knows when and how to let go of control and that can live with the discomfort of uncertainty.

The programme involves 2 strands of leadership:

- Work on-site with those in leadership roles from a range of organisations to consider the behaviours and approaches to instilling a culture of trust and empowerment whilst ensuring core duties are fulfilled.
- One nominated individual lead per site who has key operational responsibility for implementing CLS to join a national group of peers in a leadership development programme that will involve two residential workshops a year exploring courage, vulnerability and leadership, personal coaching, virtual online networking as well as informal opportunities to connect and share across the network.

The volume of work in relation to each of the above 6 core elements is flexible and determined by local need and circumstance. It will largely therefore depend on the size, volume, scope and extent of work needed in each area.

To assist in determining this the NDTi will undertake a 2-day ‘readiness check’ which involves discussions and informal meetings and observations/shadowing with a range of practitioners and partners involved in all aspects of the existing customer journey. Following this exercise a local programme plan is agreed with site leads.

**Local Programme Activity (Additional Elements)**

In addition to the work areas outlined above there is scope to address other related areas of change either simultaneously or at a later date in the life of the programme. These additional elements will be entirely determined by the local site but **may** include such things as:

- Work with '**specialist' practitioners**, such as those supporting people with learning disabilities or with mental health needs etc. to address how a strengths based and community focused approach can be applied to people with complex needs. This work tends to involve an action learning set approach over approximately a 3 month period;
- Dedicated work with **other teams** such as those working in hospitals, those working with young adults in transition, or with Occupational Therapists etc. to consider how and the principles of CLS apply to their area of work and how local processes can be further streamlined.
- Dedicated work with practitioners undertaking **statutory reviews** to consider how the approach relates to those individuals already in receipt of services. This can include the aspect of having difficult conversations that may be needed, what that might look like and how teams work together to support each other in this process.
- **Peer forums** are being used across many of the CLS sites as a way of introducing the concept of team ownership of decisions relating to risk expenditure and best practice. Establishing these is linked to the leadership element and can be supported in greater depth to embed the approach and to work with teams to agree different ways they will support each other, share learning and use information to continually refine and improve their service at a local level.
- **Commissioning** is a vital part of system change that needs to be aligned with the changes initiated early on in the CLS programme. This can include dedicated work with commissioning teams and cross-site work to explore how commissioning needs to change to reflect a community and asset led approach.
- **Provider organisations** and teams may need to change to reflect the wider changes and expectations, for example in relation to promoting independence, collaboration and improved communication etc. Linked to the above, working with providers as partners in the change process is an important aspect of community led support.
- **Communication** with a range of audiences is critical in how the changes embarked upon are described and the expectations that people will have. How this is done, the branding and use of language is a vital element to get right. NDTi has expertise to draw on in relation to this area and, as needed, this can be used to support the local communication strategy around CLS.

# **ADULT AND COMMUNITY BASED SERVICES COMMITTEE**

**7 March 2019**



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

**Subject:** COMMUNITY HUBS UPDATE

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## **1. TYPE OF DECISION/APPLICABLE CATEGORY**

1.1 No decision required, for information.

## **2. PURPOSE OF REPORT**

2.1 To provide Committee with an update on the development of Community Hubs, highlighting key outcomes and ongoing developments.

## **3. BACKGROUND**

3.1 There are three Community Hubs in Hartlepool located in the North, Central and South of the Borough.

3.2 Community Hubs were implemented to reduce the health inequalities of the local population through providing access to purposeful and safe community space as well as hosting a range of services to support the needs of each community.

3.3 Community Hubs have been located in existing community buildings and each is unique in operation based on the space that is available, management arrangements and the demands of the population. Community Hub North is based within West View Advice and Resource Centre, Community Hub Central is based within the previous Central Library and Community Hub South is based within the previous Owton Manor Community Centre.

3.4 A number of core services have been integrated to support the establishment of the Community Hubs including libraries, community centres and the Community Connector Service. Staff infrastructure has evolved to enable the operational delivery of the Hubs.



#### 4. COMMUNITY HUB KEY OUTCOMES

- 4.1 The implementation of Community Hubs within Hartlepool have seen some key successes including:
- 373,247 visits from July 2017 to December 2018 across all three Hubs.
  - West View Advice and Resource Centre is commissioned until March 2020 to offer financial advice and guidance from the Hubs and over £7,000,000 of benefits have been applied for.
  - A Community Connector is present in every Hub offering brief interventions, lifestyle advice, support and signposting.
  - There is a library, adult education and people's network offer within every Hub.
  - The home library has 456 users that are typically older adults who are unable to regularly access community services due to frailty, disability and confidence to go out alone. This service visits members at least every 4 weeks and supports us to tackle social isolation. There are also a significant number of groups/regular events that have been established in the Hubs to bring people together. This includes reading groups, scrabble/board game sessions, adult crafts, walk and talk, family history, railway enthusiasts and healthy living groups. This brings adults together to socialise and enjoy hobbies and activities together.
  - An increased number of partner organisations are operating within the Hubs to provide a holistic approach to prevention and intervention linked to a broad range of inequalities.
- 4.2 The key achievements are summarised graphically in **Appendix 1**.

#### 5. KEY AREAS OF DEVELOPMENT

- 5.1 A Management structure for Community Hubs has been established with a Head of Service appointed and recruitment planned for other key posts. This will provide dedicated leadership to drive forward the priorities linked to each Hub and the communities they represent.
- 5.2 Work will continue to review space, programming and opportunities for partnership working within the Hubs to ensure each function remains fit for purpose, maximises impact and enables outcomes to be achieved.
- 5.3 Integration of the Centre for Independent Living (CIL) within the Community Hub management structure so that elements of the Community Hub offer can be delivered from the CIL to support target populations, specifically individuals and their families who have a disability, long term limiting condition and / or poor mental health. This will also provide opportunities to maximise use of the wider Preventative & Community Based Services offer be people using the CIL.

- 5.4 Work with partners to explore further service integration to maximise the offer available to those who typically experience a broad range of inequalities. These services include Children's Services, Adult Social Care, Probation, Substance Misuse, Parenting Support, Hartlepool Carers, The Bridge and Health and Well Being services.
- 5.5 Increase user and non-user engagement to enable Community Hubs to be led by the community and encourage greater opportunities for building social capital.
- 5.6 Further develop opportunities linked to increasing employability, training and education with Learning and Skills Department.
- 5.7 Increase work with Voluntary and Community Sector Organisations to strengthen the Community Hub offer and maximise community cohesion specifically where organisations have relationships with target populations.
- 5.8 Continue to evolve the Community Offer specifically linking to developments with the NDTi Community Led Support Programme. This programme promotes whole system change specifically linked to social care and how an improved community led offer can reduce demand on services and still meet the needs of an individual. This includes expansion of the offer to tackle social isolation in Hartlepool through outreach work, structured activities and groups or informal opportunities for people to engage and meet new people.
- 5.9 Maximise community assets to deliver on key programmes and outcomes including Sport England's Families Fund Programme, Holiday Hunger Programme, Stroke Rehabilitation, Live Well Programme for those living with Dementia and Cancer Support.
- 5.10 Ensure Community Hubs remain agile to be able to accommodate the demands of the population and offer holistic support for individuals, families and communities.
- 5.11 Integrate Information Management services including Hartlepool Now into the Community Hubs infrastructure to maximise on the digital offer for the benefit of all populations.

## **6. RISKS AND FINANCIAL CONSIDERATIONS**

- 6.1 Community Hub South has received a significant amount of capital investment to improve the main areas of the building. The building however is ageing and will require a level of continued investment to operate at an acceptable standard, including a new heating system in the future.
- 6.2 Some of the staff structures that have been deployed to resource the Hubs are funded through one off funding. This includes the Health and Exercise Team which is currently funded from a Public Health reserves. This funding is not available beyond 2019/20 and cessation of this service will have a

significant impact on the ability of the Hubs to deliver lifestyle support to target populations.

- 6.3 Community Hub North is located in West View Advice and Resource Centre. There are targeted services operating in this building as part of the Hub offer and West View Advice and Resource Centre is commissioned to host these services and provide financial advice and support as part of the ongoing agreement. The current arrangement only provides the opportunity to deliver a limited offer and financially there is no further scope to expand this. This is a key consideration for the future as Community Hubs continue to evolve.

## **7. LEGAL CONSIDERATIONS**

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

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

- 8.1 Community Hubs will play a key role in addressing child and family poverty issues through improving the mental, physical and social wellbeing of the population, enabling people to become more economically active, providing opportunities to children and families and increasing access to services to prevent and tackle poverty and factors that lead to poverty.

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

- 9.1 There are no equality and diversity considerations associated with this report.

## **10. STAFF CONSIDERATIONS**

- 10.1 There are staffing consideration in association with the expansion of the Community Hub management structure to include the Centre for Independent Living, Hartlepool Now, Participation and Community Integration for Substance Misuse.
- 10.2 The detail of the proposed restructure is being worked through with the appropriate representatives within Human Resources and Trade Unions.

## **11. ASSET MANAGEMENT CONSIDERATIONS**

- 11.1 There are asset management considerations specifically linked to Community Hub North that operates in a building which is not managed by the Council.
- 11.2 There are asset management considerations specifically linked to Community Hub South to ensure the building operates as effectively as possible based on its age and short to medium term maintenance requirements.

## **12. RECOMMENDATION**

- 12.1 It is recommended that the Adult and Community Based Services Committee note the information presented within this report and the work that is underway to maximise the potential of the Community Hub offer.

## **13. REASON FOR RECOMMENDATION**

- 13.1 Community Hubs are strategically significant in reducing the increasing inequalities that exist within Hartlepool's communities. It is important that Community Hubs achieve their potential and enable community led support to become a reality.

## **14. BACKGROUND PAPERS**

- 14.1 Community Hubs Report to Finance and Policy Committee, 2 December 2016.

## **15. CONTACT OFFICER**

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# COMMUNITY HUB SOUTH UPDATE: JULY 17 - DECEMBER 18

Weekly children's story and rhyme time and Saturday clubs held



## 30,127 visitors

to Community Hub South

Weekly Community Safety team drop-ins



Adult Ed courses held, including Job Club and Dressmaking

## 605

individuals received debt and benefit advice from WVARC...

...with the total amount of benefits applied for standing at

## £1,458,616.08

## £119,000

spent on building improvements, including a new porch and remodelled entrance foyer



Community Connector service now operating from the Hub



## 12

community groups, including Taekwondo and carpet bowls

## 10

health and wellbeing groups, including sequence dancing and Tai Chi

## 187 children

completed the Summer Reading Challenge



Series of stroke awareness sessions held...

...with a MotoMed bike available weekly for trials



British Sign Language courses held





# COMMUNITY HUB NORTH UPDATE: JULY 17 - DECEMBER 18

SERVICES HOSTED BY WEST VIEW ADVICE & RESOURCE CENTRE

NHS Smoking Cessation, Walking Groups and Daisy Chain groups now operating

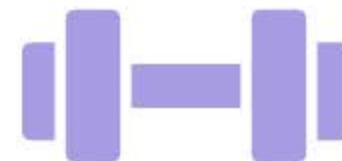


**11,469**

visitors to the library at Community Hub North



NHS healthy heart checks



6 week health and fitness course delivered, having a positive impact on the local community

**2,007**

individuals received debt and benefit advice from WVARC...



Community Connector service successfully operating from the Hub



...with the total amount of benefits applied for standing at

**£5,481,375.10**



Weekly **Community Safety team** drop-ins



Visit from **Tees Valley Mayor Ben Houchen** to launch Routes To Work scheme

**£81,000**



spent on building improvements, including a new library and remodelled entrance area



# COMMUNITY HUB CENTRAL UPDATE: JULY 17 - DECEMBER 18

**426.75**

hours of volunteer  
time spent



health and wellbeing  
groups, including ME support  
and Hartlepool Breast Care  
support group

Successful opening  
ceremony with Lord  
Lieutenant Sue  
Snowdon



Roadshow events held with  
Harbour, Cleveland Police &  
The Joseph Rowntree  
Foundation

**8** community groups,  
including NHS retirement  
fellowship



Weekly  
**Community Safety team**  
drop-ins



**331,651**

visitors to  
Community  
Hub Central



**Community Connector**  
service successfully operating

**652** individuals received  
debt and benefit advice  
from WVARC...



**£67,500**  
spent on building  
improvements



**15**

exhibitions

...with the total amount of  
benefits applied for standing at

**£1,663,721.25**

NHS healthy heart checks and flu injections

**319 children**  
completed the  
Summer  
Reading  
Challenge



# ADULT AND COMMUNITY BASED SERVICES COMMITTEE

7 March 2019



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

**Subject:** CARE HOMES FOR OLDER PEOPLE

---

## 1. TYPE OF DECISION/APPLICABLE CATEGORY

1.1 No decision required; for information.

## 2. PURPOSE OF REPORT

2.1 To provide the Adult and Community Based Services Committee with an update in relation to care home provision for older people.

## 3. BACKGROUND

3.1 There have been regular updates to the Committee since October 2015 providing details of CQC inspection ratings, vacancy data and progress in the following areas:

- Quality Assurance;
- HBC Care Home Meetings;
- Fee Negotiations; and
- Support Provided to the Care Home Market.

## 4. PROGRESS UPDATE

4.1 Since the last report in November 2019 there have been a number of developments.

### 4.1.1. CQC Ratings

A summary of current CQC ratings is attached as **Appendix 1**. Since the last report to Committee three homes rated as 'requires improvement' have been re-inspected and rated as 'good' and one home rated as 'good' has been re-inspected and rated as 'requires improvement'.



There continue to be no homes rated as 'inadequate'. Homes rated as 'requires improvement' have action plans that are closely monitored by link officers to ensure improvements are made.

As a result of recent changes Hartlepool currently has 12 homes rated 'good' (75%) and 4 rated as 'requires improvement' (25%). The increase in homes rated as good is positive and demonstrates the continued commitment from providers and the support networks from the Council and partner agencies in driving up quality in care homes.

The Council remains committed to supporting further improvements in care quality through the Care Quality Improvement Programme which has been reported to Committee previously and will continue to support all care home providers to deliver the best possible outcomes for local people.

#### 4.1.2 Support provided to the Care Home Market

A Manager Forum was held in December 2018 focused on the following topics:

- Dementia Update
- Namaste Programme – support through sensory stimulation
- Learning from Adult Safeguarding Reviews
- Red Bag Initiative
- Flu Jabs

The Manager Forum continues to be well attended with positive feedback from attendees who welcome the opportunity to share learning and best practice.

#### 4.1.3 Delivering Outstanding Care

In January 2019 a further event was facilitated with Care Home Managers to understand the features of delivering outstanding care in care services. Managers and staff from care homes and domiciliary care agencies attended and presentations were delivered by CQC and the Registered Manager of Jack Dormand Care Home in Horden which is rated 'outstanding'.

Presentations highlighted what CQC are looking for in terms of outstanding care across the five domains and also provided a Registered Manager's perspective on how that can be achieved. Both presentations were enlightening. Local managers found them inspiring and were able to identify where they could make changes in their own services to meet the requirements for outstanding care.

During the event attendees undertook some group work to explore how Hartlepool services are striving to be outstanding and also to understand what can be done together to achieve quality improvements. The event was very well attended and feedback from participants was excellent and is provided in more detail in **Appendix 2**.

The group work generated a number of themes for future events and work streams that will be explored.

Follow up events will be arranged focusing on:

- digital solutions;
- engaging residents and families and capturing feedback;
- value based recruitment; and
- equality, diversity and human rights.

Work stream themes:

- Options to strengthen provider involvement in Dementia Friendly Hartlepool – train care home staff as dementia champions, involve residents etc.
- Explore provision of leadership development training for managers and deputies to aid succession planning.
- Develop a 'buddy system' for managers, particularly focused on support for new managers.
- Strengthen intergenerational work – map existing links to schools, promote with managers and with Headteachers and link to existing work within Children's Services.
- Plan 'Excellence in Care' Awards to recognise the vital role that care services play as well as the achievements of individual services and staff. The awards will cover all services (not just care homes for older people) and will recognise staff within management, nursing, care, catering etc.

The above programme will be planned over the coming 12-18 months with regular updates on progress provided to Committee.

#### 4.1.4 Quality Standards Framework

Work to complete the Quality Standards Framework for 2018 has been completed and providers have been notified of their ratings. One home has improved to a Grade 1 and two homes have dropped a rating to Grade 2. There are no homes rated at Grade 3 but, should a home fall into this category, a rapid improvement plan is implemented to improve standards with evidence of improvement required within 3 months. Details of gradings are attached in **Appendix 3**.

## 5. **RISK IMPLICATIONS**

- 5.1 There continue to be risks associated with availability of sufficient care home places for older people. If places are not available within Hartlepool for older people assessed as requiring residential care, out of area placements increase in order to meet needs. Lack of care home placements can also impact on delayed transfers of care from hospital.

The opening of Rossmere Park Care Centre in May 2017 and De Bruce Court in February 2018 has provided much needed additional capacity and choice for local residents, particularly in relation to nursing care. This has resulted in a reduction in Out of Borough Placements and also had a positive impact in terms of facilitating timely hospital discharge. Work will continue to support

existing and potential new providers to ensure sufficiency within a very challenging business environment.

## **6. FINANCIAL CONSIDERATIONS**

- 6.1 There are significant financial considerations associated with the issue of care home provision, including the fair cost of care and implementation of the National Living Wage. There are no financial considerations specifically linked to this report.

## **7. LEGAL CONSIDERATIONS**

- 7.1 Care home provision for older people supports the Council to fulfill its statutory duties in relation to the provision of adult social care in line with the Care Act 2014 and other relevant legislation.
- 7.2 There are no legal implications specifically associated with this report.

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

- 8.1 There are no child and family poverty considerations associated with this report.

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

- 9.1 There are no equality and diversity considerations associated with this report.

## **10. STAFF CONSIDERATIONS**

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

## **11. ASSET MANAGEMENT CONSIDERATIONS**

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

## **12. RECOMMENDATIONS**

- 12.1 It is recommended that the Adult and Community Based Services Committee note the contents of this report and receive a further update in six months.

**13. REASONS FOR RECOMMENDATIONS**

- 13.1 The Committee has identified care home provision for older people as a priority due to the role of care homes in supporting vulnerable older people.

**14. CONTACT OFFICER**

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**CARE HOMES FOR OLDER PEOPLE****CQC Published Ratings**

Care Home	Publication Date	Rating
Brierton Lodge	31 October 2017	Good
Stichell House	14 November 2017	Good
Dinsdale Lodge	30 December 2017	Good
Elwick Grange	7 February 2018	Good
Sheraton Court	21 April 2018	Good
Seaton Hall	27 April 2018	Good
Gretton Court	1 June 2018	Good
Wynyard Woods	3 August 2018	Requires Improvement
Rossmere Park	15 September 2018	Good
Warrior Park	18 October 2018	Requires Improvement
Lindisfarne	24 October 2018	Good
West View Lodge	31 October 2018	Requires Improvement
De Bruce Court	2 November 2018	Requires Improvement
Queens Meadow	21 November 2018	Good
Charlotte Grange	26 January 2019	Good
Clifton House	February 2019	Good

**Vacancy Position: 11 February 2019**

Care Provision	Available Beds
Residential Only	30
Nursing Only	1
Residential or Nursing	37*

\*Dual registered beds

**Out of Borough Placements**

Year	Admissions
2013/14	3
2014/15	9
2015/16	15
2016/17	51
2017/18	26
2018/19	12*

*Based on permanent new admissions of over 65s*

*\*as at 11 February 2018*

**Delivering Outstand Care Event**  
**23 January 2019**

**EVALUATION**

**Number of attendees: 37**

**Number of Questionnaires returned:31**

**(5 = really useful - 1 = not useful)**

**Overall how useful did you find the event**

5 – 97%  
4 – 3%  
3 – 0%  
2 – 0%  
1 – 0%

**How relevant did you find the agenda items:**

CQC

5 – 97%  
4 – 3%  
3 – 0%  
2 – 0%  
1 – 0%

Jack Dormand Care Home

5 – 94%  
4 – 6%  
3 – 0%  
2 – 0%  
1 – 0%

Group Work

5 – 78%  
4 – 19%  
3 – 3%  
2 – 0%  
1 – 0%

**Are there any specific areas you would like to be included on the agenda for future workshops?**

- Examples if what people are doing that has made a difference
- Digital technology - how it works
- More links for new managers with other care homes more experience
- How to remain your standard
- Digital information
- Possible meeting with Deputy Managers to be included
- Registered managers working together more
- New technology
- Feedback
- Group ideas and venues to use in local areas
- Interested in all areas that would support continuous improvement and development

**Is there anything else you would like to comment on from your workshop today?**

- Our problem with accessing the community is transport. There is nothing we can use that allows us to transport several wheelchair users at once
- Good to be able to meet up with other managers
- Was great gaining others' knowledge about achieving standard
- Listening to others' comments of how to achieve outstanding care
- Listening to Jack Dormand Care Home and taking ideas away
- Enjoyed listening to everyone else's comments and ideas
- Group discussions beneficial
- CQC discussion inspirational
- Really useful/very informative
- Took away some good ideas to take back to home and see if we can put into practice
- Very positive session, lots of ideas to take back to the home
- Sharing ideas is always useful
- Very good information – insight into developing activities and feedback information within the home
- Good opportunity to share good practice and taken on board lessons learnt from providers and foster partnership working
- Well led and very interesting
- These meetings are invaluable, sharing information and practice
- Very useful to be able to network with colleagues
- Very informative and engaging, provoking lots of inspiration and ideas

**Group Working**

**Things you do well:-**

- Care and support we give to people
- Resources and support that are available to tap into: Medication, Link Officer, Infection Control, Falls Team, QSF, Safeguarding, training links
- Staff Training
- Assistive technology – Wifi already connected
- Games and Makaton
- Communication – gives residents a voice to tell staff what they want to do by using pictures
- Being proactive, eg, make sure residents have flu jabs in August – seek permission from family
- Leisure activities – Residents go on an annual holiday. They get to go to the travel agents and be part of the full process
- Environment changed as influenced by resident life histories / preferences, etc
- Ward Jackson School in Home on Friday – evaluate impact?
- Nursery Groups and Mother and Baby Groups
- Dogs / Pets / Miniature Horse / Donkey visits
- Welcoming – offices situated near reception
- Open / honest relationships
- Dementia Friendly Champions
- Green links
- Get to know the resident – find the issue and try to alleviate the issues. Document it
- Governance – lessons learnt / Sharing good practice. What can be improved and feed that back. Take ownership of Governance
- Service Excellence Team
- Activities – one person has a file and the Activities Co-ordinator tailors activities to each individual

- These meetings
- Activities – music, non-verbal residents find they can sing, quizzes, Karaoke
- Hydration – Hydration Station, ‘shot’ glasses with different flavoured drinks
- Recruitment – Events to demonstrate need, peer feedback, activity based, roleplay
- Staff encouraged to offer ideas on individual activities
- Pet therapy – dogs/ponies, etc
- Schools – involve children

**Things to be improved:-**

- Becoming a family (in bigger homes) – may increase staff retention
- Accessing the community more, eg, local parish links
- More of a ‘homely’ feel – environment
- Capturing all of the compliments
- Obtaining meaningful feedback for residents who do not have family members. RPR only visit once per month
- Need to get better at gathering outstanding evidence. Recently set up files that cover the five domains
- Always room for improvement in any area
- Technology – Amazon Echo / Facetime. Barrier with Wifi
- Community links – outings / transport. Logistically this can be difficult, minibuses, taxis, etc
- Engagement with local projects / initiatives
- Carers more included with activities
- Capturing feedback
- Evidence and recording
- Staff to be open
- Recording in ‘Proud’ file
- Helping new managers



**CARE HOMES FOR OLDER PEOPLE****QSF Ratings**

<b>Care Home</b>	<b>2018</b>	<b>2019</b>
Brierton Lodge	<b>Grade 1</b>	<b>Grade 1</b>
Charlotte Grange	<b>Grade 2</b>	<b>Grade 2</b>
Clifton House	<b>Grade 2</b>	<b>Grade 1</b>
Dinsdale Lodge	<b>Grade 2</b>	<b>Grade 2</b>
De Bruce Court	<b>Grade 1</b>	<b>Grade 2</b>
Elwick Grange	<b>Grade 1</b>	<b>Grade 1</b>
Gretton Court	<b>Grade 1</b>	<b>Grade 1</b>
Lindisfarne	<b>Grade 2</b>	<b>Grade 2</b>
Queens Meadow	<b>Grade 1</b>	<b>Grade 1</b>
Seaton Hall	<b>Grade 2</b>	<b>Grade 2</b>
Sheraton Court	<b>Grade 1</b>	<b>Grade 1</b>
Stichell House	<b>Grade 1</b>	<b>Grade 1</b>
Warrior Park	<b>Grade 2</b>	<b>Grade 2</b>
West View Lodge	<b>Grade 1</b>	<b>Grade 2</b>
Wynyard Woods	<b>Grade 1</b>	<b>Grade 1</b>

# ADULT AND COMMUNITY BASED SERVICES COMMITTEE

7 March 2019



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

**Subject:** COMMUNITY INTEGRATED INTERMEDIATE CARE

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## 1. TYPE OF DECISION/APPLICABLE CATEGORY

1.1 No decision required; for information only.

## 2. PURPOSE OF REPORT

2.1 To provide the Adult and Community Based Services Committee with an update in relation to the development of a Community Integrated Intermediate Care model which includes services provided and commissioned by the Council to support older people in the transition from hospital into the community, and to live more independently in their preferred place of residency.

## 3. BACKGROUND

3.1 The Better Care Fund (BCF) Plan for 2017-19 set out ambitions to develop more integrated services across health and social care to support people to live at home as independently and for as long as possible.

Hartlepool Borough Council, in partnership with Hartlepool and Stockton on Tees Clinical Commissioning Group (CCG) and North Tees and Hartlepool NHS Foundation Trust, recognise the need to work together and improve the way in which intermediate care is delivered.

3.2 The BCF plan for 2017-2019 recognises that;

- there are some very effective services delivering intermediate care;
- there is potential for duplication and silo working;
- there is potential for improved quality and efficiency; and
- there is potential for improved management and accessibility.

- 3.3 Over the next five years all parts of the country will be asked to increase the capacity and responsiveness of community and intermediate care services to those who are clinically judged to benefit most. More NHS community and intermediate health and social care packages will be delivered to support timely crisis care, and avoidance of hospital attendance and/or admission as well as unnecessary admissions into 24hr care placements.
- 3.4 Our ambition is implement urgent responses and recovery support delivered by flexible teams working across primary care and local hospitals to meet local needs. This will include working with GPs, allied health professionals (AHPs), district nurses, mental health nurses, social workers, therapists and reablement teams. It is envisaged that extra recovery, reablement and rehabilitation support will wrap around core services to support people with the highest needs.
- 3.5 Work to date has focused upon two avenues:

#### Data Collection

- Collected qualitative and quantitative information from workforce, patients and GPs
- Process mapped all services
- Considered evidence base for integrated intermediate care
- Used data to demonstrate duplication of activity e.g. referrals and assessments
- Identified existing good practice

#### Model Design

- Process mapping across:
  - Referral
  - Assessment
  - Intervention
  - Discharge
- Qualitative and quantitative data informed the new model

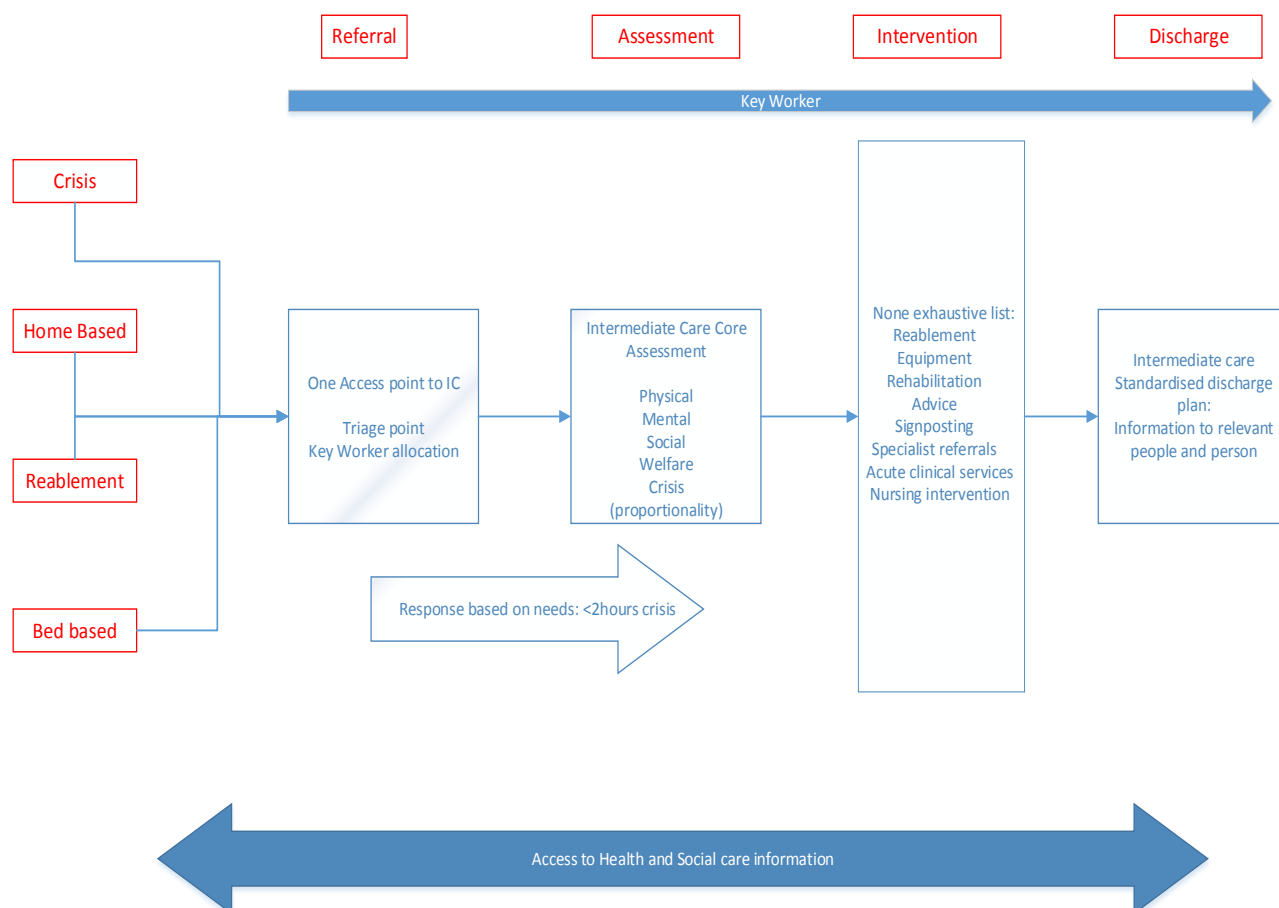
This work is on-going and will take into account issues such as operating systems and workforce development and training. The intention is that once these challenges have been addressed the integrated intermediate care offer will be clearly articulated to all stakeholders.

## **4. PROPOSALS**

- 4.1 Partners agreed to a project of pathway mapping and service led development, incorporating a number of services / initiatives focused on admission avoidance including: residential rehabilitation, residential bed step down / up provision, intermediate care, mobile rehabilitation and reablement support.

4.2 The model has been developed to meet the objectives of providing a resilient, responsive and skilled service offer. The mapping information and quantitative data analysis has helped to define the potential benefits of this more collaborative, streamlined offer aimed at:

- improving the experience of the individual;
- reduced duplication ensuring a single assessment, where appropriate, delivered by the right person at the right time;
- reducing the time a person spends within the intermediate care service;
- maximising staff time to increase service capacity;
- delivering more primary prevention reducing the long-term complexity and need;
- improving the “step-up” offer - responding to individuals needs earlier and preventing the loss of independence and subsequent requirement for high cost packages of care;
- developing a common set of outcomes which can be measured to demonstrate how well our offer is working;
- increasing ability to respond to crises and emergencies; and
- creating a service that is more resilient now and for the future.



## **5. RISK IMPLICATIONS**

- 5.1 There are no specific risks associated with this report. However there is a risk to the Council's ability to effectively deliver the service moving forward if integration with our health colleagues does not progress, due to the ever increasing demand placed on the service due to our aging population and the complexities associated with that.

## **6. FINANCIAL CONSIDERATIONS**

- 6.1 There no specific financial considerations with this report. This review was not financially driven and most of the efficiencies gained will be through maximising effective use of staff time. It was agreed from the offset that this review was to be cost neutral in financial terms.

## **7. LEGAL CONSIDERATIONS**

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

## **8. CONSULTATION**

- 8.1 There is no requirement for a consultation at this point.

## **9. CHILD AND FAMILY POVERTY**

- 9.1 There are no child and family poverty considerations associated with this report.

## **10. EQUALITY AND DIVERSITY CONSIDERATIONS**

- 10.1 There are no equality and diversity considerations associated with this report.

## **11. STAFF CONSIDERATIONS**

- 11.1 It is felt that in order to create a workforce that can be flexible and responsive to the needs of this integrated model the main focus will need to be on creating a competency based workforce. It is not about rewriting job descriptions or altering contracts; it is about recognising the evolving needs of the local population and empowering existing staff to be able to maximise their efficiency to meet the ever increasing demand place on services.

## **12. ASSET MANAGEMENT CONSIDERATIONS**

- 12.1 There are no asset management considerations associated with this report. Co-location of existing community services is viewed as being key to the success of the review and the service will continue to work within existing assets. The majority of the teams associated with this review are based within the University Hospital of Hartlepool. Other locations include a presence within the Integrated Discharge Team at the University Hospital of North Tees as well as teams based at Hartfields.

## **13. RECOMMENDATIONS**

- 13.1 It is recommended that the Adult and Community Based Services Committee note the contents of this report and the potential benefits that the new model will generate for the people of Hartlepool.

## **14. REASONS FOR RECOMMENDATIONS**

- 14.1 The Adult and Community Based Services Committee has acknowledged the importance of service provision for older people as a priority and has supported the direction of travel set out in Better Care Fund plans.

## **15. CONTACT OFFICER**

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