

ADULT SERVICES COMMITTEE AGENDA



Thursday 16 June 2016

at 10.00 am

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

MEMBERS: ADULT SERVICES COMMITTEE

Councillors Hamilton, Loynes, Richardson, Sirs, Tempest, Tennant and Thomas

1. APOLOGIES FOR ABSENCE

2. TO RECEIVE ANY DECLARATIONS OF INTEREST BY MEMBERS

3. MINUTES

- 3.1 To receive the Minutes and Decision Record in respect of the meeting held on 23 March 2016 (*for information as previously circulated*).

4. BUDGET AND POLICY FRAMEWORK ITEMS

No items.

5. KEY DECISIONS

No items.



6. OTHER ITEMS REQUIRING DECISION

No items.

7. ITEMS FOR INFORMATION

- 7.1 Impact of the Better Care Fund – *Director of Child and Adult Services*
- 7.2 Tackling Social Isolation – *Director of Child and Adult Services*
- 7.3 Impact of Changes to the Independent Living Fund – *Director of Child and Adult Services*
- 7.4 Update: Care Homes for Older People – *Director of Child and Adult Services*

8. ANY OTHER BUSINESS WHICH THE CHAIR CONSIDERS URGENT

ITEMS FOR INFORMATION

Date of next meeting – Thursday 7 July 2016 at 10.00 am



ADULT SERVICES COMMITTEE MINUTES AND DECISION RECORD

23 March 2016

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

Present:

Councillor: Carl Richardson (In the Chair)

Councillors: Paul Beck and Steve Thomas

In accordance with Council Procedure Rule 5.2 (ii) Councillor Jim Ainslie was in attendance as substitute for Councillor Sylvia Tempest

Also present:

Maureen Lockwood, Judy Gray and Paul Williams - Healthwatch Representatives

Frank Harrison – Years Ahead Forum

Members of the Public – Sue Little, Evelyn Leck, Stella Johnson and Gordon Johnson

Officers: Sally Robinson, Director of Child and Adult Services
Jill Harrison, Assistant Director, Adult Services
Jeanette Willis, Head of Strategic Commissioning, Adult Services
Neil Harrison, Head of Service, Adult Services
David Ward, Head of Finance, Child and Adult Services
Angela Armstrong, Principal Democratic Services Officer

83. Apologies for Absence

Apologies for absence were received from Councillors Brenda Loynes and Sylvia Tempest.

84. Declarations of Interest

Councillor Stephen Thomas declared a personal interest in all the following minutes.

85. Minutes of the meeting held on 7 March 2016

Received

86. Matters arising from Minutes

Minute 81 – Independent Living Fund Update – A Member suggested that the implications of the ring-fencing of the Independent Living funding should be included in a future report to this Committee for Members' consideration.

The Chair left the meeting at this point, Councillor Paul Beck, Vice Chair in the Chair.

The Assistant Director, Adult Services indicated that there had recently been a DCLG consultation exercise undertaken in relation to the Independent Living Fund which had been responded to by ADASS and this would be reported back to a future meeting of the Committee.

87. Day Opportunities – Consultation on a Fairer Pricing Framework *(Director of Child and Adult Services)*

Type of decision

Key Decision – test (ii) applies – Forward Plan Ref: CAS 036/15

Purpose of report

To seek approval from the Adult Services Committee to implement a fairer pricing framework for adult day opportunities

Issue(s) for consideration

The Head of Service presented the report which provided background information in relation to the proposals to implement a fairer pricing framework for adult day opportunities and to develop a new Centre for Independent Living. A report presented to Members in July 2015 provided an overview of the proposed process which included consultation with people using services, their families and carers and a decision to report back to the Committee regarding implementation.

Details of the current pricing framework together with feedback from the consultation process were provided, as set out in the

report. To achieve a fair and equitable pricing framework it was proposed to charge separately for day services and for transport, to charge per session as well as introduce a charging policy based on the direct costs associated with day service provision, details of which were included in the report.

A summary of the proposed changes, which identified the current number of users, which band they were likely to be in and the potential impact on their personal budget resource allocation, was attached at Appendix 1. Healthwatch representatives were also interested to understand how other local authorities compared in respect of their day service unit costs, a summary of which was attached as an appendix to the report. Members were referred to the risk and financial considerations of the proposals.

The Chair returned to the meeting – Cllr Richardson in the Chair.

The Head of Service confirmed that the figures quoted in Appendix 3 from 2013/14 were the latest figures available. A general discussion took place in relation to funding of individual care needs and the Head of Service confirmed that individuals are subject to a resource allocation process which was linked to an assessment of need, the more significant the needs, the more resources allocated and this was reviewed annually.

During the discussions that followed around the different models of care available, it was noted that the proposed new pricing framework for Local Authority Day Services would be fair and equitable and based on need. In response to a question regarding how costs compared with other providers, the Head of Strategic Commissioning indicated that the service provided by the Local Authority was a different model to services provided by other providers, which were generally based on one to one support.

With regard to the new development at the Centre for Independent Living, a Member suggested that the potential to provide enhanced services within the new Centre and attract more income should be explored including the option to extend opening hours where this was feasible. It was highlighted that this was an opportunity to further utilise what will be an excellent facility which will provide enhanced services to more people. The Assistant Director, Adult Services confirmed that work was underway to develop the new model of service, including options to make best possible use of the new building.

Decision

- (1) That the implementation of a fairer pricing framework for adult day services from September 2016 be approved.
- (2) That the potential to enhance the service provision at the new Centre for Independent Living be explored along with the option to extend opening hours where feasible.

88. Moving Forward Together – The Vision for Adult Services in Hartlepool 2014-17 *(Director of Child and Adult Services)*

Type of decision

For information

Purpose of report

To provide the Adult Services Committee with an update on implementation of Moving Forward together – The Vision for Adult Services in Hartlepool 2014-17.

Issue(s) for consideration

The Assistant Director, Adult Services reported on the background to the approval of the Vision for Adult Services 2014-17. The Vision for Adult Services reflected the direction of travel set out in the national policies over the last few years together with the Health and Social Care Act 2012.

The action plan, attached at Appendix 1 provided the framework for the detailed work required to deliver the vision. A progress update was provided for each of the agreed priorities. An action plan for 16/17 would be developed.

With regard to the financial considerations and in considering the issues outlined in the report, the Committee was reminded that significant additional Government Grant cuts would be made over the period 2016/17 to 2018/19. As a result the Council faced a budget deficit for the next three years of between £16.3 m and £18.3m depending on the level of Council Tax increases over this period. A summary of the annual budget deficits were outlined, details of which were included in the report.

During the discussions that followed, the importance of

highlighting the implications for child and family poverty as well as the equality and diversity considerations on all reports submitted to Committee for consideration was emphasised. A Member referred to the excellent work already being undertaken in relation to hospital discharges.

The collaborative work undertaken by the Fire Brigade when undertaking home safety visits was highlighted as an important factor in highlighting issues such as poverty and social isolation. A Member referred to the ongoing issue of social isolation and how this can be addressed. There had been a lot of work undertaken by the Community and Voluntary Sector but this was being hit by funding cuts as were a lot of other services. It was suggested that exploring options to tackle social isolation and build community capacity may be an area for inclusion on the Committee's Work Programme for 2016/17. The Assistant Director, Adult Services added that work was ongoing through the Better Care Fund plan to address issues of social isolation such as peer support and befriending services and progress will be reported back to a future meeting of the Committee.

A member of the public highlighted a personal issue in relation to the support provided to small employers who employ people with learning disabilities. The Head of Service agreed to contact Hartlepool Working Solutions to look into this and respond to the member of the public direct.

In relation to social isolation, it was noted that there were various groups across the town who meet up as discussion/ befriending groups, for coffee mornings and luncheon clubs to provide each other with support. It was agreed that it was important to increase awareness of these groups, and officers highlighted that they were promoted through the HartlepoolNow website. One of the key issues for the Local Authority is to work with groups such as these to encourage people to access local support and to create a sense of community. A Member referred to the importance of working closely with the Thirteen Group to identify people who were suffering from child and family poverty and social isolation.

Decision

- (1) That progress made to implement the vision for Adult Services be noted and a further update received in March 2017.
- (2) That a report be submitted to the Adult Services Committee regarding social isolation and options to address this issue, including work already being

undertaken.

89. Implementation of the Care Act (*Director of Child and Adult Services*)

Type of decision

For information

Purpose of report

To provide the Adult Services Committee with an update on the implementation of the Care Act.

Issue(s) for consideration

The report provided background information in relation to the Care Act and set out progress towards implementing the Care Act. The impact for Local Authorities of implementing the Care Act, the approach taken in Hartlepool as well as the National Care Act Stock Take was also included in the report. There had been five stock takes and the fifth stock take in November 2015 indicated no major concerns in relation to the Care Act implementation in 2015/16. Whilst a number of risks had been highlighted in relation to the proposed introduction of financial reforms from April 2016, implementation of financial reforms had now been delayed until 2020.

The Committee was referred to the financial implications of implementing the Care Act, as set out in the report.

A Member informed the Committee that he had attended a presentation on the Care Act and noted it was very positive and was welcomed, especially with regard to the provisions on carers' rights. The work commissioned by the Local Authority and undertaken by Hartlepool Carers was recognised as an excellent way of providing appropriate support to carers including ensuring people were fully aware of their benefit entitlements and how to access them. This highlighted the commitment of the Local Authority to tackle child and family poverty.

A discussion ensued on the impact local groups and foodbanks were having in addressing the issues of child and family poverty. The Director of Child and Adult Services indicated that there was work underway to address this issue, including a pilot scheme to run in the summer holidays for

children in relation to holiday hunger. It was highlighted that a consultation event was being held tomorrow on the implications of child and family poverty to help shape a new strategy for the Council to address this issue.

Decision

The Committee noted progress in relation to implementation of the Care Act and feedback from the latest national stocktake.

90. Any Other Items which the Chairman Considers are Urgent

None.

91. Last Meeting of 2015/16

The Chair noted that this was the last meeting of the current municipal year and wished to thank all Officers for all their hard work and commitment in ensuring a full work programme was undertaken by the Committee. In addition, members of the public who had attended meetings were thanked for their invaluable contribution to the meetings, it was really appreciated.

92. Local Government (Access to Information) (Variation Order) 2006

Under Section 100(A)(4) of the Local Government Act 1972, the press and public were excluded from the meeting for the following item of business on the grounds that it involved the likely disclosure of exempt information as defined in the paragraphs referred to below of Part 1 of Schedule 12A of the Local Government Act 1972 as amended by the Local Government (Access to Information) (Variation) Order 2006.

Minute 93 – (Domiciliary Care for Older People: Future Options) – This item contained exempt information under Schedule 12A Local Government Act 1972 as amended by the Local Government (Access to Information) (Variation) Order 2006 namely (para 3)

- 93. Domiciliary Care for Older People** (*Director of Child and Adult Services*) This item contains exempt information under Schedule 12A Local Government Act 1972 as amended by the Local Government (Access to Information) (Variation) Order 2006 namely (para 3)

Type of decision

Non-key

Purpose of report

To outline to the Adult Services Committee the options available for the future delivery of domiciliary care services to older people.

Issue(s) for consideration

Further details were included in the exempt section of the minutes.

Decision

Further details were included in the exempt section of the minutes.

The meeting concluded at 12.05 pm

P J DEVLIN

CHIEF SOLICITOR

PUBLICATION DATE: 1 April 2016

ADULT SERVICES COMMITTEE

16 June 2016



Report of: Director of Child & Adult Services

Subject: IMPACT OF THE BETTER CARE FUND

1. TYPE OF DECISION/APPLICABLE CATEGORY

1.1 No decision required; for information.

2. PURPOSE OF REPORT

2.1 To provide the Adult Services Committee with an update on the impact of the Better Care Fund in 2015/16 and plans for 2016/17.

3. BACKGROUND

3.1 The Better Care Fund 2015/16 had six National Conditions that needed to be met in order for the pooled money to be accessed. These were:

- Plans to be jointly agreed (by Councils and CCGs, with engagement of providers and sign off by the Health & Wellbeing Board).
- Protection for social care services (not social care spending)
- Provision of seven day services in health and social care to support hospital discharges and prevent unnecessary admissions at weekends.
- Better data sharing between health and social care using the NHS number.
- A joint approach to assessments and care planning with an accountable professional for integrated packages of care.
- Agreement on the impact of changes in the acute sector.

3.2 There were five national performance measures associated with the BCF:

- Permanent admissions of older people (aged 65 and over) to residential and nursing homes.
- Proportion of older people (aged 65 and over) who are still at home 91 days after discharge from hospital to reablement / rehabilitation services.
- Delayed transfers of care from hospital.
- Avoidable emergency admissions to hospital.
- A measure of patient / service user experience.

- 3.3 BCF plans were also required to include one locally determined performance measure. The agreed local measure for Hartlepool is the estimated diagnosis rate for people with dementia.
- 3.4 BCF plans were required to demonstrate achievement of the national conditions, and to set targets to improve performance against the national and locally determined measures. Performance against these conditions and targets was monitored nationally by NHS England.

4. BCF PERFORMANCE

- 4.1 BCF performance reports have been submitted to NHS England on a quarterly basis throughout 2015/16 with the final return submitted on 27 May 2016. Quarterly reports are signed off by the Health & Wellbeing Board in line with national requirements.
- 4.2 In relation to performance measures:

Permanent Admissions to Residential and Nursing Care Homes

The target for 2015/16 has been achieved, with the number of admissions significantly reduced when compared to the previous twelve months. This reduction is partly attributable to the range of alternatives to residential care that have been developed over recent years and which are now supported, or have been further enhanced, through the Better Care Fund. These services include low level support, telecare, reablement, extra care and housing related support, as well as support for carers to maintain their caring role.

It should be noted though, that the reduction achieved has also been affected by the fact that there were an unusually high number of admissions to residential care in 2015/16 of people who fund their own care and do not receive support from the Council. This factor is very volatile and it is not possible to forecast with accuracy the proportion of admissions of this nature in future years.

On this basis the target set for 2016/17 is challenging, in that it represents a further reduction when compared to the 2015/16 target, but realistic in that no assumption has been made that the unusually high proportion of people who fund their own care will be replicated in 2016/17.

This is a measure which is very closely monitored by the Council on a monthly basis, and any changes to trends will be highlighted and examined.

Proportion of older people still at home 91 days after discharge from hospital into reablement / rehabilitation services

Current data indicates that the target for 2015/16 will not be met, although performance is expected to be good with approximately 83% of people still at home 91 days after discharge from hospital into reablement / rehabilitation services. It is recognised that, on reflection, the target of 89.2% was very challenging and potentially unrealistic in the context of the very complex needs of many people who are discharged from hospital into these services.

It should be noted that this measure of how effective reablement services are only considers a subset of the people who access reablement services, with many people accessing the service from the community as a preventative measure. Local measures indicate that 427 reablement packages were started in the first 9 months of 2015/16 with 79% of people having no ongoing social care needs following provision of a completed reablement package and 92% of reablement goals achieved at the end of a period of reablement.

The target set for 2016/17 demonstrates ambition to improve on performance in 2015/16, while also being realistic about what is achievable for this client group.

Delayed transfers of care (DToc) from hospital per 100,000 population (days delayed)

This target was achieved in Q1, but there has been an increase in days delayed due to DTOCs in Q2, 3 and 4. The planned target for Q4 of 547.8 days has not been achieved and actual performance was 991.4. As a result of these increases, the annual rate is 22% higher than the target set within the plan. However, there has been an overall 9.68% reduction in the number of delayed days from 2014/15 to 2015/16.

The Trust Choice Policy has been revised and this, alongside on-going work with care homes is expected to have a further positive impact and reduce the number of delayed transfers. Quarterly progress updates will be provided to the DToc Steering Group which has been established to deliver the 2016/17 BCF DToc requirements through improved integrated working.

Total non-elective admissions into hospital per 100,000 population

Year end performance data indicates that non elective admissions have reduced by 0.1% when comparing 2015/16 performance with 2014/15. When comparing the last quarter (January – March) there has been an increase of 11.24% in the number of non-elective admissions in 2015/16 and this has dramatically reduced the annual reduction from the previously reported 5.03%. This measure will continue to be monitored closely throughout 2016/17.

Estimated diagnosis rate for people with dementia

Using the criteria agreed by the Better Care Support team this indicator continues to be comfortably achieved. The target for 2015/16 was 69.01% with an actual 76.47% being achieved.

4.3 Local performance indicators are also used to evidence the impact of the BCF.

Use of Assistive Technology

Investment in assistive technology has enabled the number of people receiving support to grow on an annual basis for the last five years with over 2,000 people now using assistive technology. Investment in different forms of technology has enabled the service to support a wide range of people including adults with learning and physical disabilities and people with dementia, as well as being available to all over 75s and a feature of extra care schemes. Feedback from people accessing the service is positive, and the service is an essential part of

the wider strategy to support people to stay independent in their own homes for as long as possible. BCF funding has been identified to sustain and further expand the service, which will include exploring how telehealth can be better utilised.

Time Period	Number of clients accessing assistive technology
2012/13	1,102
2013/14	1,615
2014/15	1,970
2015/16	2,010

Support for Carers

It is recognised that carer breakdown can be a factor in hospital admissions and care home admissions, and evidence suggests that providing carers with support enables them to continue in their caring role for longer, preventing the need for more intensive and costly health and social care interventions. BCF funding is used to fund carers support services, including Direct Payments that provide carers with a break from their caring role.

Time Period	Proportion of carers receiving assessment / information & advice / carers services
2012/13	40.1%
2013/14	65.1%
2014/15	64.3%
2015/16	85.4%

The table below identifies the proportion of carers being supported by a Direct Payment (this indicator was introduced in the Adult Social Care Outcomes Framework in 2014/15 so data is not available prior to that date).

Time Period	Proportion of carers receiving a Direct Payment
2014/15	65.3%
2015/16	61.9%

Effectiveness of Re-ablement Services

Regional measures have been developed to measure the effectiveness of re-ablement services including proportion of goals achieved.

Time Period	Proportion of reablement goals achieved at the end of a period of reablement
2014/15	87%
2015/16	91.5%

Overall satisfaction of people who use service with their care and support

The recent annual national survey of people who use adult social care services demonstrates that overall satisfaction in Hartlepool has increased.

Time Period	Overall satisfaction of people who use service with their care and support
2014/15	64.6%
2015/16	67.9%

5. IMPACT OF BCF IN 2015/16

- 5.1 As part of the development of BCF plans for 2016/17, a review was undertaken of the impact of the BCF during 2015/16. This identified key achievements which are summarised in **Appendix 1**.
- 5.2 Plans for 2016/17 aim to build on these achievements, with a particular focus on admission prevention and closer working with primary care.

6. RISK IMPLICATIONS

- 6.1 A risk register was completed as part of the original BCF plan with mitigating actions identified and this was updated for the 2016/17 plan.

7. FINANCIAL CONSIDERATIONS

- 7.1 The BCF Pooled Budget is hosted by Hartlepool Borough Council and governed through the Pooled Budget Partnership Board. The Council's Chief Finance Officer is the named Pooled Fund Manager.
- 7.2 The BCF Pooled Budget was fully committed in 2015/16 with slippage used to support one off pressures in adult social care and Disabled Facilities Grants.
- 7.3 Plans have been agreed that fully commit the budget for 2016/17 and the budget will continue to be monitored throughout the year through the Pooled Budget Partnership Board.

8. LEGAL CONSIDERATIONS

- 8.1 The legal framework for the pooled budget is a Section 75 Partnership Agreement. Section 75 of the National Health Service Act 2006 gives powers to local authorities and clinical commissioning groups to establish and maintain pooled funds out of which payment may be made towards expenditure incurred in the exercise of prescribed local authority functions and prescribed NHS functions.

- 8.2 A Section 75 Partnership Agreement was in place for 2015/16 and a new agreement is currently being finalised for 2016/17, in line with the national requirement to have this in place by 30 June 2016.

9. CHILD AND FAMILY POVERTY CONSIDERATIONS

- 9.1 None identified.

10. EQUALITY AND DIVERSITY CONSIDERATIONS

- 10.1 None identified.

11. STAFF CONSIDERATIONS

- 11.1 No staff considerations identified.

12. ASSET MANAGEMENT CONSIDERATIONS

- 12.1 No asset management considerations identified.

13. RECOMMENDATIONS

- 13.1 It is recommended that the Adult Services Committee notes performance to date in relation to the BCF and plans for 2016/17.

14. REASONS FOR RECOMMENDATIONS

- 14.1 Although the formal reporting route in relation to BCF is the Health & Wellbeing Board, it is relevant to Adult Services Committee due to the focus on improving outcomes for older people and carers.

15. CONTACT OFFICER

Jill Harrison
Assistant Director - Adult Services
Tel: (01429) 523911
E-mail: jill.harrison@hartlepool.gov.uk

BCF ACHIEVEMENTS – 2015/16

(Extract from BCF Plan for 2016/17)

Three key themes were identified within the BCF plan

- Low Level Services & Self Management of Long Term Conditions
- Intermediate Care
- Improved Dementia Pathways

Progress has been summarised against each of these three themes:

Theme 1: Low Level Services & Self Management of Long Term Condition

Low level services aim to support people to maximise their own financial, human and community resources to achieve self-determination. People are supported to access resources in their own communities and to manage their own conditions and statutory agencies are committed to working with the voluntary and community sector to ensure that those not yet experiencing acute need, but requiring support, are helped to remain healthy, independent and well. Through the development of the BCF plan partners committed to invest in empowering local people through effective facilitation and signposting, carers support, self-management and low level preventative services to maximise their independence and wellbeing and to help identify and combat social isolation, as a major influence on overall health and wellbeing. Work has also been undertaken with public health colleagues to review opportunities to further support and target people with a range of long term conditions in the community and / or their own homes, building upon the success of existing programmes commissioned by public health (such as Health Trainers and the Falls Service) whilst developing a more preventative, proactive and targeted approach.

Achievements in 2015/16 include:

Hartlepool Now

Hartlepool Now has been developed as an online system to support people who need advice and information and want to know about services in their local area. The site was formally launched in October 2015 and is focused on supporting people to maintain their independence. There are includes eight main categories: Living at Home; Looking After Someone; Housing Options and Care Homes; Keeping Safe; Getting Out and About and Socialising; Keeping Healthy; Working and Learning and Money Matters, and is designed to allow people to find information that meets their specific needs. The site also features the Equipment Finder which enables people to find pieces of equipment that can help them in their day-to-day living and tasks and, if they want to, click on and buy the equipment they need.

Assistive Technology

Investment in assistive technology in Hartlepool has enabled the number of people receiving support to grow on an annual basis for the last five years with over 2,200 people using assistive technology at the end of December 2015. Investment in different forms of technology has enabled the service to support a wide range of people including adults with learning and physical disabilities and people with

dementia, as well as being available to all over 75s and a feature of extra care schemes. Feedback from people accessing the service is positive, and the service is an essential part of the wider strategy to support people to stay independent in their own homes for as long as possible. BCF funding has sustained and further expanded the service, which includes exploring how telehealth can be better utilised.

Support for Carers

It is recognised that carer breakdown can be a factor in hospital admissions and care home admissions, and evidence suggests that providing carers with support enables them to continue in their caring role for longer, preventing the need for more intensive and costly health and social care interventions. BCF funding is used to fund carers support services, including Direct Payments that provide carers with a break from their caring role.

Approximately 65% of carers in Hartlepool receive an assessment, information and advice or a carers service and, of those carers receiving support, 75% received this via a Direct Payment (as at end of December 2015).

Low Level Services

Low level support services for older people have been re-commissioned to provide a range of social inclusion services through one provider, encompassing information and advice, low level support, luncheon clubs (and luncheon club plus) and social inclusion opportunities within a building based setting. The service is called Hartlepool Getting Out and About.

Information & Advice - The provider has developed a bank of essential information for older people in the community (made available on paper and electronically so it can be accessed easily). The service gathers information on local activities, classes and community and interest groups and all information is uploaded to Hartlepool Now.

This service can be provided by sitting alongside people and using the information gathered and held on directories and electronic devices to find the information/ service they require. If the person needs help to understand the information, time is allocated by staff to enable the person to do this. If specialist help is needed to further explain the information all avenues will be pursued to obtain this support. This will include signposting to advocacy services and volunteers if available.

Low Level Support - provided for individuals with low level needs on a one to one basis for a period of up to 6 weeks, aiming to promote independence and enable people to get on with their lives. This may include:

- Telephone calls to enquire after someone's well being;
- Assisted visits to community groups, activities and other locations in order to build people's confidence; facilitate connections to social/educational and other activities; and encourage them to get out and about;
- Support to get to important appointments e.g. during a period after someone has had a fall and is lacks confidence going out and about on their own; and
- Assistance to do one or two shopping visits and information and encouragement after that to encourage individuals to arrange long term solutions for getting their shopping if the need for support is going to continue.

Luncheon Clubs (Plus) –operate in a variety of settings, for example pubs and community centres, throughout the town. Lunch club sessions will be held for up to three hours and will provide an opportunity for people to buy lunch and enjoy an informal social atmosphere.

A range of activities such as gentle exercise classes, wellbeing sessions, guest speakers and handicrafts are provided alongside the actual luncheon club, making use of nearby community resources. Information and sign posting will also be provided through assistance to access the internet, leaflets etc and staff will assist with arranging transport for people who use the service.

The current service facilitates luncheon clubs in 5 venues, supporting approximately 70 people. For people who require help with eating or accessing the toilet the service will provide Luncheon Club Plus. These sessions operate in the same way as the luncheon clubs identified above but have a higher staffing ratio and can support people who are less able, but wish to remain in their local community.

Social Inclusion – this centre based element of the service is available for frail elderly people for whom other elements of the service identified above would not be suitable to meet their needs. This service is provided at Hartfields Day Centre from 10am to 3pm Monday to Friday and complemented by a luncheon club plus session on a Saturday.

The service provides stimulating activities such as gentle exercise classes, wellbeing sessions, visits to places of interest, guest speakers, gardening, films and drama, handicrafts etc. Information and sign posting is also provided through assistance to access the internet, leaflets etc. The current service includes a meal and transport is also arranged and provided.

The overall service model helps people to overcome barriers to accessing activities and resources for the first time; provides continued support until people feel able to continue to access independently and promotes continued engagement and attendance.

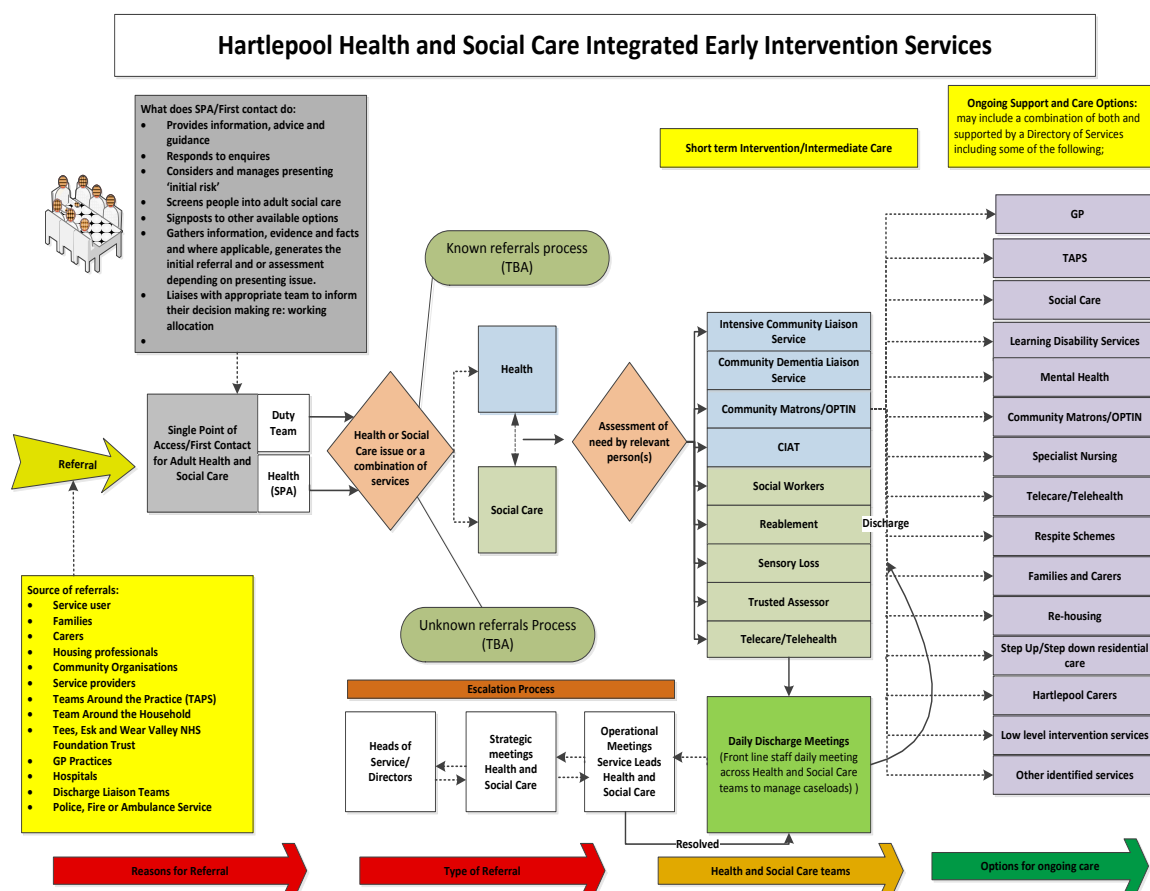
Theme 2: Intermediate Care

The vision for an Integrated Health and Social Care Early Intervention Model is ambitious, however partners are committed to developing a culture in which public bodies are able to work together with their partners in the voluntary and social enterprise sectors and remove unhelpful boundaries using combines resources to achieve the maximum benefit for service users, carers and families.

The Better Care Fund project team continues to build upon the work undertaken in 2015/16 in relation to co-location and integration of services. The aim and ambition of the service model is to provide a single point of access for every person with whom health and social care engage in order to facilitate the most appropriate health and social care response based on presenting need both in and out of hours.

The service model focuses on all people known and unknown to community nursing and social care services to identify those at higher risk of requiring intervention. People will experience an integrated service which is flexible and responsive enough to recognise the different needs of individuals shifting from reactive (unplanned) care to prevention and proactive care. Critical to the success of the Integrated Model in 2016/17 will be the interface and relationship with primary care partners (General Practice) to develop services that are wrapped around the person with:

- Less dependency on intensive acute services due to earlier and targeted intervention.
- Fewer avoidable acute episodes through better management of conditions in the community, reducing unnecessary hospital and residential/nursing care admissions
- A reduction in emergency bed days associated with repeat acute admissions by more timely and co-ordinated intervention.
- Reduced duplication, inefficiency and waste at the interface of care.
- Reorganisation of pathways and removal of professional boundaries.
- Health and social care delivered in a more co-ordinated, efficient and cohesive way.
- People and families / carers knowing their individual pathway and having greater confidence in service delivery.



Achievements to date include:

- Adult services first contact team are co-located with the NHS Single Point of Access (SPA) in the first step towards an integrated health and social care single point of access. Further work is underway to establish how these teams work more cohesively and how capacity is enhanced, including a proposal for clinical input to SPA.
- Introduction of a clinical triage function within the SPA.
- A weekend working pilot from October 2015 – March 2016 which saw Social Workers are available from 10.00-4.00 during weekends and bank holidays, focused on facilitating hospital discharges. This was supported by additional weekend capacity commissioned from independent home care providers for the same period using system resilience funding.
- Establishment of Daily Discharge Planning Meetings which bring together professionals from a range of disciplines (such as nurses, social workers and therapists) to discuss every person requiring discharge from either social care, community services, direct care and support, acute beds or reablement/rehabilitation. This allows for joined up planning to take place, to ensure that the right professionals are working with the right person in the most effective way.
- Development of enhanced pharmacy support for care homes and domiciliary care providers.

Theme 3: Improved Dementia Pathways

People living with dementia and their carers should be able to access the same range and quality of services as the general population and new service developments should be dementia friendly and easily accessible by people with dementia and their carers. The learning from the North of Tees Dementia Collaborative continues to be used to inform the direction of travel, and to ensure that improvements are made and sustained.

Achievements to date include:

Dementia Advisory Service

The aim of the Dementia Advisory Service is to empower people who are affected by and/or suffering from dementia to be able to “live well with dementia”. The service complements health and social care services provided to people living with dementia and their carers by providing named contacts and a single point of access for the provision of information and support about dementia and the range of services, activities and benefits available in Hartlepool.

The service is reactive to the needs of the person with dementia, especially those who are newly diagnosed. Information, advice and support are offered at a pace and at a time that the person with dementia and their carer can cope with. This includes responding to changing needs as the condition develops.

A key function is enabling the person with dementia and their carer to 're-narrate their lives;' (redefining what is important to them going forward) so they can live fulfilling and worthwhile, if sometimes different, lives.

The service operates from a town centre based premises to provide a focal point giving independence and visibility to the service and offers:

- Accurate, timely and accessible advice to people with dementia and people who are affected by their dementia both on a person to person basis and a peer group basis, using social media.
- Opportunities for people with dementia for professional and peer support.
- A service that is practically accessible to residents within the borough of Hartlepool using the town centre base and utilising outstations as necessary or at home.
- Links to other statutory and voluntary agencies in order to ensure that there are clear and effective protocols for referring into and out of the service and working together.
- Development of best practice in the delivery of the service and to learn from best practice in other dementia advice services.
- A lead role in projects in Hartlepool designed to raise awareness of dementia and take away the stigma and fear that sometimes surrounds it.
- Responds to referrals within 24 hours or the next working day.
- Establishment of dementia peer support groups including a young onset support groups if needed. Groups may be centred on particular activities such as crafts or cooking or local history where the activity is a means by which people are able to engage with and support each other. They may be discussion groups about living with dementia where ideas and experiences can be exchanged. Access may be facilitated via existing structured networks e.g. memory cafe's, social events.
- Raises awareness of the advisory service amongst health and social care professionals in Hartlepool as well as the private and voluntary sectors.
- Provision of person to person information from the local hub and a variety of locations in Hartlepool as a stepping stone into a wider network of services. This advice will be given in a friendly, relaxed and non-judgemental manner in terms that people can understand.
- A stand-alone website dedicated to the Dementia Advisory Service but which will contain appropriate links to health and social care organisations and support networks or pathways commensurate with dementia support initiatives.

Access to the Service is on an open-access basis and referrals are monitored jointly by the Council and the Provider.

Dementia Friendly Hartlepool

The Working to Build a Dementia Friendly Hartlepool project has been successful in gaining the first level of accreditation which enables all interested parties that pledge their support to be able to register as part of the Dementia Friendly Community. This enables the wider community to have confidence that they will meet individuals and staff that are sensitive to the issues facing those living with dementia.

Following the success of gaining Dementia Friendly Community accreditation the official launch was celebrated by holding a Memory Walk in September 2015 at a

local park. Over 100 people attended the event from the very young to residents of local residential homes. The event showed how successful awareness raising has been in the town and it is intended this will become an annual event.

There have also been significant levels of work carried out within residential homes to ensure that those living with dementia are cared for in the most appropriate way. This has built on the Care Homes project carried out through the Dementia Collaborative which delivered specific training to care home staff. Individuals now have an 'All About Me' folder which can be taken with them should they need to be admitted to hospital. This folder contains key information which enable those who do not know the individual to gain an insight to how dementia affects them and how best to manage the impact.

The Bridge

Early in 2015 The Bridge was opened in the town centre. The centre is a drop in and information centre for those living with dementia and their carers. The centre hosts the Dementia Advisory Service commissioned by Adult Services to ensure that anyone needing advice and support to navigate through previously unknown territory can do so in a positive and supportive place. The Bridge and Dementia Advisory Service are provided by the Hospital of God.

The Bridge has become a focal point for people, carers and professionals within the community. As well as providing professional services it is a community hub where people meet and small events are held, such as visiting musical artists and reminiscence sessions.

ADULT SERVICES COMMITTEE

16 June 2016



Report of: Director of Child & Adult Services

Subject: TACKLING SOCIAL ISOLATION

1. TYPE OF DECISION/APPLICABLE CATEGORY

No decision required; for information.

2. PURPOSE OF REPORT

- 2.1 The purpose of this report is to provide the Adult Services Committee with an update on work that is underway to tackle social isolation.

3. BACKGROUND

- 3.1 Research reported by Age UK shows that:
- the effect of loneliness and isolation can be as harmful to health as smoking 15 cigarettes a day, and is more damaging than obesity;
 - lonely individuals are at higher risk of the onset of disability;
 - loneliness contributes to health problems including psychological stress, higher blood pressure and sleep problems; and
 - loneliness puts individuals at greater risk of cognitive decline – one study concluded that lonely people have a 64% increased chance of developing clinical dementia.
- 3.2 A research briefing by the Social Care Institute of Excellence (SCIE) included the following key messages:
- Older people are particularly vulnerable to social isolation or loneliness owing to loss of friends and family, mobility or income.
 - Social isolation and loneliness impact upon individuals' quality of life and wellbeing, adversely affecting health and increasing their use of health and social care services.
 - The interventions to tackle social isolation or loneliness include befriending and mentoring.
 - People who use befriending services reported that they were less lonely and socially isolated following the intervention. The outcomes from

mentoring services are less clear; one study reported improvements in mental and physical health, another that no difference was found.

- Users report high satisfaction with services, benefiting from such interventions by increasing their social interaction and community involvement, taking up or going back to hobbies and participating in wider community activities.
- Users argued for flexibility and adaptation of services. One-to-one services could be more flexible, while enjoyment of group activities would be greater if these could be tailored to users' preferences.
- When planning services to reduce social isolation or loneliness, strong partnership arrangements need to be in place between organisations to ensure developed services can be sustained.

4. CURRENT SITUATION IN HARTLEPOOL

4.1 The Hartlepool BCF Plan includes a commitment to 'help identify and combat social isolation, as a major influence on overall health and wellbeing' and identifies that an estimated 2,340 older people live alone in Hartlepool.

4.2 The recent national survey of users of adult services asked whether people had as much social contact as they would like. The results for Hartlepool identified a significant improvement compared to the previous year:

Year	The proportion of people who use services who reported that they had as much social contact as they would like
2014/15	39.9%
2015/16	54.4%

4.3 There are a number of services already in place in Hartlepool that aim to help tackle the issue of social isolation but some of these services primarily support people who already have some identified social care needs, meaning that there will be some people who are not known to services who may be experiencing social isolation.

4.4 One of the ways that has been used to tackle social isolation is through low level support services that focus on maintaining independence. Low level services for older people have been re-commissioned to provide a range of social inclusion services through one provider, encompassing information and advice, low level support, luncheon clubs (and luncheon club plus) and social inclusion opportunities within a building based setting. The service is called Hartlepool Getting Out and About.

4.4.1 Information & Advice - The provider has developed a bank of essential information for older people in the community (made available on paper and electronically so it can be accessed easily). The service gathers information on local activities, classes and community and interest groups and all information is uploaded to Hartlepool Now.

This service can be provided by sitting alongside people and using the information gathered and held on directories and electronic devices to find the information/ service they require. If the person needs help to understand the information, time is allocated by staff to enable the person to do this. If specialist help is needed to further explain the information all avenues will be pursued to obtain this support. This will include signposting to advocacy services and volunteers if available.

- 4.4.2 Low Level Support - provided for individuals with low level needs on a one to one basis for a period of up to 6 weeks, aiming to promote independence and enable people to get on with their lives. This may include:
- Telephone calls to enquire after someone's well being;
 - Assisted visits to community groups, activities and other locations in order to build people's confidence; facilitate connections to social/educational and other activities; and encourage them to get out and about;
 - Support to get to important appointments e.g. during a period after someone has had a fall and is lacks confidence going out and about on their own; and
 - Assistance to do one or two shopping visits and information and encouragement after that to encourage individuals to arrange long term solutions for getting their shopping if the need for support is going to continue.

- 4.4.3 Luncheon Clubs (Plus) –operate in a variety of settings, for example pubs and community centres, throughout the town. Lunch club sessions will be held for up to three hours and will provide an opportunity for people to buy lunch and enjoy an informal social atmosphere.

A range of activities such as gentle exercise classes, wellbeing sessions, guest speakers and handicrafts are provided alongside the actual luncheon club, making use of nearby community resources. Information and sign posting will also be provided through assistance to access the internet, leaflets etc and staff will assist with arranging transport for people who use the service.

The current service facilitates luncheon clubs in 5 venues, supporting approximately 70 people. For people who require help with eating or accessing the toilet the service will provide Luncheon Club Plus. These sessions operate in the same way as the luncheon clubs identified above but have a higher staffing ratio and can support people who are less able, but wish to remain in their local community.

- 4.4.4 Social Inclusion – this centre based element of the service is available for frail elderly people for whom other elements of the service identified above would not be suitable to meet their needs. This service is provided at Hartfields Day Centre from 10am to 3pm Monday to Friday and complemented by a luncheon club plus session on a Saturday.

The service provides stimulating activities such as gentle exercise classes, wellbeing sessions, visits to places of interest, guest speakers, gardening, films and drama, handicrafts etc. Information and sign posting is also provided

through assistance to access the internet, leaflets etc. The current service includes a meal and transport is also arranged and provided.

The overall service model helps people to overcome barriers to accessing activities and resources for the first time; provides continued support until people feel able to continue to access independently and promotes continued engagement and attendance.

- 4.5 It is recognised that carers can become socially isolated in their caring role. A range of services are in place to support carers including;
- Hartlepool Carers
 - Carers Assessments and Support
 - Carers Emergency Respite Service
 - Short breaks for carers through Direct Payments or access to respite.
- 4.6 Other work already undertaken to try and address this issue includes:
- Development of Hartlepool Now as a website, App and source of printed information, to provide people with information about what's going on in their local community. This includes information on one off events such as Dementia Awareness Week as well as a huge range of regular activities including friendship clubs, exercise groups, arts and crafts groups, the Men's Shed and support groups for a range of long term conditions.
 - Development of The Bridge by the Hospital of God as a town centre information hub for people with dementia and their carers.
 - Development of the Dementia Advisory Service which aims to empower people who are affected by and/or living with dementia to be able to "live well with dementia". The service complements health and social care services provided to people living with dementia and their carers by providing named contacts and a single point of access for the provision of information and support about dementia and the range of services, activities and benefits available in Hartlepool.

Hartlepool Carers as the focal point for people who have a caring role that may result in social isolation and limited opportunities for interaction.

5. PLANNED DEVELOPMENTS

- 5.1 It is recognised that, despite the positive work that has happened to date, there may still be gaps in services in Hartlepool for people who may be socially isolated and at risk of developing health and social care needs, or who are not currently in contact with services.
- 5.2 There are two key developments planned for 2016/17 that aim to further tackle the issue of social isolation:
- 5.3 Work with Cleveland Fire Brigade
Work is underway with Cleveland Fire Brigade to understand how their contacts with older people in the community can be maximised. The Fire Brigade has a rolling programme of Fire Safety Checks for older people that are targeted initially at areas of deprivation and will be rolled out across all areas over time.

Close working relationships between the Fire Brigade and Adult Services have developed over a number of years with well established systems in place for the Fire Brigade to raise safeguarding alerts and tackle issues of fuel poverty and winter warmth, and it has recently been identified that there are further opportunities for joint working. Fire Safety Checks provide a real opportunity for information to be gathered and shared with other statutory services that will support older people to stay safe, well and independent in their own homes as well as being a way of reaching out to older people to provide them with advice and information.

A range of issues have been identified which will be built in to a low level assessment / checklist that the Fire Brigade will complete with an individual. This includes:

- Identifying older people who are socially isolated or lonely, who can then be signposted to services such as social activities, befriending or luncheon clubs.
- Basic screening questions in relation to meal preparation, shopping and weight loss that could identify if a person is at risk of nutritional decline.
- Basic screening questions in relation to financial worries which could lead to signposting to maximise benefits.
- Identifying environmental issues that could lead to falls risks, such as poor lighting and loose carpets which can be addressed by the Handyperson Service.
- Highlighting housing issues that may include an inability to maintain the property or hoarding issues which could result in the person being supported to better understand the range of housing options available.

In addition to gathering information, the Fire Brigade will be able to signpost people to support available in their community through use of the Hartlepool Now app, which will be loaded on their tablet devices. Social care staff will train the Fire Brigade on how to use the app and how to support people to navigate through the various options. If a person is identified as having needs that cannot be met by low level services or existing community resources, the Fire Brigade will be able to make a referral to the Early Intervention Service for further support, initially through reablement and potentially through a full social care assessment if required.

5.4 Establishment of a Befriending Network

The 2015/16 BCF Plan includes a commitment to 'help identify and combat social isolation, as a major influence on overall health and wellbeing'. There are a number of services already in place which aim to help tackle the issue of social isolation (such as luncheon clubs) but these services primarily support people who already have some identified social care needs. There is a gap in services in Hartlepool in relation to befriending for people who may be socially isolated and at risk of developing health and social care needs, or who are not currently in contact with services. Befriending services have been piloted in neighbouring authorities and have demonstrated positive outcomes within a short space of time.

Befriending services have long been viewed as a way of supporting older people to remain living in their own homes for much longer due to increased social contact and additional support with simple tasks around their home. Befriending also helps to reduce loneliness and isolation, which can lead to deterioration in mental well-being. Historically, there have been suggestions that there are people who consider going into residential care because they find it overwhelming to have to deal with their post and daily affairs alone. Therefore, with a small amount of input from a befriender they can be helped to manage living independently for much longer. In addition, GPs have commented that loneliness and isolation can affect an individual's health and hasten the need for hospital or residential care admission, whereas knowing that they will have a regular visitor can improve their mental well-being and give them something to look forward to each week.

Typically, a client will first register an interest in a befriending scheme during a conversation with staff and details of the client's present situation and befriending needs will be gathered and assessed by the Befriending Co-ordinator. Following the initial contact, the aim is to match the older person with a suitable volunteer once one becomes available. Once a volunteer is identified, an introductory visit is then facilitated by the Befriending Co-ordinator which introduces the volunteer to the client in an informal way, usually in the client's home. If it is agreeable to both parties that the befriending continues another meeting will be scheduled the following week until the volunteer's DBS check has been cleared. The introductory process is designed to guide the volunteer and client through the befriending aims and objectives and to allow a friendship to begin before the handover takes place. Once the DBS clearance has been received it is up to the client and volunteer to agree a regular time for the befriending to take place.

Outcomes achieved include:

- Enabling people to stay within their own homes for longer;
- Reducing social isolation;
- Reducing dependency on services;
- Increase confidence;
- Get more people volunteering, including older people;
- Create social networks;
- Reduce hospital admissions.

A Befriending Network will be commissioned as a 12 month pilot during 2016/17 and will then be reviewed to assess effectiveness and evaluate the outcomes delivered.

- 5.5 The developments planned as part of the BCF work will focus primarily on older people, but it is recognised that other groups can be at risk of social isolation including people with disabilities or sensory loss, people with mental health problems and people from minority ethnic groups. There are some services in place to support these groups already, but further work may be needed in the future.

6. RISK IMPLICATIONS

- 6.1 There is a risk that tackling social isolation identifies unmet need within the community that increases pressure on adult services. It is anticipated that this risk will be mitigated through identifying people earlier and signposting to low level interventions that reduce reliance on statutory services or delay the need for more intensive and costly interventions.

7. FINANCIAL CONSIDERATIONS

- 7.1 Most of the existing services that aim to tackle social isolation are funded from the Better Care Fund Pooled Budget.
- 7.2 The proposed work with Cleveland Fire Brigade in 2016/17 has no associated cost. The Befriending Network will be commissioned on the basis of a 12 month pilot funded from reserves at an estimated cost of £10-20k.

8. LEGAL CONSIDERATIONS

- 8.1 There are no legal considerations identified.

9. CHILD AND FAMILY POVERTY CONSIDERATIONS

- 9.1 There are no specific child and family poverty considerations identified although some services that aim to tackle social isolation, such as Hartlepool Now, could be used by parents to find out about local activities and also 'Money matters' including claiming benefits, managing debt and Local Welfare Support.

10. EQUALITY AND DIVERSITY CONSIDERATIONS

- 10.1 The aim of services to tackle social isolation is to ensure that people have equal opportunities to access a range of services within their local community regardless of their age, needs or disability.

11. STAFF CONSIDERATIONS

- 11.1 There are no staff considerations in relation to this issue.

12. ASSET MANAGEMENT CONSIDERATIONS

- 12.1 There are no asset management considerations in relation to this issue.

13. RECOMMENDATIONS

- 13.1 It is recommended that Members note the current provision to tackle social isolation and developments that are planned, and receive a further progress update in six months.

14. REASONS FOR RECOMMENDATIONS

- 14.1 The Adult Services Committee has previously expressed interest in what is being done within Hartlepool to tackle social isolation, due to the potential impact this can have on vulnerable adults.

15. CONTACT OFFICER

Jill Harrison
Assistant Director - Adult Services
Email: jill.harrison@hartlepool.gov.uk
Tel: 01429 523911

ADULT SERVICES COMMITTEE

16 June 2016



Report of: Director of Child & Adult Services

Subject: IMPACT OF CHANGES TO THE INDEPENDENT LIVING FUND

1. TYPE OF DECISION/APPLICABLE CATEGORY

No decision required; for information.

2. PURPOSE OF REPORT

- 2.1 The purpose of the report is to provide the Adult Services Committee with further information regarding the impact of changes to the Independent Living Fund (ILF).

3. BACKGROUND

- 3.1 The Independent Living Fund (ILF) was originally established in 1988 and provided financial support to disabled people so they could choose to live in their communities rather than in residential care. It was a directly funded government scheme that provided discretionary cash payments directly to disabled people allowing them to purchase care from an agency or pay the wages of a privately employed personal assistant.
- 3.2 To qualify for ILF an individual had to fulfil the following conditions:
- get social services support worth at least £340 a week or £17,680 a year. This could include direct payments or services from the local council, like going to a day centre;
 - be living in the UK for at least 26 weeks a year;
 - have less than £23,250 in savings or capital. This included any money their partner has, if they had a partner;
 - get or be entitled to the highest rate care component of Disability Living Allowance.
- An additional eligibility criteria was introduced from May 2010 restricting applications to those in work.

- 3.3 ILF funding was used by people with a wide range of physical and / or learning disabilities, some of whom had very complex needs and required significant levels of support to live in the community. Support funded by the ILF included help with personal care tasks that enabled a person to remain independent and support to access the local community. Most people who received ILF support also used it to access or remain in education or employment or to undertake voluntary work.
- 3.4 In December 2010, the Minister for Disabled People announced that the ILF was permanently closed to new applications.
- 3.5 In March 2014 the Minister for Disabled People announced that the ILF would close on 30 June 2015 and from 1 July 2015, the funding and responsibility of ILF care and support needs transferred to local authorities in England.

4. MANAGEMENT OF THE NEW RESPONSIBILITIES

- 4.1 An approach was agreed in Hartlepool that resulted in no impact on existing ILF users in 2015/16, through maintaining the status quo in terms of both expenditure and contributions. ILF users were required to pay a minimum of 50% of the care component of their Disability Living Allowance (DLA) plus, if they lived on their own, 100% of the Severe Disablement Premium Allowance. Individuals were then means-tested for any contribution in addition to this. By definition, ILF users also received services from the Council, for which they are means-tested and any contributions towards ILF are not taken into account.
- 4.2 Since the transfer on 1 July 2015, former ILF users have received the same level of funding and contributed the same amount towards their ILF package as they did before the transfer of responsibility to the Council. This approach was adopted, and is being maintained, as it protects adults with disabilities and supports them to remain living in the community.

5. IMPACT ON LOCAL AUTHORITIES

- 5.1 The ILF permanently closed to new applications in December 2010, meaning that those people who would have qualified to receive this support are now being supported through other funding streams.
- 5.2 The Local Government Association (LGA) and Association of Directors of Adult Social Services (ADASS) raised a range of concerns about this situation in a consultation by the Department for Communities and Local Government earlier in 2016. The issues raised are as follows:
- 5.2.1 Introductory comments
Adult social care is critical to the health and wellbeing of people with a complex range of often intense needs, their carers and families, and our communities more generally. Councils take their adult social care responsibilities extremely seriously and have long championed reform of the system to ensure that it is

sustainably funded and offers personalised, joined up, quality services that improve outcomes for individuals.

Delivering this type of care and support has become unquestionably more difficult in recent years as councils have had to contend with major reductions in central government funding. Although the recent Spending Review provided welcome recognition of the importance of adult social care, and the challenges facing the sector, the announcements do not resolve the scale of funding pressures that social care services are facing locally.

Therefore, while we understand the rationale for transferring former ILF clients over to local authority-coordinated care and support, the transfer must be seen in this wider context of budget pressures. We recognise the tremendous value placed upon the ILF scheme by former ILF clients and the sense of independence it generated. Councils will be doing all they can through their personal budgets framework to engender the same sense of choice and control. However, as the transfer cannot be divorced from the wider funding environment in which it is playing out, councils are also acutely aware of the potential impact of reducing support to former ILF clients and those individuals who would have previously qualified for ILF funding. We are absolutely clear that maintaining previous levels of funding for these individuals will be extremely challenging in many areas.

This response therefore addresses the consultation's three main questions but begins with wider commentary on the funding environment councils are operating in and the issue of 'new demand'. We urge the Government to consider these points in its final decision on the amount of funding to be transferred.

5.2.2 The wider funding environment

Funding transferred to councils to support former ILF clients must be seen in the context of funding for local government (and adult social care) overall.

In the 2015 Spending Review and the 2016/17 Local Government Finance Settlement the Government set out its forecast of total available funding for core services, which it says will be broadly similar in cash terms in 2019/20 to what it is today. The Spending Review announcements of a council tax precept for social care and additional funding for social care through the Better Care Fund (BCF) are welcome recognition by the Government of the importance of care and support. These measures will go some way to addressing the funding gap facing social care.

However, there are still significant challenges ahead. In reality, even having the same amount of money to spend in four years' time would mean that any pressures on spending (such as inflation, increased demand, costs of policy changes) will have to be funded by savings elsewhere. Such cost pressures will include:

- a. General increases in demand for everyday services as the population grows.*
- b. Ending of contracting out of National Insurance.*
- c. National Living Wage.*
- d. Deprivation of Liberty Safeguards.*

e. Business rates appeals.

f. Introduction of the Apprenticeship Levy.

Savings required to deal with these pressures will inevitably impact on adult social care.

Furthermore, the 2015 Spending Review period will commence from unstable foundations. Over the course of the 2010 Spending Review period the LGA estimates that the service had to close a funding gap of £5 billion, half of which came from savings and service reductions from within care and support. This had, and continues to have, serious implications for the provider market, the quality, quantity and duration of commissioned care, and the ability of the sector to help mitigate demand pressures on the NHS.

5.2.3 New demand

The funding in scope is solely for existing former ILF clients, and with attrition and suspense this understandably decreases over the four year period. The funding therefore takes no account of new demand – ie people who would have previously qualified for ILF funding. Under the terms of the transfer councils will simply be expected to absorb this additional pressure from existing budgets.

As set out above these budgets are already under enormous strain and new demand from people who would have previously qualified for ILF funding will only exacerbate these pressures further. We believe the burden to be funded should cover everyone who would have been eligible for ILF had it continued and not just the current 'live' cases of former ILF clients. In short, the funding should grow in line with expected demographic growth. We are keen to understand why the Government is not basing its funding levels on this approach.

The transfer of funding must be seen in this wider context and discussions between local and central government on a sustainable funding settlement for adult social care must continue. Failure to do so will inevitably impact on the availability of care and support for some of our most vulnerable residents.

5.2.4 Value of funding for councils in support of their duties under the Care Act 2014 to former ILF recipients

The primary aim of this transfer must be to ensure that the care and support needs of former ILF clients continue to be met. In the absence of more concrete data on the remaining commitments to former ILF clients for 2016/17 we therefore support the proposal to use the ILF Trust's financial model to estimate the funding required to continue funding in full the care packages of former ILF clients until 2019/20. However, as above, we are concerned that the transfer is limited solely to former ILF clients, and not individuals who would have been eligible for ILF if the scheme was still running.

We accept that funding commitments for former ILF clients will decline year on year due to attrition and/or suspense. However, there is nothing in the model (as it is presented in this consultation) that suggests that the costs of increasing needs and/or worsening conditions is factored into the calculations. It would be helpful to receive clarification on this point.

Councils have a strong track record on efficiency and innovation within adult social care. This, combined with duties under the Care Act duty to promote wellbeing, personalisation and a diverse provider market offering quality services, provides a helpful opportunity to think about how best to support former ILF clients as funding for their support transfers over to local government.

To ensure this opportunity is maximised there must be maximum flexibility on how the funding is spent, to reflect the fact that councils are best placed to direct resources. Through this transfer, and other key policies (such as the council tax precept for social care and additional social care funding via the Better Care Fund), the Government has been clear that money intended for adult social care should get through to where it is needed. Councils will be well aware of this and will be using local arrangements to ensure that former ILF clients receive packages of care that are best able to maintain and improve outcomes.

6. RISK IMPLICATIONS

- 6.1 There is an ongoing risk that the rate of reduction in funding from estimated attrition levels is greater than the actual reduction through attrition. This could result in insufficient grant funding being received to cover the cost of former ILF packages.
- 6.2 There is also a risk that people who would previously have qualified to receive ILF are not supported appropriately in the community, or that Local Authorities face an increasing financial pressure in providing appropriate support.

7. FINANCIAL CONSIDERATIONS

- 7.1 From 1 July 2015, all local authorities received a Section 31 non-ringfenced grant (pro-rata for 9 months of the financial year) which was paid as one lump-sum by the Department for Communities and Local Government (DCLG). The amount transferred was calculated by the DCLG based on the number of ILF users at 30 June 2015 and the amount of ILF funding they received as at that date. 43 people in Hartlepool were in receipt of ILF at the point of transfer, receiving annual funding of £670,000. The amount transferred by DCLG in 2015/16 (pro-rata for 9 months) was £507,000.
- 7.2 As the ILF was no longer open to new users this number cannot increase and it was anticipated that numbers would reduce over time owing to mortality, people requiring residential care or needs changing so that people become eligible for fully funded NHS Continuing Health Care. This was the basis for the proposal that the allocation would be subject to a reduction of 5% due to 'attrition'.
- 7.3 The DCLG undertook a consultation on 'Funding Local Authorities to support former Independent Living Fund recipients: The Former ILF Recipient Grant'

from 10 February to 22 March 2016. Following this consultation, it has been confirmed that the 'Former ILF Recipient Grant' will be paid to local authorities as outlined in the consultation document. The Government's response to the consultation is attached as **Appendix 1**.

7.4 Allocations for Hartlepool for the next four years are confirmed as shown:

Table 1: Proposed 'Former ILF Recipient Grant'

	2015/16 * £'000	2016/17 £'000	2017/18 £'000	2018/19 £'000	2019/20 £'000
Grant	670	641	620	601	582
% reduction	n/a	(4.3)	(3.3)	(3.1)	(3.2)

* - actual annual allocation; only 9 months received

8. LEGAL CONSIDERATIONS

8.1 There are no legal considerations identified.

9. CHILD AND FAMILY POVERTY CONSIDERATIONS

9.1 There are no additional child and family poverty considerations identified further to those initially highlighted. ILF funding aimed to support people with disabilities (including those who were parents) to remain living in the community, and also to access or remain in education or employment or to undertake voluntary work. There is potential that the closure of ILF, and subsequent reductions in funding for former users, will have a negative impact on employment and economic wellbeing of adults with disabilities.

10. EQUALITY AND DIVERSITY CONSIDERATIONS

10.1 The aim of ILF was to improve equity for people with disabilities by supporting them to live active, independent lives in the community. There is a risk that this fund being discontinued disadvantages people with disabilities who previously qualified for ILF.

10.2 A provisional Equalities Assessment (EA) was undertaken and published as part of the DCLG consultation. The consultation response submitted by the LGA and ADASS made the following comments in relation to the EA:

'The provisional EA attached to this consultation states that: "there is no way of assessing whether local authorities will use the [transferred] funding to maintain care packages in full. However, the Government is committed to ensuring that funding is provided at a level where the choice to do so is made by the council.'

It is difficult to reconcile this statement with what is said in the DWP equalities analysis on the closure of the ILF (March 2014): "It is almost certain that closure

of the ILF will mean that the majority of the users will face changes to the way their support is delivered, including the real possibility of a reduction to the funding they currently receive”.

The Government seems to be saying that there is a “real possibility” that users may face a reduction in funding, whilst at the same time saying that there is sufficient funding overall to prevent that from happening. It is hard to see how these two statements are compatible.

Furthermore, the provisional EA attached to this consultation also states that: “there is a potential positive impact for some users of the social care system from this funding being made available. Those who are not former ILF users may get an improved service or level of funding from their local authority due to the greater amount of funding available”. We believe it is inappropriate to consider benefits to non-former ILF clients in an EA focussed on safeguarding the continued care and support for former ILF clients. And in any case this is a very optimistic assumption given the wider funding environment set out.’

11. STAFF CONSIDERATIONS

- 11.1 There are no staff considerations in relation to this issue.

12. ASSET MANAGEMENT CONSIDERATIONS

- 12.1 There are no asset management considerations in relation to this issue.

13. RECOMMENDATIONS

- 13.1 It is recommended that Members note the outcome of the DCLG consultation regarding funding for former ILF recipients, and the wider impact of the changes to the ILF.

14. REASONS FOR RECOMMENDATIONS

- 14.1 Adult Services support adults with disabilities, including those who would previously have qualified to receive ILF and who are supported by the Council.

15. CONTACT OFFICER

Jill Harrison
Assistant Director - Adult Services
Email: jill.harrison@hartlepool.gov.uk
Tel: 01429 523911



Department for
Communities and
Local Government

Funding Local Authorities to support former Independent Living Fund (ILF) recipients: The Former ILF Recipient Grant

Technical Consultation: Government Response



© Crown copyright, 2016

Copyright in the typographical arrangement rests with the Crown.

You may re-use this information (not including logos) free of charge in any format or medium, under the terms of the Open Government Licence. To view this licence, <http://www.nationalarchives.gov.uk/doc/open-government-licence/version/3/> or write to the Information Policy Team, The National Archives, Kew, London TW9 4DU, or email: psi@nationalarchives.gsi.gov.uk.

This document/publication is also available on our website at www.gov.uk/dclg

If you have any enquiries regarding this document/publication, complete the form at <http://forms.communities.gov.uk/> or write to us at:

Department for Communities and Local Government
Fry Building
2 Marsham Street
London
SW1P 4DF
Telephone: 030 3444 0000

For all our latest news and updates follow us on Twitter: <https://twitter.com/CommunitiesUK>

May 2016

ISBN: 978-1-4098-4833-2

Contents

1. Introduction	4
2. Consultation Responses and Government Response	5

1. Introduction

- 1.1 On 10 February 2016, the Government commenced consultation¹ on the new 'Former Independent Living Fund (ILF) Recipient Grant'. The purpose of the grant is to enable local authorities to continue to support service users previously in receipt of the ILF. This document sets out how the Government intends to proceed.
- 1.2 The ILF was established in 1988 to enable disabled people to continue to live in the community rather than in residential care. It was managed by the ILF Trust, set up by the Department for Work and Pensions.
- 1.3 Following a decision by the Coalition Government, the ILF was closed on 30 June 2015, creating a single care system managed by local government. This followed the introduction of the Care Act 2014 which ensured that the key features of ILF support, namely personalisation, choice and control, are now part of mainstream adult social care system.
- 1.4 In announcing the decision to close the ILF, the Government stated that funding for 2015/16 in respect of former ILF users was to be distributed between councils in England and the devolved administrations in Scotland and Wales, in a way that reflected the ILF's forecast expenditure in each area at the point of closure.
- 1.5 At the time of the ILF's closure there were agreed support packages for English ILF users amounting to £186.2 million for 2015/16. The ILF Trust deducted 25 per cent of this total to cover payments during the first quarter of 2015-16. The remaining 75 per cent, £139.7 million, represented the maximum amount that local authorities would need to allow them to fully fund the remaining commitments to former ILF users for the remainder of the financial year.
- 1.6 The Government therefore issued a grant worth £139.7 million to local authorities in England, covering the remaining 9 months of 2015/16. To address future funding of local authorities, the Government published a consultation on the value and distribution methodology for the new 'Former ILF Recipient Grant'.
- 1.7 The consultation invited comments specifically on the proposed methodology for both the overall value of the grant and how the funding is to be allocated between local authorities.
- 1.8 In addition, the consultation sought views on the Government's draft equalities statement which set out provisional views on the equalities impacts on those with protected characteristics.

¹https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/499151/Former_ILF_Recipient_Grant_Consultation.pdf

2. Consultation Responses and Government Response

Overall summary

2.1 The consultation was undertaken between 10 February 2016 and 22 March 2016. There were 31 responses to the consultation. Responses from local authorities represented the largest group of respondents (22 responses). The questions on which the consultation sought views were as follows;

Q1. Do you have any comments on the proposal to use the ILF model to calculate the value of the Former ILF Recipient Grant?

Q2. Do you have any comments or suggestions about the proposal to continue to maintain the link between historic ILF client numbers and the distribution of the Former ILF recipient Grant?

Q3. Do you have any comments with our provisional equalities assessment?

2.2 The following is a breakdown of the profile of responses:

- Unitary Councils – 8
- District Councils – 7
- County Councils – 7
- Members of the public / Former ILF recipients or family members – 5
- Representative bodies – 3
- Other – 1

2.3 In addition, to ensure that the consultation engaged effectively with council health and social care officials, the Government discussed the contents of the consultation at the County Council Network Health & Social Care Forum. Initially established as the Care Bill Implementation Group, the Forum consists of senior adult social care officers from across England.

2.4 The majority of those who responded broadly welcomed the proposals. All responses were considered and the Government would like to thank everyone who took the time to respond.

What respondents said and the Government's response

Do you have any comments on the proposal to use the ILF model to calculate the value of the Former ILF Recipient Grant?

2.5 Of the responses received 55.1 per cent supported the proposal to calculate the value of the 'Former ILF Recipient Grant' using the now closed ILF Trust's financial model, whilst 22.6 per cent disagreed and 22.3 per cent did not signal a position. Of those that disagreed with the proposal, the most common concern was that the Government had not included in its valuation the introduction of the National Living Wage (NLW).

- 2.6 The Government considered this the introduction of the NLW against the New Burdens doctrine² which assesses whether local government should be funded for changes in their duties caused by central government policy. In line with the doctrine, as all sectors will be subject to ensuring that employees are paid the NLW, the Government does not agree that additional funding to compensate for its introduction should be included when calculating the value of this grant.

The Government's response

- 2.7 The Government has carefully considered the responses and given the majority support of the proposals, alongside the fact that the model is based on several years of accurate expenditure data, it will proceed in using the ILF Trust's model to calculate the value of the 'Former ILF Recipient Grant'.

Do you have any comments or suggestions about the proposal to continue to maintain the link between historic ILF client numbers and the distribution of the Former ILF recipient Grant?

- 2.8 Of the responses received 67.8 per cent supported the proposal to link historic ILF client numbers to the distribution of the 'Former ILF Recipient Grant', 6.5 per cent disagreed and 25.7 per cent did not signal a position.
- 2.9 One response suggested that funding should reflect claimant numbers if the ILF had not closed to new applicants in 2010. It claimed that by not doing so, the allocations were not reflective of need in individual areas. However, following the closure of the ILF, the Government has not made local authorities responsible for providing support to new claimants. Funding has been provided specifically to reflect the duty to look after existing ILF claimants transferred to local authorities.
- 2.10 In addition, one response argued that attrition rates would likely vary between Group 1³ and Group 2⁴ users and the distribution should reflect this. As the value of the grant in 15/16 was based on actual remaining commitments to ILF users, local variations in Group 1 and Group 2 uptake were taken into account when the distribution was set at the time of the ILF's closure.

The Government's response

- 2.11 The Government has carefully considered the responses and given the majority support of the proposals it will proceed to directly link local authority allocations with expenditure patterns at the time of the ILF's closure.

Do you have any comments with our provisional equalities assessment?

- 2.12 The Government also asked for views on a draft Equalities Statement. Of the responses received, 71.0 per cent were either content or made no comment, whilst 29.0 per cent believed that further consideration was necessary. Of those replies, a number believed that ring-fencing funding would better protect ILF users.

² <https://www.gov.uk/government/publications/new-burdens-doctrine-guidance-for-government-departments>

³ Group 1 were ILF users who started receiving funding before February 1993. There was no requirement for their local authority to contribute to their care package.

⁴ Group 2 were ILF users who started receiving funding from April 1993 onwards. They were required to have had at least £200 of services provided by their local authority each week in order to receive ILF funding.

2.13 The Government believes that local communities are better placed than central Government to make decisions about their own area. For this reason local councils should have the flexibility to decide how best to provide funding and support at a local level. By providing funding through an unringfenced grant, councils may indeed use the funding for services other than supporting former ILF recipients. However, as the Government intends to provide funding at a level where councils can fully fund existing care packages to former ILF users, the choice rests with local authorities as to whether to do so.

The Government's response

2.14 The Government has carefully considered the responses and given no new information was provided that would mean that the equalities statement should be revisited, the Government is content with the statement as drafted in the consultation.

Conclusion

2.15 After assessing the responses, the Government confirms that the 'Former ILF Recipient Grant' will be paid to local authorities as outlined in the consultation document.

ADULT SERVICES COMMITTEE

16 June 2016



Report of: Director of Child & Adult Services

Subject: UPDATE: CARE HOMES FOR OLDER PEOPLE

1. TYPE OF DECISION/APPLICABLE CATEGORY

No decision required; for information.

2. PURPOSE OF REPORT

- 2.1 To provide the Adult Services Committee with an update in relation to care home provision for older people.

3. BACKGROUND

- 3.1 Care home provision for older people was discussed in detail at the Adult Services Committee meeting on 12 October 2015, when representatives from the Care Quality Commission (CQC) and Hartlepool & Stockton on Tees Clinical Commissioning Group (CCG) were in attendance.
- 3.2 A presentation was provided which covered:
- Current context in terms of population, provision and trends in admissions;
 - Current vacancy information, impact on out of borough placements and alternatives to residential care;
 - Role of HBC in terms of care management and safeguarding;
 - Role of HBC in terms of contracts, quality monitoring and the Quality Standards Framework;
 - Role of the Care Quality Commission as the regulator of care homes;
 - Role of the CCG as the commissioner of nursing care;
 - Current national challenges including nurse recruitment, fair cost of care and the National Living Wage; and
 - Current local challenges including care home closures, embargoes on new admissions and availability of care home places.

- 3.3 The presentation also summarised work undertaken to date and planned next steps.

4. CURRENT SITUATION

- 4.1 An update for the care home sector is attached as **Appendix 1**. Information in this format will be shared with the Adult Services Committee on a regular basis. There have been further CQC reports published since an update was last provided, with three homes currently rated inadequate by CQC and four homes not currently accepting new admissions. This, along with the closure of three residential homes in January 2016, has had a significant impact on availability of care home places.
- 4.2 A range of actions are being taken to support and improve standards within care homes. A number of these are being led by the Council, while others are being progressed jointly with the CCG.

HBC Provider Forums / Managers Meetings

Regular discussions with proprietors and managers are taking place and there is good engagement from care homes. Recent meetings have covered Medicines Optimisation, Infection Control, the role of the Teeswide Safeguarding Adults Board, Quality Standards Framework, DoLS, Healthwatch Dementia report findings and training and education requirements. Speakers have been invited from North Tees & Hartlepool NHS Trust, the CCG, Teeswide Safeguarding Adults Board and Tyne & Wear Alliance (training provider).

In addition, a workshop was held with all care home managers in March 2016 regarding Health & Safety and their accountability. This included providing managers with support to meet Health & Safety requirements, such as standard templates for walk around checks and random sampling.

HBC Care Home Meetings

Monthly meetings are well established with input from care management teams and commissioning officers, as well as NHS colleagues, to share soft intelligence and low level concerns. The aim of this forum is to identify concerns early and agree a co-ordinated response between care management and contract monitoring to better understand issues and then to support homes to address any shortfalls. Information relating to adult safeguarding alerts and complaints is also fed in to this forum.

HBC Fee Negotiations

Fee negotiations were completed with care homes during summer 2015 in relation to fee uplifts from 1 October 2015. A further fee uplift has been applied from 1 April 2016 to reflect the introduction of the National Living Wage (NLW). Feedback from providers is that the Council worked positively with providers and gave a clear rationale for the fee levels proposed. Providers have expressed appreciation at the proactive approach to the NLW taken by the Council. Providers have expressed their concerns however

about the financial pressures they are under particularly within the nursing sector, linked to the inability to recruit and retain nurses; equipment costs and the increasing complex needs of people who need nursing care. Providers have concerns around the sustainability of nursing provision even within the context of having received an increase from the CCG above the national nursing rate. Some of the concerns regarding complexity of individuals living requiring nursing care are expressed equally by providers of residential care.

HBC Quality Standards Framework (QSF)

Work is underway to review the current QSF which links to the old CQC core standards and enables care home fees to be linked to quality of provision. This work will involve developing a better understanding among professionals in terms of 'what does good look like' as well as engagement with NHS partners and Healthwatch Hartlepool. The emphasis within the CQC regime has highlighted different mandatory areas for inspection namely around the Mental Capacity Act and Deprivation of Liberty Safeguards (DoLS), medication and care planning. Revised monitoring tools are being developed to identify gaps in provision and work in partnership with providers to action plan and ensure quality assured care is delivered. The Council link officers have a supportive role in this respect rather than a regulatory role.

Enhanced Pharmacy Support

Through the Better Care Fund pooled budget, a pilot has been commissioned for 12 months offering enhanced support to care homes in relation to medication and pharmacy related issues. This was in response to increased safeguarding alerts relating to medication and feedback from CQC reports that this was an area where many providers were not meeting the regulations. The service has been in place since January 2016 and aims to improve standards in care homes while also sharing the learning when things don't go well. The pilot has already demonstrated positive outcomes and providers value the additional support provided. All homes have completed self assessments and been supported to develop action plans. Intensive support has been provided to homes during closures, and those homes with breaches of regulation linked to medication.

North of Tees Care Home Commissioning Group

This group has been established by the CCG with representatives attending from key partner agencies - Hartlepool Borough Council, Stockton Borough Council, Hartlepool & Stockton on Tees Clinical Commissioning Group and NECS (North East Commissioning Support).

The group has been established to:

- identify issues across Hartlepool & Stockton regarding care homes;
- share good practice;
- review activity and improve links with GP's and community based services; and
- identify opportunities to implement initiatives across both localities where there are common issues, e.g. assistive technology and digital health.

- identify a programme of tailored training following a series of engagement activities with providers to ensure training is delivered in a targeted manner which can be easily accessed and the learning sustained.

The group has been successful in sharing good practice between organisations and localities and data analysis is building to provide a greater insight regarding the impact of initiatives within the sector.

CCG Clinical Quality Audit and Quality Incentive Scheme

The CCG has reviewed and revised the Clinical Quality Audit tool which has been implemented in nursing homes from April 2016. The CQA tool is linked to financial incentives to recognise good quality nursing care.

CCG Funding Review

Funding review has been undertaken and the outcome was reported to current and potential providers on 4/11/15. Fee uplifts were positively received by providers and it is hoped that increased fee levels will maintain existing provision and potentially attract new providers to the area.

5. RISK IMPLICATIONS

- 5.1 There are significant risks associated with availability of sufficient care home places for older people. If places are not available within Hartlepool for older people assessed as requiring residential care, there will be an increasing use of out of area placements in order to meet needs. Lack of care home placements can also impact on delayed transfers of care (delayed discharges from hospital), with people who are medically fit staying in hospital because their home of choice is not available.

6. FINANCIAL CONSIDERATIONS

- 6.1 There are significant financial considerations associated with the issue of care home provision, including the fair cost of care and implementation of the National Living Wage. There are no financial considerations specifically linked to this report.

7. LEGAL CONSIDERATIONS

- 7.1 There are no legal implications associated with this report.

8. CHILD AND FAMILY POVERTY CONSIDERATIONS

- 8.1 There are no child and family poverty considerations associated with this report.

9. EQUALITY AND DIVERSITY CONSIDERATIONS

- 9.1 There are no equality and diversity considerations associated with this report.

10. STAFF CONSIDERATIONS

- 10.1 There are no staff considerations associated with this report.

11. ASSET MANAGEMENT CONSIDERATIONS

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

12. RECOMMENDATIONS

- 12.1 It is recommended that the Adult Services Committee note the contents of this report and receive further updates on a regular basis.

13. REASONS FOR RECOMMENDATIONS

- 13.1 The Adult Services Committee has identified care home provision for older people as a priority due to the role of care homes in supporting vulnerable older people.

14. CONTACT OFFICERS

Jill Harrison
Assistant Director – Adult Services
Hartlepool Borough Council
Tel: 01429 523911
E-mail: jill.harrison@hartlepool.gov.uk

Jeanette Willis
Head of Strategic Commissioning – Adult Services
Hartlepool Borough Council
Tel: 01429 523774
E-mail: jeanette.willis@hartlepool.gov.uk

CARE HOMES FOR OLDER PEOPLE

CQC Published Ratings

Care Home	Publication Date	Rating
Wynyard Woods	16 April 2015	Good
Dinsdale Lodge	17 August 2015	Requires Improvement
Sheraton Court	4 September 2015	Good
Seaton Hall	9 September 2015	Good
Elwick Grange	3 December 2015	Good
Clifton House	9 December 2015	Requires Improvement
Manor Park	10 March 2016	Inadequate
Warrior Park	31 March 2016	Good
Charlotte Grange	2 April 2016	Requires Improvement
Lindisfarne	6 April 2016	Inadequate
West View Lodge	8 April 2016	Good
Clifton House	29 April 2016	Inadequate

* Four care homes have not yet been rated, and will be inspected and rated by 30 September 2016.

Embargoes on New Admissions

Care Home	Embargo Implemented	Embargo Lifted
Warrior Park (HBC Action)	3 August 2015	21 December 2015
Manor Park (Voluntary)	26 February 2016	-
Lindisfarne (HBC Action)	18 April 2016	-
Dinsdale Lodge (CQC Action)	27 April 2016	-
Clifton House (Voluntary)	22 February 2016	-

Vacancy Position: 16 May 2016

Care Provision	Available Beds
Residential Only	1
Nursing Only	0
Residential or Nursing	9

Out of Borough Placements

Year	Admissions
2013/14	3
2014/15	9
2015/16	15
2016/17	2 (as at 18 May 2016)

* Figures based on permanent new admissions of people aged 65+