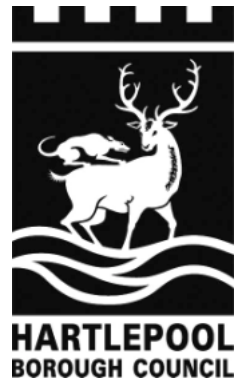


ADULT SERVICES COMMITTEE AGENDA



17 June 2013

at 10.00am

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

MEMBERS: ADULT SERVICES COMMITTEE

Councillors Fisher, Hall, A Lilley, Loynes, Richardson, Shields and Sirs

1. APOLOGIES FOR ABSENCE

2. TO RECEIVE ANY DECLARATIONS OF INTEREST BY MEMBERS

3. MINUTES

- 3.1 To receive the Record of Decision in respect of the meeting held on 21 May 2013 (previously circulated)

4. KEY DECISIONS

None

5. OTHER ITEMS REQUIRING DECISION

- 5.1 Potential Development of Supported Accommodation and Centre for Independent Living – *Assistant Director, Adult Services*



6. ITEMS FOR INFORMATION

- 6.1 Hartlepool Safeguarding Adults Board - Statistics & Safeguarding Progress Report for 2012/13 – *Assistant Director, Adult Services*
- 6.2 Hartlepool Safeguarding Adults Board Strategic Objectives and Action Plan for 2103/14 – *Assistant Director, Adult Services*
- 6.3 Quality of Care in Older People's Care Homes – *Assistant Director, Adult Services*
- 6.4 Winter Warmth Initiatives – *Assistant Director, Adult Services*

7. ANY OTHER BUSINESS WHICH THE CHAIR CONSIDERS URGENT

ITEMS FOR INFORMATION

Date of next meeting – 15 July 2013 at 10.00am



ADULT SERVICES COMMITTEE

17 June 2013



Report of: Assistant Director - Adult Services

Subject: POTENTIAL DEVELOPMENT OF SUPPORTED
ACCOMMODATION AND CENTRE FOR
INDEPENDENT LIVING

1. TYPE OF DECISION/APPLICABLE CATEGORY

Non key decision.

2. PURPOSE OF REPORT

- 2.1 To inform the Adult Services Committee of proposals to redevelop land adjacent to the Havelock Centre for Independent Living (CIL), including the potential development of 20-25 units of accommodation for adults with a disability and a new purpose built Independent Living Centre, and to seek support from the Committee for further work on a financial options appraisal.

3. BACKGROUND

- 3.1 In September 2012 the Council was approached by a specialist adult social care provider who was seeking land to develop with the intention to provide housing care and support for adults with a disability. Discussions took place with both Planning Policy and Estates and two sites adjoining the Havelock Centre in Burbank were identified. These sites were acceptable to the developer and terms were provisionally agreed for the sale of the sites. The sites are shown hatched on the plans at **Appendix 1**.
- 3.2 Discussions have progressed with Child & Adult Services and the Planning and Estates sections in relation to the proposed development. The Council already supports a number of people who would be suitable to live in the proposed development, and the provision of accommodation within the Borough is likely to constrain spend on the cost of care as well as reducing the need for out of borough placements for people with complex needs.

- 3.3 The developer has requested a six month exclusivity agreement on the sites and this is subject to a decision by Finance and Policy Committee on 28 June 2013 (Forward Plan Ref: 5/13).

4. DEVELOPMENT POTENTIAL

- 4.1 During negotiations with the developer a proposal to construct a replacement for the existing Havelock Centre for Independent Living has been discussed and some provisional plans have been drawn up for this.
- 4.2 The proposal at present is to build a new centre as a replacement for the existing Havelock Centre on the land adjoining it, prior to demolition of the existing centre and construction of a supported living residential scheme on the site of the current centre. The second site to the west in Burbank Street could be used to provide 20 – 30 units of accommodation of mixed tenure including supported tenancies, shared living and specialist resident provision for adults with complex health and social care needs.
- 4.3 Hartlepool Borough Council's Housing Care and Support Strategy identifies a need to increase the range and type of accommodation available to meet future demographic demands for this client group. The proposals support the Council's strategic ambitions, which are shared by health colleagues.
- 4.4 At present there are forty two adults with a learning disability identified as requiring a change in their existing accommodation, with a further seven people who will be looking to return to the area from acute or hospital settings within the next two years.
- 4.5 Child & Adult Services operates day opportunity services for approximately 150 adults with disabilities across several sites, provides assessment and care management to around 350 adults with a learning disability via the Learning Disability Social Work Team based at Warren Road and provides personal care, reablement support and a telecare response to approximately 1,300 people within Hartlepool. The proposed development of a replacement Centre for Independent Living could provide an opportunity to relocate existing services provided by Adult Social Care and rationalise the number of buildings used, creating a hub for therapeutic support and a base for the Direct Care and Support Team.

5. FINANCIAL IMPLICATIONS

- 5.1 A detailed financial options appraisal is required to ascertain the capital and revenue commitment required to fund this proposal, and to assess the relevant benefits and risks of the different options available.
- 5.2 There are likely to be some ongoing financial benefits including:
- Reducing future maintenance costs
 - Increased opportunity for income generation through room hire

- Reducing running / lease costs
- Reduced costs through delivering services from a smaller number of sites
- Reducing the carbon footprint and reducing utility costs; and
- Reducing journey times and transport costs for service users.

5.3 The utility costs and maintenance costs of the existing Centre for Independent Living are high due to the age and condition of the building. It is important to note that there have been a frequent number of minor repairs linked to the age and condition of the existing site and the infrastructure (examples include drainage, roof repairs and pipe corrosion which have all been identified in the last three months). These costs will continue to rise due to the age and condition of the building.

6. CONSULTATION

6.1 There have been some initial consultation events held for users of the current Centre for Independent Living and local residents, which have also been attended by ward members. Initial feedback has been positive and some minor issues identified regarding the proposed development have been addressed in the latest version of the plans.

6.2 Ward members have also had the opportunity to visit a similar development in Gateshead and were very impressed by the quality of the development and the services provided.

6.3 A further telephone consultation exercise is planned with all people who currently use day services and / or their carers. This method has been used in the past and feedback has been obtained from over 90% of people contacted.

7. EQUALITY AND DIVERSITY CONSIDERATIONS

7.1 There are no equality or diversity implications at this stage but, if the proposed development goes ahead and there are implications for services, a full equality impact assessment will be undertaken.

8. RECOMMENDATIONS

8.1 It is recommended that the Adult Services Committee gives approval for a detailed financial options appraisal to be undertaken for the potential development of supported accommodation for adults with a disability and a new purpose built Independent Living Centre.

9. REASONS FOR RECOMMENDATIONS

- 9.1 There is evidence that additional accommodation of this nature is needed within Hartlepool to support adults with disabilities and complex needs.
- 9.2 The provision of a new purpose built Independent Living Centre would greatly improve the current facilities available for adults with disabilities as well as providing a building for use by the local community with potential longer term financial benefits from reduced running costs and increased opportunities for income generation.

10. CONTACT OFFICER

Neil Harrison
Head of Service, Adult Social Care
E-mail: neil.harrison_1@hartlepool.gov.uk
Tel: 01429 523913

APPENDIX 1**SITES**

or as email



Site 1



Site 2



Site 3

ADULT SERVICES COMMITTEE

17 June 2013



Report of: Assistant Director – Adult Services

Subject: HARTLEPOOL SAFEGUARDING ADULTS BOARD -
STATISTICS & SAFEGUARDING PROGRESS
REPORT FOR 2012/13

1. TYPE OF DECISION/APPLICABLE CATEGORY

No decision required, for information.

2. PURPOSE OF REPORT

- 2.1 The purpose of this report is to present the Hartlepool Safeguarding Adults Board (HSAB) statistics covering the period from 1 April 2012 – 31 March 2013 and to share a summary of the progress made with the implementation of the HSAB Strategic Objectives and Action Plan for the same period.

3. BACKGROUND

- 3.1 The guidance that underpins adult protection arrangements is called No Secrets and within this guidance it is recognised that protecting vulnerable adults from the various forms of abuse (physical, sexual, psychological or financial) or material neglect, discrimination and institutional harm is Everybody's Business.
- 3.2 The lead agency for the co-ordination of the arrangements regarding protecting vulnerable adults from abuse is the Local Authority and, where necessary, this includes co-ordinating the actions of other key local agencies including the NHS, the police, housing providers and the voluntary sector.

4. TRENDS

- 4.1 In the reporting period of 1 April 2012 – 31 March 2013 there were 533 alerts identifying possible cases of abuse or neglect of adults brought to the attention of the Child and Adult Services Department's Duty Team. Following initial discussion and wider debate 210 of these alerts met the Safeguarding

Adults threshold guide and therefore led to actual referrals requiring further investigation and action specifically under safeguarding adult procedures.

- 4.2 In the same reporting period last year there were 547 alerts identifying possible cases of abuse and 178 of these met the Safeguarding Adults threshold guide and therefore led to actual referrals requiring further investigation and action specifically under safeguarding adult procedures.
- 4.3 This is the second successive reporting period to show a reduction in safeguarding alerts and an increase in safeguarding referrals requiring further investigation and action specifically under safeguarding procedures.
- 4.4 In relation to the 2012/13 reporting period, it is important to highlight that although 323 alerts or 60.6% of the activity required no specific further action in terms of actual safeguarding procedures, these cases were appropriately risk managed via interventions by social work and care management teams; the Complaint(s) Management Team or the Commissioned Services Team with some referrals managed by providing more detailed information, advice or guidance at the Duty point, usually in relation to sign-posting people to relevant health professionals.
- 4.5 Within the 2012/13 reporting period, regarding the alleged victims of abuse, 38% of people were under the age of 65; 62% were over the age of 65. In the same period for 2011/12, 36.5% of people were under the age of 65 and 63.5% were over the age of 65 years of age.
- 4.6 In the reporting period 2012/13, as in previous reporting periods, care homes continue to be the most common location of reported abuse. However it should be noted that the number of cases has reduced considerably in the latest reporting period (by 24%) suggesting that having an officer specifically focusing upon safeguarding investigations in care homes and re-aligning a team to work more proactively with care homes and Registered Managers has been successful in terms of prevention and early intervention.
- 4.7 In the reporting period 2012/13, neglect was the most frequently identified cause of abuse, increasing by 59% on the same reporting period last year; followed by physical abuse which had increased by 6%. Other identified causes of abuse included financial (-11%), emotional / psychological (-56%) and sexual abuse (-12%).
- 4.8 In the reporting period 2012/13, the reported perpetrators of abuse have been for the most part Care Workers; this is followed by perpetrators 'unknown' which takes into account thefts where, following a police investigation, the thief has not been identified. This also includes cases where unexplained injuries have occurred to a vulnerable person, but following an investigation the perpetrator has not been identified, usually because the victim has lacked the mental capacity to contribute to the investigation. Other reported perpetrators include other vulnerable adults; relatives and family members and for the first time self harm has been reported.

4.9 Regarding safeguarding adults from abuse or significant harm, a key development in recent years is the implementation of Deprivation of Liberty Safeguards. This development, which falls under the auspices of the Mental Capacity Act 2005, is a very serious matter and the Local Authority are the lead agency and Supervisory Body for ensuring that people who, for their own safety and in their own best interests, need to be accommodated under care and treatment regimes that may have the effect of depriving them of their liberty, but who lack capacity to consent, are only 'deprived' following due process, lawfully and properly.

4.10 In relation to Deprivation of Liberty Safeguards (DoLS), the activity for 2012/13 was as follows:

• Number of Urgent DOLS Referrals	27
• Number of Standard Referrals	23
• Number of DOLS Reviews	6
• Number of 3 rd Party Requests	0

Total Activity 56

4.11 In the same reporting period for 2011/12 the Deprivation of Liberty Safeguards activity was as follows:

• Number of Urgent DOLS Referrals	27
• Number of Standard Referrals	33
• Number of DOLS Reviews	10
• Number of 3 rd Party Requests	0

Total Activity 70

4.12 The overall activity regarding Deprivation of Liberty Safeguards has changed over the last few reporting periods as officers from the Child and Adult Services Department have worked more proactively with the Registered Managers of Care Homes to enable them to gain a clearer understanding of the legislative framework and become more confident in providing the type of care that uses pro-active interventions to restrict an individual's ability to place themselves inadvertently at risk of harm rather than use what can be described as a 'draconian' step of depriving a person of their liberty. This is evidenced by the reduction in Urgent Deprivation of Liberty referrals, which is a positive step forward.

4.13 Comparisons between the two reporting periods show that there has been a decrease in the total number of Standard Referrals by 10 (a decrease of approximately 17%). Urgent referrals have remained static at 27, however it should be noted that referrals from the Primary Care Trust, which focused on care and treatment in a hospital setting have increased by 7 (117%).

5. SAFEGUARDING ADULTS ACTION PLAN 2012/13 - PROGRESS

5.1 The HSAB has a safeguarding action plan which is developed on an annual basis and identifies specific outcomes, objectives and actions the Board

would like to be achieved each year in order to protect adults in Hartlepool from abuse.

- 5.2 The key themes for 2012/13 were identified as being Leadership; Personalised Responses; Effective Preventative Work; Performance; Learning and Development.
- 5.3 Key achievements regarding the action plan for this reporting period are as follows: -
 - 5.3.1 A risk management tool has been introduced for use by the Board to analyse challenges to the Board, identify the risks these challenges produce and enabling mitigation of these identified risks leaving Board Partners more able to work together to protect those adults who are most vulnerable.
 - 5.3.2 The Memorandum of Understanding for the HSAB has been updated, combined with the terms of reference and all Board Partners have now signed up to this. This work has been undertaken to improve understanding of the remit of the Board, attendance and commitment to work-streams. In addition an addendum to the memorandum of understanding outlining what is expected in relation to information sharing between agencies has been agreed by Board members.
 - 5.3.3 HSAB continues to oversee the implementation of the guidance to prevent and reduce the numbers and frequency of adults who become missing from home or care. In order to promote more efficient methods of working Adult Services and Cleveland Police are mirroring the systems, processes and responses originally put in place for children. Although this development in relation to adults is in its infancy, the data exchange from the police in relation to adults who go missing is working well using the First Contact and Support Hub as the initial conduit and subsequently the relevant information is passed to the Safeguarding Support Officer to be screened. The information relating to anyone identified as being at risk and requiring professional contact and possible support is forwarded to the relevant team for further assessment. A protocol and procedure regarding this approach will be finalised once the initial learning and evaluation is concluded.
 - 5.3.4 Hartlepool, on behalf of the Tees-wide Safeguarding Vulnerable Adults Board, continues to lead the pilot scheme to develop an 'Expert by Experience' model of working. To achieve success we continue to monitor that all clients entering the Safeguarding Framework, are offered the opportunity to become an 'Expert by Experience' by taking part in a structured discussion with an Independent Provider at the end of the safeguarding investigations into their case. The intention is to ascertain how satisfied those involved with the safeguarding investigation are with the quality of the support they have received.
 - 5.3.5 The Independent Provider commissioned to undertake this work has reported back on the referrals from Hartlepool for those clients who have chosen to be part of the pilot and a report has been produced analysing the

responses. Specific questions were asked relating to adult safeguarding in order to identify any lessons to be learnt and to consider potential ways to improve the safeguarding vulnerable adult processes. This has enabled further improvements in operational practice and will also increase understanding of the training requirements of the work-force.

A summary of the initial findings is attached at **Appendix 1**.

- 5.3.6 Due to the successful initial findings from the service Redcar and Cleveland Safeguarding Unit have asked to be part of the pilot scheme. This will increase the number of people interviewed and help ensure that recommendations reflect a wider range of views.
- 5.3.7 HSAB continues to monitor the effectiveness of the use of welfare notices, ensuring they are utilised effectively and their content analysed. The use of welfare notices ensures people not eligible for direct support under Fair Access to Care Services (FACS) eligibility criteria can access some community support to share concerns and these can be escalated to statutory agencies if problems continue. This development supports Adult Services' commitment to prevention and early intervention.
- 5.3.8 HSAB commissioned and delivered their annual multi-agency learning and development programme for 2012/13 which was made available to all agencies via their workforce development representatives. An evaluation of all the learning and development activities has been undertaken, with all courses receiving positive feedback and no concerns raised.

6. RECOMMENDATIONS

- 6.1 It is recommended that the Adult Services Committee note the contents of this report.

7. REASONS FOR RECOMMENDATIONS

- 7.1 The Local Authority has the lead responsibility for the co-ordination of adult protection arrangements and the implementation of Deprivation of Liberty Standards.

8. CONTACT OFFICER

John Lovatt
Head of Service - Adult Social Care
Email: john.lovatt@hartlepool.gov.uk
Tel: 01429 523903

SUMMARY OF FINDINGS FROM THE ADULT SAFEGUARDING 'EXPERT BY EXPERIENCE' PROJECT

The Safeguarding Processes

- Effective implementation and management of safeguarding processes help make a person or family member(s) feel less angry about what has happened.
- As a direct result of the safeguarding processes there has been an improvement in the quality of care provided by those registered facilities involved.
- It is suggested that an understanding of the safeguarding processes and professional insight helped people go through the process, and without this knowledge others may feel frustrated with the processes, and may find it difficult dealing with the professionals having differing / conflicting opinions.
- Information and explanation to service users and family members, regarding safeguarding processes needs to be consistently implemented. To allow more understanding of what to expect and so that they can contribute more effectively.
- For those service users who lack decision specific capacity, evidence needs to be clearer about what consideration has been given to the use of advocacy / representation in the form of an Independent Mental Capacity Advocate (IMCA) / Independent Mental Health Advocate (IMHA) where there is no other relevant person available to act in the person's best interest. It is suggested that some 'experts' with communication limitations consider that their views, wishes and comments are not fully being taken into consideration.
- Only some Safeguarding Chairs are ensuring that support and information is provided throughout the process. Additionally, some service users and their supporting family are not being asked what their expectations are in relation to the safeguarding processes.

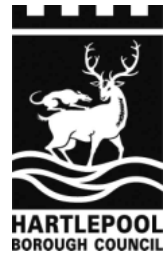
The Safeguarding Meetings

- Some family members reported that they feel 'daunted' by care home staff being at the safeguarding meeting and they are worried about potential repercussions for their 'loved one'.
- Plans and actions agreed at the safeguarding meeting are, in the vast majority of cases, considered appropriate; put into place in a timely manner and subsequent improvements in care arrangements were noted very quickly.

- It was reported by some 'experts by experience' that the safeguarding meeting minutes do not fully reflect the content of the discussions or the outcome(s) the service user or their family were anticipating.
- It is clear that in some cases more work needs to be undertaken earlier to help the 'expert' prepare for the meeting and also to ensure that both the service user and their family members feel they have been listened too and taken seriously. Some service users and family members felt they were unable to give their views and they felt intimidated in the meeting as sometimes there can be a wide range of professionals in attendance, representing different agencies.
- It was reported that some families only became aware of previous incidents that had happened to their 'loved one' during the safeguarding meeting.
- It was reported that in a couple of cases the 'Health Partner' presented inaccurate information to attendees regarding health interventions and that on some occasions health professionals who may have been able to clarify issues were not in attendance.

ADULT SERVICES COMMITTEE

17 June 2013



Report of: Assistant Director - Adult Services

Subject: HARTLEPOOL SAFEGUARDING ADULTS BOARD
STRATEGIC OBJECTIVES AND ACTION PLAN FOR
2013/14

1. TYPE OF DECISION/APPLICABLE CATEGORY

No decision required, for information.

2. PURPOSE OF REPORT

- 2.1 To present the Hartlepool Safeguarding Adults Board (HSAB) Strategic Objectives and Action Plan for the period April 2013 – March 2014.

3. BACKGROUND

- 3.1 The HSAB Safeguarding Adults Strategic Objectives and Action Plan are developed on an annual basis and set the direction of travel for safeguarding arrangements for each financial year. This Action Plan has been produced having taken into account national policy developments, new initiatives and learning from best practice across the country. The Action Plan identifies specific outcomes, objectives and actions the Board would like to achieve during 2013/14 in order to improve safeguarding arrangements and protect adults in Hartlepool from abuse.

4. THE VISION FOR ADULT SAFEGUARDING IN HARTLEPOOL

- 4.1 People are able to live a life free from harm, where communities:
- have a culture that does not tolerate abuse
 - work together to prevent abuse
 - know what to do when abuse happens

5. STRATEGIC OBJECTIVES

- 5.1 The strategic objectives that have been agreed by the HSAB are as follows:

LEADERSHIP

Safeguarding is Everybody's Business.

PERSONALISED RESPONSES

Develop effective response systems and services that have the person concerned at their heart; enable them to weigh up risks and the benefits of their preferred options; enable people to define the outcomes they want; address the cause(s) of harm and for the perpetrator support them to better understand the damage that has been done to individuals and the community.

EFFECTIVE PREVENTATIVE WORK

Increase awareness within the public, staff and people using services including carers.

PERFORMANCE

Ensure that monitoring, analysing and improving safeguarding practice is the norm for all staff and the agencies they work for.

LEARNING AND DEVELOPMENT

Ensure the workforce strategy supports the workforce to be competent in safeguarding adults.

6. SAFEGUARDING ACTION PLAN 2013/14

- 6.1 The HSAB Safeguarding Action Plan is developed on an annual basis and sets out the direction of travel for safeguarding arrangements having taken into account national policy developments, new initiatives and learning from best practice across the country. The Action Plan identifies specific outcomes, objectives and actions based around the strategic objectives identified in 5.1.
- 6.2 The HSAB has introduced systems and processes to monitor the implementation of the Action Plan and to evaluate progress made throughout the year.
- 6.3 A copy of the HSAB Strategic Objectives and Action Plan for 2013/14 can be found at **Appendix 1**.

7. RECOMMENDATIONS

- 7.1 It is recommended that the Adult Services Committee note the HSAB Strategic Objectives and Action Plan for 2013/14.

8. REASONS FOR RECOMMENDATIONS

- 8.1 The Local Authority has lead responsibility for the co-ordination of adult protection arrangements.

9. CONTACT OFFICER

John Lovatt
Head of Service - Adult Social Care
Hartlepool Borough Council
Email:john.lovatt@hartlepool.gov.uk
Tel:01429 523903



Hartlepool Safeguarding Adults Board Strategic Objectives and Action Plan

2013 - 2014

Contents

1. The Vision for Adult Safeguarding
2. Summary – Hartlepool Safeguarding Adults Board Strategic Objectives
3. Action Plan Objective – Leadership
4. Action Plan Objective – Personalised Responses
5. Action Plan Objective – Effective Preventative Work
6. Action Plan Objective – Performance
7. Action Plan Objective – Learning and Development

THE VISION FOR ADULT SAFEGUARDING

People are able to live a life free from harm, where communities:

- have a culture that does not tolerate abuse
- work together to prevent abuse
- know what to do when abuse happens

Summary - Hartlepool Safeguarding Adults Board Strategic Objectives

1. **LEADERSHIP** – Safeguarding is everybody’s business.
2. **PERSONALISED RESPONSES** – Develop effective response systems and services that have the person concerned at their heart; enable them to weigh up risks and the benefits of their preferred options; enable people to define the outcomes they want; address the cause(s) of harm and for the perpetrator support them to better understand the damage that has been done to individuals and the community.
3. **EFFECTIVE PREVENTATIVE WORK** – Increase awareness within the public, staff and people using services including carers.
4. **PERFORMANCE** – Ensure that monitoring, analysing and improving safeguarding practice is the norm for all staff and the agencies they work for.
5. **LEARNING AND DEVELOPMENT** – Ensure the workforce strategy supports the workforce to be competent in safeguarding adults.

Objective	Outcomes	Actions	Target Date	Lead(s)	Progress	RAG Rated performance
LEADERSHIP - Safeguarding is everybody's business.	HSAB takes responsibility for safeguarding delivery and ensures effective working partnerships at a strategic level.	Monitor the Memorandum of Understanding relating to HSAB accountabilities and each agency's <u>active participation</u> in core activity and developments.	2013 - 14	Chair.	Memorandum of Understanding in situ. System in place to track attendance + contribution(s).	AMBER
	Strategic and operational plans will promote the importance of safeguarding adults including addressing emerging broader themes such as domestic violence, running and missing adults, hate crime, and anti-social behaviour.	Monitor the implementation of the safeguarding business plan; identify shortfalls and drive improvements.	2013 -14	Chair + identified Lead Officers.	DRAFT Plan to be shared with Partners for comment March 2013. To be agreed April 2013. Monitoring arrangements need agreeing by the HSAB.	AMBER
	Emerging policy challenges relating to safeguarding are identified and the impact of these on adult safeguarding arrangements are analysed, risks mitigated and best practice promoted.	Analyse and evaluate current governance and accountability arrangements with key partners. In the light of fiscal and other emerging challenges consider how to potentially improve the effectiveness of existing arrangements by	2013 -14	Chair + identified Lead Officers.	Include as agenda item at HSAB and consider use of task and finish group to produce options paper.	RED

	Confidential information is shared with the agreement of the vulnerable adult, or in their best interest if the adult lacks the capacity to make that decision, using advocacy where appropriate.	strengthening links between the HSAB, Safer Hartlepool Partnership and the HSCB. Explore best practice elsewhere to determine future direction of travel.				
	HSAB agree an approach to communications, to ensure members are working collaboratively and that the HSAB is in the best position to respond to a crisis.	Monitor and report on progress in relation to adult safeguarding arrangements linked to the introduction of the Clinical Commissioning Group (CCG).	2013 - 14	CCG Lead Officer.	Report to be provided to HSAB with timescales to be identified by Board members.	RED
		Monitor the progress of safeguarding adult guidance moving towards statutory status; ensure organisational arrangements, processes and different delivery models evolve across all partner organisations.	2013 - 14	Identified Lead Officers.	Task and finish Group to be initiated during 2013 – 14.	RED
		Update the Memorandum of Understanding to include the principles of information sharing. Potentially produce and distribute a handy size	2013 -14	Identified Lead Officers.	Task and finish Group to be initiated during 2013 – 14.	RED

		booklet which outlines the principles of information sharing for all.				
		<p>Produce a multiagency communication strategy consisting of the following elements:</p> <ul style="list-style-type: none"> • The principles of information sharing. • Ensure there are channels available for service users to make their voice heard. • Ensure regular campaigns are introduced advising people what to do if they suspect someone is being abused. • Recognition of hard to reach groups and a means of engaging with them. • A means of coordination for the public release of information and speaking to the media. 	2013 - 14	Identified Lead Officers.	Task and finish Group to be initiated during 2013 – 14.	RED

Objective	Outcomes	Actions	Target Date	Lead(s)	Progress	Rag Rated Performance
PERSONALISED RESPONSES – Develop effective response systems and services that have the person concerned at their heart; enable them to weigh up risks and the benefits of their preferred options; enable people to define the outcomes they want; address the cause(s) of harm and for the perpetrator support them to better understand the damage that has been done to individual's and the community.	Individuals 'in the safeguarding arena' will be: <ul style="list-style-type: none"> • safeguarded as soon as practicable; • listened too about their experience; • enabled to contribute to the safeguarding process; • have confidence that action is taken; • feel safer as a result of the intervention; • be confident that lessons will be learned and improvements made • positive risk-taking will be encouraged, balancing the need to safeguard and protect with a person's right to self-determination choice and control. 	Monitor and evaluate the independent 'Expert by Experience' service consulting with those people who have experienced safeguarding to seek their views about their experience, ensuring lessons continue to be learned and that improvements to the safeguarding process are made.	June 2013 - 14	J. Rogers, J. Lovatt.	Task and Finish Group established and evaluation commenced.	AMBER
		Monitor the effectiveness of policies, procedures and protocols and revise these as necessary to ensure individuals requiring safeguarding intervention are more in control of the process.	2013 - 14	K. Bell, C. Brown + J. Lovatt.	Tees-wide system currently in situ. Policies, procedures and protocols need revising as necessary.	AMBER
		Ensure advocacy services are offered and used as	2013 -14	K. Bell, J. Lovatt.	Task and Finish Group to be	AMBER

6.2
Appendix 1

	Patients will be treated and cared for in a safe environment and they will be protected from avoidable harm; including ensuring a safe discharge and transition from hospital	appropriate, to support people who lack capacity and are in the safeguarding arena (both Victim & Perpetrator).			established to consider current usage, identify best practice in relation to the use of advocacy services.	
		Use information from case audits, management case reviews, complex case reference group, the risk enablement panel, Best Interest Assessors (BIA) meetings and findings from the Expert by Experience Service to share learning and develop a better understanding of safeguarding practice.	2013 - 14	K. Bell, J. Rogers + J. Lovatt.	Systems are in situ in relation to the areas identified but these may need rationalising in the light of fiscal and operational pressures to achieve greater efficiency.	AMBER
		Cascade information through the online management guide, access to web-based legal updates, Departmental Managers Meetings and Practice Sub-groups to share learning and promote best practice.	2013 - 14	K. Bell, J. Rogers + J. Lovatt.	Systems are in situ in relation to the areas identified but these may need rationalising in the light of fiscal and operational pressures to achieve greater efficiency.	AMBER
		Improve knowledge and skills of practitioners by promoting access to	2013 - 14	Identified Lead Officers.	Systems are in situ in relation to the areas identified but these	AMBER

6.2
Appendix 1

		relevant training and create opportunities for shared learning across agencies.			may need rationalising in the light of fiscal and operational pressures to achieve greater efficiency.	
		Implement through partnership work with the Safer Hartlepool Partnership the Restorative Practice model in cases identified as suitable.	2013 - 14	Identified Lead Officers.	Training has been identified and places allocated to staff.	AMBER
		Improve patient experience regarding hospital discharge processes by promoting transparency and a commitment to learn from best practice elsewhere. Organisations will learn from mistakes and make tangible changes that improve safety and the public's confidence in service delivery.	2013 - 14	Identified Lead Officers	Regular discharge meetings have been established at strategic and operational levels. These need to be evaluated going forward.	AMBER

Objective	Outcomes	Actions	Target date	Lead	Progress	RAG Rated Performance
EFFECTIVE PREVENTATIVE WORK – Increase awareness in the public, staff and people using services including carers.	Work collaboratively with Partners to prevent incidents of abuse including emerging themes such as domestic violence, hate crime and anti-social behaviour.	Ensure a consistent approach is adopted across the Tees-wide area to tackle issues such as hate crime by developing and implementing multi agency strategies such as the Tees-wide Hate Crime strategy.	2013 - 14	Business Manager – TSAB + Identified Lead Officers.	Systems are in situ to develop Tees-wide approaches to cross cutting issues. The effectiveness of these needs monitoring going forward.	AMBER
	Financial Abuse of Vulnerable Adults is better recognised and responded to quickly and incidents of financial abuse are reduced.	Monitor and report on the implementation of the Domestic Violence Strategy action plan for Hartlepool, ensuring that recommendations and actions identified are implemented.	2013 - 14	Safer Hartlepool Partnership	Strategy action plan is in situ. Performance needs monitoring.	AMBER
	Mitigate the increased risk to vulnerable adults, whose care arrangements are complicated by cross boundary considerations.	Analyse and evaluate the interface(s) between HSAB and the Children's Strategic Partnership to consider opportunities for streamlining and integrating procedures, processes and protocols linked to LADO, MA RAC, MA PPA.	2013 - 14	K. Bell & John Lovatt.	Initial meeting has taken place and actions have been agreed to address issues raised.	AMBER

	nursing homes.	Analyse and evaluate the current operational systems to introduce more robust methods for protecting vulnerable adults from financial abuse.	2013 - 14	J. Lovatt + G. Martin.	Policy and procedure established to address potential financial abuse and regular meetings have been introduced to address potential cases.	AMBER
		Produce, implement and monitor the Running and Missing Protocol.	2013 - 14	J. Rogers + J. Lovatt.	Protocol established. Schedule for teams being finalised.	AMBER
		Ensure eSafety is promoted to vulnerable adults, their families and carers	2013 - 14	J. Rogers.	Strategy and standards audit tool has been agreed. Work in place to embed these into the community.	AMBER
		Implement, monitor and report on the effectiveness of the new ly established witness preparation support and profiling scheme for vulnerable adults w ithin Hartlepool.	2013 - 14	J. Rogers + K. Bell.	Scheme is established; staff identified; training has been completed; aw aiting first case.	AMBER
		Implement, monitor and report on the new ly agreed ADASS, Out of Area Safeguarding Adults Arrangements protocol.	2013 -14	J. Rogers + J. Lovatt.	Protocol received and relevant staff informed about responsibilities. Progress to be monitored going forward.	AMBER

6.2
Appendix 1

		Produce and use a practice tool to consider risk to vulnerable adults in order to identify and address important problems at an early stage.	2013 - 14	K. Bell + J. Lovatt.	Risk tool has been developed and implementation has commenced link to care management arrangements.	AMBER
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Objective	Outcomes	Actions	Target Date	Lead	Progress	RAG Rated Performance
PERFORMANCE – Ensure that monitoring, analysing and improving safeguarding practice is the norm for all staff and the agencies they work for.	<p>A more consistent, proportionate and resource efficient approach to decision making will be achieved with a particular focus on the managing alerts / referrals.</p> <p>Ensure investigations respond in a timely and a responsive manner which is proportionate to risk.</p> <p>Promote a more consistent approach to raising and maintaining uniform standards across the 4 themes within Adult Safeguarding:</p> <ul style="list-style-type: none"> • Outcomes for and the experiences of people who use services • Leadership, strategy and commissioning • Service Delivery Effective Practice and Performance 	Support practitioners through support and training to use their professional judgement and promote confidence in their decision making.	2013 - 14	K. Bell + J. Lovatt.	Systems in situ to provide support; access training and audit decision-making. More robust methods need to be introduced to provide feedback to practitioners from results of audits of records.	AMBER
		<p>Avoid delays where possible so those at risk are confident of a timely response to their situation:</p> <ul style="list-style-type: none"> • Maximise resources • Continue to monitor safeguarding framework 	2013 - 14	K. Bell + J. Lovatt.	Systems are in situ for monitoring activity in terms of response times and the length of time cases remain open. These now need evaluating to ensure efficiencies are achieved and cases are actively managed.	AMBER
		Consider how and when to implement, maintain and evaluate the Tees multi agency quality assurance framework which gives guidance to partner agencies of the standards expected.	2013 - 14	J. Rogers, K. Bell + J. Lovatt.	Draft Quality Assurance Framework shared across Tees. Further work required to understand impact in Hartlepool in relation to operational	AMBER

	and Resource management				changes and changes for staff.	
	<ul style="list-style-type: none"> Working Together <p>The CCGs will work with partners to improve the quality of services to vulnerable adults; including relevant individuals with a learning disability or autism. Behaviours that challenge will be managed effectively and people will receive safe and appropriate high quality care.</p> <p>Following the Report of the Mid Staffordshire NHS Foundation Trust Public Enquiry ensure any recommendations identified which may be applicable to Hartlepool are implemented and monitored.</p>	<p>All current placements will be reviewed by 1 June 2013, and everyone inappropriately in hospital will move to community-based support as quickly as possible, and no later than 1 June 2014. By April 2014 each area will have a locally agreed joint plan for all children, young people and adults with learning disabilities or autism and mental health condition or behaviour described as challenging, in line with models of good care (Transforming care: A national response to Winterbourne View Hospital DOH)</p>	2013 - 14	N. Harrison + identified Lead Officers.	Tees Integrated Commissioning Group has updated LD registers and will report progress to CCGs periodically.	AMBER
	Commissioning, contracting, care management and safeguarding intelligence will be used to manage	CCG will be responsible for ensuring implementation and the subsequent reporting of recommendations	2013 - 14	CCG identified lead officer	A system should be considered to use strategic and operational intelligence to	RED

	<p>current and emerging risks.</p> <p>The HSAB is assured that all services commissioned include policies, procedures and standards relating to safeguarding vulnerable adults, and that all contracts have a focus on safeguarding and dignity.</p>	<p>pertinent to all commissioned contracts in Hartlepool. HSAB to request regular assurance that commissioned contacts are compliant with standards set and accountable.</p>			<p>promote well being and prevention.</p>	
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Objective	Outcomes	Actions	Target date	Lead	Progress	RAG Rated Performance
LEARNING AND DEVELOPMENT - Ensure the strategic workforce strategy supports staff to be competent in safeguarding adults.	The workforce of all relevant agencies are competent in safeguarding people at risk and each organisation commits to investing in their workforce to ensure their staff are competent in safeguarding adults.	Ensure the workforce strategies of all relevant agencies incorporate safeguarding training and ensure all agencies commit resources to enable staff to increase their understanding of this important issue.	2013 – 14	Identified Lead Officers.	Some workforce strategies do include a commitment to investing in training relevant to safeguarding. More work is required to identify gaps before determining how best to mitigate risks associated with this shortfall.	AMBER
	Audit, self assessment, benchmarking, peer review and challenge, are systems that are used to analyse staff's understanding of their role in protecting people and improve learning and practise. All Chairs of Safeguarding strategy meetings are trained & supported to ensure the victim(s), and where possible, the perpetrator is involved in the	Ensure all relevant agencies offer a range of training to staff which is relevant to their role and responsibilities and undertaken as necessary.	2013 – 14	Identified Lead Officers.	Some organisations have evidence available to confirm there is a range of training available relevant to roles and responsibilities. More work is required to identify gaps before determining how best to mitigate risks associated with this shortfall.	AMBER

6.2
Appendix 1

	safeguarding process.	All organisations will be asked to produce a training needs analysis and make this available to the Board	2013-14	Identified Lead Officers.	Task and finish group should be established to progress this issue.	RED
		Working Group to consider scope for improvement of individuals and agencies involved in safeguarding to look for ways to: <ul style="list-style-type: none"> • Share know ledge and understanding • Improve links between agencies • Test effectiveness through feedback 	2013-14	Identified reps from partner organisations.	Task and finish group should be established to progress this issue.	RED
		Training requirements highlighted to HSAB should be fed into workforce development for action and review .	2013-14	HBC Training Officer + reps from relevant agencies.	Systems currently in situ for identifying in training needs. Information needs regular review from all reps.	AMBER
		Ensure all Chairs of Safeguarding meetings attend training commissioned from Bond Solon.	2013 - 14	HBC Training Officer + relevant others	Training has been commissioned from Bond Solon and systems are in situ to make training available to relevant officers.	AMBER

ADULT SERVICES COMMITTEE

17 June 2013



Report of: Assistant Director - Adult Services

Subject: QUALITY OF CARE IN OLDER PEOPLE'S CARE HOMES

1. TYPE OF DECISION/APPLICABLE CATEGORY

No decision required, for information.

2. PURPOSE OF REPORT

- 2.1 To update the Adult Services Committee on the progress made in introducing a Quality Standards Framework (QSF) to assess the quality of care in older people's care homes.

3. BACKGROUND

- 3.1 A decision was taken by Hartlepool Borough Council in December 2011 to implement a Quality Standards Framework (QSF) that would allow the Council to assess the quality of care provided in older people's care homes and link that to the fees paid to providers.
- 3.2 It was felt that this was an important development to allow people and their families to make informed choices about care homes as the Care Quality Commission (CQC) no longer publish ratings following inspection.
- 3.3 The development of the QSF was based on the 16 outcomes detailed in the CQC's Essential Standards for Residential Care Homes.
- 3.4 The introduction of a QSF also required a revision of the contractual arrangements and this work has run in parallel to the introduction of the QSF's outcome focused quality standards.
- 3.5 Officers and providers worked together over several months to develop and agree a framework that would enable the assessment of a provider's procedures and processes and their approach to delivering good quality care to their residents.

- 3.6 The QSF has 16 outcomes, grouped under the following five domains:
- information and involvement;
 - personalised care, treatment and support;
 - safeguarding and safety;
 - suitability of staff;
 - quality assurance and management.

There is a sixth domain that considers the environmental standards of the care home, which is assessed by an independent organisation. This includes an assessment of room size, provision of en-suite facilities and amount of communal space.

- 3.7 The evaluation of a provider's compliance with the QSF has four stages within it which are as follows:

Stage 1

The provider self assesses their ability to achieve the outcomes and submits supporting evidence to demonstrate this to officers of the Council.

Stage 2

Officers, following a desktop evaluation, visit the care home to verify the evidence contained within the self-assessment. This stage includes seeking views from residents on the care and support they receive; considering how well staff understand their role and the training they receive to equip them to support residents and observing interaction between staff and residents.

Stage 3

A judgement of the level of achievement in each of the 16 outcomes is made (fully met, substantially met, partly met or not met).

Stage 4

Each outcome within the 6 domains is scored and that score equates to a quality grade of between 1 and 4, with Grade 1 being the highest. The grades link directly to the fee level paid for the care and support of each resident financially supported by the Council. The current fee levels are as follows:

	Older People	Older People EMI*
Grade 1	£458	£475
Grade 2	£435	£452
Grade 3	£412	£430
Grade 4	£390	£407

*EMI refers to 'Elderly Mentally Infirm'

- 3.8 To establish whether the QSF and assessment process was fit for purpose a trial run with all 21 older people's care homes was undertaken between January and April 2012. The trial highlighted some areas for improvement, including the structure of staff questionnaires, resident interview questions and observations within the home. Following this, the officers and provider

representatives met to agree some amendments to the process and these were then incorporated into a re-run of the assessment that was completed in February 2013 (**Appendix 1**).

- 3.9 The second assessment indicated significant improvements in the evidence presented by providers and subsequently verified by officers with 6 of the 21 care homes achieving the top Grade 1 rating, 12 rated as Grade 2 and 3 rated as Grade 3. No care home fell within the lowest banding (Grade 4). (**Appendix 2**)
- 3.10 Detailed below is a list of the current gradings:

Care Home	Grade
Brierton Lodge	1
Four Winds	1
Parkview	1
Queens Meadow	1
Sheraton Court	1
Stichell House	1
Admiral Court	2
Charlotte Grange	2
Clifton House	2
Elwick Grange	2
Gardner House	2
Gretton Court	2
Highnam Hall	2
Lindisfarne	2
Manor Park	2
Seaton Hall	2
West View Lodge	2
Wynyard Woods	2
Ascot	3
Dinsdale Lodge	3
Warrior Park	3

- 3.11 As part of the process, providers were given the opportunity to appeal the outcome from the QSF. The appeal panel consisted of an Assistant Director and Head of Service. There were two appeals following the assessment completed in February 2013. Both appeals were heard by the panel and were not upheld, with the grading remaining in place.

4. NEXT STEPS

- 4.1 Each provider has been given a copy of their individual quality assessment report to review and consider the findings and to provide an opportunity to address the areas identified as requiring improvement.

- 4.2 Officers have held meetings with the managers of each of the homes to clarify how the judgments were arrived at and to discuss the areas requiring improvement. Following this, managers were required to develop a detailed action plan to show how the improvements would be made. These action plans were shared with the relevant officers.
- 4.3 As part of the current assessment Hartlepool HealthWatch have been engaged to undertake the consultation with residents. This approach brings another level of independence to the QSF assessment and the information gathered during the resident consultation will be used to support the assessment process.
- 4.4 The QSF assessment will be repeated on an annual basis and officers have now started the next assessment, which is to be completed by the end of August 2013. The action plans developed to address areas requiring improvement form the basis of the next assessment and managers and proprietors have been advised that this assessment will only look at the outcomes which were not fully met during the February 2013 assessment. Where appropriate managers / proprietors will sign an undertaking that they have maintained their performance in relation to the outcomes previously assessed as being fully met. The results of this assessment will be available by September 2013 and will determine the gradings and fee levels for the older people care homes for the year October 2013 to September 2014.
- 4.5 As part of the development of the QSF it was agreed with providers that the reports and gradings would be made publicly available via the Hartlepool Borough Council website and in the 'Guide to Extra Care and Care Homes' booklet. This will help people who require residential care, and their families or carers to make an informed choice when considering the range of homes available. An explanation of the QSF process and the detailed reports are available via www.hartlepool.gov.uk/qsf and a quick summary of the QSF process and grades for homes is detailed in the new 'Guide to Extra Care and Care Homes' booklet both online and in hard copy (currently being printed).
- 4.6 It has also been agreed with the providers that there will be a comprehensive review of the QSF process for older people care homes following the completion of the annual assessment in July / August 2014.
- 4.7 It is the intention to implement the QSF across all regulated services within Hartlepool. A QSF pilot has been undertaken with domiciliary care providers, extra care providers and specialist domiciliary care providers and the results are currently being assessed. An assessment of care homes for adults with learning disabilities and mental health needs will take place in October 2013 using the same QSF principles.

5. RECOMMENDATIONS

- 5.1 The Adult Services Committee is asked to note the progress made in implementing the Quality Standards Framework for Older People's Care Homes and publicising the results and to note planned next steps in terms of implementing the QSF approach for other providers.

6. CONTACT OFFICER

Brian Ayre, Commissioned Services Manager
Child and Adults Services
brian.ayre@hartlepool.gov.uk
01429 284264

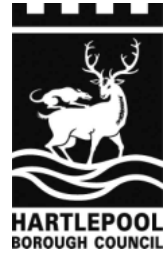
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6.3 Appendix 2

13.06.17 - 6.3 - Quality of Care in Older People's Care Homes Appendix 2

ADULT SERVICES COMMITTEE

17 June 2013



Report of: Assistant Director – Adult Services

Subject: WINTER WARMTH INITIATIVES

1. TYPE OF DECISION/APPLICABLE CATEGORY

No decision required, for information.

2. PURPOSE OF REPORT

- 2.1 To update members of the Adult Services Committee regarding the outcomes achieved through the Stay Safe and Warm initiative and the Department of Health 2012/13 Warm Homes, Healthy People funding.

3. BACKGROUND - WARM HOMES, HEALTHY PEOPLE FUNDING

- 3.1 For the last two winters, the Department of Health has invited all local authorities to bid for a total of £20 million from the Warm Homes, Healthy People Fund. The aim of this fund is to support local authorities and their partners in reducing deaths and illnesses caused by cold weather and in cold housing.
- 3.2 In England over the 2010/11 winter, there were 23,700 more deaths than were observed over the rest of the year. This is known as excess winter deaths; the rate of excess winter deaths in England is twice the rate of many Northern European countries, such as Finland.
- 3.3 In response to the number of excess winter deaths the Department of Health published the 2011 Cold Weather Plan for England. It stated that whilst there were several factors contributing to winter illness, simple preventative actions would result in the reduction of illness and many resulting deaths.
- 3.4 Much of the work centres on being more prepared for severe winter weather and planning to ensure that individuals and whole communities are prepared for such circumstances.

- 3.5 The Cold Weather Plan for England 2012 was published this winter and continues to stress the need for preventative action at all levels. The Department of Health was able, for the second year running, to offer £20 million in grants to local authorities and their partners.
- 3.6 In 2012/13 Hartlepool Borough Council was successful in securing £50,000 of Warm Homes, Healthy People funding for use in the 2012/13 winter months. Additional winter warmth funding from public health was also utilised.
- 3.7 The Hartlepool bid (known as Warm Homes, Healthy Hartlepool) consisted of several key elements:
- Assisting vulnerable households identified as having inadequate heating;
 - Helping people to lower their fuel bills through a Collective Energy Switching Program;
 - Providing warm comfort packs to households in need; and
 - Use of extreme temperature sensors to alert the Telecare team when the internal temperature falls to a dangerous level.
- 3.8 The bid targeted vulnerable households such as individuals over the age of 65 years, people with long-term illnesses or disabled, families with young children and those in fuel poverty.
- 3.9 In addition to the Hartlepool Borough Council bid, there was a wider regional bid led by Durham County Council. The local authorities included within this bid were Durham County Council, Stockton Borough Council, Redcar and Cleveland Borough Council, Middlesbrough Borough Council, Darlington Borough Council and Hartlepool Borough Council. Tadea, a not-for-profit sustainable project management organisation, delivered this regional bid which included:
- Providing a regional helpline to provide advice and guidance on keeping warm;
 - Delivering healthy home visits to help provide advice and guidance on keeping your home warm; and
 - Raising public awareness.
- 3.10 The funding from the regional bid was shared between the local authorities based on size of population and number of households in each locality.

4. BACKGROUND - STAY SAFE AND WARM CAMPAIGN

- 4.1 Previously known as Winter Warmth, the Stay Safe and Warm Campaign was originally launched in November 2008 to support the Government's objectives of combating fuel poverty by ensuring vulnerable people had safe heating equipment and methods.
- 4.2 The campaign is run locally by Cleveland Fire Brigade and provides a 24 hour, 7 day a week service that is completely free of charge. It is available to members of the community who are struggling to keep warm and safe in their

home and provides a range of services such as portable heaters and electric blankets as well as making sure people have had home safety checks and making referrals to other agencies if required.

5. OUTCOMES ACHIEVED FOR WARM HOMES, HEALTHY PEOPLE

- 5.1 51 households were helped by the Warm Homes, Healthy Hartlepool Fund to improve their housing and heating conditions.
- 5.2 The average grant provided to these households was £2,236 and the type of repairs included:
- Replacement of windows and doors;
 - Removing damp and mould;
 - Replacement of full heating systems;
 - Boiler repairs;
 - Replacement or repair of radiators; and
 - Provision of hot water.
- 5.3 The majority of households were elderly (over the age of 65 years) and there were a number of households with young children. Nearly all households (49 of the 51) were owner occupied.
- 5.4 82 extreme temperature sensors have been purchased which are now available as part of our telecare equipment.
- 5.5 1,530 people registered in the Collective Energy Switching Scheme. The figures are not yet available to report the total number of people who switched or the average level of savings per household as the deadline to accept offers was extended to 20 May.
- 5.6 Hartlepool had a higher number of residents registering for the switching scheme than Stockton, Redcar and Cleveland or South Tyneside, despite the smaller population size. Although the final information about savings is not available, the initial uptake of this scheme has been extremely positive.
- 5.7 The warm comfort packs are made up to each individual's needs and may consist of bedding, kettles, warm clothing or other necessary items. They will continue to be available throughout the year. The figures are expected to be available shortly (June/July 2013) for the distribution of warm comfort packs.
- 5.8 The table below illustrates the outcomes for the regional project delivered by Tadea:

Tadea Warm Home Healthy People Reporting Statistics		Durham	Stockton	Redcar	Middlesbrough	Darlington	Hartlepool
Total							
Target number of enquiries	6,000	2,646	936	702	678	552	474
Actual number of enquiries	5,459	2,607	1,061	670	483	264	372
Target number of home visits	2,400	1,058	374	281	271	221	190
Total number of home visits complete	1,674	841	287	255	163	52	113
Marketing and awareness targets	60,000	26,460	9,360	7,020	6,780	5,520	4,740
Marketing mail-out	61,000	26,500	10,000	7,000	7,000	5,500	5,000
Referrals							
Warm Homes Discount Figures in brackets already in receipt	391 (640)	255 (280)	50 (102)	33 (134)	33 (93)		20 (31)
Fuel Switching Figures in brackets recently switched	322 (511)	154 (145)	75 (102)	45 (125)	13 (113)		35 (26)
Insulation	172	57	44	25	29		17
Benefit Check Figures in brackets already in receipt	238 (591)	101 (199)	43 (112)	33 (137)	23 (107)		13 (36)
Fire Safety Check Figures in brackets already received check	108 (664)	51 (220)	33 (122)	11 (160)	5 (125)		14 (37)

6. OUTCOMES ACHIEVED FOR STAY SAFE AND WARM CAMPAIGN

- 6.1 From October 2012 to February 2013 there were 82 referrals to Stay Safe and Warm for Hartlepool residents.
- 6.2 There have been 117 electric heaters, 7 electric blankets and 25 thermal blankets provided to residents within Hartlepool.
- 6.3 The majority of people helped by the Stay Safe and Warm campaign are owner occupiers or in private rented accommodation.
- 6.4 A detailed report regarding the Stay Safe and Warm Campaign is attached as **Appendix 1**.

7. RECOMMENDATIONS

- 7.1 The Adult Services Committee is asked to note the outcomes of the 2012/13 Warm Homes, Healthy People funding and the Stay Safe and Warm campaign.

8. REASONS FOR RECOMMENDATIONS

- 8.1 To ensure that members of the Adult Services Committee are aware of the work and outcomes that have been achieved with the Warm Homes, Healthy People funding and the Stay Safe and Warm campaign in 2012/13.

9. BACKGROUND PAPERS

- 9.1 The Cold Weather Plan for England 2012 available at
<https://www.gov.uk/government/publications/cold-weather-plan-for-england-2012-published>

10. CONTACT OFFICER

Hannah Gill
Modernisation Lead - Housing, Care and Support
Adult Social Care
hannah.gill@hartlepool.gov.uk
01429 284300



Protecting local
communities

Stay Safe and Warm

Campaign Evaluation Report for October 2012

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PURPOSE OF REPORT

The purpose of this report is to provide an evaluation of the Stay Safe and Warm referrals that have been received for the month of October 2012

It will serve to give accurate statistics with regard to the number of individual referrals received from across Cleveland with a geographic breakdown along with the nature of the assistance given

Analysis of client demographics is included along with dialogue which will serve to provide background information and an understanding of client circumstances.

INTRODUCTION

Soaring energy costs and falling incomes mean that fuel poverty is one of the most significant issues facing broad swathes of society today. With hundreds of thousands unable to afford to heat their homes adequately, the number of people dying through cold-related ailments, or “Excess Winter Deaths” is increasing year on year.

Previously known as Winter Warmth, The Stay Safe and Warm Campaign was launched originally in November 2008 and was developed to offer a local initiative that would support the Government’s objectives of combating fuel poverty by delivering risk reduction equipment to the vulnerable

The campaign provides a 24 hour, 7 days a week service that is completely free of charge and is available to any member of the community who is struggling to keep warm and safe in their home.

Campaign Update

Although the officially recognised campaign period is from 1st October – 31st March, Cleveland Fire Brigade continues to offer assistance to residents of Cleveland throughout the year.

Since the official 2011/12 campaign update, we have continued to receive referrals for assistance from partners, organisations and direct from members of the public.

In addition to the main campaign period, referrals continued to be received. For the period 1st April 2012 – 30th September 2012, there were a total of 27 referrals. The geographic breakdowns for these referrals are shown in the table below.

Geographic Referrals April 2012 –September 2012

Hartlepool	05
Middlesbrough	02
Redcar and Cleveland	05
Stockton	15
TOTAL	27

The official launch of this year's campaign was held in Abbey Health Centre, Billingham and was attended by members of Cleveland Fire Brigade, The Support Network, Age Concern and Warm Homes Healthy People- Stockton. The campaign has been publicised in the Hartlepool Mail and was covered by BBC Tees. Articles have also been published in Hartlepool 50+ forum newsletter and North Tees and Hartlepool NHS Foundation Trust internal staff bulletin in addition to a page on their Facebook and twitter page. The Tees Wide Safeguarding Board have worked pro-actively on behalf of the campaign and information has been disseminated to many more organisations and departments than previously. The campaign coordinator is working closely with various partners and has attended many staff information sessions, community drop ins and talks to date. Measures such as the campaign coordinator travelling on the Redcar mobile library and attending staff information to GP practice in Skelton etc, are taking place to ensure that information relating to the campaign will be disseminated to the more outlying rural areas of Cleveland.

Cohesive partnership links with Warm Homes Healthy People initiative in Stockton, Redcar and Hartlepool and TADEA in Middlesbrough, continue to prove effective in supporting vulnerable Cleveland residents with appropriate assistance and support.

Seasonal update

The Met Office reports for the month of Oct 2012 indicate that the month saw a typical autumnal mix of showers and rain. The UK Mean temperature was 1.3c below the 1981-2010 average and was provisionally the coldest October since 2003. A total of 28 referrals were received and a total of 54 residents were assisted in keeping warm and safe in their homes

The following pages contain:

Graphs and tables relating to the number of referrals received as a whole during the 2011/12 campaign with a geographic breakdown:.

Referral source:

Referring Issues:

Client Tenure:

Age demographics

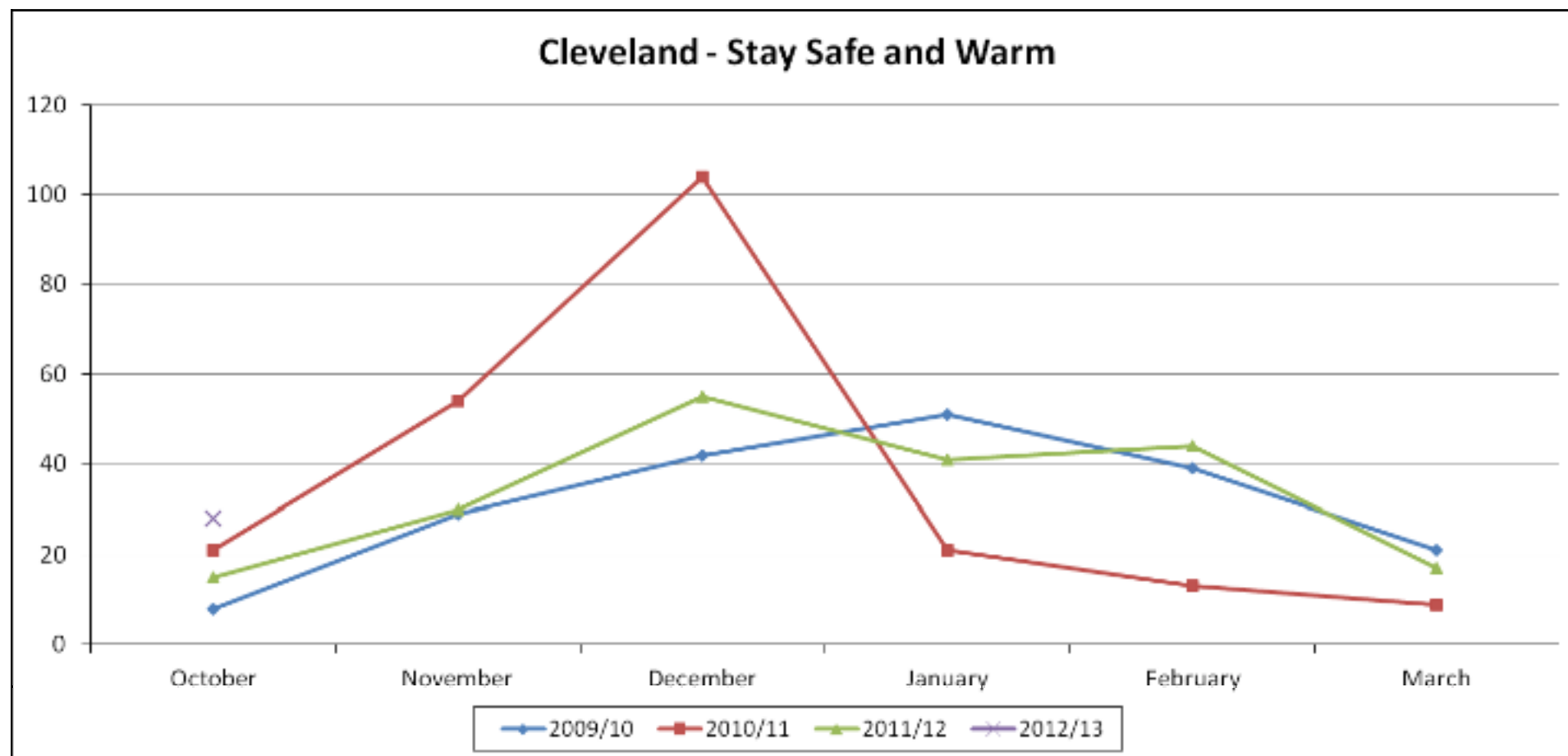
Distribution of equipment

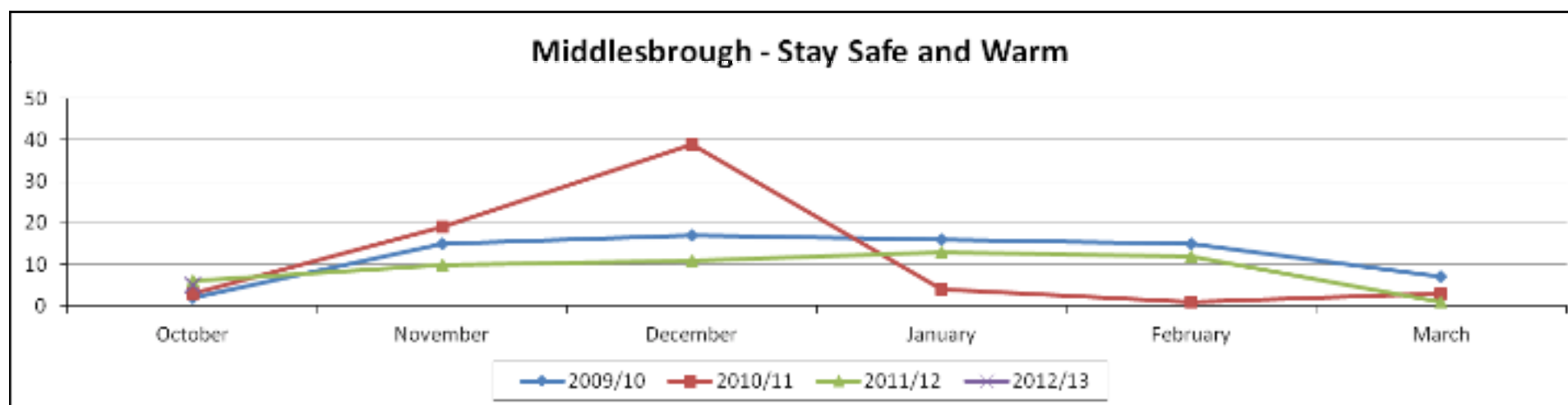
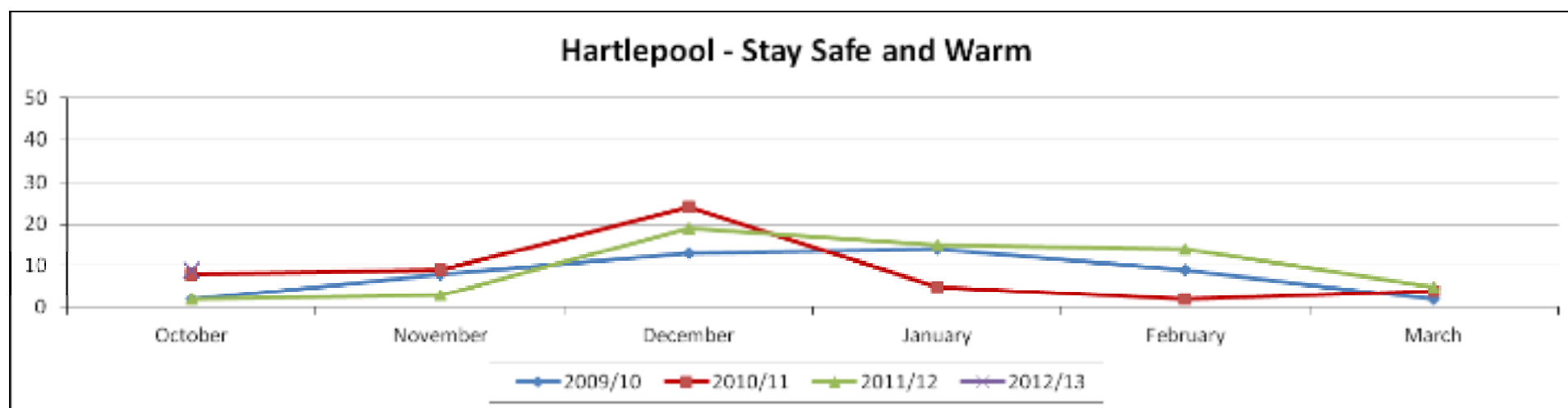
Client Satisfaction report

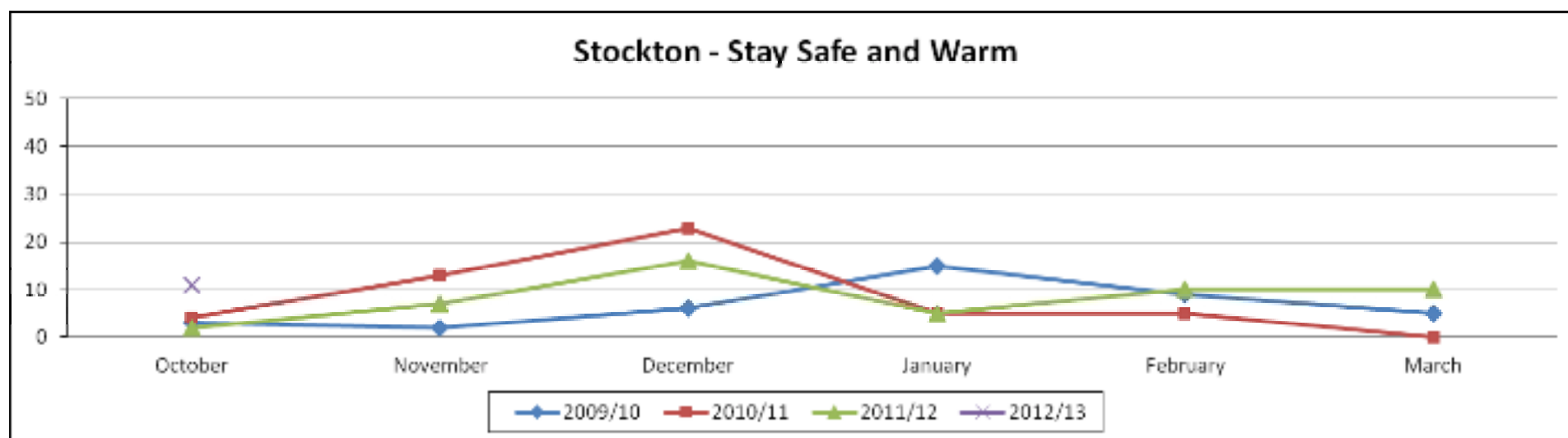
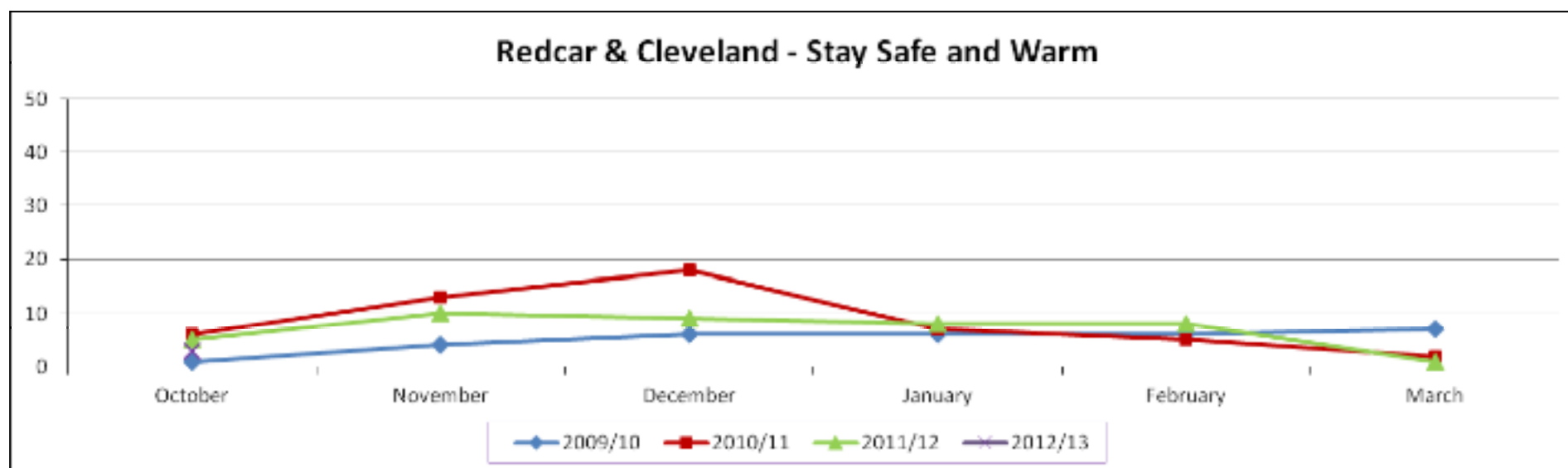
Comparative information relating to previous campaigns is also given. Some historic data has also been included.

The data source is Cleveland Fire Brigades client database and statistics have been monitored for accuracy and integrity

Cleveland comparative referrals







Comparative geographic breakdown of referrals

2009/2010	October	November	December	January	February	March	TOTAL
Hartlepool	02	08	13	14	09	02	48
Middlesbrough	02	15	17	16	15	07	72
Redcar/Cleveland	01	04	06	06	06	07	30
Stockton	03	02	06	15	09	05	40
TOTAL	08 4%	29 15%	42 22%	51 26%	39 20%	21 11%	190
2010/2011							
Hartlepool	08	09	24	05	02	04	52
Middlesbrough	03	19	39	04	01	03	69
Redcar/Cleveland	06	13	18	07	05	02	52
Stockton	04	13	23	05	05	02	51
TOTAL	21 9%	54 24%	104 46%	21 9%	13 6%	11 5%	224
2011/2012							
Hartlepool	02	03	19	15	14	05	58
Middlesbrough	06	10	11	13	12	01	53
Redcar/Cleveland	05	10	09	08	08	01	41
Stockton	02	07	16	05	10	10	50
TOTAL	15 7%	30 15%	55 27%	41 20%	44 21%	17 8%	202
2012/2012							
Hartlepool	09						
Middlesbrough	05						
Redcar/Cleveland	03						
Stockton	11						
TOTAL	28						

OCTOBER 2012 REFERRAL DEMOGRAPHICS Figures in red indicate year to date (ytd) figures

	STATION	YTD	INTERNAL	YTD	EXTERNAL	YTD	Self Referral	YTD	OCT total	YTD
Hartlepool	0	0	4	4	3	3	1	1	9	9
Middlesbrough	0	0	1	1	3	3	0	0	5	5
Redcar/Cleveland	0	0	0	0	2	2	0	0	3	3
Stockton	0	0	5	5	6	6	0	0	11	11
TOTAL	0	0	10	10	14	14	1	1	28	28

District	Boiler Failure	YTD	UNSAFE EQUIPMENT	YTD	Inadequate heating	YTD	Mains off	YTD	Financial	YTD	OCT	YTD
Hartlepool	2	2	0	0	4	4	0	0	1	1	7	7
Middlesbrough	0	0	1	1	4	4	0	0	1	1	6	6
Redcar/Cleveland	2	2	0	0	1	1	0	0	0	1	3	3
Stockton	2	2	4	4	5	5	0	0	1	1	12	12
TOTAL	6	6	5	5	14	14	0	0	3	3	28	28

District	16-24	YTD	25-35	YTD	36-45	YTD	46-55	YTD	56-65	YTD	66+	YTD	UNKNOWN	YTD
Hartlepool	1	1	1	1	1	1	0	0	1	1	2	2	3	3
Middlesbrough	1	1	1	1	0	0	1	1	0	0	1	1	1	1
Redcar/Cleveland	0	0	1	1	0	0	0	0	2	2	0	0	0	1
Stockton	0	0	3	3	1	1	1	1	1	1	3	3	2	2
TOTAL	2	2	6	6	2	2	2	2	4	4	6	6	6	6

EQUIPMENT ISSUED OCTOBER 2012

Figures in red indicate year to date cumulative totals

	ELECTRIC HEATERS		ELECTRIC BLANKETS		THERMAL BLANKETS	
	OCTOBER	YTD	OCTOBER	YTD	OCTOBER	YTD
HARTLEPOOL	8	8	2	2	7	7
MIDDLESBROUGH	7	7	1	1	1	1
REDCAR/CLEVELAND	7	7	0	0	0	0
STOCKTON	15	15	2	2	1	1
TOTAL	37	37	5	5	9	9

Referrals by agency

<i>Number</i>	<i>YTD</i>	<i>Agency</i>
1	1	Community Services
1	1	CFB Telecare
1	1	BOC Redcar@Cleveland
4	4	WHHP Stockton
1	1	Health visiting team Hartlepool
1	1	Social Services M.bro
1	1	Social Services S.ton
1	1	Stockton Borough Council
1	1	Housing Hartlepool
1	1	Support worker M.bro
1	1	Surestart M.bro

Property owner details

<i>Number</i>	<i>YTD</i>	
13	13	Owner Occupier
13	13	Private Landlord
1	1	Erimus Housing
1	1	Homeless

Onward Referrals

Client ID	Open date	Referred to	Outcome	Status
6001	4/10/2012	Social Services R/car	Accepted	Completed
6050	10/10/2012	GP	Accepted	Completed
		Social Services M/bro	Accepted	Completed
5971	24/10/2012	Support Services	Accepted	Completed
6186	22/10/2012	Support Services	Accepted	Completed
	22/10/2012	Social Services M/bro		
6168	19/10/2012	Support Services	Accepted	Completed
		Social services S/ton	Accepted	Completed
5897	5/10/2012	Social Services S/ton	Declined	Completed
6006	5/10/2012	Energy Savings Trust	Accepted	Closed
6124	19/10/2012	Social Services S/ton	Accepted	Completed
		Crime Prevention S/ton	Accepted	Completed
6279	30/10/2012	Social Housing Services S/Ton	Accepted	Completed
6219	26/10/2012	Surestart M/bro	Accepted	Completed

October Case Studies

Case ID 6124

A 55 year old wheelchair bound lady called into her local Fire station with her carer to request assistance with her smoke detector which needed replacing. In conversation, she mentioned that she felt very cold at night as her home was very cold and damp. The Stay Safe and Warm coordinator was asked to speak to her to see if assistance could be offered via the Stay Safe and Warm initiative.

During the conversation with the campaign coordinator, the lady disclosed that she suffered from cancer, ME and post-traumatic stress disorder as a result of repeated physical assaults she had suffered.

An electric blanket was given and she agreed to a home visit to assess the level of any additional support that Cleveland Fire Brigade could provide.

As the lady had been repeatedly abused by her former husband in the past, she felt very vulnerable and requested that we make the home visit on the next occasion her carer was available. This was agreed.

When conducting the home visit her home was found to be cold and damp. Due to her health conditions the effects of the cold were intensified. She had used the electric blanket we had provided and said she had benefitted from the additional heat this gave her. As the heating to her home was inadequate, she agreed to the loan of two portable heaters and said that this would be sufficient as she slept downstairs due to her disability.

It was also disclosed that she had been under the threat of arson and this caused her to become very distressed. A letter box lock was fitted which would prevent the risk of incendiary devices being posted through the letter box. She did not want this to be reported to the police at this stage.

Although this case was, at the outset, a request for smoke detectors, Cleveland Fire Brigade were able to support this vulnerable lady by ensuring her safety in the fitting of a letter box lock, installing smoke detectors to the property and conducting fire safety check. Her wellbeing and comfort were enhanced by the provision of an electric blanket and portable heaters. There is current Social work involvement and they are assisting in ensuring all appropriate assistance is in place.

Case ID 6219

Following a Home Fire Safety request from Surestart, two members of the advocate team attended a property which was found to be in a state of disrepair and very cold.

The occupiers were a young couple with four children and the property itself belonged to a private landlord who had commenced improvements to the house.

The presenting conditions however gave cause for concern as there were instances of high fire loading and cube adaptors that were in a dangerous condition. Both the parents were smokers. The loft had been converted into a bedroom but no plug sockets had been installed so there was a damaged extension cable leading up to the loft.

The existing heating to the property were electric storage heaters which were too expensive for the family to use and so all were feeling cold.

Portable heaters and two room temperature guides were left to ensure that the family were able to achieve a level of comfort with regard to heating.

4 smoke detectors were installed and a flat extension adaptor was given to replace the unsafe extension lead.

Advice with regard to safe smoking practices and reduction of fire loading was given.

Upon completion of the visit the advocates were convinced that the residents had good fire safety awareness and would reduce fire loading.

Four smoke detectors were installed and the residents had been provided with portable heaters to ensure they did not suffer from the cold whilst improvements were being made to the property.