

ADULT AND COMMUNITY BASED SERVICES COMMITTEE AGENDA



Friday 12 March 2021

at 10.00 am

Civic Centre, Hartlepool.

PLEASE NOTE: this will be a 'remote meeting', a web-link to the public stream will be available on the Hartlepool Borough Council website at least 24 hours before the meeting.

MEMBERS: ADULT AND COMMUNITY BASED SERVICES COMMITTEE

Councillors Brewer, Little, Prince, C Richardson, Thomas, Ward 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 17 December 2020.

4. PUBLIC QUESTION

5. BUDGET AND POLICY FRAMEWORK ITEMS

No items.

6. KEY DECISIONS

- 6.1 - Allotment Review Update – *Assistant Director – Preventative and Community Based Services*

CIVIC CENTRE EVACUATION AND ASSEMBLY PROCEDURE

In the event of a fire alarm or a bomb alarm, please leave by the nearest emergency exit as directed by Council Officers. A Fire Alarm is a continuous ringing. A Bomb Alarm is a continuous tone.

The Assembly Point for everyone is Victory Square by the Cenotaph. If the meeting has to be evacuated, please proceed to the Assembly Point so that you can be safely accounted for.

7. OTHER ITEMS REQUIRING DECISION

No items.

8. ITEMS FOR INFORMATION

8.1 Care Home Update – *Director of Adult and Community Based Services*

8.2 Community Hub Strategy – *Assistant Director – Preventative and Community Based Services*

8.3 Annual Report of Adult Social Care Complaints and Compliments 1 April 2019 – 31 March 2020 – *Director of Adult and Community Based Services*

9. ANY OTHER BUSINESS WHICH THE CHAIR CONSIDERS URGENT

FOR INFORMATION

Forthcoming meeting dates are to be confirmed.



ADULT AND COMMUNITY BASED SERVICES COMMITTEE

MINUTES AND DECISION RECORD

17 DECEMBER 2020

The meeting commenced at 10.00 am in the Civic Centre, Hartlepool

Present:

Councillor: Sue Little (In the Chair)

Councillors: Amy Prince, Carl Richardson and Stephen Thomas.

Also present: Darren Best, Independent Chair of Teeswide Safeguarding Adults Board
Councillor Tony Richardson

Officers: Jill Harrison, Director of Adult and Community Based Services
John Lovatt, Assistant Director, Adult Social Care
Gemma Ptak, Assistant Director, Preventative and Community Based Services
Neil Harrison, Head of Safeguarding and Specialist Services
Trevor Smith, Head of Strategic Commissioning (Adults)
Susan Hurst, Head of Service – Promoting Independence
Leigh Keeble, Head of Community Hubs and Wellbeing
David Cosgrove and Jo Stubbs, Democratic Services Team

9. Apologies for Absence

Apologies for absence were received from Councillor James Brewer, Barbara Ward, and Mike Young.

10. Declarations of Interest

Councillor Carl Richardson declared a personal interest in Minute No. 13.
Councillor Stephen Thomas declared a personal interest as an employee of Hartlepool Healthwatch and during the discussions at Minute No. 15 declared a further personal interest.

11. Minutes of the meeting held on 23 October 2020

Received.

12. Teeswide Safeguarding Adults Board Annual Report 2019/20 and Strategic Business Plan 2020/21

(Director of Adult and Community Based Services and Independent Chair of Teeswide Safeguarding Adults Board)

Type of decision

Non key decision.

Purpose of report

To present to the Adult and Community Based Services Committee the Teeswide Safeguarding Adults Board Annual Report 2019/20 and Strategic Business Plan 2020/21.

Issue(s) for consideration

The Director of Adult and Community Based Services presented the TSAB Annual Report and Business Plan for 2020/21, both of which had been delayed in their presentation to the Committee by the pandemic. Since the annual report had been prepared, the past TSAB Independent Chair Ann Baxter had stood down and a new Independent Chair had been appointed, Darren Best. Mr Best was present at the meeting and addressed Members. Members welcomed Mr Best to the role and paid tribute to Ann Baxter for her work as the past chair.

Members questioned when the impact of the Covid-19 pandemic would be seen. The Director stated that the report presented was now relatively historic covering the year until the end of March 2020 when the pandemic had only just begun; the next report would start to reflect the Covid-19 impact.

Members raised questions around the rising numbers of Section 42 referrals and Deprivation of Liberty Safeguard (DoLS) applications as reported in the performance data; the work to protect the vulnerable from scams and fraud and the learning from reviews. The Director stated that there was regular discussion through TSAB and the Board Sub Groups to understand performance data and trends and also to capture the learning from Safeguarding Adult Reviews and Lessons Learned Reviews. In relation to scams and fraud there had been a lot of good work developed recently by Adult Services and Trading Standards on cold callers and telephone scams.

Members raised concerns that the figures around DoLS looked unbalanced for Hartlepool when compared with other Local Authority areas with higher populations. The Director stated that there had been a lot of proactive work with care homes in Hartlepool in relation to DoLS including training packages delivered to staff.

Members sought a breakdown of the statistical information for Hartlepool only and officers undertook to provide this.

The Chair welcomed the annual report and commended the work of the Board and in particular the joint working with officers here.

Decision

That the Teeswide Safeguarding Adults Board Annual Report 2019/20 be noted and Strategic Business Plan 2020/21 endorsed.

13. Care Home Update (*Director of Adult and Community Based Services*)

Type of decision

For information only.

Purpose of report

To provide the Adult and Community Based Services Committee with an update in relation to care home provision for older people, and particularly the effects of the COVID19 pandemic on care home provision in Hartlepool.

Issue(s) for consideration

The Head of Strategic Commissioning (Adults) provided the Committee with a detailed update on the position with care homes in Hartlepool outlining statistical information around capacity and vacancies. Details of the major issues highlighted through the Covid-19 pandemic were also set out including; provision of Personal Protective Equipment (PPE), Covid Premium Payments, Infection Control Fund; support to Care Home Providers / Managers, the management of Covid-19 outbreaks and staff and resident testing.

In terms of quality assurance, 92% of all care homes in Hartlepool were currently rated as 'Good' by the Care Quality Commission (CQC). 15 of the 16 care homes for older people were rated 'Good' (94%), with only 1 home rated as 'Requires Improvement' and no services rated 'Inadequate'.

The issue of care home visiting was also addressed in the report with officers highlighting that work was ongoing with all homes on the issue of the reintroduction of visiting. It was noted that there were significant requirements of care homes before visiting could be reintroduced and also that any care home with an outbreak (of more than one staff member or resident testing positive) could not allow visiting.

Members noted the weekly updates for Care Homes circulated with the report and asked if these could be circulated to Committee Members each time one was issued; the Director stated that this would be circulated by email to Members in the future.

The meeting discussed the introduction of the lateral flow testing for Covid-19 at care homes and the difficulties that surrounded restarting family visiting with the meeting acknowledging that this was likely only to be small

numbers over Christmas. The Director stated that the focus had to be on the roll-out of the vaccination programme to homes.

Members expressed concern at the mental wellbeing of care home residents who were not receiving family visits and in many cases having their normal activities restricted. The Director stated this was a concern but homes were engaging with residents in different ways and had been using technology to keep in touch with family and friends as far as possible and using window visits and video calls.

Members welcomed the report and extended their thanks to the care home providers and staff for all their work during the pandemic which had placed huge pressures on homes.

Decision

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

14. Hospital Discharge and Intermediate Care – Update (*Director of Adult and Community Based Services*)

Type of decision

For information only.

Purpose of report

To provide the Committee with an update in relation to hospital discharges and intermediate care.

Issue(s) for consideration

The Head of Service – Promoting Independence provided the Committee with a detailed update report in relation to the Community Integrated Intermediate Care model which was a strategic partnership between Hartlepool Borough Council (HBC), North Tees and Hartlepool NHS Foundation Trust (FT) and Tees Valley Clinical Commissioning Group (CCG). This included services provided and commissioned by the partners to support older people in the transition from hospital into the community, and to live more independently in their preferred place of residence.

The update covered the current service model, the policy and operating model for the Hospital Discharge Service, the Enhanced Health in Care Homes (EHICH) model, the ethical care framework and the appropriate risk, legal, staffing and financial considerations. An update on the 'designated settings for people who had tested positive for Covid-19 and who were to be admitted to a care homes was also included though it was reported that at this time there was no such designated setting in Hartlepool and the Council was still in discussion with health partners on this issue.

Members discussed the Discharge to Assess process and it was highlighted that while this had been in development for some time, it had been accelerated due to Covid-19. It was however key that all the appropriate parts of the care package were in place at the right time and it was suggested that representatives of health partners be invited to the next meeting to discuss the Discharge to Assess process. The Chair noted Members comments that an earlier meeting than the programmed next date for the Committee in March would be preferential and agreed to discuss an additional meeting date in February with officers.

Decision

That the report be noted and that representatives from the appropriate health partners be invited to the next meeting of the Committee to discuss Discharge to Assess.

15. Support Hub Update (*Director of Adult and Community Based Services*)

Type of decision

Non key decision.

Purpose of report

To provide members of the Adult and Community Based Services Committee with an update on the work of the Hartlepool Support Hub and how this links to the wider development of Community Hubs.

Issue(s) for consideration

The Assistant Director for Preventative and Community Based Services provided the Committee with an update on the Support Hub activities since the previous meeting. Currently there were 4,883 people within Hartlepool identified as Clinically Extremely Vulnerable (CEV). Of these, 200 had chosen to register with the new national system and 70 had been assessed by the Support Hub as having a high level of support needs. All 4,883 people had been contacted via text message and those who have previously needed support have had a phone call.

It was now proposed that the Support Hub be maintained on a permanent basis as a core part of the Community Hub and Wellbeing Service, which already had an established core offer including library provision, health and wellbeing services, Community Connectors, financial advice, social activities and education.

The Support Hub will be relaunched on 2 January 2021 from the newly refurbished Central Hub and will take on a new role as the first point of contact for people requiring adult social care support. The role of the Support Hub will be to explore community solutions that keep people involved and connected before any formal social care assessment is undertaken. This is an essential element of implementing Community Led Support and will also involve close working with VCS partners. The library

offer is being refined and refreshed based on learning from the pandemic response. There will be an increased focus on digital inclusion, learning from experiences during the pandemic and how digital solutions can be used to support people who are socially isolated.

These proposed developments and an associated staffing restructure that creates additional capacity for the Community Hub offer will allow a greatly enhanced service to be developed that will include: an extended digital offer; additional community kitchens and Chatty Café sessions; regular sessions focused on hobbies and activities that bring people together; one off events and celebrations; individual support for people; health and wellbeing activities; steady feet sessions for people prone to falls. This will be fundamental in replacing building based day services for older people that cannot be provided in a COVID secure way, and are no longer being commissioned as a result.

Members were concerned that the refinement of the library offer should not be detrimental to the service as the library services was a treasured service for the public. The Assistant Director stated that the library service would be more robust and in line with government guidance. There would still be the 'click and collect' service during the pandemic as well as the extended mobile library service. Members could be assured the hard book offer would be maintained but the service did need to adapt to the differing needs of different demographics. Where physical stock was moved on, there was clear justification for that.

Members supported the community kitchen and chatty café offers and requested an update on these at a future meeting.

Decision

1. That the current position and the positive work that continues through the Support Hub be noted.
2. That the plans for the further development of the offer as outlined in the report be approved.

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

Type of decision

For information.

Purpose of report

To provide the Adult and Community Based Services Committee with a progress update regarding the implementation of Community Led Support.

Issue(s) for consideration

The Director of Adult and Community Based Services and Head of Community Hubs and Wellbeing provided the Committee with an update on the implementation of Community Led Support (CLS) as requested at

the previous meeting. The report outlined progress since the summer of 2019 including the delivery of training to staff within the Council and partner organisations.

Through NDTi (National Development Team for Inclusion), Adult Services have undertaken further work with Raj Singh, a key figure in the implementation of CLS in Somerset. The Somerset team had developed the Community Lens audit tool which was rolled out to all staff across Adult and Community Based Services in September 2020 to understand how staff approach the development of community solutions and to identify key priorities for the future.

222 members of staff completed the audit tool and analysis of responses is underway. Early findings are positive with:

- Over 80% of respondents rating the VCS services in the town either good or very good.
- 55% of respondents reporting that they had replaced a paid service with a community service for someone in the past 12 months.
- 77% of respondents confirming that they would routinely consider community solutions to address isolation and loneliness.

The next steps in progressing CLS were outlined which included a review of the Partnership Group, further analysis of the Community Lens data and the development of a CLS Champions Network across the department. In addition, a network of micro-enterprises will be developed that will provide grassroots solutions to addressing social care needs. Supporting the development of a locally rooted micro-enterprise network will help Adult Services to meet the care and support needs of the local population while stimulating an infrastructure that thinks creatively about wellbeing, social care provision and community.

Members welcomed the new initiative and thanked the Head of Community Hubs and Wellbeing and her team for their work in bringing this forward. The Chair commented that the pandemic had brought forward many new ways of working in a very short space of time and had led to a greater tailoring of services around the individual.

Decision

That the report and the achievements to date be noted and the planned further development of Community Led Support be supported.

17. Active Hospitals *(Director of Adult and Community Based Services)*

Type of decision

For information.

Purpose of report

To provide members of the Adult and Community Based Services Committee with information regarding the Active Hospitals Programme.

Issue(s) for consideration

The Assistant Director, Preventative and Community Based Services provided an update on the Active Hospitals Programme as requested at the previous meeting. Active Hospitals aims to change the culture of physical activity behaviours in hospitals and enable patients to be more active. As part of the Moving Healthcare Professionals Programme Public Health England and Sport England created an Active Hospitals Feasibility and Acceptability programme which was then developed and tested by Oxford NHS Foundation Trust.

North Tees and Hartlepool Foundation Trust alongside Sheffield Children's Foundation Trust and Northumbria Healthcare Foundation Trust were identified as Active Hospitals as part of a pilot programme to further develop the integration of physical activity within the healthcare system. There would also be key links with the local voluntary and community sector and local authority partners would support and facilitate at a local level alongside engagement of Hartlepool and Park Run who were established partners with the Trust.

Members welcomed the involvement in the pilot programme and asked if it would involve social prescribing through GP surgeries. The Assistant Director stated the pilot was at the very early stages and engagement with wider social prescribers would be involved. The aim was to provide the evidence base for future 'joined up' service development. Members supported the pilot though did feel that future funding of such an initiative would be the main challenge for the future.

The Chair welcomed the pilot project and requested a further update to the Committee potentially including some participant feedback.

Decision

That the report be noted.

18. Brain in Hand Pilot (*Director of Adult and Community Based Services*)**Type of decision**

For information.

Purpose of report

To provide members of the Adult and Community Based Services Committee with further information regarding a 12 month pilot of the Brain in Hand application.

Issue(s) for consideration

The Head of Safeguarding and Specialist Services reported that 'Brain in Hand' was a professional digital support system which helps people to make decisions, manage anxiety and deal with unexpected situations.

Brain in Hand was for anyone whose day can be knocked off track by anxiety, unexpected events, or the need to make decisions under pressure. Brain in Hand is not condition specific and should be better thought of as an aid for people who find it hard to remember things, experience anxiety, or have difficulties with executive function: for example, planning and organising, initiating tasks, and responding to unplanned situations. These challenges are common to many conditions, notably autism, a range of mental health difficulties and some learning difficulties.

Brain in Hand combines the benefits of technology and the potential of people's support networks to help them develop and deploy strategies to tackle everyday tasks and challenges. Designed for young people and adults with impairments to executive function - such as difficulties with planning, problem solving and initiating tasks - it helps them establish routines, deal with unexpected events, and manage the stress and anxiety that can arise when things go off track. Further details were provided in the appendix to the report.

The Council has entered into an agreement to conduct a 12 month pilot of the application with 20 people. Training on the application and its functionality had commenced and the department was working with Social Workers to identify a cohort of people to test the service and the effectiveness of the application. In addition to support on how to set up and use the application the cohort of 20 people would also receive a personalised plan tailored to their personal requirements, which vary depending on their goals and their support network.

The total cost to the Council for the implementation of the pilot is £28,570. This includes up to 20 licences (which can be reissued), specialist support, an individual annual response service, 3 programme evaluation support days, and 4 project management support days.

The Chair indicated her support for this new pilot as many of the users it was aimed at may find the app easier to relate to than traditional face to face support. Some Members were concerned that the app would require more expensive smart phones to operate and may involve additional charges but the Head of Safeguarding and Specialist Services assured Members that additional costs would be very limited and the identification of users for the pilot would ensure there was no additional financial pressure placed on them. In the future, service users may wish to choose Brain in Hand funded through a Direct Payment. If the pilot is successful there is potential to expand this approach to support an increased number of people.

Decision

That the report be noted and that a further report detailing the outcome of the pilot be submitted to the Committee in due course.

19. Any Other Items which the Chairman Considers are Urgent

None.

Members questioned when proposals on the 2021/22 budget would be brought forward for discussion. The Director indicated that she would raise the question with the Director of Resources and Development.

The Committee noted that the next scheduled meeting would be held on Friday 12 March, 2021 at 10.00 am, though the Chair confirmed that, as discussed earlier the meeting, an additional meeting would be scheduled in February 2021.

The meeting concluded at 12.40 pm.

H MARTIN

CHIEF SOLICITOR

PUBLICATION DATE: 5 JANUARY 2021

Public questions for Adult and Community Based Services Committee

Meeting Date: 12 March 2021

1.	From: Mr Robert Snowdon
	To: Chair of Adult and Community Based Services Committee.
	<p>Question</p> <p><i>Neighbourhood services on 13 March 2020 reported consensus at allotment focus group on changes to rule book.. namely relating to access to sheds.. this is untrue. The focus group has neither a constitution, voting process and it members have no powers to represent fellow plot holders.</i></p> <p><i>Secondly. Councillor Tenant has seriously misled both Council and tenants and included a new and illegal rule regarding associations memberships .</i></p> <p><i>Do councillors tenant and little accept they have abused the process of consultation and lied to tge neighborhood services Committee and the allotment focus group.</i></p>

ADULT AND COMMUNITY BASED SERVICES COMMITTEE

12 March 2021



Report of: Assistant Director (Preventative and Community Based Services)

Subject: ALLOTMENT REVIEW UPDATE

1. TYPE OF DECISION/APPLICABLE CATEGORY

1.1 Key decision; general exemption applies.

2. PURPOSE OF REPORT

2.1 The purpose of this report is to provide an update on the review of the current Allotment Service and to set out future priorities.

3. BACKGROUND

3.1 A report on the Allotment Service Review and Dispute Resolution Process was submitted to a Council meeting by Neighbourhood Services Committee on 17 September 2020 and Members approved the report and the amended recommendations.

Following on from this, at a Council meeting on 20 October 2020, it was agreed:-

“That the Neighbourhood Services Committee further review the allotment service pertaining to allotment rules with particular regard to the rights and responsibilities of allotment holders.”

Prior to the Council meetings the allotment service moved to Preventative and Community Based Services (P&CBS) after a restructure report considered at Finance and Policy Committee on 9 March 2020 was approved by Members.

3.2 Allotments have always made a significant contribution to residents and communities of Hartlepool however their importance and contribution during the last 12 months has been significant, specifically considering health and social outcomes. The Council currently manages 1,000 plots across 16 sites. The sites are distributed across 10 of the 12 wards, with each varying in size, ranging from a single plot to larger areas holding 167. Each site has distinct opportunities, characteristics and dynamics.

- 3.3 The demand for allotment plots over the last two years has steadily grown. This was especially noticeable during 2020, when there was a large increase in the number of requests to join the waiting list.
- 3.4 In light of this, and as part of ongoing considerations to provide quality allotment opportunities for all residents. The development of an Allotment Strategy is required to understand future priorities, identify service design and operations and ensure access, inclusion and opportunity for all residents who are interested in being part of the allotment community.

4. PROPOSED STRATEGY

- 4.1 The overall aim of the proposed Allotment Strategy is to focus on the needs of the current user group and wider community that the allotments serve. It will look to evolve service operations, encourage a wider demographic to access allotments within the Borough and to make the service more customer focused. It is hoped that by doing this, the service will be more inclusive and accessible, and create stronger links into communities.
- 4.2 The core principles will follow the model of ‘five steps to wellbeing’, developed by the New Economics Foundation:-
- a) **Connect:** engage with a community of people for healthy interaction with a shared goal.
 - b) **Be active:** Gardening/cultivation offers low to moderate intensity exercise and such physical activity can help people with mild depression. Being active can improve wellbeing through a sense of greater self-esteem.
 - c) **Take notice:** Being outside in all seasons, caring for crops and experiencing nature. Tenants and service users are encouraged to take notice and enjoy the allotment in a mindful way and engage with nature.
 - d) **Keep learning:** Tenants can share good allotment practice between themselves on site and training can be sought from horticulturists that the service hopes to facilitate in the future.
 - e) **Give:** Produce is grown on sites and gifted to charities, communities or entities that can facilitate this goal.
- 4.3 During the 2020 Covid-19 pandemic, it has been well documented through feedback from individual tenants and site associations that the allotments have been a significant source of both physical activity and positive mental and social wellbeing. The Allotment Service wishes to use this period as a learning experience, with the aim of better integration with other communities and services within the Authority. This is with a view to giving allotments wider appeal to the community at large and to provide more routes into the allotment services, whether that be by tenancy or through similar community/volunteer based services.

- 4.4 Based on the Five Steps to Wellbeing, the Allotment Service has identified the following core principles as an initial engagement model:-
- a) **Integrate** the Allotment Service with other Community Based Services internally and externally to provide a more customer focused offer;
 - b) **Provide** additional routes of engagement for people to enjoy allotment land, whether that be through tenancy agreement, educational classes/places of learning or community based allotments to appeal to a wider demographic;
 - c) **Establish**, improve and maintain routes of communication and engagement with allotment customers/tenants, including the encouragement of site associations to accept a level of devolved management and continue to monitor changing customer and community need; and
 - d) **Change** the nature in which the residents of Hartlepool view allotment sites to one of safe spaces, respecting and enhancing the communities they reside in.
- 4.5 These objectives will see the way the service operates revised, for example alternative routes to working a plot will be provided. This will offer individuals ways to become a tenant or the chance to become part of the allotment community but not take on a full scale plot. Residents may wish to volunteer on a community garden to fulfil their aspirations, whilst others may wish to try their hand on a small plot before moving on to a full size one.
- 4.6 These opportunities will be offered by developing closer links with community growing projects including Waverly Community Allotment, which provide a range of opportunities including volunteering and supported learning.
- 4.7 Whilst routes to accessing allotments will diversify, it is also hoped that the Allotment Strategy will provide a chance for Allotment Associations to develop. This could be through offering their own community gardens, mentorship schemes on sites that will support new tenants or perhaps considering devolved management.
- 4.8 The Allotment Strategy will introduce a fit for purpose model of operations that will be well informed and innovative in its approach. It is proposed that this will be facilitated by a revised set of rules which will be introduced in 2022. This will allow for further discussion around proposed changes and how they could affect the operation of sites.
- 4.9 It is hoped that the Allotment Strategy will create a framework in which the service can work positively with allotment holders and wider community to allow it to thrive and meet the growing demands of residents.

5. CONSULTATION

- 5.1 The Allotment Strategy will be customer centric and ensure consideration of viability, desirability and sustainability of allotments and the service model in which they operate. Communication with tenants is a critical part of the

ongoing process therefore a Communication Strategy will be developed to inform the process but also to enable effective two way communication with tenants, partners and associations on a sustained basis.

- 5.2 Baseline information will be collected as part of the tenancy process to gain a better understanding of the value, aspirations and requirements of tenants. A questionnaire will be sent out with tenancy agreements to all applicants on an annual basis. This will provide valuable data which the service will use to ensure that it continues to respond to the changing needs of individuals.
- 5.3 In addition to this, regular updates, news and information will be shared with tenants and feedback will be collated to inform the process on an ongoing basis. There will be monthly newsletter, an Allotment Service Facebook page and quarterly conversations with Allotment Associations. Electronic and digital communications will be supplemented with information on site notice boards to ensure that those who don't have access to digital or electronic means of communication remain informed.

6. LEGAL CONSIDERATIONS

- 6.1 The Council's Constitution Committee agreed, at a meeting on 1 February 2021, to recommend to Council the alignment of Committee functions with the senior management structure. Subsequently it was agreed at Council on Thursday 25 February that this realignment be implemented with immediate effect. As a result, the Allotment Service will report to the Adult and Community Based Services Committee from this point forward and updates on the Allotment Strategy will be presented to this Committee.

7. FINANCIAL CONSIDERATIONS

- 7.1 The Allotment Strategy will be delivered within the existing budget. It is considered that the development of the strategy will provide opportunities to explore further how the service can become self-sustaining.

8. RISK IMPLICATIONS

- 8.1 There are reputational risks for the Council if a comprehensive Allotment Strategy is not developed, following a review, with the involvement of tenants and potential future users of the service.
- 8.2 While there are no specific financial risks identified at the present time, it must be noted that it may not be possible to deliver the aspirations of current tenants and potential future users of the service within the available budget and resources. Efforts will be made to minimise this through use of more innovative approaches, engagement of the Voluntary and Community Sector and use of social capital to support further development of allotment provision but it will be important to manage expectations.

9. STAFFING

- 9.1 The new Allotment Strategy will be delivered by existing staff working in partnership with officers across Preventative and Community Based Services who have a shared interest in community allotment sites.

10. SECTION 17 OF THE CRIME AND DISORDER ACT 1998 CONSIDERATIONS

- 10.1 Historically, allotments have suffered from crime and anti-social behaviour including vandalism, arson, theft and fly tipping. Efforts to improve site security and to make allotments a less attractive target have made some headway in recent years, and these works will continue to be developed through the Allotment Strategy.

11. ASSET MANAGEMENT CONSIDERATIONS

- 11.1 Allotments are an important Council asset comprising 38 hectares (94 acres) of public land within the Borough. The service continues to manage the land in the most appropriate, cost effective way.

12. CHILD AND FAMILY POVERTY

- 12.1 Allotments provide benefits through increasing access to a healthy diet (fresh fruit and vegetables), physical activity, engagement with the natural environment and social interaction, all of which have proven benefits to health and wellbeing.

13. EQUALITY AND DIVERSITY CONSIDERATIONS

- 13.1 Access and inclusion will be a key consideration of the Allotment Strategy ensuring that this is a service that is available for all who wish to access. There will be a robust equality and diversity impact assessment as part of the strategy development including as part of the development of the communication strategy.

14. RECOMMENDATIONS

- 14.1 It is recommended that the Committee
- note the development of an Allotment Strategy which will identify future priorities and service design; and
 - agree to the proposal in section 4 and defer the introduction of changes to the existing allotment rule book until after the outcome of the review.

15. REASON FOR RECOMMENDATIONS

- 15.1 It was agreed at Council on 17 September 2020 that a review of the allotment service would be carried out.

16. BACKGROUND PAPERS

Council, 17 September and 20 October, Allotments Service Review and Dispute Resolution Process

Neighbourhood Services Committee Report 13 March 2020, Allotments Service Review and Dispute Resolution Process

Neighbourhood Services Committee Report 26 July 2016 Allotment Review

Neighbourhood Services Committee Report 19 February 2018 – Phase two Allotment Strategy and Review

Council Minutes – 12 September 2019

17. CONTACT OFFICERS

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Sign Off:-

Director of Finance and Policy ☒

Chief Solicitor ☒

ADULT AND COMMUNITY BASED SERVICES COMMITTEE

12th March 2021



Report of: Director of Adult and Community Based Services

Subject: CARE HOME UPDATE

1. TYPE OF DECISION/APPLICABLE CATEGORY

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, and particularly the effects of the COVID19 pandemic on care home provision in Hartlepool.

3. BACKGROUND

- 3.1 There have been regular updates to the Committee for a number of years providing details of CQC inspection ratings, occupancy levels, quality assurance, fee negotiations and support to the care home market.

4. CURRENT POSITION

- 4.1 Since the last report in December 2020, there have been further developments, outlined below, many of which relate to the COVID19 crisis.
- 4.2 Care home occupancy has fallen to around 88% in older people's care homes across the town and there are currently 94 vacancies across the 16 older peoples care homes. Two homes have been particularly impacted by large outbreaks and are now operating with far greater vacancy rates than is normal. Officers are monitoring this closely to understand any long term impact and to assess whether further support is required by the homes affected.
- 4.3 The number of out of borough placements currently stands at 103, a reduction from 109 in March 2020 and 127 in March 2019.

4.4 There continue to be COVID19 outbreaks in care homes across Hartlepool and these are monitored and supported by Public Health, Adults Commissioning, Environmental Health Officers, Public Health England and where required the Care Quality Commission (CQC) and Health and Safety Executive. The number of outbreaks has reduced significantly since January.

4.5 The number of positive cases within older peoples care homes is tightly monitored. There were 58 new resident cases in January 2021 and 51 staff cases. This has reduced from December 2020, when the figures were 86 for residents and 69 for staff.

As of 24 February 2021, there had been no confirmed cases in residents of care homes for older people for 8 days and no COVID related deaths for 11 days, which is the most positive position seen in the last 6 months.

4.6 The level of Personal Protective Equipment (PPE) is still at acceptable levels, and care homes know to contact the council if any supplies are needed urgently.

4.7 Premium payments ceased in November 2020, but additional grants have been announced as outlined below:

- Final payments of the Infection Control grant are now being paid to care homes.
- A new Workforce Capacity Grant has been announced which will be used to support care providers with staffing issues.
- A new grant to support rapid testing has been announced for allocation to care providers in February.

4.8 The Adults Commissioning team continues to support all older peoples care homes with regular contact (minimum twice weekly) and more often where outbreaks are occurring.

4.9 A HBC newsletter continues to be sent out to care homes with key information, including guidance, latest advice and other information to support providers at this challenging time.

4.10 A detailed testing process is now in place for both staff and residents in care homes, as well as testing processes for staff in other areas, e.g. domiciliary care. The new government grant to support rapid testing will further support the roll out of testing across the care sector.

4.11 The majority of older peoples care homes across the town are allowing visiting to residents on a very limited basis, except where the home is currently in an outbreak. The range of visiting options includes, closed window visits and use of pods. This will remain limited while the national lockdown restrictions remain in place.

- 4.12 Quality assurance remains high in care homes with 92% of all care homes rated as 'Good' by the CQC. This has improved significantly in recent years and has remained consistently high over the last 18 months.
- 4.13 There are no homes with suspensions in place for new admissions.
- 4.14 Vaccinations of both care home residents and staff continues, with the position at the end of January as 93% of residents vaccinated with the first dose (or offered the vaccination) and 83% of older peoples care home staff vaccinated (or offered). The second dose of the vaccination is due to start in the first week of March 2021.

There are small numbers of workers who have refused the vaccine for a range of reasons. The council is working with health to that the workforce is supported to have all the information they need to make an informed choice. A "Vaccine Myth Buster" provider forum took place recently which was attended by Hartlepool providers.

5. RISK IMPLICATIONS

- 5.1 There have been concerns in recent years about the availability of sufficient care home places for older people. This continues to be closely monitored as, while there is currently a higher level of vaccines than usual, COVID19 outbreaks in care homes reduce the number of homes able to accept new admissions.
- 5.2 Pressures on care home staffing levels due to staff absent with COVID19 or self-isolating is a risk. Staffing levels and reliance on agency staff are monitored regularly and national guidance to care homes indicates that the Infection Control Fund should be used to minimise movement of staff between care homes.
- 5.3 Any reduction in care home capacity would increase the need for older people to access out of area placements and can also impact on delayed transfers of care from hospital.
- 5.4 New national requirements for Local Authorities, in partnership with CCGs, to commission 'Designated Settings' came into force in November 2020. A 'designated setting' allows people being discharged from hospital who have tested positive for COVID19 to be cared for in a nominated facility for 14 days. No care homes in Hartlepool are currently able to deliver the requirements of a 'designated setting'. However, officers have worked with colleagues in neighbouring authorities and a solution is in place that allows Hartlepool residents to access a designated setting in Stockton as required.

6. FINANCIAL CONSIDERATIONS

- 6.1 There are significant financial considerations associated with care home provision, including the fair cost of care and implementation of the National Living Wage.
- 6.2 There has been significant funding announced nationally to support care home provision. The Council continues to allocate this funding to care providers in a timely way and to monitor and report on how funding is utilised.

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. CONSULTATION

- 8.1 There are no consultation considerations associated with this report.

9. CHILD AND FAMILY POVERTY CONSIDERATIONS

- 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 There are no staff considerations associated with this report.

12. ASSET MANAGEMENT CONSIDERATIONS

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

13. RECOMMENDATION

- 13.1 It is recommended that the Adult and Community Based Services Committee note the contents of this report and receive further updates as deemed necessary.

14. REASON FOR RECOMMENDATION

- 14.1 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.

15. CONTACT OFFICERS

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Danielle Swainston, Assistant Director, Joint Commissioning, Civic Centre, 01429 523732 danielle.swainston@hartlepool.gov.uk

Sign Off:-

Director of Finance and Policy ☐

Chief Solicitor ☐

ADULT AND COMMUNITY BASED SERVICES COMMITTEE

12th March 2021



Report of: Assistant Director – Preventative and Community Based Services

Subject: COMMUNITY HUB STRATEGY

1. TYPE OF DECISION/APPLICABLE CATEGORY

1.1 No decision required; for information.

2. PURPOSE OF REPORT

2.1 To present the Committee with a proposal to progress with a Community Hubs Strategy.

3. BACKGROUND

3.1 Community Hubs were officially launched on 25 September 2017. The aim of the Hubs was to act as key community buildings that bring together a range of services, from different organisations, under one roof.

3.2 The three Community Hubs located in the North, Central and South of the Borough were joined in the summer of 2019 by the Centre for Independent Living (CIL), Burbank Street operating as Community Hub Coastal.

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.

3.4 The Community Hubs have a core offer available or in development at each site. This includes:

- A library offer comprised of book loaning service including eBooks and audio books, children's rhyme time, People's Network, reading groups, genealogy, local history and much more.
- Health and Well Being Services offering one to one and group support from Community Connectors. This is focused on positive lifestyle

- change, increasing physical activity, managing long term and limiting conditions and signposting to other opportunities and services.
 - Financial advice and guidance in partnership with West View Advice and Resource Centre.
 - Learning and Skills offering programmes of education, careers advice and volunteering opportunities.
- 3.5 The impact of the pandemic on the Community Hubs was immediate with the buildings being closed to the public in March 2020 and effectively remaining closed with a brief period of limited library browsing at select locations over the summer of 2020.
- 3.6 Despite the closures, the Community Hubs have remained very active in providing existing and new services to the public in response to the pandemic and also to support people to stay connected and engaged in positive activities and opportunities. This has included:
- Developing and implementing Hartlepool Support Hub providing support to the Clinically Extremely Vulnerable (CEV), Critically Vulnerable and Self Isolating.
 - Providing a click and collect service from the Mobile Hub and South Hub
 - E-books service (with increased stock) via Borrow Box
 - Delivering the Summer Reading Challenge with 544 children completing the challenge online.
 - Hosting virtual reading groups, maintained our home delivery service to those unable to leave their homes, supported schools and care homes with books and crafting materials.
 - Widening the digital offer providing at least one online activity a day and providing some low level exercise opportunities via mobile Motor Med bikes and online chair exercises.
- 3.7 The period of enforced lockdown has given the opportunity to reflect on services models and priorities for the future. Critical to this thinking is considering the delivery of library services and reflecting how residents are accessing books. There has been a decrease in physical book loans however there has been a significant increase in online membership and loans. Consideration has been given to a blended model of library service delivery and ensuring assets are seen as community spaces with a library offer.
- 3.8 The COVID pandemic has highlighted inequalities which have always existed but been exacerbated by the pandemic and others that have become more evident because of the pandemic. Experience, learning, insight and information has proven critical on a national and local level to start to inform some of the priorities for a future strategy. Some of the emerging challenges relate to technology, connectivity and skills to access digital and online services, education and health services.
- 3.9 Other emerging challenges that Community Hubs can support with, in partnership with internal colleagues, businesses and the voluntary sector include unemployment, social isolation, ill mental health and population

health. The strategy plans to address what contribution Community Hubs can have in these significant issues during and after the pandemic.

4. PROPOSALS

- 4.1 The development and publication of a strategy will be well informed and establish the foundations for the long term management and development of the Community Hubs.
- 4.2 Based on existing knowledge, 5 key strategic priorities will form the framework for consultation and development of the Community Hubs Strategy. Each strategic priority will be underpinned by a set of ambitions which will inform, with partners and the community, the design of services going forward. The strategic priorities are:
 - Health and Wellbeing
 - Community
 - Digital
 - Reading, Education and Innovation
 - Diversity, Disability and Difference
- 4.5 Plans are being developed to enable service reopening and recovery within the parameters of ongoing pandemic restrictions. Immediate priorities remain providing support to those most vulnerable, providing access to library services, providing access to People's Network, providing outreach and virtual services. It is anticipated that this will be in place for the next 6 – 12 months.
- 4.6 Consultation will be conducted over the summer period allowing time for anticipated ongoing deployment of service to COVID response and recovery. It is therefore anticipated that a completed strategy will come back to Committee in October 2021 for approval.

5. RISK IMPLICATIONS

- 5.1 The ongoing risk of the pandemic and the timeline of service recovery is unknown and will present risks as services are able to reopen to the public with potential ongoing restrictions.

6. FINANCIAL AND LEGAL CONSIDERATIONS

- 6.1 A robust consultation process will take place including engagement with existing and new users of the library service in accordance with the Public Libraries and Museums Act 1964.

7. EQUALITY AND DIVERSITY CONSIDERATIONS

- 7.1 There are significant considerations regarding equality and diversity which will be considered as part of the consultation and form a critical theme of the overall strategy specifically considering access, inclusion and engagement.

8. STAFF CONSIDERATIONS

- 8.1 The structure of the Community Hubs continues to evolve to meet current demands on the service as detailed in a report to the Adult and Community Based Services Committee in December 2020.

9. ASSET MANAGEMENT CONSIDERATIONS

- 9.1 Assets are a critical part of the Community Hub design and operations and will be considered as part of the overall strategic proposals.

10. CHILD AND FAMILY POVERTY

- 10.1 The purpose and development of Community Hubs will have a key contribution to addressing poverty and there is significant work underway, in partnership with the Voluntary and Community Sector. This will be built upon and fit with the corporate priorities ensuring strategically aligned to other departments within the council.

11. RECOMMENDATION

- 11.1 It is recommended that the proposal to progress with the development of a Community Hubs Strategy inclusive of future library service is noted by members of Adults and Community Based Services Committee.

12. REASONS FOR RECOMMENDATIONS

- 12.1 To ensure services meet the current and future demands of the population.

13. CONTACT OFFICER

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ADULT AND COMMUNITY BASED SERVICES COMMITTEE

12th March 2021



Report of: Director of Adult and Community Based Services

Subject: ANNUAL REPORT OF ADULT SOCIAL CARE
COMPLAINTS AND COMPLIMENTS 1 APRIL 2019 –
31 MARCH 2020

1. TYPE OF DECISION/APPLICABLE CATEGORY

1.1 For information.

2. PURPOSE OF REPORT

2.1 To present to members the Annual Report of Adult Social Care Complaints and Compliments 2019/20

3. BACKGROUND

3.1 The Annual Complaints and Compliments Report provides information on the complaints for adult social care. It summarises information in relation to complaints that have been received and responded to, as well as compliments received during the reporting period.

4. PROPOSALS

4.1 The report is attached as **Appendix 1** and provides an analysis of complaints and compliments and demonstrates learning that has occurred from complaints and actions implemented as a result.

4.2 The report includes:

- Complaints and compliments received in 2019/20
- Outcomes of complaints;
- Learning lessons and service improvement; and
- Complaints considered by the Local Government and Social Care Ombudsman in 2019/20.

5. ADULTS SOCIAL CARE COMPLIMENTS / COMPLAINTS

5.1 During 2019/20, 77 compliments were received relating to adult social care. This is an increase of 18 compliments from 2018/19

5.2 A total of 35 complaints were received during 2019/20. The number of complaints received has increased by 4 from last year.

Although there has been an increase in the number of complaints received, 7 of the 35 complaints received were not considered further leaving 28 complaints for investigation. Overall, this is an increase of 6 complaints investigated from the previous year where 22 complaints were investigated from the 31 complaints received.

- 5.3 The reasons that the 7 complaints were not considered further included:
- Complaint withdrawn by complainants and were therefore not considered any further;
 - Service user had not provided their consent for someone else to act on their behalf in the matter of the complaint;
 - The substance of the complaint related to an Order made by the Court of Protection;
 - Service complaint about was not provided by the Council. The complainant was signposted to the correct organisation;
 - Subject matter of the complaint had previously been investigated by the LGSCO and statutory complaint regulations do not permit a complaint that has already been the subject of an investigation by the LGSCO to be considered further.
- 5.4 There have been 28 complaints investigated in 2019/20. 25 complaints have concluded local statutory complaints processes and 3 complaints remain ongoing. These 3 complaints will be carried forward to 2020/21.

6. RISK IMPLICATIONS

6.1 There are no risk implications identified.

7. FINANCIAL CONSIDERATIONS

7.1 There are no financial considerations identified.

8. LEGAL CONSIDERATIONS

8.1 There are no legal considerations identified.

9. CONSULTATION

9.1 There is no consultation required in relation to this issue.

10. CHILD AND FAMILY POVERTY

10.1 There are no child and family poverty considerations identified.

11. EQUALITY AND DIVERSITY CONSIDERATIONS

11.1 There are no equality and diversity considerations identified.

12. STAFF CONSIDERATIONS

12.1 There are no staff considerations identified.

13. ASSET MANAGEMENT CONSIDERATIONS

13.1 There are no asset management considerations identified.

14. RECOMMENDATION

14.1 That members of Adults and Community Based Services Committee note the contents of the Annual Report of Complaints and Compliments 2019/20 and note that the report will be published online.

15. REASON FOR RECOMMENDATION

15.1 It is a requirement that an Annual Report regarding complaints is prepared presented to the relevant Policy Committee and published on the Council's website.

16. CONTACT OFFICER

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HARTLEPOOL
BOROUGH COUNCIL

Annual Report of Adult Social Care Complaints and Compliments 2019/20



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Appendices

A: Examples of compliments received across Adult Social Care

B: Examples of complaints and actions taken in Adult Social Care

1. Introduction

Welcome to Hartlepool Borough Council's Annual Report of Adult Social Care Complaints and Compliments. The report covers statutory complaints and compliments received for adult social care services for the period 1 April 2019 to 31 March 2020.

The report outlines:

- Details of the complaints and compliments received over the reporting period;
- Actions implemented and resulting improvements following enquiries into complaints;
- Performance in relation to handling of complaints.

2. Background

Complaints and compliments are valued as an important source of feedback on the quality of services. Each complaint is investigated and, where appropriate, redress is made. Equally important is the work to improve services to prevent a repeat of failure in service quality and continually improve services.

2.1. What is a complaint?

A complaint is any expression of dissatisfaction about a service that is being delivered, or the failure to deliver a service. The Local Government and Social Care Ombudsman define a complaint as “*an expression of dissatisfaction about a council service (whether that service is provided directly by the council or on its behalf by a contractor or partner) that requires a response.*”

A complaint can be made in person, in writing, by telephone or email or through the council's website. It can be made at any office. Every effort is made to assist people in making their complaint and any member of staff can take a complaint.

2.2. Who can complain?

A complaint can be made by:

- A person who uses services;

- A carer on their own behalf;
- Someone who has been refused a service for which they think they are eligible;
- The representative of someone who uses services or a carer acting on their behalf. This could be with the consent of the service user or carer or in the case of someone who does not have the capacity to give consent (within the meaning of the Mental Capacity Act 2005), where they are seen to be acting in the best interests of that person; or
- Anyone who is or is likely to be affected by the actions, decisions or omissions of the service that is subject to a complaint.

3. Adult Social Care Complaint Framework

3.1. Complaint management arrangements

The statutory complaint function for adult social care sits within the Quality and Review Team under the management of the Head of Service (Quality and Review). The remit of the Complaints Manager's function is:

- Managing, developing and administering the complaint procedure;
- Providing assistance and advice to those who wish to complain;
- Overseeing the investigation of complaints that cannot be managed at source;
- Supporting and training staff; and
- Monitoring and reporting on complaints activity.

3.2. The complaint regulations and procedure

A single level integrated complaints process was introduced on 1 April 2009 with the implementation of the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009.

These regulations place a duty on NHS bodies and adult social care organisations to coordinate handling of complaints and to advise and support complainants through the procedure.

A local joint protocol for the handling of complaints that span more than one health or social care organisation has been developed to ensure a

comprehensive response is provided to complaints that cross more than one organisation.

The complaints procedure aims to be as accessible as possible. The policy is flexible to ensure that the needs of the complainant are paramount and allows the Department and the complainant to agree on the best way to reach a satisfactory outcome. On receipt of a complaint the level of impact is determined and complaints are screened according to their content as being red (high impact), amber (moderate impact) or green (low impact). The process for handling the complaint is dependent on the impact.

3.3. Timescales for the resolution of complaints

Staff will always try to resolve problems or concerns before they escalate into complaints and this ensures that, wherever possible, complaints are kept to a minimum.

Since the introduction of the 2009 regulations the only mandatory timescale is that the complainant receives an acknowledgement within 3 working days. The legislation allows for a maximum 6 month timescale to investigate and respond to a complaint. This offers a more flexible approach to the amount of time in which complaints should be dealt with. The Council's policy aims for even the most complex of complaints to be resolved within 65 working days. If timescales cannot be met, a new timescale should be discussed with the complainant. Locally, timescales have been introduced for amber and green complaints of 40 and 20 working days respectively.

There is a time limit of 12 months from when the matter being complained about occurred to when a complaint may be made. After this time, a complaint will not normally be considered. However, there is discretion to accept a complaint after the 12 month time limit where the local authority is satisfied that the complainant had good reason(s) for not making the complaint within that time and where it is still possible to investigate the complaint effectively and fairly.

Whilst the Council accepted all adult social care complaints made and continued with its ongoing complaint investigations during the worldwide health crisis, Covid-19, there were minor practical adjustments made with different ways of working implemented to eliminate any face-to-face meetings taking

place. In some cases, these adjustments increased the timescales to respond but complainants were kept informed at regular intervals and acknowledged the unprecedented situation which was beyond the Council's control.

3.4. Referral to the Local Government and Social Care Ombudsman

If, at the end of the complaints procedure, the complainant remains dissatisfied with the outcome or the way in which their complaint has been handled, they may ask the Local Government and Social Care Ombudsman (LGSCO) to investigate their complaint. Complainants may also approach the LGSCO directly without accessing the complaints process. In these cases it is usual for the LGSCO to refer them back to the Council for the complaint to be examined through the relevant complaints process before they intervene.

4. Principles and outcomes

Good handling of complaints and representations involves:

- Keeping the complainant at the centre of the complaints process;
- Being open and accountable;
- Responding to complainants in a way that is fair;
- Being committed to try to get things right when they go wrong; and
- Seeking to continually improve services.

Statutory complaints are underpinned by the following:

- A procedure that aims to be fair, clear, robust and accessible;
- Support being available to those wishing to make a complaint;
- Timely resolution following enquiry into complaints/representations;
- Action taken following complaints and the quality of services improved as a result; and
- Monitoring being used as a means of improving performance.

5. Public information

Information about the complaints and representations framework is accessible via the Council's public access points and also the Council's website at:

https://www.hartlepool.gov.uk/info/20076/adults_and_older_people/93/get_in_touch

Service users and carers are provided with factsheets explaining the procedure when they take up a new service and when support plans are agreed and reviewed.

Information in other formats such as large print, Braille or translation in languages other than English are made available upon request.

6. Summary of representations

6.1. Compliments

Compliments are generally recognised to be an indicator of good outcomes for service users and carers. They also serve to provide wider lessons regarding the quality of services.

During 2019/20, 77 compliments were received relating to adult social care. This is an increase of 18 compliments from 2018/19. These range from an expression of thanks and appreciation in the form of a thank-you card to written communication. In particular, they reflect the work being delivered by the Direct Care and Support Team, service users expressing thanks for pieces of equipment which improve their daily living and a general appreciation of the social work teams who have made a difference to the lives of service users and their carers. In addition to this, verbal expressions of thanks and appreciation were received from service users, carers and their families who have participated in providing feedback about newly qualified social workers. Appendix A provides some examples of compliments received during the period.

6.2. Complaints received in 2019/20

A total of 35 complaints were received during 2019/20. The number of complaints received has increased by 4 from last year.

Although there has been an increase in the number of complaints received, 7 of the 35 complaints received were not considered further leaving 28 complaints for investigation. Overall, this is an increase of 6 complaints investigated from

the previous year where 22 complaints were investigated from the 31 complaints received.

Of the 7 complaints not considered further, this was because:

- 2 complaints were withdrawn by complainants and were therefore not considered any further;
- 1 complaint was not accepted for investigation because the service user had not provided their consent for someone else to act on their behalf in the matter of the complaint;
- 1 complaint was not accepted for investigation because the substance of the complaint related to an Order made by the Court of Protection;
- 1 complaint was not accepted for investigation because the service complaint about was not provided by the Council. The complainant was signposted to the correct organisation;
- 1 complaint was not accepted for investigation because the subject matter of the complaint had previously been investigated by the LGSCO and statutory complaint regulations do not permit a complaint that has already been the subject of an investigation by the LGSCO to be considered further.
- 1 complaint was not accepted for investigation because the substance of the complaint had already been considered by the Council. The complainant was reminded of their right to refer their continued dissatisfaction onto the LGSCO.

Of the 28 complaints investigated in 2019/20, 25 complaints have concluded local statutory complaints processes and 3 complaints remain ongoing. These 3 complaints will be carried forward to 2020/21.

6.3. Client groups and general data

Adult Social Care			
Client group	2019/20	2018/19	2017/18
Older Persons	15	13	4
Learning Disabilities	5	2	1
Physical Disabilities and Sensory Loss	3	6	6
Adult Mental Health (Integrated Service prior to 2019/20) or AMHP function	4	0	2
Contracted Services	3	9	4
Carers	5	1	1
Total number of complaints received	35	31	18

In 2019/20:

- Complaints were received from 12 males and 23 females.
- Complaints which were considered either complex or have a number of elements to them are usually investigated by someone independent of the Council. Independent Investigators were appointed to 7 of the 28 complaints investigated. The remaining 21 complaints were investigated and responded to internally.
- Of the 35 complaints received, 15 complaints were received within the older person's service followed by 5 complaints within the learning disability service and 5 complaints about matters related to a carer. There was an increase in the number of complaints received in 2019/20 about the adult mental health service but a decrease in the number of complaints received about contracted services and physical disabilities and sensory loss.
- Of the 35 complaints received, 17 complaints were received directly from the person concerned. There was 1 complainant who chose to have an advocate assist them with their complaint, 7 complainants signed their consent for someone else to act on their behalf in respect of the complaint, 9 complainants represented someone who lacked capacity within the

meaning of the Mental Capacity Act 2005 and 1 complainant represented a deceased relative in bringing their complaint.

6.4. Timescales and the Grading of Complaints

There is a maximum 6 month statutory timescale for investigating and responding to a complaint relating to adult social care. However, the overall aim is to respond to complaints in a timely manner. The likely timescales for investigation are discussed with the complainant at the outset of a complaint investigation and updates on progress of the investigation are provided by the Investigating Officer at regular intervals. There are a range of factors that can impact upon timescales such as:

- Whether the complaint has been considered low, moderate or high impact;
- The number of points of complaint for investigation;
- The availability of the complainant and other key people the Investigating Officer needs to interview;
- The time taken to conduct interviews with key people;
- Seeking appropriate consent for obtaining information from partner agencies and awaiting the necessary information to inform the complaint investigation;
- Reading case files and records and obtaining copies of local policies and procedures;
- Consideration of all available information and the drafting of a complaint investigation report; and
- Carrying out factual accuracy checks on the draft report and providing feedback to the complainant before finalising and submitting the final report.

6.5. Complaints carried forward to 2020/21

Of the 28 complaints investigated, 3 complaints that were the subject of investigation as at 31 March 2020 have been carried forward to 2020/21.

6.6. Complaints considered by the Local Government and Social Care Ombudsman (LGSCO) in 2019/20

There were 4 complainants who approached the LGSCO about their adult social care complaints in 2019/20. Of these:

- One complainant, whose complaint was not accepted for investigation in 2019/20 because the subject matter of the complaint had previously been investigated by the LGSCO, approached the LGSCO again about their complaint. In this case, the LGSCO decided that they had previously considered the complaint and they would not investigate the same matter again without any fresh evidence.
- One complainant, whose complaint was received and responded to in 2018/19, approached the LGSCO about their complaint in 2019/20. Although the LGSCO did not uphold the substantive complaint made, they concluded that the Council's Independent Investigating Officer did not have access to all the relevant records as part of the Council's complaint investigation. This was because the complaint related to a period when the service being complained about was managed by a partner agency on behalf of the Council under a third-party arrangement. This particular arrangement with the third-party no longer exists so a similar situation is unlikely to be repeated.
- One complaint, whose complaint was received in 2019/20, approached the LGSCO about their complaint. In this case, the LGSCO decided not to investigate the complaint because the Ombudsman was satisfied with the Council's remedies to any injustice arising from the complaint.
- One complainant, whose complaint was investigated and responded to in 2019/20, approached the LGSCO about their complaint in late March 2020. This was at the same time as the LGSCO made the unprecedented decision to pause all their casework activity. This was because the LGSCO did not want to place an additional demand upon Councils and Care Providers in having to respond to their enquiries at a time when the capacity to deliver vital frontline services to its local communities during the Covid-19 crisis was essential. The LGSCO will make any enquiries of the Council in respect of this complaint when they resume their casework activity.

7. Actions taken following complaints

Actions implemented are an important aspect of the complaints framework. Appendix B outlines some improvements that have been put in place as a direct result of complaints and representations received in adult social care during 2019/20.

8. Conclusions and way forward

8.1. Going forward

There is an ongoing commitment to ensure that a person-centred approach is adopted for the handling and investigation of each complaint. The Council is focused on ensuring that: complainants receive appropriate and timely feedback on complaints; appropriate apologies are offered; any redress is made and any service improvement recommendations are delivered.

8.2. Action plan

Actions for 2020/21 are as follows:

- Continue to raise awareness of and promote appropriate use of the complaints procedure for adult social care.
- Continue to raise awareness of lessons learnt from complaints and ensure that they are fed into policies, procedures and practice.
- Continue to remind and encourage the workforce to inform the Quality and Review Team when expressions of thanks have been received. These provide an indication of satisfaction with services and should be recorded and reported.
- Conduct a complaint training needs analysis to determine any learning and development gaps and implement any relevant training to meet the needs of the workforce as well as those managers who may investigate complaints.

Appendix A: Examples of compliments received across Adult Social Care

"I appreciate your job must be very busy, but taking time to discuss some issues, meant a great deal to me. I would like to mention staff have gone above and beyond that which they would be expected to do. They have shown me kindness, patience, compassion and understanding. All staff who care for my needs are helpful and supportive."

Service User about Reablement Services

"On behalf of my family I wanted to thank you for your help and support over the past weeks. Your help in arranging short notice SALT team visit was much appreciated. We really appreciate your kind understanding and great support that you provided our family and everything else you did for us' advice in a very professional but calm and nice manner."

Service user about a Social Care Officer

"Thank you to all member of excellent telecare service for answering so quickly and reassuringly. A comfort to hear a friendly and reassuring voice."

Service User about the Telecare Service

"We would like to say a big thank you for the support and help provided. Member of staff was sympathetic, very knowledgeable, professional and enthusiastic to support and help through problems. We very much appreciate the first class service provided."

Carer about the Hospital Discharge Team

"I'm always impressed by the excellent level of support I encounter from officers and workers across the 'Social Services' team."

Carer about her encounter with a number of adult social care teams

"Can you please pass on my thanks for some fantastic partnership working last night - showing the level of dedication to people they work with."

From a Police Officer about the Learning Disability Social Work Team

"Our first contact was with X who was so helpful, patient and caring. Her dedication to her job was exemplary. The electrical contractor his application to his work and pleasant demeanour were a credit to his company. Working non stop for over 6 hours. The team representing HBC are deserving of praise. What wonderful people you have working for you."

Service user about OT and Special Needs Housing Services

"...Staff at the home have been wonderful. Have been very helpful and supportive - a blessed relief. Thank you for your involvement, it has been appreciated very much."

Carer about a Social Worker and Care Home

"A very big thank you for all your help and advice. You really do work as a team. Very impressed by the support you gave. Thank you for very very much."

Carer about User Finance and Property Team Manager

"Mr 'A' very big thank you for all your help and advice. You really do work as a team. Very impressed by the support you gave. Thank you for very, very much 'K'."

Service User about OT and Reablement Services

Appendix B: Examples of complaints and actions taken in Adult Social Care

Details of complaint/Outcome	Actions following findings
<p>The complainant (a representative of a service user) was dissatisfied with the standard of care his relative (who lacked mental capacity) received from a contracted care home provider.</p> <p>The complaint was allocated to be independently investigated but the complainant agreed to the early resolution of his complaint following actions being undertaken by the Commissioned Services Team.</p>	<p>The complainant was satisfied that the Council had listened to his dissatisfaction and the actions of the Commissioned Services Team to:</p> <ul style="list-style-type: none"> • review records held within the care home to check what efforts care workers have made to assist residents with bathing and personal care (particularly those with dementia); and • ensure adequate systems are in place to monitor dietary intake of residents, particularly those suffering with dementia and declining to eat in the dining room.
<p>The complainant (a service user) was unhappy about the outcome of a financial assessment, his support plan not having been reviewed for some years as well as his support plan having ceased and his case closed without an explanation.</p> <p>The complaint was responded to by a Head of Service.</p>	<p>Although there was no evidence to support a financial assessment had been flawed in any way, it was found that despite the complainant's direct payment continuing, his support plan had not been reviewed as it should have been. An apology and financial recompense was provided for this.</p> <p>It was also acknowledged that communication with the complainant, including the reason why his support plan had ceased and his case closed, could have been handled better.</p>

<p>The complainant (a service user) was unhappy that she could not use her direct payment to appoint her partner as a Personal Assistant. Additionally, she was also unhappy with the standard of service from a commissioned advocacy provider.</p> <p>The complaint was independently investigated.</p>	<p>An apology was provided to the complainant for not being made aware that the decision reached by the Risk Enablement Panel could be appealed against as well as an oversight on the part of the advocacy provider.</p> <p>The Chair of the Risk Enablement Panel re-issued guidance to all operational staff emphasising:</p> <ul style="list-style-type: none"> • the Terms of Reference; • the appeals process; and • a reminder to be inserted on the Risk Enablement Panel minutes that there is an appeal mechanism which can be utilised. <p>Operational staff making referrals for an advocate will now check an advocate has been allocated one week after making a referral as well as a proposed timetable for engagement between the advocate and person has been devised.</p>
<p>The complainant (the daughter of a service user) expressed her dissatisfaction about a home visit made by a social care officer. The complainant believed she was speaking to a qualified social worker and alleged the social care officer presented herself as a qualified social worker.</p> <p>The complaint was responded to by a Head of Service.</p>	<p>The Head of Service spoke to the complainant about the issues she raised and it was agreed that staff would be reminded to:</p> <ul style="list-style-type: none"> • ensure they wear and present their identification at all times, especially when undertaking home visits, to eliminate any uncertainty about a worker's role; and • confirm and make clear their role and function during home visits.

The complainant (a representative of the service user) was unhappy about the standard and quality of care being delivered by carers. The complaint focussed upon timings of care calls, parking arrangements at the service user's address, dignity and respect, cancellation of the service and communication.

The complaint was responded to by the Integrated Community Services Lead.

The Integrated Community Services Lead made enquiries into the specific areas the complainant had raised and was able to implement changes to both practice and service delivery as follows:

- the carers, who are all issued with mobile phones, were reminded of the importance and significance of communication around contacting a service user if they were running late for any reason and ensuring any practical information from the service user or their family was cascaded to all carers attending the home address;
- carers have now been provided with overshoes to wear when entering someone's home; and
- a procedural change to practice was made to include escalation if the allocated social care worker has not been able to confirm the service user's cancellation of the service before the next planned care call.

An apology was provided to the complainant who considered his negative experiences of the service had been considered and appropriate action had been taken to improve the service which highlighted the value of complaints.

<p>The complainant (a representative of a service user) was unhappy that a carer's lanyard had caused a skin tear to the service user whilst care was being delivered to her relative. A concern was also raised about infection control in relation to ID badges and lanyards.</p> <p>The complaint was responded to by the Integrated Community Services Lead.</p>	<p>The complainant was assured that the carer concerned appropriately followed relevant reporting procedures at the time of the incident and that carers have since been advised to tuck their ID badges and lanyards into their tunics/tops.</p> <p>It was explained to the complainant the reason why all staff are expected to wear ID badges attached to lanyards but, in light of the complaint, clips rather than lanyards had been explored as an alternative. This ensures the ID badge remains visible whilst, at the same time, reducing the risk of infection. The policy was also updated to reflect this change from lanyard to clip.</p>
<p>The complainant (a carer of a service user) alleged that she had not been included in a meeting about the service user's future housing and support needs, the decision reached had been communicated to her inappropriately and there was no consideration or support shown to her about how the decision reached impacted upon her and her son.</p> <p>The complaint was responded to by a Head of Service.</p>	<p>The Head of Service and Team Manager met with the complainant to discuss her complaint. The complainant was informed that she should have been included and informed about the service user's decision in a timely way rather than the decision being communicated to her via a third party.</p> <p>An apology was provided to the complainant for not engaging with her about matters concerning the service user and practical assistance was provided to the complainant in relation to impact the decision had upon her housing situation.</p>

The complainant (a representative of a service user) was unhappy that the contracted care home provider was unable to assess the service user's needs for 2 days when he was considered fit for hospital discharge. This resulted in the service user paying the full cost of his care for the 2 days he remained in hospital.

The complaint was responded to by a Head of Service.

The Head of Service spoken to the complainant, explained the care home had been short staffed at the time and provided an apology for the 2 day gap between his relative being fit for discharge and the assessment taking place.

The service user was reimbursed the care home fees for the 2 day period and the Commissioned Services Team confirmed with the care home the circumstances when a Community Matron can assess residents.