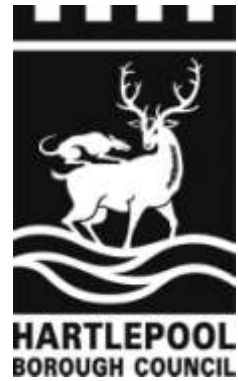


ADULT SERVICES COMMITTEE AGENDA



Thursday 15 September 2016

at 10.00 am

in Committee Room B,
Civic Centre, Hartlepool

MEMBERS: ADULT SERVICES COMMITTEE

Councillors Hamilton, Morris, 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 7 July 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 Services for Older People – Future Service Delivery Models – *Director of Child and Adult Services*

7.2 Update – Care Homes for Older People – *Director of Child and Adult Services*

7.3 Implementation of the Care Act – *Director of Child and Adult Services*

8. ANY OTHER BUSINESS WHICH THE CHAIR CONSIDERS URGENT

ITEMS FOR INFORMATION

Date of next meeting – Thursday 6 October 2016 at 10.00 am, Committee Room B, Civic Centre, Hartlepool



ADULT SERVICES COMMITTEE MINUTES AND DECISION RECORD

7 July 2016

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

Present:

Councillor: Stephen Thomas (In the Chair)

Councillors: Lesley Hamilton, Kaylee Sirs, Sylvia Tempest and John Tennant.

Also Present: Councillor Paul Beck as substitute for Councillor Carl Richardson in accordance with Council Procedure Rule 5.2.

Chief Inspector Paul Haytack and Inspector Phil Morris, Cleveland Police.

Members of the public: S Little, S Johnson, G Johnson, J Gray, M Lockwood, R Marshall, F Harrison.

Officers: Jill Harrison, Assistant Director, Adult Services
Neil Harrison, Head of Service, Adult Services
Jeanette Willis, Head of Strategic Commissioning, Adult Services
David Cosgrove, Principal Democratic Services Officer

9. Apologies for Absence

Apologies for absence were received from Councillors Brenda Loynes and Carl Richardson.

10. Declarations of Interest

Councillor Stephen Thomas declared a personal interest as an employee of Healthwatch.

11. Minutes of the meeting held on 16 June 2016

Received.

In relation to Min No. 6 'Tackling Social Isolation', the Assistant Director informed the Committee that the Befriending Network Contract had been awarded to Age UK.

12. **Mental Health – Crisis Care** (*Director of Child and Adult Services*)

Type of decision

For information.

Purpose of report

The report provided an update to the Adult Services Committee on the progress in respect of Mental Health – Crisis Care.

Issue(s) for consideration

The Head of Service reported on the work undertaken in Hartlepool in relation to the Mental Health Crisis Concordat and summarised the recommendations from a Crisis Care Summit. On 25 February 2016 Hartlepool Healthwatch held an event at the Centre for Independent Living focused on Mental Health Crisis Care. The event was attended by over 70 people from a number of statutory and non statutory providers, all of whom had an interest in mental health crisis care.

The crisis care concordat references four key themes:

1. Access to support before crisis point
2. Urgent and emergency access to crisis care
3. Quality of treatment and care when in crisis
4. Recovery and staying well.

The Crisis Care Summit aimed to pick up the key issues in terms of what currently works well, areas for improvement and what was important to change in the future. The report went on to provide an overview of the responses around the debates of what was working well, what was not working well and the areas for priority action. An appendix to the report also set out a summary of progress made against the Crisis care Concordat and a number of the actions would be incorporated into the Mental Health Forum action plan.

The Head of Service highlighted that the Crisis Care Concordat suggests that by identifying a crisis early, professionals can prevent further escalation and often costly and unnecessary interventions.

Chief Inspector Paul Haytack and Inspector Phil Morris, Cleveland Police, were present at the meeting and gave feedback on the event and the changing role of the Police's involvement in dealing with people with mental health issues. The Police had adopted many of the recommendations put forward by Lord Bradley and during a recent visit

he had given some positive feedback on the arrangements in place.

In the past, the Police had often used s136 to detain people displaying mental health issues, where they may be at risk of harming others or themselves in order to get them into a place of safety. There was now a 'street triage' approach being taken to enable such individuals to access the right kind of support directly rather than bringing them into the custody suite. This had reduced the use of s136 from approximately twenty cases per week to less than one a week. If an individual was brought into the custody suite, the Police also now had access to a TEWV Liaison and Diversion Team which could provide specialised support and signposting to appropriate services for the person concerned.

The Police representatives indicated that there was additional training in place for officers and PCSOs and the force was looking towards the potential of a TEWV member of the Liaison and Diversion Team being placed within the control room so they could provide advice directly at the point of a call being made to the Police. The Police had also looked at the next steps after 'street triage' and custody as, custody in particular, may have an adverse effect on the individuals mental health. The Police were looking at developing the information that could be provided to people indicating where they could go for support.

A Member questioned the response to on-line threats such as cyber-bullying and the potential for young people self-harming. The Police representatives stated that the force took such reports very seriously and where they had substantiated information they would act. The 'street triage' approach would also be used in such incidents. Members considered the issue of the perception of mental health among young people to be a particular issue, as it was among some adults. The Head of Service commented that there was a multi-agency group involving TEWV and CAMHS looking at the issue of the stigma around mental health in young people.

A Member questioned the Police approach to those children and young people that may have undiagnosed learning difficulties. The Police representatives did indicate that the triage approach had been in place for some time with young people brought into the custody suite. The approach led to more support, and where necessary warnings, to divert them away from the justice system.

A Member referred to their work on mental health issues with secondary school children and would welcome the opportunity to extend that to the Police where possible. A Member questioned what level of support was available in schools to support young people. The Head of Service commented that there was a programme of support being developed by a multi-agency group. Teachers and those involved in education often witnessed the first indications of mental health issues and a lot of work was being done through the department, schools and the Children's

Services Committee.

A member of the public referred to their experiences with support provided by the Police and was concerned that in situations where the Police may have been called to an incident involving someone with mental health problems, two or three officers could be involved which, under the new policing arrangements, could leave the town with only one other officer. If the person was transported to Roseberry Park, that took up quite a considerable amount of Police time. The Police commented that the public should not worry about police cover; there were resilient staffing arrangements in place and the reference to only four officers being available was incorrect.

The member of the public was concerned at the level and availability of information generally and considered that it could be improved to signpost people to more appropriate services rather than calling the Police. The Police representatives stated that their website did include a lot of information but would look at how it could be more readily accessed. The member of the public also expressed concern about the removal of services from Hartlepool and called for a crisis care centre to be provided in Hartlepool.

The Chair thanked the Police representatives for their input and the meeting in general for the debate. It was clear that there was a lot of support available and that this could be built upon through the recommendations from the Crisis Care Summit. There was concern, as expressed during the debate, on the continued 'drift' of services out of the town and how residents could then access those relocated services when many already had pre-existing transport issues.

Decision

1. That the recommendations from the Crisis Care Summit be noted and progressed against the Crisis Care Concordat;
2. That the report is presented to the Tees Crisis Care Concordat meeting for inclusion in the Tees action plan;
3. That the Mental Health Forum progress the implementation of recommendations from the report and monitor progress against the Crisis Care Concordat action plan.

13. Access to Transport for People with a Disability (*Director of Child and Adult Services*)

Type of decision

Non key.

Purpose of report

The report sought approval from the Adult Services Committee to submit a referral to the Audit and Governance Committee regarding access to transport for people with a disability.

Issue(s) for consideration

The Head of Service reported that transport and access to transport within the Borough was regarded as one of the top three priorities when consulting with adults with a disability. Consultation with community groups in recent years had highlighted a decline in the number of wheelchair accessible vehicles, a decline in the frequency and equality of access to private hire vehicles and bus journeys; and difficulties in access and conveyance.

Following discussions with local citizens, including representatives from the New Hartlepool MS Support Group, it had become apparent that people were concerned at the reduction in opportunities for people to remain independent. Without access to good transport links, people were at increased risk of social isolation and were unlikely to be able to remain active citizens without opportunities to access education training and employment, sport and recreation.

As this issue cuts across a number of policy committees, and would benefit from further investigation, it was proposed that a referral was made to the Audit and Governance Committee to review the current situation. A copy of the proposed referral was set out in an appendix to the report.

A Healthwatch representative added that a further issue restricting those with mobility issues was that none of the shuttle buses operated by the Foundation Trust between the Hartlepool and North Tees hospital sites could be easily used by people with mobility problems and not used at all by those in wheelchairs.

The Head of Service commented that one of the issues the hospital transport situation created was that as the shuttle buses were inaccessible to people with disabilities. The Trust was contracting with those companies/operators with wheelchair accessible vehicles to provide this transport, which further reduced their availability from the general public. Members expressed their concerns in relation to wheelchair accessible taxis and the limited availability of these vehicles. A member of the public commented that in order to get a wheelchair accessible taxi, the public would have to book journeys at least 24 hours in advance and often, they would be unavailable on evenings. The number of these vehicles had also been severely reduced over recent

years. The member of the public acknowledged that the Council had severe budgetary problems but felt that the re-instigation of the dial-a-ride service was essential to this section of the community.

The Chair commented that the issues raised highlighted that the referral to Audit and Governance Committee was timely.

Decision

That approval be given to the submission of a referral to Audit and Governance Committee seeking a review of access to transport for people with a disability.

14. Service Provision at the New Centre for Independent Living (*Director of Child and Adult Services*)

Type of decision

For information.

Purpose of report

The report provided the Adult Services Committee with information on the range and type of services that will be delivered from the new Centre for Independent Living (CIL).

Issue(s) for consideration

The Head of Service referred to the report presented to members on 6 July 2015 which provided an overview of the proposed process to implement a new service model and pricing framework from September 2016. The fairer pricing framework was agreed at the meeting on the 23 March 2016, and the Adult Services management team has been in discussion with staff side representatives through formal consultation in respect of the future delivery of services.

The report set out the details of the consultation with services users and their families and also with staff. The new CIL was focused on three distinct functions, meeting service demand, increasing income and promoting independence. The approach to these and arrangements already in place were set out in detail within the report.

Services currently delivered at Warren Road would also cease as they transferred to the new CIL and discussions had progressed with Catcote Academy on their potential use of the Warren Road building to meet their demand for autism specific provision. An agreement was being

drafted to ensure that any service complimented that being provided at the CIL. It was also anticipated that the Handprint Arts service would transfers to the CIL from its current base in Surtees Street.

The Head of Service also updated the Committee on the development of the Waverley Allotment Group Promoting Change, Transforming Lives Project.

A Member indicated that some of the staff currently based at Warren Road were concerned at the transfer to the new CIL and the effect that it may have on jobs. The Head of Service stated that there was no reduction in staffing proposed but there were some changes to contracts around evening and weekend working, linked to service need.

A member of the public questioned the responses received from families in relation to the new extended services being offered at the CIL. The Head of Service commented that they had been generally positive and had resulted in the proposal to pilot services on Friday evenings and Saturday mornings.

The Chair considered that his only concern was that the CIL shouldn't become an 'island' and that from the opening of the new facility there should be strong links developed with the local community. The Chair suggested that a visit to the new building should be arranged for the Committee. The Head of Service indicated that a visit would be organised once the main building works had been completed.

Decision

1. That the Committee notes the plans for service provision at the new Centre for Independent Living.
2. That a site visit be arranged for Members and regular attendees to the new building at an appropriate point in its development.

15. Direct Care and Support Services – Outcome of CQC Inspection (*Director of Child and Adult Services*)

Type of decision

For information.

Purpose of report

To inform Adult Services Committee of the outcome of a recent Care Quality Commission (CQC) inspection into the Direct Care and Support Service provided by Hartlepool Borough Council.

Issue(s) for consideration

The Head of Service reported that CQC undertook an inspection of the Direct Care and Support Service provided by Hartlepool Borough Council on 10, 16 and 17 February 2016. A full copy of the inspection report was submitted as an appendix to the report. The overall rating was that the service 'Requires Improvement'. The breakdown of the rating was as follows: -

Is the service safe? - 'Requires Improvement'
Is the service effective? - 'Requires Improvement'
Is the service caring? - 'Good'
Is the service responsive? - 'Good'
Is the service well led? - 'Requires Improvement'.

A detailed improvement plan had been developed to address the issues raised within the inspection and this was set out in a second appendix to the report. Additional resources would be required to ensure all actions of the report in respect to staff training were met. It would be necessary to provide refresher training for some staff, with backfill arrangements in place to ensure business continuity. Additional costs would be met from any underspend on staffing budgets supported by departmental reserves if required. Additional staff would be required to cover rosters in order for all staff to attend refresher training. There would be changes to current processes to ensure that improvements were delivered. The CQC was not proposing to take any enforcement action. The improvement plan aims to address the required improvements identified in the report.

Members commented that the assessment had raised some concerns, though supported the action plan proposed. There were concerns that some of the issues raised were around training. The Head of Service indicated that most of the issues raised through the inspection were known.

A member of the public commented that many service users would be surprised at the CQC assessment as she believed the service and staff were very focussed on the needs of their service users. The Assistant Director indicated that this was a new inspection process, much different to the previous approach, and would take some time to embed. The service would be reassessed once the action plan had been implemented.

The Chair commented that he had also been surprised by the inspection result as he believed the service provided an excellent service to users. The Chair supported seeking a re-assessment once the action plan had been implemented and suggested that in advance a 'mock CQC inspection' be undertaken to ensure the service would meet the new

CQC inspection regime.

Decision

1. That the inspection report and the improvement plan that has been developed in response to the issues identified be noted.
2. That a progress update be provided in six months time to provide members with assurance regarding the delivery of the required improvements.
3. That following the implementation of the improvement plan a 'mock CQC inspection' be undertaken to assess the effectiveness of the improvements prior to a formal re-inspection of the service being sought from the Care Quality Commission.

16. Quality Ratings for Commissioned Services (*Director of Child and Adult Services*)

Type of decision

For information.

Purpose of report

Further to the report on care homes for older people in June 2016, the report provided the Adult Services Committee with an update on quality ratings for all other commissioned social care services that were regulated by the Care Quality Commission (CQC).

Issue(s) for consideration

The Head of Strategic Commissioning reported that there were a number of services commissioned for adults that were regulated, inspected and rated by the CQC. All services commissioned by Adult Services were subject to contract monitoring and the Quality Standards Framework. Regulated services were also required to be registered by the CQC and were subject to regular inspection, which was followed by a published rating.

These services included: -

Domiciliary Care for Older People
Non Residential Services for Working Age Adults
Residential Care for People with Learning Difficulties
Residential Care for People with Mental Health Needs
Extra Care Support.

A summary of the current CQC ratings for the services listed above was included in an appendix to the report. It was positive to note that the majority of services were rated as 'good'. Those services rated as 'requires improvement' had plans in place to deliver those improvements and were able to access support from the Council in terms of their action plans and monitoring of progress.

Both residential and non-residential providers had access to the training and support provided through the Commissioned Services Team and the wider Council. This included enhanced support in relation to medication issues, which had been commissioned through the Better Care Fund and access to training regarding adult safeguarding. All providers were encouraged to attend regular forums for managers and proprietors to enable networking and the sharing of good practice.

While there were no specific risks with the services at present, there was a potential risk that the current services would not be able to meet the needs of young people moving into adult services and people with learning disabilities who develop dementia in the future and these issues were currently being explored. The Head of Strategic Commissioning did indicate that there were significant financial considerations associated with the sustainability of commissioned services, including calculating the fair cost of care and implementation of the National Living Wage.

Members referred to some of the excellent services being provided around the town and questioned what impact the new living wage was having on staff retention levels. The Head of Strategic Commissioning commented that staff retention was only really an issue in nursing care. Staffing in most residential homes was quite settled which added to the 'homely' feel of many. The Council had also led the way on incorporating living wage increases within contracts. It was highlighted that Hartlepool did have some very good providers and that relationships with the Council were generally very positive.

The issues of the Unison Ethical Care Charter and the use of fifteen minute visits were raised by a Member and the Head of Strategic Commissioning commented that work on the use of fifteen minute visit had been reported to Committee in the past. There were issues around travel time and taxation that were still ongoing for care workers. In terms of zero hour contracts, the Head of Strategic Commissioning responded to Members queries stating that there had been moves towards removing them through contracts but the feedback from operators was that some staff wanted to retain them as it gave them greater flexibility to manage their own hours.

A Member commented on the risks around young people transitioning from children's services into adult services and the potential under or oversupply of those services. The Head of Strategic Commissioning

commented that managing the market was very challenging and confirmed that the situation was closely monitored. A member of the public questioned the respite care provision for carers. The Head of Strategic Commissioning stated that there was a Carers Emergency Respite Service operated by the Council with over 800 people registered.

Members questioned the provision of services to those that had chosen to receive care within Hartlepool but were from outside the Borough. Members also questioned the services to refugee families. The Head of Strategic Commissioning commented that safeguarding issues did fall to the local authority. The Head of Service stated that the department did work with refugee families either using existing services or bespoke services depending on need.

The Chair commented that he was pleased to see the good ratings these services received from the CQC. It was an area that did require constant scrutiny. In relation to the Ethical Care Charter, the Chair requested that a report be submitted to a future meeting.

Decision

1. That the report be noted.
2. That a report be submitted to a future meeting on the Unison 'Ethical Care Charter'.

17. The Care Quality Commission Strategy for 2016 to 2021 (*Director of Child and Adult Services*)

Type of decision

For information.

Purpose of report

To make the Adult Services Committee aware of the publication of the Care Quality Commission's strategy for the coming five years.

Issue(s) for consideration

The Head of Strategic Commissioning reported that on 24 May 2016 the CQC published 'Shaping our future: CQC's strategy for 2016 to 2021'. A supporting document was published alongside the strategy, identifying what the new strategy means for the different types of services that CQC regulates. An overview of the strategy was

submitted as Appendix 1 to the report, together with a document summarising what the strategy means for different services attached as Appendix 2; the section relating to adult social care was set out on pages 17-20. The Head of Strategic Commissioning highlighted that there were to be some changes to how CQC carried out enforcement, particularly around communication with families.

The Chair considered that a more 'joined up' approach between the CQC and Healthwatch would be helpful as each had an important role to play and more effective monitoring could come through the two organisations working together.

Decision

That the report be noted.

18. Engagement with Older People (*Director of Child and Adult Services*)

Type of decision

For information.

Purpose of report

To update the Adult Services Committee on the outcome of an engagement event with older people and action taken as a result, as well as plans for further engagement on a regular basis.

Issue(s) for consideration

The Head of Strategic Commissioning reported that the Council had given a commitment to support four consultation events each year with older people in Hartlepool and the second of those events had been held on 14 March, 2016. The event had focussed on the following topics; transport, community safety, the Hartlepool Now website and iPads – is this the future. Details of the feedback and issues discussed under each of these topics were set out in detail in the report.

Members commented on the excellent work of the Anti-Social Behaviour Team and requested that their compliments be passed on to the officers in the team. A Member raised the potential changes that the government's new bus legislation may bring forward and also indicated that the issue of the Combined Authority would need to be re-visited once a decision on involvement had been agreed by Council.

The Chair indicated that he was pleased to see the continued prioritisation of tackling social isolation as this was a priority for the Committee for this year. The Chair also considered that as far as possible, the department should look to using the Council's own facilities for events.

Decision

1. That the feedback from the engagement event be noted;
2. That plans for a further event in July, to which Members are welcome to attend, as outlined in the report be noted;
3. That Members encourage older people from their wards to attend and contribute to the event.

19. Any Other Items which the Chairman Considers are Urgent

None.

The meeting concluded at 12.10 pm.

P J DEVLIN

CHIEF SOLICITOR

PUBLICATION DATE: 14 JULY 2016

ADULT SERVICES COMMITTEE

15 September 2016



Report of: Director of Child and Adult Services

Subject: SERVICES FOR OLDER PEOPLE: FUTURE SERVICE DELIVERY MODELS

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 explore future service delivery models for services for older people.

3. BACKGROUND

3.1 A report was presented to Adult Services Committee in March 2016 regarding options for the future commissioning / delivery of domiciliary care for older people.

3.2 A range of potential service delivery models were identified, which also had potential to be explored in the context of future commissioning / delivery of other services for older people, including residential care.

3.3 The decision of the Adult Services Committee was that further work should be undertaken by officers to explore alternative delivery models and, once this work was complete, external expert advice could then be commissioned to provide a more detailed feasibility study / option appraisal.

4. CURRENT POSITION

4.1 A small Task and Finish Group was established involving officers from the Child & Adult Services, Public Health and Chief Executives Departments.

- 4.2 The Task & Finish Group researched models developed elsewhere and sought advice from professional bodies, and produced a summary of alternative delivery models that could be considered in further detail:
- Outsource of provision to the market (current position)
 - Deliver through in-house provision
 - Create a new 'start-up' - Community Interest Company (CIC), mutual or cooperative
 - Create a solely owned Local Authority Trading Company (LATC)
 - Share joint ownership of an existing/neighbouring LATC
 - Contract an existing LATC to take on HBC staff and provide the services
- 4.3 The Task & Finish Group proposed that these models be assessed against a consistent set of evaluation design criteria focused on quality, cost, governance and stakeholder need.
- 4.4 The Task & Finish Group also identified a number of further considerations for Adult Services Committee:
- Determine the priorities for domiciliary care and how domiciliary care fits within the continuum of services for older people, then assess how these priorities can best be achieved. For example consideration should be given to the fact that existing contracts could be more prescriptive.
 - Understand the implications that will arise from changing from the current position of outsourced provision to the various alternative options available. For example to transfer staff from the current providers into HBC would make domiciliary significantly more expensive for people using the service.
 - Be clear about the consequences of each model. For example the level of ownership or involvement of the provider organisation and how the service it delivers would vary
- 4.5 The Task & Finish group concluded that if the Adult Services Committee decided to pursue any of the alternative delivery models it was strongly recommend that a full feasibility service / options appraisal be undertaken against a consistent set of criteria is undertaken with the following areas considered and explored further:
- Procurement rules and implications;
 - Robust financial forecasting including local market testing – one failing of LATCs has been to overestimate how much alternative income they can realise; and
 - Legal implications of setting up alternative delivery models
- 4.6 Further work is now needed to undertake a detailed feasibility study / option appraisal which takes into account the continuum of care needs for older people, including domiciliary care but also focusing on residential care due to the current pressures being experienced in this market.
- 4.7 A service specification has been developed outlining the requirement for external expertise to complete this work, which is expected to take

approximately six months to complete. This will be advertised and an appropriate provider selected through the relevant procurement process.

5. RISK IMPLICATIONS

- 5.1 There are significant risks associated with service provision for older people, and concerns about the sustainability of the current care market.
- 5.2 Risks associated with alternative delivery models will be assessed through the feasibility study / option appraisal with mitigating factors identified to minimise and effectively manage any residual risks.

6. FINANCIAL CONSIDERATIONS

- 6.1 As part of the 2016/17 budget proposals approved by Council a non recurring budget allocation of £0.3m has been provided to fund one-off costs of implementing the 2017/18 and 2018/19 Savings Programme with authority delegated to the Chief Executive, in consultation with the Chair of Finance and Policy Committee, to determine and procure the support required to deliver the change and savings programme.
- 6.2 Once the one-off costs of undertaking the feasibility study / option appraisal have been quantified a funding decision will be required in line with the process detailed in paragraph 7.2.
- 6.3 The long term financial considerations associated with alternative delivery models will be explored in detail through the feasibility study / option appraisal.

7. LEGAL CONSIDERATIONS

- 7.1 Legal implications associated with alternative delivery models will be explored in detail through the feasibility study / option appraisal.

8. CHILD AND FAMILY POVERTY CONSIDERATIONS

- 8.1 There are no child and family poverty considerations identified.

9. EQUALITY AND DIVERSITY CONSIDERATIONS

- 9.1 There are no equality and diversity considerations identified.

10. STAFF CONSIDERATIONS

- 10.1 Staff considerations associated with alternative delivery models will be explored in detail through the feasibility study / option appraisal.

11. ASSET MANAGEMENT CONSIDERATIONS

- 11.1 Asset management considerations associated with alternative delivery models will be explored in detail through the feasibility study / option appraisal.

12. RECOMMENDATIONS

- 12.1 It is recommended that the Adult Services Committee note the work underway to explore alternative delivery models and receive a further report following the completion of the feasibility study / option appraisal.

13. REASONS FOR RECOMMENDATIONS

- 13.1 Commissioning a detailed feasibility study / option appraisal will enable the Adult Services Committee to fully understand the range of options available, as well as the risks and financial implications associated with each option, enabling an informed decision to be made about future service delivery models across the continuum of care and support for older people.

14. CONTACT OFFICER

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

ADULT SERVICES COMMITTEE

15 September 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**. There have been further CQC reports published since an update was last provided, with one home being rated 'inadequate', one home improving from 'inadequate' to 'requires improvement' and one home rated as 'good'. One embargo on new admissions has been lifted. Unfortunately one home, Manor Park, has closed, following a decision by the provider that the home was not financially viable. All residents have been moved to alternative provision both in town and out of borough. This closure, added to the closure of three residential homes in January 2016, has had a significant impact on availability of care home places, particularly nursing 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, Deprivation of Liberty Safegaurds (DoLS), Falls Prevention, 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).

The most recent workshop included a presentation from the Coroner outlining the requirements under DoLS legislation to advise the Coroner if there is a death in a care home. This gave an excellent opportunity for managers to ask questions and talk through scenarios which were of benefit to all.

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. This meeting has been beneficial in recent months when closures have occurred as it has provided an excellent opportunity to collectively review where pressure points may occur in other homes owing to rapid increases in occupancy.

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 care home 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 increasingly 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 requiring nursing care are expressed equally by providers of residential care.

Work is underway to review the position on future funding for care home sector relating to self funders and the ability for providers to contract directly with individuals rather than every placement being directed through the local authority.

HBC Quality Standards Framework (QSF)

Work has been completed 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 has involved 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, medication and care planning. Revised monitoring tools have been developed to identify gaps in provision and to support partnership working 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. These tools will now be shared among professionals to develop a better understanding of 'what does good look like'.

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 new 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.

Regular visits are made to all care homes and these are logged into a system which can be analysed to identify trends both within specific homes and across the sector.

The service has now started to replicate the process of self assessment and assurance visits with Domiciliary Care agencies and other registered services. The service is very well received by providers and we are starting to see evidence of much improved management of medicines within CQC reports.

North of Tees Care Home Commissioning Group

This group was 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 was 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 CCG has now carried out assessments in the four nursing homes within the town. The results are positive and set out in **Appendix 1**.

CCG Funding Review

A funding review has been undertaken and the outcome was reported to current and potential providers in November 2015. 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. A further national review has been undertaken since the last report to this Committee which has resulted in an increase in the Funded Nursing Care rate of £44.25 per week.

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 or nursing 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
Sheraton Court	4 September 2015	Good
Seaton Hall	9 September 2015	Good
Elwick Grange	3 December 2015	Good
Warrior Park	31 March 2016	Good
Charlotte Grange	2 April 2016	Requires Improvement
Lindisfarne	9 August 2016	Requires Improvement
West View Lodge	8 April 2016	Good
Clifton House	29 April 2016	Inadequate
Dinsdale Lodge	23 June 2016	Inadequate
Gretton court	13 July 2016	Good

* Three 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
Lindisfarne (HBC Action)	18 April 2016	27 July 2016
Dinsdale Lodge (CQC Action)	27 April 2016	-
Clifton House (Voluntary)	22 February 2016	-

Vacancy Position: 15 August 2016

Care Provision	Available Beds
Residential Only	25
Nursing Only	0
Residential or Nursing	0

Out of Borough Placements

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

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

CCG CQA Visit Scores

Home	% Score
Brierton Lodge	94%
Gretton Court	89%
Manor Park	80%
Warrior Park	85%

ADULT SERVICES COMMITTEE

15 September 2016



Report of: Director of Child & Adult Services

Subject: IMPLEMENTATION OF THE CARE ACT

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 the implementation of the Care Act.

3. BACKGROUND

3.1 The Care Act introduced reforms to the provision of care and support and underlines the need for councils to promote wellbeing, prevention and independence. It also introduces a new national eligibility criteria and new rights for carers and children in transition to adult services.

3.2 The Care Act draws together a range of health and social care legislation built-up over seventy years and creates a single, modern law that clarifies and simplifies what kind of care and support people can expect.

3.3 From April 2015 a number of new duties and requirements have been introduced or strengthened, including:

- New wellbeing and prevention duties;
- New duties regarding provision of information and advice;
- New market shaping duties;
- A national eligibility criteria;
- New duties regarding assessments for carers;
- Statutory requirements in respect of Personal Budgets and Support Plans;
- Statutory requirements to offer deferred payment agreements.

4. IMPACT FOR LOCAL AUTHORITIES

4.1 The Care Act was expected to have a major impact on Local Authorities in a number of areas:

4.1.2 Preventing Needs for Care & Support

Councils must provide, or arrange the provision of, preventative services which help prevent or delay the development of care and support needs for individuals and carers, or help to reduce existing care and support needs.

4.1.3 Provision of Information, Advice and Advocacy

Councils are required to ensure that there is comprehensive information and advice about care and support services in their area and ensure the availability of independent advocates to support people to be involved in key processes, such as assessment and care planning, where the person would otherwise be unable to be involved.

4.1.4 Meeting Duties for Carers' Assessments

Councils have a duty to carry out assessments for all carers, and carers no longer have to be providing substantial care on a regular basis to be eligible for an assessment.

4.2 In order to implement the Care Act, Local Authorities are required to:

4.2.1 Quality & Safeguarding

Respond to safeguarding enquiries, set up a Safeguarding Adults Board, undertake safeguarding reviews and share information with key partners.

4.2.2 Workforce

Ensure the whole social care workforce (including those not directly employed by the council) has the required capacity, skills and knowledge to implement the Care Act effectively.

4.2.3 Commissioning

Develop the quality and range of services that local people want and need, including integrating care and support with health and housing where this delivers better care and promotes well-being.

5. IMPLEMENTING THE CARE ACT IN HARTLEPOOL

5.1 An Implementation Steering Group was established to oversee Care Act implementation, supported by three sub groups focused on:

- Operational and Workforce Issues
- Advice and Information
- Finance, Commissioning and Performance

5.2 Following approval by the Adult Services Committee, the 2014/15 Care Act Implementation Grant was used to support this work through:

- Appointment of additional staff to provide project management capacity, develop public information and review of policies and procedures to accommodate the new requirements of the Care Act; and
 - procurement of a new IT solution to replace the previous Hartlepool Now website and provide a more interactive means of people accessing the information and advice that they need.
- 5.3 Staff briefings were held for all adult services staff in January / February 2015 with further information shared through newsletters, brief guides and an e-learning platform that allows large numbers of the social care workforce to demonstrate understanding and compliance with the Care Act.
- 5.4 A review of how carers were supported through Direct Payments was undertaken and a new approach implemented from 1 April 2015 which made the system more transparent and equitable.
- 5.5 Policies and procedures and documentation for assessment, review and support planning has undergone a fundamental review to ensure compliance with the Care Act, while also aiming to simplify the current system and reduce duplication for frontline staff.
- 5.6 The Teeswide Safeguarding Adults Board was established as the statutory safeguarding board for the four Tees Local Authorities with an Independent Chair and a Business Unit to support safeguarding work across Tees.
- 5.7 Work continues through the implementation of the Better Care Fund to explore how services can be better integrated across health and social care.
- 5.8 Care Act leads continue to meet across the region to share good practice and work collaboratively on areas where a shared approach is beneficial.

6. NATIONAL CARE ACT STOCK TAKE

- 6.1 The Care Act stock take was developed by the Department of Health, Association of Directors of Adult Social Services and the Local Government Association to map progress on a national basis.
- 6.2 The sixth and final stock take for Hartlepool was submitted in July 2016 and indicated no major concerns in relation to Care Act implementation.
- 6.3 The Hartlepool response to the sixth stock take highlighted that:
- The main positive changes associated with Care Act implementation were improvements to information and advice and improved access to advocacy support.
 - There has been no noticeable increase in demand for assessments or for services following the implementation of the Care Act, other than in relation to carers where there has been a slight increase in activity.

- Increased costs in relation to transitions from Children’s Services which were higher than anticipated.
- Key workforce risks were linked to implementation of the National Living Wage, recruitment and retention of nurses in nursing homes and recruitment and retention of Registered Managers for regulated services.

6.4 Headline feedback on the national findings from recent stocktakes indicates that councils are largely on track with embedding the changes resulting from the Care Act but have concerns about budgets for 2016/17 and beyond.

6.5 Recent stocktakes have highlighted concerns across authorities related to implementation of the National Living Wage, nursing shortages and recruitment of nurses and the complexities of managing the care market.

7. RISK IMPLICATIONS

7.1 Risks had previously been identified in relation to the planned implementation of financial reforms from April 2016. The implementation of financial reforms has been delayed until 2020 which defers the risks until a new implementation date is confirmed.

8. FINANCIAL CONSIDERATIONS

8.1 The Council received revenue allocations as follows for 2015/16:

Allocation	Funding for 2015/16
Better Care Fund	£266,000
New Burdens: Additional Assessments	£217,000
New Burdens: Deferred Payments	£155,000
New Burdens: Additional Support for Carers	£116,000
Total	£754,000

8.2 This funding was used to manage demand within care management teams through additional staffing, as well as supporting advice and information provision, support for carers and provision of advocacy services.

8.3 For 2016/17, the Local Government Finance Settlement removed the specific New Burdens grant funding received for the Care Act and instead incorporated this element of funding into the main Revenue Support Grant. For Hartlepool this equated to a reduction in funding of £200,000 compared to the 2015/16 allocations. The funding within the Better Care Fund remains at the same level as in 2015/16.

8.4 The element of funding that had been allocated towards early additional assessments and the implementation of the Care Cap was not fully allocated in 2015/16, owing to the government delaying the introduction of the Care Cap until April 2020 and therefore the possibility of an in-year funding

reduction. This uncommitted element of funding will be used to manage the 2016/17 reduction with no impact on service provision.

- 8.5 In considering the issues outlined in this report Members are reminded that significant additional Government Grant cuts will be made over the period 2016/17 to 2018/19. As a result the Council faces a budget deficit for the next three years of between £16.3m and £18.3m, depending on the level of Council Tax increases approved by Members over this period. The recommended strategy for managing the 2016/17 budget position is predicated on the use of significant one-off resources to provide a longer lead time to make permanent budget reductions and the following table summarises the annual budget deficits. Detailed proposals for achieving 2017/18 and 2018/19 budget reductions will need to be developed. Any additional budget pressures will increase the budget cuts which will need to be made and will need to be referred to the Finance and Policy Committee for consideration.

	Revised Forecast based on actual grant cut and 1.9% Council Tax increase £'m	Revised Forecast based on actual grant cut and 1.9% Council Tax increase and 2% Social Care Precept £'m
2016/17	4.749	4.179
2017/18	9.638	8.663
2018/19	3.945	3.443
Total	18.332	16.285
Cut as %age 15/16 budget	21%	19%

9. LEGAL CONSIDERATIONS

- 9.1 There are no legal considerations associated with this update.

10. CHILD AND FAMILY POVERTY CONSIDERATIONS

- 10.1 There are no child and family poverty considerations associated with this update.

11. EQUALITY AND DIVERSITY CONSIDERATIONS

- 11.1 The Care Act aims to improve access to services and increase equity through the introduction of national eligibility criteria.
- 11.2. No equality and diversity considerations have been identified linked to local implementation.

12. STAFF CONSIDERATIONS

12.1 There are no staffing considerations associated with this update.

13. ASSET MANAGEMENT CONSIDERATIONS

13.1 There are no asset management considerations associated with this update.

14. RECOMMENDATIONS

14.1 It is recommended that the Adult Services Committee note progress in relation to implementation of the Care Act and feedback from the latest national stocktake.

15. REASONS FOR RECOMMENDATIONS

15.1 The update has been presented to provide the Committee with assurance that the Care Act is being implemented.

16. CONTACT OFFICER

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