

ADULT AND COMMUNITY SERVICES SCRUTINY FORUM AGENDA



Wednesday 21st January 2009

at 3.30 pm

**in the Council Chamber,
Civic Centre, Hartlepool**

MEMBERS: ADULT AND COMMUNITY SERVICES SCRUTINY FORUM:
Councillors Atkinson, Brash, Fleet, A Marshall, McKenna, Plant, Preece, Simmons
and Worthy

Resident Representatives: Mary Green, Evelyn Leck and Mary Power

- 1. APOLOGIES FOR ABSENCE**
- 2. TO RECEIVE ANY DECLARATIONS OF INTEREST BY MEMBERS**
- 3. MINUTES**
No items
- 4. RESPONSES FROM THE COUNCIL, THE EXECUTIVE OR COMMITTEES OF THE COUNCIL TO FINAL REPORTS OF THIS FORUM**
No items.
- 5. CONSIDERATION OF REQUEST FOR SCRUTINY REVIEWS REFERRED VIA SCRUTINY CO-ORDINATING COMMITTEE**
No items.

**6. CONSIDERATION OF PROGRESS REPORTS / BUDGET AND POLICY
FRAMEWORK DOCUMENTS**

No items.

7. ITEMS FOR DISCUSSION

7.1 Draft Final Report into the Quality of Care Homes Provision in Hartlepool –
Adult and Community Services Scrutiny Forum

7.2 Access to Recreation Facilities for Vulnerable / Older People – Draft Scoping
Report – *Scrutiny Support Officer*

8. ISSUES IDENTIFIED FROM FORWARD PLAN

9. ANY OTHER ITEMS WHICH THE CHAIRMAN CONSIDERS ARE URGENT

ITEMS FOR INFORMATION

**Date of Next Meeting – Wednesday 11th February 2009, commencing at 3.30 pm
in The Chamber**

ADULT AND COMMUNITY SERVICES SCRUTINY FORUM

21 January 2009



Report of: Adult and Community Services Scrutiny Forum

Subject: THE QUALITY OF CARE HOMES PROVISION IN
HARTLEPOOL – DRAFT FINAL REPORT

1. PURPOSE OF REPORT

- 1.1 To present the draft findings of the Adult and Community Services Scrutiny Forum following its investigation into the Quality of Care Homes Provision in Hartlepool.

2. SETTING THE SCENE

- 2.1 At the meeting of the Adult and Community Services Scrutiny Forum of 20 June 2008, Members determined their Work Programme for the 2008/09 Municipal Year. The topic of the 'Quality of Care Homes Provision in Hartlepool' was agreed to inform a major in-depth Scrutiny Inquiry for the Forum's 2008/09 work programme.
- 2.2 A care home is a place where people can live and be looked after by trained staff in homely surroundings. Moving into a care home is a major step and one that is often taken under difficult circumstances. The decision to consider moving into a care home is an important one for both the person concerned and their families. The government is currently committed to helping people stay in their own homes for as long as practically possible so that moving into a care home need only be considered as a last resort
- 2.3 Care homes are regulated by the Commission for Social Care Inspection (CSCI) who are responsible for the registration and inspection of the care home. The Secretary of State for Health published National Minimum Standards for Care under Section 23(1) of the Care Standards Act 2000. These standards are applicable to care homes, which provide accommodation, together with nursing or personal care. The standards set out the quality of care and facilities that are expected. The CSCI inspects all registered care homes to make sure they meet these National Minimum

Standards and will only register the home if they meet the required standards.

2.4 The standards are grouped under the following key topics:

- (a) Choice of Home;
- (b) Health and Personal Care;
- (c) Daily Life and Social Activities;
- (d) Complaints and Protection;
- (e) Environment;
- (f) Staffing; and
- (g) Management and Administration.

2.5 Local Authorities are responsible for the social care needs of older people and they have a legal responsibility to identify what types of social care their local residents need and to provide or commission that care.

2.6 Within Hartlepool there are 35 care homes, which are registered to provide the following types of care:

- (a) 22 care homes (of which 3 are dual or multi-registered) provide care to older people / people with elderly mental illness;
- (b) 10 care homes provide care to people with learning disabilities; and
- (c) 3 care homes provide mental health care.

3. OVERALL AIM OF THE SCRUTINY INVESTIGATION

3.1 To explore initiatives and practices that have a measurable impact on improving standards of care and the quality of life of residents in Care Homes within Hartlepool.

4. TERMS OF REFERENCE FOR THE SCRUTINY INVESTIGATION

4.1 The following Terms of Reference for the investigation were agreed by the Adult and Community Services Scrutiny Forum on 23 July 2008:-

- (a) To gain a clear understanding of the differentiation between the provision of care homes and care homes with nursing, both in a national and local context;

- (b) To gain an understanding of the roles and responsibilities of key agencies in care home provision, such as the Commission for Social Care Inspection, Hartlepool PCT; and Hartlepool Borough Council;
- (c) To examine the national approach to care homes in order to gain an understanding of the acceptable standard required;
- (d) To gain an understanding of the statutory and regulatory framework covering standards of care in order to examine how Hartlepool Council and other Local Authorities/organisations ensure acceptable standards in care are achieved;
- (e) To visit a selection of care homes within Hartlepool to gain an insight into the variety of provision provided;
- (f) To explore initiatives and practices which have a significant and measurable impact on standards of care and quality of life for residents; and
- (g) To seek a range of views from care home managers, service users and carers on standards of care.

5. MEMBERSHIP OF THE ADULT AND COMMUNITY SERVICES SCRUTINY FORUM

- 5.1 Membership of the Adult and Community Services Scrutiny Forum for the 2008/9 Municipal Year was as outlined below:-

Councillors Atkinson (Vice – Chair) , Brash, Fleet, A Marshall, McKenna, Plant, Preece, Simmons (Chair), and Worthy

Resident Representatives:

Evelyn Leck and Mary Power

6. METHODS OF INVESTIGATION

- 6.1 The Members of the Adult and Community Services Scrutiny Forum met formally from the 23 July 2008 to 21 January 2009 to discuss and receive evidence directly relating to their investigation into the Quality of Care Homes Provision in Hartlepool. A detailed record of these meetings is available from the Council's Democratic Services or via the Hartlepool Borough Council website.

- 6.2 A brief summary of the methods of investigation are outlined below:-

- (a) Detailed reports from Hartlepool Borough Council Officers which was enhanced with verbal evidence;

- (b) Evidence provided by the Portfolio Holder for Adult and Public Health;
- (c) Presentations and verbal evidence from Hartlepool Primary Care Trust;
- (d) Verbal evidence from Members of the former Patient and Public Involvement (PPI) Forum;
- (e) Site visits by Members to a selection of care homes in Hartlepool ;
- (f) Site visit by Members to an out of borough care home, Ashfield Court in Harrogate to compare areas of good practice;
- (g) Verbal evidence from the Commission for Social Care Inspection;
- (h) Verbal evidence from Care Home Managers / residents / relatives; and
- (i) An evidence gathering meeting held at a Care Home in Hartlepool.

FINDINGS

7. CARE HOME – DEFINITION

- 7.1 Members of the Forum were keen to gain an understanding of the definition of a care home along with the different types of care package available. The Care Standards Act 2000 contains the following definition of a care home:

“An establishment is a care home if it provides accommodation together with nursing or personal care for any of the following persons:

- (a) persons who are or have been ill;
- (b) persons who have or have had a mental disorder;
- (c) persons who are disabled or infirm; or
- (d) persons who are or have been dependent on alcohol or drugs.

- 7.2 Care homes provide help and assistance with:

- (a) Personal Hygiene, including help with washing, bathing, shaving, oral hygiene and nail care;
- (b) Continence management, including assistance with toileting, skin care, incontinence laundry and bed changing;
- (c) Food and Diet, including preparation of food and fulfilment of dietary requirements and assistance eating;

- (d) Counselling and support, including behaviour management, psychological support and reminding devices;
- (e) Simple treatments, including assistance with medication (including eye drops), applications of simple dressings, lotions and creams and oxygen therapy; and
- (f) Personal assistance, including help with dressing, surgical appliances, mechanical or manual aids, assistance getting up or going to bed.

7.3 A care home with nursing provides the same help and assistance with personal care as those without nursing care. However, a care home with nursing also has professional registered nurses and experienced care assistants in constant attendance to provide 24-hour nursing care services for more complex health needs.

8. ROLES AND RESPONSIBILITIES OF KEY STAKEHOLDERS IN PROVIDING CARE HOME PROVISION

8.1 Members of the Forum agreed that it would be beneficial to their investigation if a number of important stakeholders outlined their roles and responsibilities in relation to care home provision in Hartlepool. The evidence of key stakeholders is outlined below.

Evidence from the Portfolio Holder for Adult and Public Health

8.2 The Portfolio Holder outlined that Social Care is a high priority for both central and local government and there is a significant role for Elected Members.

8.3 Members were informed by the Portfolio Holder that the Adult and Social Care Green Paper is planned to reform Adult Social Care over the next ten to fifteen years. The Portfolio Holder highlighted that demographic changes will place new demands on society. For example, people are living longer which may lead to an increased demand for care home provision in future years. As the demographic changes have a greater impact, the amount of money the Council will spend on residential care will continue to increase. Although, new models of care provision are becoming increasingly popular, for example retirement villages which are aimed at promoting independence and choice through a combination of high quality accommodation, communal amenities and the availability of support and well being services, if required. The Portfolio Holder encouraged efforts to be made to promote independence and the links between community and leisure provision. The Forum agreed with the need to continue to explore opportunities for the elderly and vulnerable adults to live independently.

- 8.4 With regard to care home quality ratings, the Portfolio Holder informed the Forum that Hartlepool had much to be proud of, which was as a result of the dedication of staff.

Evidence from the Council's Adult and Community Services Department

- 8.5 The Director of Adult and Community Services outlined that the responsibilities of the Council are split into two areas, strategic and individual. The strategic side focuses on the planning and commissioning of care services whereas the individual aspect looks at local homes and individual care needs.
- 8.6 Strategically, through market management the Council ensures that sufficient information is known about local needs in order for the Council to commission the right kind of care and the right level of care home provision. As part of market management the Council ensures that a fair cost of care is paid. A fair cost of care is a model agreement outlining the costs for care covering factors such as staff wages and the cost of food. This enables high quality of care to be provided along with the attainment of appropriate staffing levels and acceptable standards of accommodation and facilities.
- 8.7 The Council have a responsibility to all residents who live in care homes and the Council's role is to enter into effective, well structured contracts with care providers to ensure that best value and good quality care is provided. This includes overarching contracts and service specifications that all homes sign up to along with individual contracts that are very specific to the individual needs of residents. The Council are legally obliged to contract with homes that meet their contractual requirements. Although, all homes have to meet the National Minimum Standards, the Council can impose additional standards / requirements.
- 8.8 The Forum was interested to hear how the Council monitors the quality of care provided. The Adult and Community Services Department informed Members that ongoing monitoring of quality and adherence to the terms and conditions of the contract is carried out by the Adult and Community Services Department's Commissioning Team. The Commissioning Team work in partnership with care providers to ensure that the continued improvements to services and the ongoing individual care management of the residents are being met. The Council have a dual responsibility to monitor both the contract and individual needs.
- 8.9 The Forum was informed that in terms of staffing levels and training, the National Training Strategy along with workforce planning ensures that care homes are supported to maintain safe, effective and competent staffing levels. This is achieved through supported and externally funded training.
- 8.10 The Council are also responsible for ensuring that procedures for the protection and safeguarding of vulnerable adults is well embedded and carried out when necessary. Members discussed issues surrounding the harm to elderly people in care homes and the Council indicated that there is

an established Multi-Agency Committee that oversees the running of the Safeguarding Framework. There are some issues/concerns/complaints that are raised with the Department relating to Care Homes that do not necessarily come into the Safeguarding Framework. These are taken seriously and may be investigated in a range of ways; by the Care Home Provider; by Adult and Community Services Department staff; or by an Independent Investigating Officer. This process would depend upon whether matters are being considered within the Providers' complaints procedure and/or, the department's statutory complaints procedure or the department's contract compliance arrangements. The outcome for all cases is the immediate protection and safeguarding of the individual's concerned and also for lessons to be learned to improve practice.

- 8.11 The Forum was informed that the Council had trained over 380 people in the 'No Secrets' guidance, designed to protect vulnerable people from abuse, which included a large number of people from the voluntary sector. From the 1 April 2007 – 31 March 2008 there were 113 safeguarding investigations; of which 48% were located in care homes.

Evidence from the Commission for Social Care Inspection (CSCI)

- 8.12 The Forum was very pleased to receive evidence from the national regulator of care homes, the Commission for Social Care Inspection (CSCI). The CSCI was set up by the Government but are an independent organisation that promote improvements in social care and eradicate bad practice. The CSCI register, regulate, inspect and review all social care services in the public, private and voluntary sectors in England.
- 8.13 Members were informed that the CSCI assess the whole process of providing care, all the way from the first assessment of an individual's needs through to the services received. The CSCI also looks at how the services are paid for, for example whether the individual is paying for their own care or whether supported publicly.
- 8.14 The CSCI has a responsibility to register all care homes. Therefore, before any care homes can start operating, the CSCI must be satisfied that the people who run it are suitable and the home will be run in line with regulations and standards set by the Government. Therefore, CSCI will undertake checks on the company / individual, for example, Criminal Record Bureau checks, site visits and requests for references.
- 8.15 The main duties of the CSCI are outlined as follows:
- (a) carry out local inspections of all social care organisations (public, private and voluntary) against National Minimum Standards and publish reports;
 - (b) register services that meet National Minimum Standards;

- (c) carry out inspections of local social service authorities;
 - (d) publish an annual report to parliament on national progress on social care and an analysis of where resources have been spent;
 - (e) validate all published performance assessment statistics on social care;
 - (f) publish star ratings for social services authorities; and
 - (g) publish quality ratings for each care home to compare the quality of different services.
- 8.16 The Forum did express some concern that the responsibility for regulating standards of care is solely a matter for the CSCI, however, the Forum were informed that standards for care and how well individual needs are being met is the Council's responsibility. The Council regularly liaise with the CSCI formally and informally to report any allegations of abuse or areas of concern.
- 8.17 From April 2009, the Care Quality Commission (CQC) will be the new independent regulator of health and social care services across England. The CQC established in October 2008 by the Health and Social Care Act 2008 brings together the work of the CSCI, the Healthcare Commission and the Mental Health Act Commission. This will for the first time create an independent regulator of health, mental health and adult social care in England.
- 8.18 The CQC's vision is to create high quality health and social care that supports people to live healthy and independent lives, empowers individuals, families and carers in making informed decisions about their own care and is responsive to individual needs.

Evidence from Hartlepool Primary Care Trust (PCT)

- 8.19 The PCT informed the Forum of its roles and responsibilities relating to care home provision in Hartlepool. The PCT's Continuing Care Manager informed Members that the primary role of the PCT is to ensure that appropriate nursing care is provided, as required, to all individuals with continuing health care needs. Continuing healthcare and NHS-funded nursing care is usually provided over an extended period of time to meet physical or mental health needs that have arisen as a result of disability, an accident or illness. The care can be provided in a variety of settings including a hospital, nursing home, hospice or the patient's own home.
- 8.20 The PCT is responsible for funding the total cost of a continuing health care placement which includes the accommodation, personal care and nursing care. In doing so, the PCT assess the appropriateness of the placement and where special needs are identified, they ensure that the care home has the right environment and skilled staff to provide for the individual. This provides

an oversight in relation to the quality of the package via regular review in line with the National Service Framework for Continuing Health Care. Where an individual is eligible for nursing care the PCT contributes the cost of that nursing care and the Local Authority pays for the residential care element.

- 8.21 The PCT work very closely with Adult Social Care to undertake assessments and reviews to ensure that the appropriate care package is being provided ensuring that all residents have access to primary medical care provided by General Practitioners. Within care homes the PCT ensures residents have access to other community services in the same way that people living in their own homes have, for example community nursing and therapy. Every effort is made to try and maintain people in their own homes for as long as possible.
- 8.22 The Forum was very pleased to hear that the PCT has good working relationships with all care homes and provides support and training to ensure continuous improvement.

9. STATUTORY AND REGULATORY FRAMEWORK COVERING STANDARDS OF CARE

- 9.1 The Forum was interested to explore the statutory and regulatory framework covering standards of care in order to gain an understanding of how Hartlepool Borough Council and other Local Authorities/organisations ensure acceptable standards are achieved. Members received evidence from a variety of witnesses as outlined below:

Evidence from the CSCI

- 9.2 The Forum was informed by the CSCI that there are certain Acts and Regulations which care homes have to follow by law. The Act which is specific to the regulation of care homes is the Care Standards Act 2000. This Act is supplemented with the Care Homes Regulations 2001 which provide more detail on issues such as registration, fees and basic requirements. To help the understanding of these regulations, there is a set of National Minimum Standards which set a minimum level / standard for each element of providing a care service.
- 9.3 The Standards focus on achievable outcomes for people who utilise the services and are grouped under key topics that highlight the most important aspects of individuals' lives when living in a care home.
- 9.4 The Standards are not enforceable by law but are important guidelines to help providers, inspectors and people who use the services to judge the standard of care provided. They are designed to make sure everyone understands what is expected and help to achieve consistency. The Standards are open to interpretation and not everyone will have the same understanding but the CSCI do provide guidance along with their interpretation of the Standards. The guidance helps the Inspectors at the CSCI judge if a service is meeting the minimum standard or exceeding it.

- 9.5 Members of the Forum were concerned that the National Minimum Standards could not be enforced and were informed by the CSCI that some of the main Standards do not have Regulations (as detailed in the Care Homes Regulations 2001) attached to them. Therefore, care homes were not legally obliged to adhere to these Standards.
- 9.6 After further consideration of the Standards, Members expressed further concerns that there were no Standards relating to suggested staffing levels based on the number of residents or the number of hours worked by the care staff. It was considered by the Forum that this may have a detrimental effect on the standards of care provision. The standards make reference to staff but only in relation to the fact that care homes must demonstrate that suitably qualified staff are on duty at appropriate times. Members also raised concerns over the number of hours worked by staff, for example, if twelve hour shifts are worked, then the quality of care towards the end of the shift may deteriorate due to these long hours.
- 9.7 An independent study carried out by the National Care Forum indicated that staff turnover in care homes nationally is high. The turnover for 2008 has increased to 42.3% from 34.5% in 2007 and to 61.5% from 53.9% that left in two years. Des Kelly, Executive Director of the National Care Forum commented on the study, highlighting that 'the most disturbing result is the loss of so many care workers in the first year or two of work.....we don't yet know enough about why they leave or where they go. As we enter a period of unprecedented change to deliver the policy of more personalised care and support services, a stable and well-trained workforce is crucial to success. Paying attention to staff retention, satisfaction and motivation is therefore absolutely essential.'
- 9.8 It was considered by the Forum that low rates of pay for care staff, heavy workloads and low staff levels contributed to the high turnover of staff and as it is a national problem, the Forum felt that it should be addressed by central government.

Inspections undertaken by the CSCI

- 9.9 The Forum were informed that the CSCI carry out three types of care home inspections, these are:
- (a) **Key Inspections:** These inspections take a thorough look at how well the care home is doing and are usually unannounced. The inspection takes into account detailed information sent to the CSCI by the care home owner or manager along with the views and experiences of people who are using the service and any further information received since the last inspection. The Inspector looks at how well the service is meeting the standards and a quality rating is then calculated. The quality ratings awarded range from a zero star which is classed as a

poor service through to a three star service which is classed as excellent.

- (b) **Random Inspections:** These inspections are short and targeted inspections which focus on specific issues that have arose or to check on improvements that should have been made. Random inspections are usually unannounced.
 - (c) **Thematic Inspections:** These inspections look at how well the care home is performing in a particular area and help to gain a national level trend picture. The findings are then reported to government detailing what is happening in England's care services.
- 9.10 If a service is rated as good or excellent, then the CSCI visit less frequently. However, for each year that the CSCI do not inspect a care home, an annual review of the service is carried out. If it is thought that the quality of the service may have changed, then a key or random inspection may be brought forward.
- 9.11 Before an inspection the CSCI ask those people who know the most about the service, for example, the residents, their relatives and friends and collect the information via questionnaire. Information is also sought from the care home manager / owner about the quality of their services along with the staff who work at the care home and health care professionals.
- 9.12 During an inspection the National Minimum Standards are considered, as these form the basis of what people should expect from care services. While visiting the care home the Inspector will talk to the residents, their relatives and friends to ascertain their views of the services. The Inspector will observe the staff and their interaction with the residents and look at how well people are cared for to make sure they are treated with dignity and respect. All paperwork is reviewed and staff recruitment and training is examined. Care staff are asked to complete surveys based on, for example, their training packages, inductions carried out and any concerns they may have. Previous concerns / complaints will be looked at along with the subsequent actions taken.
- 9.13 All the information collected is then collated by the Inspector and a report detailing the findings is produced. The care home then receives a copy of the report for comments and the report is published on the CSCI website.
- 9.14 The CSCI not only base their inspections on the National Minimum Standards but also a set of guidelines called the Key Lines of Regulatory Enquiry (KLORA) introduced in June 2006. The KLORA outline the areas which CSCI look for in a service in order to decide if they provide poor, adequate, good or excellent outcomes for the people who use the service. In order for care homes to continually improve their services, the KLORA pays particular attention to examples of excellent and good practice. The KLORA ensures that there is a consistent approach across the Inspectorate.
- 9.15 After an inspection, if the Inspector is of the opinion that people are at risk, for example, fire exits are blocked, then an immediate requirement notice is

placed on the home. The home has a maximum of 24 hours to rectify the problem and follow up checks by the Inspector will be made. The CSCI also make good practice recommendations to improve the quality of the services offered. These recommendations relate to the National Minimum Standards and are seen as good practice for the care home to consider carrying out.

- 9.16 The Forum was informed that the CSCI also looks at the statutory requirements and whether homes are meeting these requirements. If the statutory requirements are not being met, then the Inspector will set out actions in their report, which must be completed so that the home complies with the Care Standards Act 2000 and the Care Homes Regulations 2001. As CSCI and the Council work in close partnership, a referral to the Council could be made if it is thought that the home is not complying with their agreed contract.
- 9.17 It was evident from the Forum meetings that the CSCI, the Council and Care Home Managers work very closely alongside each other and have good working relations. Although, the Forum did indicate their concern regarding the possible development of a close relationship between a CSCI Inspector and a care home. Measures have been put in place to address this with case loads changing yearly.
- 9.18 The forum was extremely pleased to hear that the standard of care in Hartlepool is of good quality, as shown by the quality ratings below:
- (a) 1 care home is rated as excellent;
 - (b) 25 care homes are rated as good;
 - (c) 5 care homes are rated as adequate;
 - (d) 1 care home is rated as poor but changing to adequate;
 - (e) The remaining care homes are not rated as they are newly registered.

Evidence from the Council's Adult and Community Services Department

- 9.19 In terms of inspection and regulation Hartlepool Borough Council is responsible for the quality of the services outlined in each care home's individual service specification. It is therefore essential that appropriate monitoring arrangements are put in place by the Council and the care home to identify problems in complying with the terms and conditions as set out within the service specification or failure to achieve the required standards.
- 9.20 The Council, in terms of contract monitoring carries out formal monitoring, where the home is aware that contract monitoring is due to take place or a 'call-in', whereby the home is unaware. Monitoring will be carried out by evaluation of compliance with the general standards outlined in the service specification. This will be carried out by the Contracts Officer. The continuous review of the needs of an individual as detailed in their individual Care Plan is the responsibility of the care home staff including the resident's key worker in the home. The Local Authority Care Manager (Social Worker)

is responsible for ensuring the individual needs of the person as per the Care Plan are being met appropriately by the care home.

- 9.21 Officers from the Adult and Community Services Department informed the Forum that it is important that good working relationships are established between all parties involved in the monitoring process. This requires good communication, maintenance of effective records, production of regular reports and early notification of identified problems. Visits to the home and/or residents may be arranged in advance or unannounced as determined by the Council.
- 9.22 If the Council is of the opinion that the care home is not complying with the terms and conditions as set out within the service specification or fails to achieve the required standards then the Council can carry out an investigation and can place a moratorium on future referrals to the home with immediate effect. After investigation, if it is found that the care home is still not compliant, the Council could terminate the contract and relocate the residents.
- 9.23 An anonymised copy of an action plan review report that was drawn up by the Council following an investigation was circulated to the Forum. The investigation involved inspection of care plans, documentation, policies and procedures and staff were interviewed. On conclusion of the investigation a report was produced to summarise the issues in relation to systems, processes etc and in relation to individual residents. The report clearly outlines what actions the home needs to take to ensure improvement in practice and as a result an improvement in the safety and comfort of the residents in the home.
- 9.24 Following the specific investigation outlined to Members, it was proposed by the Council that the moratorium remain on the home and the Council undertake progress monitoring of the Action Plan until the Council and the CSCI were satisfied with the improvements made.
- 9.25 The Council ensures that acceptable standards of care are achieved by:
- (a) linking the statutory and regulatory framework with contract management;
 - (b) adhering to service specifications and regular monitoring;
 - (c) using moratoriums where concerns exist until improvements are seen;
 - (d) Jointly working with providers and the CSCI to agree action plans and how they will be monitored. The need for joint working with the CSCI is imperative; and
 - (e) Regular linking of information from care management reviews, visits, Adult Protection referrals and complaints to support the need for action.

- 9.26 Members were informed that the Council also grade care homes in addition to the quality ratings awarded by the CSCI. As part of a 'cost of care exercise' which the Council undertook in 2005 / 06, each care home was given a grading ranging from one to four, with one fully meeting the expected standards and four meeting less than 55% of the standards. The grades are based on the home's ability to meet the physical environmental standards contained within the National Minimum Standards, which are specific about sizes of bedrooms and communal areas, provision of en-suites and door widths. However, the grades only apply to older people homes as the other homes have no specific environmental standards just that they are appropriate to meet the needs of the individuals who live there.
- 9.27 It was questioned by the Forum whether the gradings were equitable as it was inevitable that an older property would be less likely to meet all the environmental standards compared to a new build, which would incorporate the standards into their designs. Although, this did not necessarily mean that the standards of care offered were lower. The Forum expressed their support for the Council gradings to be combined with the CSCI quality ratings in order to give an overall rating making the ratings easier to understand.
- 9.28 Members of the Forum expressed the need for these ratings to be publicised to encourage further improvements to standards of care. Although, all inspection ratings / reports are available on request or can be accessed on the internet, it was thought that the ratings should be publicised on the Council's website, and linked to the CSCI website along with publications in the Council's magazine, 'Hartbeat' and local newspapers / newsletters.

10. INITIATIVES AND PRACTICES

- 10.1 Members of the Forum were keen to learn about initiatives and practices which have a significant and measurable impact on standards of care and quality of life for residents. In order to understand the various initiatives and practices, Members drew on evidence from a number of sources that are detailed below.

Evidence from Hartlepool Borough Council

- 10.2 The Adult and Community Services Department informed the Forum that many initiatives and practices aimed at care homes are driven and prompted by national drivers, for example, the development of the CSCI and the National Minimum Standards. The Forum was very pleased to hear that local funding given to improve the quality of accommodation in care homes made a visible difference last year.
- 10.3 The Council have found that by working closely with care homes to support the training and development of staff has certainly paid dividends in how people are treated and supported.

- 10.4 The Forum were informed that some local initiatives had had a positive impact on residents' lives, e.g., the appropriate development of the fair cost for care exercise that has 4 levels for quality of accommodation with a final payment linked to quality of life initiatives such as activities.
- 10.5 Hartlepool Borough Council is very strict regarding the monitoring of contracts, immediately acting if required. This together with a proactive approach to working with providers is driving up the quality of care. This combined with a zero tolerance approach to allegations of abuse and the use of moratoriums has impacted. This can be seen by the lack of poorly rated homes in the CSCI ranking.
- 10.6 Many homes have developed a close relationship with relatives which has resulted in real commitment to work together to improve areas for residents. Homes having an open and transparent approach and who welcome and encourage visitors tend to improve the quality of life for residents.
- 10.7 Integrated teams that have emerged from the closer relationship that adult social care staff now have with the PCT have ensured greater flexibility of working, e.g., if a visiting district nurse has concerns about a social care issue it will be reported to a member of staff immediately.
- 10.8 The greater push to develop a much more personalised approach to care and how someone is cared for is very important. Therefore conducting a self assessment and developing a support plan with a family is very important. The support plan gives knowledge that is only known within the family, basic issues such as the individual's hobbies or activities they enjoy doing. This linked with a focused key worker system which many homes have in place is a very positive way of improving the quality of life for residents.
- 10.9 Residents benefit greatly where homes have a well-developed induction/supervision programme that covers health and safety and care issues as well as basic relationship work. The development of Local Involvement Networks (LINKs) will be instrumental in supporting the development of information regarding dignity in care and quality of life.

Evidence from the CSCI

- 10.10 The CSCI outlined to the Forum the initiatives and practices which they have found significantly improve the quality of life for residents, as detailed below:
- (a) The moderation of standards by using the KLORA which ensures consistency across the Inspectorate;
 - (b) The CSCI Inspectors change their case load each year so that long term relationships do not build up;
 - (c) CSCI work with 'experts by experience', these are people who have experience of using services, who join some inspectors to help them

gain a good picture of the service from the viewpoint of the people who use it; and

- (d) CSCI clearly publicise all their quality ratings.

Evidence from the PCT

10.11 The PCT provided the Forum with several local examples of initiatives that they deliver aimed at improving the quality of care, as summarised below:

- (a) District nurses are aligned to each care home to strengthen communication and ensure relationships are built and maintained between both residents and care providers;
- (b) The OPTIN team provides each care home with case managers who are trained nurses who work closely with General Practitioners to provide the right type of care / regime for the individual. This has a significant impact of improved management, keeping people well and out of hospital;
- (c) Low vision / adaption training improves the quality of aids and adaptations within the home;
- (d) The end of life care which is a recently introduced initiative offers support to people to keep them in their familiar home surroundings. This initiative is recognised as excellent practice and has received a national award; and
- (e) The Community Infection Prevention and Control Team develop skills of workers in care homes.

11. FINANCIAL ASSESSMENT

11.1 Members of the Forum were very keen to understand the financial implications / assessments for people moving / planning to move into a care home. Members received evidence from the Council's Principal Finance Manager, as outlined below.

11.2 Care home fees in Hartlepool range from £368 - £424 and individuals have a choice of which home they wish to reside in. Individuals are never directed to a particular home on the basis of associated cost. The Principal Finance Manager informed the Forum that whether the individual was self funded or supported publicly, the same level of service and monitoring of their individual needs is offered irrespective of payment methods.

11.3 Each individual is assessed on their own individual financial circumstances and no two people are the same. One of the important parts of the process

undertaken with individuals is the maximisation of the benefits they are entitled to. Many people are either not fully aware of what benefits they are entitled to or some are simply too proud to claim. The financial assessment process ensures that everyone is able to claim all the benefits that are due to them.

- 11.4 All financial assessments are undertaken in accordance with the appropriate 'Charging for Residential Accommodation Guidance' (CRAG), which is set by the government.
- 11.5 In relation to people who own property, there is a deferred payment scheme. The Council values their property and the payment is offset against the property value. Members commented on the use of property valuations and indicated that they understood that if the property had been transferred to members of the family for a certain period of time, it could not be taken into account. The Principal Finance Manager highlighted that there is no set time limit though each case is dealt with individually.
- 11.6 Members were concerned that the financial assessment did mean that those that could afford to 'top up' their payments could have access to the pick of the care homes, while others simply had to choose from those that they could afford. Choice could frequently be limited to the type of care a person required as different homes provide different services.
- 11.7 In relation to the personal expenses allowance, prescribed by Government, which currently stands at £21.15 per week, the Principal Finance Manager indicated that how this is dispersed to individual people depended very much on their own circumstances. This could be done via the care home manager or through an arrangement with the Council. If the resident retains their own bank account and management of their own money, the money would be paid into it.
- 11.8 In relation to the personal expenses allowance, Members expressed concerns that the allowance was not reflective of the differing needs and abilities of individuals. The Forum was of the opinion that the allowance should reflect the individual circumstances / physical condition of an individual and should be appropriate to an individual's interests and aspirations, and therefore would increase independence, dignity and quality of life for residents.

12. CARE HOME OCCUPANCY LEVELS IN HARTLEPOOL

- 12.1 The Forum was interested to explore the occupancy levels of care homes in Hartlepool to establish whether this was linked to the standard of care or the cost of the care.
- 12.2 The table below was presented to the Forum outlining the occupancy figures for care homes in Hartlepool.

Table 1 - Care Home Occupancy Information

Category	Registered Beds	Number Occupied	Percentage Occupied
Older People / EMI	896	613	68%
Learning Disability	59	59	100%
Mental Health	76	58	76%
Physical Disability	13	11	85%
Total	1044	741	71%

- 12.3 The Forum were surprised by the under occupancy of care homes and queried what measures the Council could take to address this. The Council informed the Forum that there had been a significant rise in the number of places in residential care over the last six years but the Council has a responsibility to encourage the market to develop and to manage over provision. However, a resident's legal right of choice as to which home they want to live in determines the occupancy figures. Although, high occupancy levels do result in a reduction of choice for individuals.
- 12.4 Members also felt that the high degree of under occupancy may have been created by an over supply of beds. The Adult and Community Services Department indicated that over recent years, the number of people in care homes has not fluctuated much and has remained at around the 600 mark but what has changed is the number and types of places available. The demographics of the town are changing with an aging population, but people are much fitter, healthier and more active than in the past so are tending not to need residential care until much later in their lives. Also, due to supported living / sheltered housing schemes people are encouraged to live independently and the thoughts of the Forum were that the market for care homes may need to re-adjust. However, the number of people in homes has not reduced just new homes have opened.
- 12.5 Care Home Managers present at the meeting when occupancy levels were discussed did not see under occupancy as a major issue, although felt that the new retirement village, 'Hartfields' may change the situation. Although Members did comment that it was not always the case that new homes were best. One of the homes visited by Members during this investigation was an older property and Members said that it felt very much like it was the resident's home and not simply the place they lived.

13. PATIENT AND PUBLIC INVOLVEMENT FORUM

- 13.1 The Forum expressed their concern at the devolvement of the Patient and Public Involvement Forum (PPI Forum), which has been devolved due to the development of LINKs. The PPI Forum created lay assessors that visited and inspected care homes reporting on any areas of concern. The Forum was informed that work is currently underway to establish LINKs which aim to give local citizens a stronger voice in how their health and social care services are delivered. It is anticipated that LINKs will incorporate the work of the former PPI Forum.
- 13.2 The former members of the PPI Forum attended the Forum meetings and emphasised the importance of lay assessors and the PPI Forum's valuable role and expertise was acknowledged by the Forum.

14. EVIDENCE FROM MEMBERS OF THE SCRUTINY FORUM – SITE VISITS

- 14.1 Members of the Forum thought it would be beneficial to the undertaking of their investigation if they visited a selection of care homes in Hartlepool along with a visit to an out of borough care home in order to gain an understanding of how care homes deliver acceptable standards of care.
- 14.2 For the site visits in Hartlepool, Members decided that they would visit a care home from each category of Council grading, all with different quality ratings from CSCI. Following each visit Members completed a set of questions to gain an overview of the standard of care provided and to ensure that the findings were consistent. Throughout the visits Members talked to residents, relatives and staff gaining a good insight into residents' lives. The collective feedback from Members can be summarised as follows:
- (a) The car parking facilities for visitors were adequate and the security measures in place were satisfactory, although Members felt as though all homes should ask visitors to sign in/out;
 - (b) Residents' privacy was respected and residents' appeared very content, well cared for and happy;
 - (c) Relatives were satisfied with the care that was provided;
 - (d) The homes had flexible meal time arrangements and residents had a choice of food with which they were pleased. Some Members raised concerns over the lack of variety of food provided;
 - (e) The homes were clean and tidy and the communal areas were comfortable with nice personal touches, although some were awaiting redecoration and refurbishment;
 - (f) The staff were very welcoming, friendly and approachable and had good relationships with the residents;

- (g) Staff had received training and there appeared to be enough staff on duty to provide quality of care;
 - (h) A range of activities were offered to residents including bingo, computer rooms and days out, with all residents being encouraged to take part in the activities; and
 - (i) Members raised concerns over how residents would evacuate the building if doors are locked with mechanical key pads.
- 14.3 When discussing the site visit to an out of borough care home, Members of the Form were informed by the CSCI Inspector that there was an excellent practice care home in Harrogate, Ashfield Court. Members thought that it would be beneficial to their investigation to visit Ashfield Court to compare areas of good practice. The site visit to Ashfield Court took place on 13 October 2008 and the feedback from Members can be summarised as follows:
- (a) An excellent home with very good facilities;
 - (b) Welcoming and homely; and
 - (c) On par with the homes in Hartlepool.

15. EVIDENCE FROM CARE HOME MANAGERS / RESIDENTS / RELATIVES

- 15.1 The Forum was very keen to engage with local care home managers and residents along with their relatives to hear their views on the quality of care home provision in Hartlepool.
- 15.2 As such, all care home managers, residents and relatives were invited to attend the Forum meetings to share their experiences and professional opinions along with any of their concerns. Their comments are summarised below:
- (a) Concerns were raised over the amount of personal expenses allowance payable to residents and how people with differing needs received the same allowance regardless of their circumstances;
 - (b) Managers strive to increase standards of care;
 - (c) Concerns that new developments may result in continued under occupancy; and
 - (d) The PCT initiated a Hartlepool Care Managers' Forum but the Forum has ceased over time, although managers would welcome its reform.

- 15.3 The Forum was very pleased with the interest expressed by care home managers, residents and relatives in this investigation along with their participation at Forum meetings and wanted to furthermore encourage people to attend. Therefore, Members explored the possibility of holding one of their Forum meetings in a care home as it was a less formal setting and it was felt that participants would feel comfortable with the surroundings. The meeting of the 5th November 2008 was held at a local care home and was well attended by care home managers, residents, relatives and members of the public. Members expressed their thanks to the care home and found the meeting very informative and valuable to their investigation.

Forum meeting held at a local care home



16. CONCLUSIONS

- 16.1 The Adult and Community Services Scrutiny Forum concluded:-
- (a) That good working relationships exist between the Council, the CSCI, the PCT and Care Home Managers, who all aim to improve standards of care for residents;
 - (b) That the overall standard of care in Hartlepool is very good and it is obvious that care home managers take pride in their homes and the standards they apply.
 - (c) That there will always be a need for care homes but due to new models of care, such as retirement villages, people may choose this type of accommodation as opposed to a traditional care home;
 - (d) That Members of the former PPI Forum were dedicated to improving standards of care and the quality of life for individuals and the Forum acknowledges their hard work and commitment and the contributions they made to the enquiry;

- (e) That it was apparent from the care homes visited by Members that they operate open and transparently and welcome and encourage visitors;
- (f) That the Forum welcome a personalised care approach which will continue to improve standards of care;
- (g) That the Council and the CSCI have good monitoring / inspection arrangements in place in order to identify areas for concern; and
- (h) That it was unacceptable that some of the National Minimum Standards were not enforceable by law.

17. RECOMMENDATIONS

17.1 The Adult and Community Services Scrutiny Forum has taken evidence from a wide range of sources to assist in the formulation of a balanced range of recommendations. The Forum's key recommendations to the Cabinet are outlined below:

- (a) That the Council, through its Adult and Community Services Department and relevant Portfolio Holder, works in partnership with LINKs to ensure that the statutory requirements in relation to care home inspection in Hartlepool are fully met;
- (b) That the Council re-establishes the Hartlepool Care Managers' Forum in consultation with Hartlepool PCT to ensure that regular dialogue is maintained between care home managers and key partners;
- (c) That the Council regularly publicises its gradings for individual Care Homes along with the Commission for Social Care Inspection quality ratings on the Council's website, in 'Hartbeat', in the local press and public libraries in order to raise public awareness of ratings and to encourage care homes to raise their standards;
- (d) That the Council aligns its care home gradings with the Commission for Social Care Inspection quality ratings to provide an overall grading;
- (e) That the Council considers including within their service specifications the minimum standards which are not legally enforceable through the Care Homes Regulations 2001; and
- (f) That the Portfolio Holder for Adult and Public Health lobby the Government to review the personal expenses allowance so that it is reflective of a person's needs and abilities.

18. ACKNOWLEDGEMENTS

- 18.1 The Forum is grateful to all those who have presented evidence during the course of the Scrutiny Inquiry. We would like to place on record our appreciation for all those witnesses who attended the Forum. In particular the Forum would like to thank the following for their co-operation during the Scrutiny Investigation:-

Hartlepool Borough Council:

Councillor Ged Hall – Cabinet Member Portfolio Holder for Adult and Public Health.

Nic Bailey – Director of Adult and Community Services

Jill Harrison – Assistant Director (Adults Commissioning)

Alan Dobby – Assistant Director (Support Services)

Phil Homsby – Principal Commissioning Manager

Deborah Lovatt – Assistant Commissioning Manager

Jeanette Willis – Principal Finance Manager

Janet Dickinson – Team Manager

External Representatives:

Sue Holland - Continuing Care Manager, Hartlepool Primary Care Trust

Sue Judge, Locality Team Manager, Hartlepool Primary Care Trust

Bridgit Stockton - Inspector, The Commission for Social Care Inspection

Care Home Managers / residents / relatives

Care Providers

**COUNCILLOR CHRIS SIMMONS
CHAIR OF THE ADULT AND COMMUNITY SERVICES SCRUTINY FORUM**

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BACKGROUND PAPERS

The following background papers were used in preparation of this report:-

- (a) Report of the Scrutiny Support Officer entitled 'Scrutiny Investigation into the Quality of Care Homes Provision in Hartlepool – Scoping Paper' presented to the Adult and Community Services Scrutiny Forum of 23 July 2008.
- (b) Report of the Scrutiny Support Officer entitled 'Quality of Care Home Provision in Hartlepool – Setting the Scene Presentation – Covering Report' presented to the Adult and Community Services Scrutiny Forum of 23 July 2008.
- (c) Presentation of the Assistant Director of Adults Commissioning and the Principal Commissioning Manager entitled 'Quality of Care Home Provision in Hartlepool – Setting the Scene' delivered to the Adult and Community Services Scrutiny Forum of 23 July 2008.
- (d) Report of the Scrutiny Support Officer entitled 'Scrutiny Investigation into the Quality of Care Homes Provision in Hartlepool – Evidence from the Director of Adult and Community Services – Covering Report' presented to the Adult and Community Services Scrutiny Forum of 27 August 2008.
- (e) Report of the Scrutiny Support Officer entitled 'Scrutiny Investigation into the Quality of Care Homes Provision in Hartlepool – Evidence from the Commission for Social Care Inspection – Covering Report' presented to the Adult and Community Services Scrutiny Forum of 27 August 2008.
- (f) Report of the Scrutiny Support Officer entitled 'Scrutiny Investigation into the Quality of Care Homes Provision in Hartlepool – Evidence from the Authority's Portfolio Holder for Adult and Public Health – Covering Report' presented to the Adult and Community Services Scrutiny Forum of 27 August 2008.
- (g) Report of the Scrutiny Support Officer entitled 'Scrutiny Investigation into the Quality of Care Homes Provision in Hartlepool – Evidence from the Adult and Community Services Department – Covering Report' presented to the Adult and Community Services Scrutiny Forum of 30 September 2008.

- (h) Report of the Scrutiny Support Officer entitled 'Scrutiny Investigation into the Quality of Care Homes Provision in Hartlepool – Evidence from Hartlepool PCT – Covering Report' presented to the Adult and Community Services Scrutiny Forum Services Scrutiny Forum of 30 September 2008.
- (i) Presentation of Hartlepool PCT entitled 'Care Home Provision in Hartlepool – PCT Contribution' delivered to the Adult and Community Services Scrutiny Forum Services Scrutiny Forum of 30 September 2008.
- (j) Report of the Scrutiny Support Officer entitled 'The Quality of Care Homes Provision in Hartlepool: Discussion with Care Home Managers / Residents / Relatives - Covering Report' presented to the Adult and Community Services Scrutiny Forum Services Scrutiny Forum of 30 September 2008.
- (k) Report of the Scrutiny Support Officer entitled 'The Quality of Care Homes Provision in Hartlepool: Feedback from Site Visits - Covering Report' presented to the Adult and Community Services Scrutiny Forum Services Scrutiny Forum of 30 September 2008.
- (l) Report of the Scrutiny Support Officer entitled 'Scrutiny Investigation into the Quality of Care Homes Provision in Hartlepool: Evidence from Key Stakeholders' presented to the Adult and Community Services Scrutiny Forum Services Scrutiny Forum of 05 November 2008.
- (m) Report of the Scrutiny Support Officer entitled 'Scrutiny Investigation into the Quality of Care Homes Provision in Hartlepool: Feedback from Site Visits to a Selection of Care Homes in Hartlepool and to Ashfield Court Care Home in Harrogate' presented to the Adult and Community Services Scrutiny Forum Services Scrutiny Forum of 05 November 2008.
- (n) Care Homes for Older People: National Minimum Standards.
- (o) The Care Homes Regulations 2001.
- (p) The Care Standards Act 2000.
- (q) The Commission for Social Care Inspection Reports and Guidance Documents.
- (r) The Care Quality Commission, Enforcement Policy Consultation, 2008.
- (s) The Nursing Times: Article: Concerns over High Staff Turnover in Care Homes: reported 22 August 2008.
- (t) Department of Health Publication: No Secrets: Guidance on Developing and Implementing Multi-Agency Policies and Procedures to Protect Vulnerable Adults from Abuse.

- (u) Department of Health Publication: Adult and Social Care Green Paper: Independence, Well-Being and Choice: Our Vision for the Future of Social Care for Adults in England.
- (v) Minutes of the Adult and Community Services Scrutiny Forum of 23 July 2008, 27 August 2008, 30 September 2008 and 05 November 2008.

ADULT AND COMMUNITY SERVICES SCRUTINY FORUM

21 January 2009



Report of: Scrutiny Support Officer

Subject: SCRUTINY INVESTIGATION INTO ACCESS TO
RECREATION FACILITIES FOR VULNERABLE /
OLDER PEOPLE – DRAFT SCOPING REPORT

1. PURPOSE OF REPORT

- 1.1 To make proposals to Members of the Adult and Community Services Scrutiny Forum for their forthcoming investigation into 'Access to Recreation Facilities for Vulnerable / Older People'.

2. BACKGROUND INFORMATION

- 2.1 At the meeting of this Forum on 20 June 2008 Members determined their Work Programme for the 2008/09 Municipal Year. During discussions Members agreed that their first work programme item would be into the 'Quality of Care Homes Provision in Hartlepool' and that their second work programme item would be into 'Access to Recreation Facilities for Vulnerable / Older People'.
- 2.2 Activity is an essential part of life for all individuals and has a significant positive effect on an individual's well-being, improving health, social skills, interaction and community integration. To be active is to be involved in life and to have people to see, places to go and things to do. The National Association for Providers of Activities (NAPA) for Older People is a voluntary organisation dedicated to increasing the profile and understanding of the activity needs for older people, and equipping staff with the skills to enable older people to enjoy a range of activity whilst living in care settings.
- 2.3 Recreation facilities can be divided into several areas including sport, arts and culture and organised activities. Hartlepool Borough Council provides a wide range of activities. Apart from the numerous parks, open spaces and access

to leisure centres, specific areas of activities offered include, swimming, bowling, aquafit, tea dances, arts activities, adult education, bespoke library services and reminiscence therapy.

3. OVERALL AIM OF THE SCRUTINY REVIEW

- 3.1 To review the current provision of recreation facilities available for vulnerable / older people in Hartlepool exploring the factors which might prevent access to these facilities.

4. PROPOSED TERMS OF REFERENCE FOR THE SCRUTINY REVIEW

- 4.1 The following Terms of Reference for the review are proposed:-

- (a) To consider, and agree, a definition of 'recreation facilities', 'vulnerable people' and 'older people' for the purpose of this investigation;
- (b) To gain an understanding of the current recreation facilities available for vulnerable / older people in Hartlepool;
- (c) To explore the recreation facilities which vulnerable / older people in Hartlepool enjoy and utilise;
- (d) To compare examples of good practice in other Local Authorities to improve access to recreation facilities for vulnerable / older people; and
- (e) To seek a range of views from vulnerable / older people in relation to access to recreation facilities.

5. POTENTIAL AREAS OF ENQUIRY / SOURCES OF EVIDENCE

- 5.1 Members of the Forum can request a range of evidential and comparative information throughout the Scrutiny investigation.

- 5.2 The Forum can invite a variety of people to attend to assist in the forming of a balanced and focused range of recommendations as follows:-

- (a) Cabinet Member with Portfolio Holder for Adult and Public Health;
- (b) Cabinet Member with Portfolio Holder for Culture, Leisure and Tourism;
- (c) Director of Adult and Community Services;
- (d) Assistant Directors and Service Heads of Adult and Community Services;
- (e) Hartlepool PCT;

- (f) Hartlepool's 50+ Forum;
- (g) Life Chances Partnership Board;
- (h) Learning Disability Partnership Board;
- (i) Hartlepool Mental Health Local Implementation Team;
- (j) Neighbouring Local Authorities;
- (k) Local residents who access recreation facilities;
- (l) Care home managers / residents;
- (m) Representatives of minority communities of interest or heritage; and
- (n) Ward Councillors.

5.3 The Forum may also wish to refer to a variety of documentary / internet sources, key suggestions are as highlighted below:-

- (a) The National Association for Providers of Activities for Older People – www.napa-activities.co.uk

6. COMMUNITY ENGAGEMENT

- 6.1 Community engagement plays a crucial role in the Scrutiny process and paragraph 5.2, details who the Forum could involve. However, thought will need to be given to the structure in the way that the Forum wishes to encourage those views.
- 6.2 In addition, diversity issues have been considered in the background research for this enquiry under the Equality Standards for Local Government. As such the views of local diversity groups will be sought throughout the inquiry where felt appropriate and time allows. Consequently, consideration has been given as to how the views of people from minority communities of interest or heritage (for example, people with disabilities, people with learning disabilities, people with mental health problems, black and minority ethnic people, and Lesbian, Gay, Bisexual and Transgender people), which may not be gathered through the usual community engagement routes, can be included over the course of the inquiry.

7. REQUEST FOR FUNDING FROM THE DEDICATED OVERVIEW AND SCRUTINY BUDGET

Option 1

- 7.1 Consideration has been given, through the background research for this scoping report, to the need to request funding from the dedicated Overview and Scrutiny budget to aid Members in their enquiry. At this stage no additional funding has been identified as being necessary to support Members in their investigation. Members, however, may wish to seek additional funding over the course of the investigation and the pro forma attached at **Appendix A** outlines the criteria on which a request to Scrutiny Co-ordinating Committee will be judged.
- 7.2 In addition, it is possible that over the course of this investigation some specialist research / advice may strengthen the Forum's findings and recommendations. The Scrutiny Support Officer will explore this in greater depth once the Forum has defined its terms of reference for the investigation and would bring a report to the Forum should a request for funding be deemed advantageous. Members' comments would be welcomed at this stage in relation to requests for additional funding from the dedicated Overview and Scrutiny Budget.

8. PROPOSED TIMETABLE OF THE SCRUTINY INVESTIGATION

- 8.1 Detailed below is the proposed timetable for the review to be undertaken, which may be changed at any stage:-

21 January 2009 – To formalise the process for the Forum's investigation, (scoping report).

11 February 2009 – Formal meeting of the Forum to receive:-

- (i) A 'Setting the Scene' presentation from the Adult and Community Services Department;
- (ii) Evidence from the Portfolio Holder for Adult and Public Health (To be confirmed);
- (iii) Evidence from the Portfolio Holder for Culture, Leisure and Tourism (To be confirmed);
- (iv) Evidence from the 50 + Forum (To be confirmed); and
- (v) Evidence from the Mental Health Local Implementation Team (To be confirmed).

w/c 23 February 2009 - Site visit to observe recreation facilities in Hartlepool for vulnerable / older people (Date and location to be identified).

05 March 2009 – Formal meeting of the Forum to receive:-

- (i) Feedback from the Chair of the Forum on the outcome of the site visit;
- (ii) Evidence from the Adult and Community Services Department;
- (iii) Evidence from the Learning Disability Partnership Board / Improving Life Chances Partnership Board (To be confirmed); and
- (iv) Discussion with residents who access recreation facilities (To be confirmed).

08 April 2009 - Consideration of Draft Final Report.

May / June 2009 (to be confirmed) - Consideration of Final Report by the Scrutiny Co-ordinating Committee.

To Be Confirmed - Consideration of Final Report by the Cabinet/Council.

9. RECOMMENDATION

- 9.1 Members are recommended to agree the Terms of Reference for the Scrutiny Forum's remit of the Scrutiny investigation as outlined in paragraph 4.1.

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BACKGROUND PAPERS

No background paper(s) were used in the preparation of this report.

APPENDIX A

**PRO-FORMA TO REQUEST FUNDING TO SUPPORT
CURRENT SCRUTINY INVESTIGATION**

Title of the Overview and Scrutiny Committee:
Title of the current scrutiny investigation for which funding is requested:
To clearly identify the purpose for which additional support is required:
To outline indicative costs to be incurred as a result of the additional support:
To outline any associated timescale implications:
To outline the 'added value' that may be achieved by utilising the additional support as part of the undertaking of the Scrutiny Investigation:
To outline any requirements / processes to be adhered to in accordance with

the Council's Financial Procedure Rules / Standing Orders:

To outline the possible disadvantages of not utilising the additional support during the undertaking of the Scrutiny Investigation:

To outline any possible alternative means of additional support outside of this proposal: