

## Minutes of a meeting of the EAP Active Communities

At 10.00 am on Friday 1st December, 2023 in the Council Chamber, The Cube, George St, Corby NN17 1QG

### Present:-

#### Members

Councillor Helen Harrison  
Councillor Paul Marks

Councillor John McGhee

#### Officers

Jane Bethea (Director of Public Health)  
Shirley Plenderleith (Assistant Director Public Health)  
Ali Gilbert (ICS Director of Place)  
Samantha Fitzgerald (Assistant Director for Adult Services)  
David Pope (Democratic Services)

### 45 Apologies for absence

Apologies for absence were received from co-Chair, Cllr Helen Howell as well as Cllrs Ken Harrington, Russell Roberts, Geoff Shacklock and Chris Smith-Haynes. It was noted the Cllr Paul Marks was acting as substitute for Cllr Smith-Haynes.

### 46 Declarations of Interest

There were no declarations received.

### 47 Minutes of the meeting held on 6th October 2023

#### **RESOLVED** that:-

The minutes of the meeting held on 6<sup>th</sup> October 2023 be approved as a correct record and signed by the Chair.

### 48 Development of the North Northamptonshire Adult Social Care Strategy

The Chair welcomed Ali Gilbert, ICS Director of Place to the meeting to provide an overview of the development of the North Northamptonshire Adult Social Care five-year strategy for adult social care provision and commissioning covering 18-year-olds to adults, including progression transition from 14 years onwards.

The meeting noted that the strategy was being co-produced with the Council's Adult Social Care workforce and service users, demonstrating solid engagement and wide ownership. It was heard that the strategy was currently in its 13<sup>th</sup> draft iteration and

was progressing through partner organisations and internal meetings for comment. Details of the five-year vision, aims and ambitions including values and behaviours had been developed based on staff practice framework outputs.

The panel heard that the strategy was designed to align with A New Sense of Place (Local Area Partnerships (LAPS) and to support North Northamptonshire Voluntary Community and Social Enterprise (VCSE) collaborative initiative as well as the statutory requirements of the Care Act.

It was reported that the development of the strategy had been ongoing since April 2023, with a view to implementation by March 2024, with a sub-group of the Operational Working Group currently examining the development of a co-production framework. Further governance details were provided to the meeting, with reference made to the focus on community hubs through the Moving Forward with Place sub-group.

The meeting noted that the vision for the strategy was to co-produce Adult Social Care Services in a way that was meaningful, and person centred by incorporating the core values for North Northamptonshire which included:

- **Customer Focussed:** Individuals, their families and carers, could expect person centred care, tailored to the circumstances, strengths and needs of the individual and that demonstrated their desired outcomes.
- **Respectful:** Individuals, their families and carers could expect to be always treated with dignity, having support that recognised their capability and ambitions whilst promoting independence and being treated as equals.
- **Trustworthy:** Individuals, their families and carers could expect open, honest and regular communication in a manner and frequency agreed by them that involved active listening to ensure mutual understanding and where needed, additional support to aid participation and understanding as well as increased involvement and recognition of their role as experts in their own lives.
- **Efficient:** Service users and their families could expect timely, high-quality information, advice, assessments and support to ensure that their individual needs were met, a shared understanding of what constituted high quality care and how this was demonstrated and measured.
- **Supportive:** Individuals, their families and carers would be able to make decisions about what is right for them, their quality of life was improved, and they were enabled to participate as valued members of the wider community.

The meeting noted that behaviours and cultures within the adult social care team were very important, and the draft strategy, once approved, would represent a cultural shift in the way of working following feedback from staff. Details of the future strength-based way of working were detailed as follows:

- Person-centred strength-based safe care
- Single route of access into Adult Social Care with the right allocation to community places / hubs
- Information, advice and signposting embedded in initial conversations
- Carers, friends and families involved most of the time when appropriate
- Strengths-based three conversations embedded with entire Adult Social Care workforce
- Co-production embedded

- Safeguarding culture owned by all making safeguarding personal
- Reduction of handoffs between services supported by the right technology
- Appropriate and timely housing and accommodation offers
- Needs-based population commissioning, contracting underpinned by integrated brokerage and commissioning based at Place
- Reducing demand and enabling timely reviews
- A strong market meeting the needs of the population
- Provision of quality social care services through contracting, clear accountability and regulatory compliance, with value for money and continuous improvement embedded
- Appropriate skill and competency of all staff with clear career development opportunities available to all in support of staff wellbeing, recruitment and retention
- Connected digital technology

Cllr John McGhee spoke to note a lack of reference to housing within partnerships, stating that this was a key factor for many people, especially for older people being discharged from hospital to their home and facing significant waiting times before reablement or other support visits could take place. Cllr McGhee suggested that this sort of arrangement should be sorted prior to discharge from hospital, noting that social care teams had previously been based in hospitals to assist in that regard.

The ICS Director of Place responded to note that housing was contained within the case for change within the report and referred to the developing Housing Strategy taking a place-based approach to complement and problem-solve as part of the alignment of strategies.

Cllr McGhee then made reference to the prevention agenda and it being key to healthiness, with a lot of work in this regard undertaken by the voluntary sector. Cllr McGhee queried how small a place would be included as part of a reference to place-based commissioning.

The ICS Director of Place noted that the voluntary sector worked with social care teams, however, currently this was after service demand had arrived as opposed to filtering demand before it was received. It was noted that consideration needed to be given to an alternative approach to referrals. Local Area Partnership work had a preventative element, with current commissioning based on the needs of North Northamptonshire. There was a need to understand the needs and requirements of local areas prior to local commissioning taking place. A detailed plan for place-based commissioning would commence from early 2024 during finalisation of the strategy.

Cllr McGhee stated that in relation to micro-commissioning and the voluntary sector, funding being only provided on a short-term basis prevented long-term planning and prevention work, with longer-term commissioning required to reduce workload on both the voluntary sector and the Council and to provide certainty.

The Chair responded to note that frameworks being put into place for service providers contained provision to allow for micro-businesses to be set up, especially in rural areas where home care was difficult to obtain. In relation to the voluntary sector, some of these organisations would be on existing framework with annual uplifts providing elements of certainty. There was a need, however, to provide more certainty

regarding what the Council could commit to financially, although this was also a wider national issue in terms of government funding for Councils not being long-term.

The ICS Director of Place noted the voluntary sector survived on funding, with the integrated care system seen as an opportunity, although involvement would be a challenge as it was a new culture to adapt to. The Director of Public Health spoke to state that work was ongoing with the voluntary community sector to what assistance the Council could provide in relation to their infrastructure requirement, ensuring a more sustainable sector.

Cllr McGhee noted that the voluntary sector needed to be given time to transition their way of working, with support offered to enable them to do this. Staff on the front line need to be onboard with changes outlined as they were the ones delivering the services, and it was positive to hear that their voices were being listened to.

Cllr McGhee noted that feedback from service users indicated a desire to have a streamlined process with reduced numbers of contacts and dates of service provision. In response, it was heard that currently a variety of interdisciplinary conversations took place but these were not sufficiently joined up, one possibility was having a key person in place to help service users navigate through the future model.

The Chair noted that staff engagement and ownership of the strategy was vital, and the team was commended for the genuine engagement undertaken enabling staff to be the basis for developing the new strategy. In addition, it was vital that service users and their families were kept engaged and provided with an understanding of the Adult Social Care processes they were involved with.

Cllr McGhee noted the financial and time implications inherent in any transition process, and questioned the financial cost involved in the changes outlined and whether this still affordable given government announcements in relation to social care. In addition, Cllr McGhee queried whether a recent report regarding social care placements that had been through the Council's scrutiny function was related to the strategy before members.

The ICS Director of Place noted that in terms of finance, Adult Social Care was a demand-led service but there was need for collective ownership of the right demand coming into the service, which was why Place was also involved in the development process.

The Assistant Director for Adults Services stated that service demand was growing, but the Adult Social Care Strategy was fundamentally the right thing to do and would not necessarily cost more money. If the most effective connections with the voluntary sector could be made, demand could be managed, realising time and interaction efficiencies that offered a real benefit.

The Chair stated that if processes were correct from the outset, financial and other efficiencies could be realised.

Cllr McGhee raised an issued with data sharing challenges between organisations. The Assistant Director for Adults Services stated that data sharing had historically been a challenge, a significant amount of work undertaken to improve this position, with the advent of the iCAN system referenced. An example of real-time information

provision at Kettering General Hospital was provided to the meeting, as well as a partner organisation data sharing warehouse that was an active workstream.

Cllr Paul Marks queried procedures for dealing with people who needed care assistance but would not accept it. The Assistant Director for Adults Services stated that engagement was always attempted with vulnerable people, with reference made to key legislation in this regard. Details of the Adult Risk Management process were provided in an attempt to reduce the risk faced by an individual.

The Chair concluded debate by stating that salient points raised during the meeting would be reflected back in the Forward Plan feedback loop. It was agreed that the strategy would be submitted to a future meeting of the panel prior to being formalised.

#### **49 Service Presentation - Adult Services**

The Chair invited Samantha Fitzgerald, Assistant Director for Adults Services to provide a service presentation for Adult Services.

The meeting was provided with an outline of the staff that comprised the team, noting their diverse backgrounds and that the Chief Principal Social Worker worked across all portfolios. The Assistant Director for Adults Services stated that there was a desire to invest in the workforce, to allow for sustainability moving forward and to produce staff in-house, noting that work was underway to build this culture within the Council and answer some of the challenges faced in both recruitment and retention.

Details of the service objectives were provided, with the meeting noting that the ultimate role of the team was to undertake the statutory assessments of need in line with the Care Act 2014 by focussing on a strengths-based practice to deliver that outcome.

The meeting heard that the team supported Adult Social Care Services through a 'Three Conversation Model' offering a person-centred and outcome-focused service. The service worked in partnership with those requiring support to help individuals live more independently and achieve the right outcomes for them. It was noted that this could be through their own resources, their family and friends, community networks, or formal support through a variety of locations and teams as detailed below:

- Community Hubs (4)
- Inclusion Hubs (4)
- Learning Disability Hubs (2)
- Dedicated Adult Social Care Hospital team
- Continuing Health Care Team
- Care Home Review Team
- Reablement North

It was heard that within all the teams and services work was undertaken alongside partner agencies putting service users at the centre of activity to produce consistently better outcomes for people. As the place project continued work would be undertaken to ensure hubs were as accessible as possible.

The meeting was advised that the service operated a strengths-based approach working with adults over the age of 18 and supporting adults with mental health, physical health, vulnerabilities, age-related issues and learning disabilities. A significant amount of work had been undertaken with staff to assist in the understanding of this approach.

The “three-conversation” model for service users saw initial contact to connect and listen to the outcomes people wished to achieve from the service. Conversation two would consist of intensive work with the person seeking support, with conversation three providing longer-term formalised care and support.

Details of the service road map of the journey through Adult Services was provided to the meeting. Cllr John McGhee queried the timescales involved between interventions for service users and noted in response that they were specific to the individual and dependent on their needs.

The meeting received details regarding Community Hubs as being the “front door” for the service, managing all new referrals coming through Adult Social Care, with the exception of those with learning disabilities. Referrals were then progressed through the ‘three-conversation’ model focusing on early intervention and outcome-focused services. Community teams also provided long-term social care support to people over 65 years of age, including re-assessment and reviews as well as working closely with all key partners to ensure an integrated support system as offered to people approaching Adult Social Care. It was noted that the current system did present issues with hand-offs of service users, however there was an aim to bring together a larger, more resilient team offering efficiencies around core functions and resulting in a more seamless service.

Details were provided of the Council’s Inclusion and Learning Disability Teams, with service users for the latter preferring a single place of service access to connect with the support network. Looking to the future, there were opportunities for service integration and additional work with health partners with an aim of achieving a reduction in hospital admissions, an increase in people being able to reside in their own homes for longer and being able to access employment opportunities.

The panel was provided with key figures relating to the service, noting current staff levels of approximately 300, with around 30 vacancies, primarily frontline social workers and assessment workers with these positions actively being recruited, offering a clear career pathway whilst minimising use of agency staff. The net budget for the service was £99.2m, with 4598 service users currently receiving support from Adult Services, 2862 being over the age of 65. Those receiving care in their own homes were the largest volume of service users, with those in residential care second.

Risk and challenges faced by the service were outlined to the meeting, that noted a significant increased demand for Adult Social Care; an increase of 25% for older persons and 15% for young adults across the last financial year. It was therefore vital that the model for the service allowed as much to be dealt with at initial contact stage to ensure demand was met in the correct manner.

Other areas of risk included availability of social care provision, specifically nursing care and residential for older persons, difficulty in recruiting to key roles, hospital pressures and volumes of provider failure. Waiting lists for assessment and reviews also remained a concern.

The meeting received details of the Hospital Team that provided support for all adults who had been identified by hospital staff as being in need of reablement, and/or long-term care and support needs, to facilitate their discharge from hospital. Key performance details for the team were provided, including details of the percentage of patients discharged to their home as well as residential care outcome figures.

The meeting received details of the activities of the Reablement Team North as well as performance data for the team. The Chair queried how reablement service users were identified as needing help, with a response noting that the majority came through the transfer of care hub as well as primary care referrals.

Cllr McGhee stated that the priority was to get service users back to their homes, and that getting necessary adaptations completed and support provided in timely fashion was absolutely essential in achieving this. The Assistant Director for Adults Services provided figures for the reablement service to indicate current timescales involved.

The panel then received performance details for the Thackley Green Specialist Care Centre in Corby, noting that the site was integral to supporting hospital discharge demands, offering rehab and reablement plus additional resources. Details of referral totals and timescales for length of stay were provided.

Cllr McGhee queried how many of those receiving care were around the average length of stay and how many exceeded that timeframe and questioned how the service assisted those that had been in the care centre for long periods. The Assistant Director for Adults Services noted that those in the care centre long-term had good reasons for being there, usually relating to aids and adaptations and that there were currently only two long-term patients in Thackley Green.

Cllr McGhee queried how the service prioritised aids and adaptations and how timescales involved could be reduced. In response it was noted that the service worked closely with the Housing Team and was examining how the Disabled Facilities Grant could be best utilised to reduce wait times.

Cllr McGhee asked whether the Council had sufficient Occupational Therapists to support current demand and heard that there was suitable capacity, however delays in service progression could impact that capacity.

Data was provided to the meeting that detailed Adult Social Care discharge by pathway, from patients returning home, into short-term care or residential care. It was noted that demand had exceeded levels anticipated.

The meeting then received details of areas for service focus across the next 12-month period, while noting that the service faced unprecedented demand. The Chair queried whether this demand was likely to continue at such levels and could continue to be met by the service. It was noted that regionally and nationally increased demand figures were similar, although North Northants was facing higher demand levels than the regional average. Work was underway across the service and partner organisations to understand the reasons behind this and to look at ways of reducing demand on services.

Cllr McGhee noted the service backlog and the need for a big change in the way social care operated nationally to improve the situation. Reference was made to day

care centres and the positive impact these had had on people's lives. In response it was noted that such centres did still operate and offered people meaningful occupation.

Cllr McGhee concluded debate by noting that whilst the service faced a difficult set of operating circumstances, efforts of the team to maintain services were appreciated, with the success of the Adult Social Care strategy anticipated.

**50 Executive Forward Plan**

The Executive Forward Plan for December 2023 to March 2024 was noted.

**51 Forward List of Items for the EAP**

The forward list of items for the EAP was considered.

**52 Close of Meeting**

There being no further business, the Chair thanked Members and Officers for their attendance and closed the meeting.

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Chair

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Date

The meeting closed at 12.01 pm