

ADULT AND COMMUNITY BASED SERVICES COMMITTEE

MINUTES AND DECISION RECORD

7 MARCH 2019

The meeting commenced at 2.30 p.m. in the Civic Centre, Hartlepool

Present:

Councillor: Stephen Thomas (In the Chair)

Councillors: James Brewer, Sue Little, Carl Richardson and Mike Young.

Also present: Councillor Paddy Brown as substitute for Councillor Lesley Hamilton in accordance with Council Procedure Rule 5.2.

Judy Gray and Zoe Sherry, Hartlepool Healthwatch.

Frank Harrison, Evelyn Leck, and Gordon and Stella Johnston.

Officers: Jill Harrison, Director of Adult and Community Based Services
Gemma Ptak, Assistant Director, Preventative and Community Based Services
Jeanette Willis, Head of Strategic Commissioning – Adult Services
Neil Harrison, Head of Safeguarding and Specialist Services
Eoin Carroll, Head of Service – Adult Social Care
David Cosgrove, Democratic Services Team

62. Apologies for Absence

Apologies for absence were received from Councillor Lesley Hamilton and Mike McLaughlin.

63. Declarations of Interest

Councillor Thomas declared an interest as an employee of Hartlepool Healthwatch.

Councillor C Richardson declared a personal interest in relation to Minute No. 68 'Care Homes for Older People'.

64. Minutes of the meeting held on 7 February 2019

Received.

65. Centre for Independent Living (*Director of Adult and Community Based Services*)

Type of decision

Non-key decision.

Purpose of report

To provide the 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.

Issue(s) for consideration

The Head of Safeguarding and Specialist Services reported that the new CIL had 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. 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 had now concluded.

The review identified the services currently available at the CIL and the report set out a brief review of the current provision relating to: -

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

It was recognised that there was 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. In order to maximise this potential it was proposed that the CIL becomes part of the Community Hub offer, along with the three existing Hubs (North, Central and South). The CIL would be managed within Preventative and 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.

The current day opportunities offer would be maintained within the CIL, managed within Adult Social Care, but would 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 would involve re-branding and marketing the services on offer, making better use of existing community facilities and services and working beyond current core hours.

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

- Life Planning Advice and Support
- Routes to Wellbeing
- Routes to Friendship and Social Inclusion
- Routes to Independent Living
- Routes to Employment

The aim of the revised offer was 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 had been informed by current users of the service and their families / carers and would 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.

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.

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.

A Member questioned if the CIL would work with other community provision in the area, particularly the Burbank Community Centre. The Head of Safeguarding and Specialist Services stated that the CIL already worked with other services and had utilised the Burbank Community Centre in the past and would continue to do so.

A member expressed some concern with the numbers of visitors coming into the centre and the effects that may have on some of the vulnerable users of the CIL. The Head of Safeguarding and Specialist Services indicated that the majority of the vulnerable users of the CIL were supervised and there were clear separations of areas open to visitors attending for training etc. It was also noted that the building is already open to the public in terms of use of the bistro, and highlighted that there had been no incidents or concerns identified in the time the building has

been operational. A member of the public commented that the reception at the CIL needed to be staffed at all times to ensure visitors were directed properly. The Chair commented that while there were appropriate risk assessments in place at the CIL, these must be revisited to assure they were fit for purpose with the increased use of the centre.

It was indicated in the meeting that the new Head of Service for Community Hubs and Wellbeing was Leigh Keeble.

The Chair considered that we were now only beginning to see the potential of the Centre for Independent Living. Services to be developed for the future around independence, employment opportunities for vulnerable people and social inclusion would take the centre forward and the Chair looked forward to the development of those services being reported to the Committee. At present the Chair did feel that the CIL was a 21st century building but still providing a predominantly 20th century service model and that service model needed to be moved forward.

Decision

1. That the update and progress to date be noted and the proposed future direction of travel, including the inclusion of the Centre for Independent Living within the developing Community Hub offer, be supported.
2. That reports be submitted to future meetings updating on the development of the Centre for Independent Living as detailed in the report.

66. Community Led Support (*Director of Adult and Community Based Services*)

Type of decision

Non key decision.

Purpose of report

To provide the 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.

Issue(s) for consideration

The Director of Adult and Community Based Services reported that 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. 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.

Community Led Support (CLS) is based on a set of principles for how social care support should be delivered. These were implemented in ways that were determined by the people directly delivering services along with local partners and members of the community they are serving. It built upon what was already working, joining up good practice and strengthening common sense, empowerment and trust. CLS assisted 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.

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 and there were now over 20 Local Authorities engaged in the Community Led Support programme. Hartlepool would be the only north east authority in the programme.

The Director proposed that the Council engages with the NDTi Community Led Support Programme from April 2019. The programme would run for approximately 18 months and would 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. The cost of the programme (£98,500 for 18 months) would be covered from the Adult Social Care Transformation reserve created from the re-phasing of the Adult Social Care Precept in 2017/18.

A Member questioned if the NDTi were delivering a 'one size fits all' service model or if would be tailored to suit Hartlepool. Another member was concerned that the principles seemed very broad and generic. The Director indicated that the NDTi would visit Hartlepool for two days to assess what was already in place and to get a 'feel' for the locality through meeting officers and representatives from partners organisations. The programme principles were quite broad and generic but delivery would be very much tailored to local needs.

A Member questioned the costs of the programme and whether this would be repaid through some of the benefits identified by other authorities in the programme such as improved staff morale and a reduction in staff sickness levels. The Director stated that while those issues were benefits of the programme, the main reason for using the Community Led Support approach would be to improve outcomes for people who needed support. This could include improved access to services and a quicker response and more effective use of existing resources within the local community. Other authorities had reported savings greater than the expenditure on implementing the programme.

The Chair considered that the programme would complement the existing work on making services more people centred. Staff were key to the delivery of the programme and anything that made them feel more valued

and effective had to be welcomed. Staff had faced increased demand pressures and workload pressures due to budget constraints over recent years and the Chair believed that this programme could only be of benefit.

Decision

1. That the report be noted and that the involvement of Adult and Community Based Services in the NDTi Community Led Support programme be supported in the terms reported.
2. That a further report be submitted to the Committee in twelve months time on the progress of the programme.

67. Community Hubs Update (*Director of Adult and Community Based Services*)

Type of decision

For information.

Purpose of report

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

Issue(s) for consideration

The Assistant Director, Preventative and Community Based Services reported that the Community Hubs had been 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. There were three Community Hubs in Hartlepool located in the North, Central and South of the Borough which were located in existing community buildings and each was unique in operation based on the space that was available, management arrangements and the demands of the local 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.

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

The implementation of Community Hubs within Hartlepool had seen some key successes and these were shown graphically for each hub in appendices to the report which highlighted some key points 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, Community Safety and people's network offer within every Hub.
- The home library has 456 users that are typically older adults who are unable to access regularly community services due to frailty, disability and confidence to go out alone. 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.
- 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.

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. 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.

Work would continue across all the hubs to improve access for groups, work with partners to enhance the offer at the hubs and on the delivery of key aims and programmes. There were issues to be tackled such as the aging buildings in which the hubs were located and the one-off funding that supported some of the initiatives provided through the hubs, such as the Health and Exercise Team which was currently funded from a Public Health reserve.

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.

The Director highlighted that the recently published edition of Hartbeat included a page outlining the offer at the Community Hubs.

Members welcomed the report and the approach taken at the Community Hubs which protected local services in the community like libraries which were being cut elsewhere. The advice and support people were receiving to help them claim benefits was extremely important and the amount of benefits claimed not only came back to the individuals but was also spent

in the local economy. A Member questioned how the amounts reported compared with previous years. The Assistant Director welcomed the Members' comments and indicated that benefits advice service was still relatively a new service through the hubs, so comparisons weren't available.

Members queried some of the issues raised in the report around the buildings and the Assistant Director indicated that there were no significant concerns with the buildings just a desire to ensure residents and partners had welcoming spaces to visit and deliver services.

While welcoming the amount of benefits that residents had been assisted in claiming a Member was concerned at the difference in numbers between the community hubs and whether providing advice at other venues had been examined such as 'pop-up' centres in other libraries. The Member was also concerned at the waiting times for appointments and the numbers of families at crisis point that were being advised / assisted. The Assistant Director stated that there was a clear demand for the benefit advice services. The service currently being provided was delivered through a contract with West View Advice and Resources Centre (WVRC). Their main base was in the north and the numbers were higher there as they had the staffing structure in place to support those numbers. The service provided for both appointments and a 'drop-in' facility and WVRC delivered a set number of hours at the central and south hubs through the contract, though the Assistant Director did state that WVRC didn't turn people away and often delivered over and above what was agreed. As for numbers of families in crisis, that information wasn't known but analysis of the numbers using the service was being undertaken so that the needs and demand could be better understood to help design services for the future.

A member of the public commented that she understood people were having to wait for appointments for benefits advice and were often going to the Citizen's Advice Bureau where appointments were just as difficult to obtain. There were some reports that people were attending appointments at the hubs only to be told they were at the wrong venue based on where they lived. There was also concern expressed at the use of the community hub north and the Director stated that the building was still owned by the Council but leased to WVRC and the library was still open in the building.

The Chair welcomed the report as it reflected the huge amount of work being undertaken in our communities. It was important that while there needed to be a core of services delivered at each community hub, they had to develop to respond to their communities needs.

Decision

That the information presented and the work that is underway to maximise the potential of the Community Hub offer be noted.

68. Care Homes 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 care home provision for older people.

Issue(s) for consideration

The Head of Strategic Commissioning reported on progress in the sector since the last update in November 2018 and informed Members of the most recent –

CQC Ratings and inspections

Support provided to the Care Home Market

The Delivering Outstanding Care event held in January

Quality Standards Framework grades.

The opening of Rossmere Park Care Centre in May 2017 and De Bruce Court in February 2018 had provided much needed additional capacity and choice for local residents, particularly in relation to nursing care. This had resulted in a reduction in Out of Borough Placements and also had a positive impact in terms of facilitating timely hospital discharge. Work would continue to support existing and potential new providers to ensure sufficiency within a very challenging business environment.

The Head of Strategic Commissioning particularly highlighted the positive outcomes from the Delivering Outstanding Care event in January attended by care home managers with presentations from the Care Quality Commission and a home that had received an 'outstanding' rating. One of the future work streams proposed from the event was '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.

A Member commented on the recent visit to Wynyard Woods Care Home and questioned when the CQC would be re-visiting the home as considered that significant improvements had been made. The Head of Strategic Commissioning commented that she knew the home was ready to receive an inspection but the local authority had no control over the timing of inspections.

A Member questioned why two homes had been downgraded to level 2 under the Quality Standards Framework. The Head of Strategic Commissioning stated that homes needed to show they could maintain the standards throughout the year.

Members congratulated the Head of Strategic Commissioning and her team on the excellent work in addressing standards and supporting care homes in the town. The Chair supported the comments and stated that as the appendices to the report showed, the numbers of out of borough placements had reduced to only those who wished to go to homes in other areas. The Chair requested that the Committee's appreciation of the work undertaken be extended to the team as the update reports now reflected a very positive and improving picture.

Decision

That the report be noted and a further update report be submitted in six months time.

69. Community Integrated Intermediate Care *(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 the development of a Community Integrated Intermediate Care model which included 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.

Issue(s) for consideration

The Head of Service – Adult Social Care reported that over the next five years all parts of the country would be asked to increase the capacity and responsiveness of community and intermediate care services to those who were clinically judged to benefit most. More NHS community and intermediate health and social care packages would be delivered to support timely crisis care, and avoidance of hospital attendance and/or admission as well as unnecessary admissions into 24hr care placements.

The Head of Service gave a presentation outlining the ambition to implement urgent responses and recovery support delivered by flexible teams working across primary care and local hospitals to meet local needs. This would include working with GPs, allied health professionals (AHPs), district nurses, mental health nurses, social workers, therapists and reablement teams. It was envisaged that extra recovery, reablement and rehabilitation support would wrap around core services to support people with the highest needs.

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.

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

The Head of Service stressed to Members that the current services were very good and efficient. For example Hartlepool's crisis response time was on average three hours quicker than the national average. What was in place worked well but when all the different services were process mapped, this reinforced the feeling of complexity. The aim was to simplify the process for the service user so they had one point of access and one named lead support worker. The efficiencies created would allow current staff levels to deal with the increased demand. The aim was to implement the new system in the winter of 2019.

A Member expressed a concern that the new arrangements would create a bottleneck in the process through pushing all users down one specific service route. The Head of Service stated that a lot of work had already been done in developing the key processes and the systems would be robust. The integrated single point of access (iSPA) team was made up of senior practitioners who assessed the need and allocated an appropriate key worker. The key worker would then determine the services for the service user and while the key worker would have a particular specialism, they would be able to bring in other key specialists at the appropriate point in time while still retaining that overall one to one link with the service user.

One of the key issues that had the potential to limit the new approach was the three separate IT systems used across the services. A recent positive development means that through detailed work with partners and data sharing agreements, local authority staff would now be able to access NHS systems to see and update records. This would remove the need for service users to have to 'tell their story' to every new specialist from a different organisation. Trials had proven to be very successful.

The Head of Service indicated that the aim was that service users wouldn't notice the difference other than they would receive a seamless service with only one key contact; everything they needed could be accessed through that one worker.

A member of the public referred to the single point of access approach that had been adopted in the NHS in the past that didn't work for patients. The Head of Service indicated that it was key that the two developments weren't confused with each other. The NHS operate a single point of access that administers referrals and appointments, whereas the new Integrated Intermediate Care Model will be based around the key worker process that has been described.

Concerns around data protection were raised and the Head of Service stated that all the appropriate safeguards were in place. An information leaflet was being developed to set out how the system worked, how information would be shared and protected and what people could expect from their named single point of contact. Issues around some of the existing services were also expressed and the Head of Service stated that this system was a major new high level approach that would link in to existing services.

The Chair and Members welcomed the report and commended the Head of Service on the extensive work that had been undertaken in bringing the Community Integrated Intermediate Care model forward to this point. The Chair stated that the future delivery of many of our services would be dependent on the success of the new model. One of the things that often came through Healthwatch was the way that systems often led the way rather than patient need. This new model would put patients' needs at the centre of a seamless service delivery model. The transition into the new service model needed to be managed carefully and it had to be acknowledged that this would be a significant cultural change for staff from all partners. The Chair requested that a further update report be submitted in the autumn prior to the full implementation of the Community Integrated Intermediate Care model.

Decision

That the report be noted together the potential benefits that the new model could generate for the people of Hartlepool and that a further update report be submitted to the Committee in the autumn.

70. Chair's Closing Comments

The Chair indicated that at this was the last meeting of the Committee in this municipal year he wished to thank members, officers and particularly the members of the public and other organisations that had attended the meetings throughout the year and contributed to the discussions; their input and scrutiny was important.

The Chair also wished to record his thanks to the staff in the department for providing, what external inspection had recognised as, excellent adult services to the people of Hartlepool.

The meeting concluded at 4.20 pm

H MARTIN

CHIEF SOLICITOR

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