

# ADULT SERVICES COMMITTEE AGENDA



Thursday 5 January 2017

10.00 am

Committee Room B,  
Civic Centre, Hartlepool

MEMBERS: ADULT SERVICES COMMITTEE

Councillors Hamilton, Hind, Morris, Richardson, Sirs, Tempest 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 1 December 2016 (*for information as previously circulated*).

4. **BUDGET AND POLICY FRAMEWORK ITEMS**

No items

5. **KEY DECISIONS**

No items

6. **OTHER ITEMS REQUIRING DECISION**

- 6.1 Scrutiny Investigation into Access to Transport for People with a Disability –  
Action Plan - *Director of Child and Adult Services*



## **7. ITEMS FOR INFORMATION**

- 7.1 Teeswide Safeguarding Adults Board Annual Report 2015/16 and Strategic Business Plan 2016/17 – *Director of Child and Adult Services and Independent Chair of Teeswide Safeguarding Adults Board*
- 7.2 Tackling Social Isolation – Public Information and Engagement: Presentation – *Director of Child and Adult Services*
- 7.3 Update: Care Homes for Older People – *Director of Child and Adult Services*
- 7.4 Provision of Nursing Care for Older People – Presentation from Hast CCG – *Director of Child and Adult Services*

## **8. ANY OTHER BUSINESS WHICH THE CHAIR CONSIDERS URGENT**

### **FOR INFORMATION**

Date of next meeting – Thursday 2 February 2017 at 10.00am in the Civic Centre, Hartlepool.



## **ADULT SERVICES COMMITTEE MINUTES AND DECISION RECORD**

1 December 2016

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

### **Present:**

Councillor: Steve Thomas (In the Chair)

Councillors: Lesley Hamilton, George Morris, Carl Richardson and Sylvia Tempest

### **Also Present:**

In accordance with Council Procedure Rule 5.2 (ii) Councillor Springer was in attendance as substitute for Councillor Tennant

Councillor Paul Beck - Observer

Stella and Gordon Johnson - Healthwatch Representatives

Frank Harrison – Years Ahead Forum

Members of the Public – Sue Little, Evelyn Leck and Keith Riley

Officers: Sally Robinson, Director of Child and Adult Services  
Jill Harrison, Assistant Director, Adult Services  
Jeanette Willis, Head of Strategic Commissioning  
Sandra Shears, Head of Finance and Corporate Services  
Denise Wimpenny, Principal Democratic Services Officer

### **47. Apologies for Absence**

Apologies for absence were submitted on behalf of Councillors Sirs and Tennant.

### **48. Declarations of Interest**

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

### **49. Minutes of the meeting held on 3 November 2016**

Received

## **50. Savings Programme 2017/18 – Adult Services** *(Director of Child and Adult Services)*

### **Type of decision**

Budget and Policy Framework

### **Purpose of report**

To enable Members to consider the initial 2017/18 savings proposals relating to the Committee's remit to contribute towards achieving the overall savings requirement and to set out proposals to achieve further savings in 2018/19 and 2019/20.

### **Issue(s) for consideration**

The Director of Child and Adult Services provided a presentation in support of a savings programme report which would be presented by the Assistant Director of Adult Services following the conclusion of the presentation. The presentation included the issues that would be considered by the Finance and Policy Committee on 2 December in a comprehensive report which brought together the previous separate Council Plan and Medium Term Financial Strategy for revenue and capital to better integrate the Council's priorities and financial plans.

The presentation also included details of the Council's key priorities and 44 deliverables, the five year capital plan together with how this plan would be funded. Members were reminded of Government grant cuts over the last 6 years which had had a disproportionate impact on more deprived areas including Hartlepool. Given that the Council had already made significant budget reductions over the last 6 years, it was more and more difficult to balance the budget. Government grants would be cut by a further £9.8m over the next three years which was a cut of 38%. The Council faced a gross deficit of £20.8m and a three year strategy was being developed to address this deficit which aimed to minimise the impact on front line services. However, these measures would not address the whole budget deficit and the remaining deficit would be addressed through a Service Transformation Plan, details of which were provided.

The Assistant Director then presented a detailed and comprehensive report which included a breakdown of the 2016/17 budget, the proposals for delivery of savings in Adult Services as part of the 2017/18 budget process, the context for achieving savings in 2018/19 and 2019/20, the risks associated with the proposals and the considerations which had been taken into account in developing them.

It was reported that Adult Services would contribute £945,000 towards achieving the overall savings requirement for the Council over the next three years, £795,000 in 2017/18 and a further £150,000 in 2018/19. Anticipated pressures of £2,065,000 were expected within the next three years and strategies to manage these pressures were detailed in the report.

Members were referred to the risk implications, financial implications and equality and diversity considerations as well as staffing considerations, as set out in the report.

A lengthy discussion ensued during which the following issues/comments/concerns were raised:-

- (i) Members commented on the significant differences in funding levels between the north and the south and concerns were raised in relation to the impact in Hartlepool as a result of such funding gaps. The Committee commended officers in managing this difficult issue and requested that the Committee's thanks and acknowledgment be conveyed to staff in both Child and Adult Services.
- (ii) In response to a query raised in relation to corporate savings, the Committee was advised that the main corporate savings had been identified as a result of changes to prudential borrowing, treasury management and ICT contract savings.
- (iii) Concerns were raised regarding the impact of continuing Central Government cuts and, in particular, the introduction of the 2% social care precept. The Chair outlined the background to this decision by Central Government and indicated that the Council was given little choice but to implement this precept given the significant financial implications for those local authorities who chose not to introduce it.
- (iv) A Member raised objections to any further cuts in jobs or services and sought clarification in terms of the number of proposed compulsory redundancies. The Committee was advised that initially proposals identified six posts to be deleted, which may result in compulsory redundancies. However, since writing the report, this number had reduced to four. A summary of the arrangements in place to support individuals to secure alternative employment was provided and it was highlighted that everything possible would be done to minimise the number of compulsory redundancies, as had been done in previous years. Whilst the Chair provided assurances that work was ongoing with the Trade Unions to minimise the impact of these cuts and protect jobs and services where possible, there was a need to balance the budget which presented a number of challenges.

- (v) Given the proposals to reduce staffing levels in some areas, concerns were raised regarding the extra pressures placed on remaining staff and the potential impact on their health and wellbeing.
- (vi) The Assistant Director provided clarification in response to queries raised by Members and members of the public in relation to work that was ongoing to explore more cost effective methods of supporting adults with learning disabilities, the financial implications of the Deprivation of Liberty Safeguards and the potential for the budget pressure to increase.
- (vii) A member of the public queried the support arrangements in place for adults with learning disabilities to access employment. The Assistant Director advised that the Council provided a supported employment service and continued to be one of the best performing authorities in the country. It was noted that there were over 15% of adults with learning disabilities in paid employment in Hartlepool compared to the national average of 6%.
- (viii) In relation to the Transforming Care Programme which involved people moving from long stay NHS provision back into the community, the potential detrimental impact on Council budgets was highlighted and, a query was raised as to whether funding support was available from the NHS to support these arrangements. The Assistant Director outlined the 'dowry' arrangements and assured Members that the Council continued to seek clarity on this issue through a range of routes including the Teeswide Safeguarding Adults Board and ADASS (the Association of Directors of Adult Social Services). However, to date there remained a lack of clarity as to how community placements would be funded and it was noted that a number of other local authorities in the North East also continued to challenge this.
- (ix) The Committee further debated the impact of continuing Central Government cuts on the most vulnerable, the continuing pressures on the Council to deliver more services in a community setting with a continued reduction in budgets and, given the level of cuts, concerns were expressed regarding the risk of services becoming unviable.
- (x) In concluding the debate, the Chair reported that whilst the Committee were reluctant to agree savings proposals relating to Adult Services it was acknowledged that savings had been identified from areas which would result in minimal impact on frontline services.
- (xi) The Committee did not wish to support any reductions in staffing levels and recommended that all alternative options be explored to avoid compulsory redundancies where possible.

- (xii) The Chair reiterated the Committee's commitment to continue to work with Trade Unions in terms of job security and with service users to ensure the best possible standards of service were provided during these challenging times.

### **Decision**

- (i) The Committee reluctantly agreed the savings proposals subject to all measures being pursued to avoid compulsory redundancies where possible.
- (ii) The Committee expressed a commitment to continue to work with the Trade Unions in terms of job security and with service users to ensure the best possible standards of service were provided during these challenging times.
- (iii) That the contents of the report and comments of Members, as outlined above, be noted and be utilised to formulate a response to be presented to Finance and Policy Committee.

## **51. Policy for Full Fee Payers Accessing Older People's Residential Care** *(Director of Child and Adult Services)*

### **Type of decision**

Key Decision – Forward Plan Ref: CAS 059/16

### **Purpose of report**

The purpose of this report is to assess the impact of making amendments to the current policy regarding full fee payers accessing residential care. A change in approach is proposed which would mean that full fee payers would no longer enter placements under the Council's terms and conditions.

### **Issue(s) for consideration**

The report which provided background information in relation to the proposals to make amendments to the current policy regarding full fee payers accessing residential care.

Members were referred to Appendix 1 which provided data on the current position for Hartlepool. Approximately 510 older people accessed permanent residential care on an annual basis and approximately 28% were self funders.

It was proposed that from 1 February 2017 the current policy be amended to allow providers of residential care for older people to contract and negotiate fees directly with full fee payers. This change in approach would apply only to full fee payers moving into residential care from this date onwards. There would be no impact on current care home residents who would continue to access placements based on existing terms and conditions.

Members were advised that the proposed change would help to address the concerns of current providers about the financial sustainability of current care homes and would also make Hartlepool more attractive for potential new developers who were interested in entering the care home market. The Committee was referred to the risk and financial considerations of the proposals.

The Assistant Director responded to queries raised in relation to nursing bed provision and concerns regarding limited availability and the associated increase in out of area placements.

Clarification was provided regarding the strategy to attract new care home providers/developers to the area and the arrangements in place to support providers.

In response to concerns raised by a member of the public regarding the fairness of the proposals, the Head of Strategic Commissioning advised that these concerns had been considered. A survey of the approach taken in other local authorities in the region revealed that the majority of Councils in the North East did not contract on behalf of individuals who could fully fund their of their own care, giving providers who operated in other Council areas the ability to charge differential rates and therefore secure more income for the overall running of their homes. Assurances were provided that whilst these concerns were acknowledged, the Council would work closely with providers to manage the proposed change in approach.

Officers responded to further queries raised in relation to the expected outcome of recent CQC inspections, which would be reported to the January meeting of this Committee and the assessment process in terms of payments for older people's residential care.

A Member commented on the benefits of in-house care provision and queried if such provision had been explored. The Assistant Director advised that the Council had not directly provided residential care for over 15 years, the reasons for which were outlined. Reference was made to discussions that had taken place at previous meetings in this regard. Members were advised that work was currently underway to explore alternative delivery models of care, the outcome of which would be reported to a future meeting of this Committee.

In summary, the Chair expressed disappointment regarding the decision taken by the Council to cease in-house residential care provision a number of years ago and the impact as a result, and was keen to see the Council more



involved as a provider of care in future. Concerns were reiterated in relation to the impact of continuing Central Government cuts and the pressures upon the Council to provide the best possible care as commissioner of services with limited resources. The difficulties for service users to find care homes were emphasised and it was acknowledged that the Council were left with little choice but to implement decisions of this type. The background to the reasons for the proposed changes to the Policy were reported.

### **Decision**

That the proposed change to the Council's policy for full fee payers who enter residential care homes for older people be agreed.

## **52. Strategic Financial Management report – as at 30 September 2016** (*Director of Child and Adult Services and Chief Finance Officer*)

### **Type of decision**

For information

### **Purpose of report**

To inform Members of the 2016/17 Forecast General Fund Outturn, 2016/17 Capital Programme Monitoring and provide details for the specific budget areas that this Committee was responsible for.

### **Issue(s) for consideration**

The report provided the background and financial reporting arrangements for 2016/17 as well as the General Fund budget outturn information in relation to the Child and Adult Services Department.

Members were advised that there would be a net forecast budget underspend at the year end of between 1 and 1.8%. This underspend related to a number of one off or non-sustainable underspends mainly relating to early achievement of 2017/18 savings. These underspends had enabled the DoLS budget pressure to be funded from the overall outturn position and therefore protect the DoLS reserve.

Details of the overall budget position for the Child and Adult Services Department were summarised in a table included in the report which included the reasons for the forecast outturn. Further details of specific budget areas were set out at Appendix A. Members were provided with details of recommended reserves together with planned capital expenditure, as set out in the report.

**Decision**

The Committee noted the report.

The meeting concluded at 11.55 am.

**P J DEVLIN**

**CHIEF SOLICITOR**

**PUBLICATION DATE: 8 DECEMBER 2016**

# ADULT SERVICES COMMITTEE

5 January 2017



**Report of:** Director of Child and Adult Services

**Subject:** SCRUTINY INVESTIGATION INTO ACCESS TO  
TRANSPORT FOR PEOPLE WITH A DISABILITY –  
ACTION PLAN

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## 1. TYPE OF DECISION/APPLICABLE CATEGORY

Non key decision.

## 2. PURPOSE OF REPORT

- 2.1 To agree the Action Plan in response to the findings and subsequent recommendations of the Audit and Governance Committee's investigation into Access to Transport for People with a Disability.

## 3. BACKGROUND

- 3.1 As a result of the investigation into Access to Transport for People with a Disability, a series of recommendations were made which were approved by Adult Services Committee on 3 November 2016. It was agreed by the Committee that an Action Plan would be produced in response to the recommendations for consideration by the Committee.

## 4. PROPOSALS

- 4.1 The proposed Action Plan is attached as **Appendix 1**.

## 5. RISK IMPLICATIONS

- 5.1 Details of any risk implications are included in the Action Plan.

## **6. FINANCIAL CONSIDERATIONS**

- 6.1 Details of financial considerations are included in the Action Plan.

## **7. LEGAL CONSIDERATIONS**

- 7.1 There are no legal considerations identified.

## **8. CHILD AND FAMILY POVERTY CONSIDERATIONS**

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

## **9. EQUALITY AND DIVERSITY CONSIDERATIONS**

- 9.1 The recommendations and associated Action Plan aim to improve equity of access to transport by improving access for people with disabilities.

## **10. STAFF CONSIDERATIONS**

- 10.1 There are no staff considerations identified.

## **11. ASSET MANAGEMENT CONSIDERATIONS**

- 11.1 There are no asset management considerations identified.

## **12. RECOMMENDATION**

- 12.1 It is recommended that the Adult Services Committee approve the Action Plan in response to the recommendations of the Audit and Governance Committee's investigation into Access to Transport for People with a Disability and receive an update on progress in six months.

## **13. REASONS FOR RECOMMENDATIONS**

- 13.1 To progress implementation of the recommendations following the investigation into Access to Transport for People with a Disability.

## **14. BACKGROUND PAPERS**

- 14.1 Final Report of the Audit and Governance Committee into Access to Transport for People with a Disability – September 2016

**15. CONTACT OFFICERS**

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**AUDIT AND GOVERNANCE SCRUTINY ENQUIRY ACTION PLAN****NAME OF COMMITTEE:** Audit and Governance Committee**NAME OF SCRUTINY ENQUIRY:** Access to Transport for People with a Disability

RECOMMENDATION	EXECUTIVE RESPONSE / PROPOSED ACTION	FINANCIAL / OTHER IMPLICATIONS
<p>(a) That a mapping exercise be undertaken to explore the viability of a travel membership club for people with disabilities to access, as and when required, with a detailed exploration of the following areas:-</p>	<p>(a) A number of discussions have been held with local providers who expressed an interest.</p> <ul style="list-style-type: none"> <li>• A consortium of local businesses were considering the option of developing and investing in a scheme to support local citizens, however following due diligence concluded that there was little evidence to suggest it would be successful or cost neutral.</li> <li>• A private provider with experience of providing transport for adults with disabilities has expressed interest in purchasing a vehicle to set up an alternative travel service.</li> <li>• Community Travel Clubs - Clubs can be established in geographical areas by a number of community groups, Transport Champions, Parish Councils etc to consider the travel needs of individuals within their community. The travel club determines the needs of its members and the Local Authority can provide the service required</li> </ul> <p>The Council's Passenger Transport Service has a variety of vehicles available to support a Community Travel Club scheme, ranging from 67 seat coaches, 33 seat buses and 17 seat minibuses, including vehicles suitable for those using mobility aids. These vehicles would potentially be available to travel clubs outside of school travel times, evenings and weekends.</p>	<p>Previous 'Dial a Ride' running costs in excess of £250,000 per annum to operate.</p> <p>Cost to run service is unknown, provider is willing to contribute towards set up costs.</p> <p>Costs of journeys will vary depending on the needs of each group; the charge is made up of proportional costs of the vehicle, driver and fuel.</p> <p>Several community travel clubs are operating via Passenger transport none of which are subsidised routes. No cost to the Council</p> <p>Service is funded through a contract with Durham CCG and Durham CC (public health grant)</p>

	<p>Transport provision would be flexible and delivered on a demand lead basis across a varied geographical area. The cost of each journey will be predetermined and shared between the patrons using the service.</p> <p>There is interest from a provider operating a patient transport service in Durham (NHS - transport) which has a number of vehicles and volunteer drivers. The provider is interested in exploring options to extend into Hartlepool.</p>	
(i) Identification of the actual number of people affected;	<p>(i) Information provided from a number of sources, no definitive list of the number of people reliant on a wheelchair.</p> <ul style="list-style-type: none"> <li>Office for National Statistics (2011 census) - 1.9% of the UK population uses a wheelchair (Hartlepool = 1,757).</li> <li>Number of people claiming Severe Disablement Allowance (SDA) in Hartlepool = 480.</li> <li>North Tees and Hartlepool NHS Trust has 3,709 adults and 452 children registered with wheelchair services (Hartlepool = 1,387).</li> <li>Adult receiving Council provided day opportunities who are reliant on accessing a wheelchair accessible vehicle (WAV) = 14 per day.</li> </ul>	No definitive number of people likely to be affected.
(ii) Membership fees for those wishing to access the service (exploring whether it could be funded from direct payments, independent living / mobility payments);	<p>(ii) An adult meets the eligibility criteria if their needs arise from or are related to a physical or mental impairment or illness; as a result of those needs the adult is unable to achieve two or more of the outcomes specified below and as a consequence there is, or is likely to be, a significant impact on the adult's well-being. The specified outcomes are—</p> <ul style="list-style-type: none"> <li>managing and maintaining nutrition;</li> </ul>	<p>Adult services currently have a service level agreement with HBC passenger transport to provide wheelchair accessible vehicles to people using its day services.</p> <p>The cost to support on average 61 people with a learning / physical</p>

## 6.1 Appendix 1

<p>(iii) Funding from Ward Member Budgets, the CCG and NTHFT to help towards the running of the service; and</p> <p>(iv) The use of volunteer drivers</p>	<ul style="list-style-type: none"> <li>• maintaining personal hygiene;</li> <li>• managing toilet needs;</li> <li>• being appropriately clothed;</li> <li>• being able to make use of the adult's home safely;</li> <li>• maintaining a habitable home environment;</li> <li>• developing and maintaining family or other personal relationships;</li> <li>• accessing and engaging in work, training, education or volunteering;</li> <li>• making use of necessary facilities or services in the local community including public transport, and recreational facilities or services; and</li> <li>• carrying out any caring responsibilities the adult has for a child.</li> </ul> <p>(iii) Head of Service to work in partnership with prospective organisations to pull together a lottery bid to pump prime the running of a service.</p> <p>Meeting held with 'We are Supportive', which has 150 volunteer drivers in Durham. Subsidised service funded by public health and Durham CCG, provider is keen to expand into Hartlepool.</p>	<p>disability is circa £270,000 per annum.</p> <p>The service has access to 5 vehicles and on average 14 spaces are allocated to people who are reliant on a wheelchair. If the buses were only utilised for wheelchair users this would equate to a daily cost of £40.18, however the bus is also used by people who do not require a wheelchair and has been set at £10 per day, or £18 per day for those who require a passenger assistant.</p> <p>Potential to pump prime a new service, cannot guarantee bid would be successful and would not create sustainability in the long term</p>
<p>(b) That the potential of accessing / expanding existing Charity run schemes in the region be explored</p>	<p>RSVP (Retired and Senior Volunteer Programme) runs many driving schemes across the UK which provide free or low-cost door-to-door service for older or more vulnerable people</p> <p>NEAS - Ambulance Car Service Drivers (ACS) are volunteers who use their own vehicles to help with the transportation of patients to and from hospitals and clinics, thereby leaving ambulances free for emergencies and for patients too ill to travel by car. Over 150 volunteers helping out throughout the North East. Volunteers are not paid for their time, however they do receive out of pocket expenses for their mileage.</p>	<p>Cost is subject to individual requirements.</p> <p>Currently looking for any Ambulance Car Service volunteers in the Teesside area.</p>



## 6.1 Appendix 1

<p>(c) As part of the review of transport services at NTHFT:-</p> <p>(i) A request is made to provide a hospital shuttle bus that is wheelchair accessible and can be used at all times including peak periods; and</p> <p>(ii) Explore whether this service could be included in a wider partnership scheme, such as the travel club</p>	<p>(c) Contact made with Brian Christleow, facilities manager at NT&amp;HFT.</p> <p>(i) Highlighted the recommendations in the report and proposal that a WAV be considered when procuring hospital transport</p> <p>(ii) scheme already runs alongside the NEAS passenger transport service and volunteer ACS drivers scheme.</p>	
<p>(d) Examine whether a pre-bookable service could be put in place to provide transport to GP / hospital / dental appointments which is co-ordinated and booked by the health service, when appointments are made;</p>	<p>(d) Meeting held with Tracie Jacobs (H&amp;ST CCG) and John Davison (CEO) of 'We are Supportive' who operate a Health Appointment Car Scheme (HACS) across Durham funded by Public Health and CCG. The provider is keen to expand into Stockton and Hartlepool.</p>	<p>Service is reliant on funding, and is subsidised by grants from Durham CCG and Durham CC.</p> <p>Further work required to identify the level of subsidy required.</p>
<p>(e) In relation to the Patient Transport Service, ensure that the assessment criteria includes arrangements for carers to travel with patients and that this is implemented on all journeys when needed;</p>	<p>(e) Discussed and shared the report with CCG and NT&amp;HFT</p>	<p>Awaiting feedback re future plans linked to conveyance.</p>
<p>(f) Explore the potential of any financially viable options for drivers and taxi companies to provide wheelchair accessible transport along</p>	<p>(f) Discussion with local Transport Provider willing to provide a WAV vehicle. Provider has produced estimated costs of running a service.</p>	<p>(f) Initial discussions suggest an incentive of £2-£3 per journey may be sufficient to encourage Taxi Companies to provide WAV.</p>

## 6.1 Appendix 1

with the potential of any available funding streams	Provider agreed to await the outcome of further work to ascertain future demand.	Using the Severe Disablement Allowance SDA figure of 480 people. with an average of 6 journeys per week at £3, it would equate to around £449,000 in subsidies.
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# ADULT SERVICES COMMITTEE

5 January 2017



**Report of:** Director of Child & Adult Services and Independent Chair of Teeswide Safeguarding Adults Board

**Subject:** TEESWIDE SAFEGUARDING ADULTS BOARD  
ANNUAL REPORT 2015/16 AND STRATEGIC  
BUSINESS PLAN 2016/17

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## 1. TYPE OF DECISION/APPLICABLE CATEGORY

No decision required, for information.

## 2. PURPOSE OF REPORT

- 2.1 To present to the Adult Services Committee the Teeswide Safeguarding Adults Board Annual Report 2015/16 and Strategic Business Plan 2016/17.

## 3. BACKGROUND

- 3.1 The Teeswide Safeguarding Adults Board (TSAB) was established in order to meet the requirements of the Care Act 2014, which created a legal framework for adult safeguarding, requiring all Local Authorities to set up Safeguarding Adults Boards (SABs) for their areas.
- 3.2 The four Tees Local Authorities have worked together for a number of years along with strategic partners to promote cooperation and consistency in relation to safeguarding adults work, and this collaborative working has continued, with the statutory responsibility now resting with the TSAB.

## 4. PROPOSALS

- 4.1 It is a requirement of the Care Act 2014 that a SAB publishes an annual report that sets out:
- what it has done during that year to achieve its objective,
  - what it has done during that year to implement its strategy,
  - what each member has done during that year to implement the strategy,

- the findings of any safeguarding adults reviews which have concluded in that year,
- any reviews which are ongoing at the end of that year,
- what it has done during that year to implement findings of reviews; and
- where it decides during that year not to implement a finding of a review, the reasons for its decision.

4.2 The Teeswide Safeguarding Adults Board Annual Report for 2015/16 is attached as **Appendix 1**.

4.3 It is also required under the Care Act 2014 that SABs publish an annual strategic plan setting out its strategy for achieving its objective and what members will do implement the strategy.

4.4 The Teeswide Safeguarding Adults Board Strategic Business Plan for 2016/17 is attached as **Appendix 2**.

## **5. RISK IMPLICATIONS**

5.1 There are no risk implications in relation to this report.

## **6. FINANCIAL CONSIDERATIONS**

6.1 Statutory partners (Local Authorities, Clinical Commissioning Groups and Cleveland Police) make an annual contribution to the running costs of the Teeswide Safeguarding Adults Board and the associated Business Unit.

6.2 There are no additional financial considerations associated with this report.

## **7. LEGAL CONSIDERATIONS**

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

## **10. STAFF CONSIDERATIONS**

- 10.1 There are no staffing considerations associated with this report. The Teeswide Safeguarding Adults Board Business Unit staff are employed by Stockton Borough Council on behalf of the strategic partners.

## **11. ASSET MANAGEMENT CONSIDERATIONS**

- 11.1 There are no asset management considerations associated with this report. The Teeswide Safeguarding Adults Board Business Unit staff are hosted by Stockton Borough Council on behalf of the strategic partners and based at Kingsway House in Billingham.

## **12. RECOMMENDATIONS**

- 12.1 It is recommended that the Adult Services Committee notes and endorses the Teeswide Safeguarding Adults Board Annual Report 2015/16 and Strategic Business Plan 2016/17.

## **13. REASONS FOR RECOMMENDATIONS**

- 13.1 Safeguarding vulnerable adults is fundamental to the work of adult services and the Teeswide Safeguarding Adults Board Annual Report 2015/16 and Strategic Business Plan 2016/17 set out how statutory requirements are being delivered.

## **14. CONTACT OFFICER**

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# ANNUAL REPORT 2015-16

Period: 01 April 2015 to 31 March 2016



Ensuring our safeguarding arrangements act to help and protect adults



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## Executive Summary

I am very pleased to present the 2015-16 Annual Report of the Teeswide Safeguarding Adults Board in my second year as statutory Chair.

This has again been a significant year for safeguarding adults. The Care Act has now been implemented, and the Teeswide Board remains the only Board nationally which brings together four Local Authorities with Health, Police organisations and a wide range of partners into a safeguarding network. We are proud we are able to work in this positive, collaborative way which ensures available resources are targeted effectively and without duplication.

The Board now has a well established Business Unit with a range of skilled and experienced staff who can build on the good work to date. This ensures that there is a strong infrastructure to support the strategic and operational networks. I am extremely proud to be part of this shared endeavour.

The Annual Report sets out our priorities and performance across the year, it looks back and it looks forward, and it illustrates the challenges and risks ahead. It can only give a snapshot summary of the work undertaken every day across Tees to protect the most vulnerable people in our community. I thank all colleagues across our organisations who work so hard to support and protect vulnerable adults. By working together and linking our services we can provide a stronger network of prevention and safeguarding services, making Teesside a safer place to live for everyone in the community.



**Ann Baxter**  
Independent Chair



# Introduction

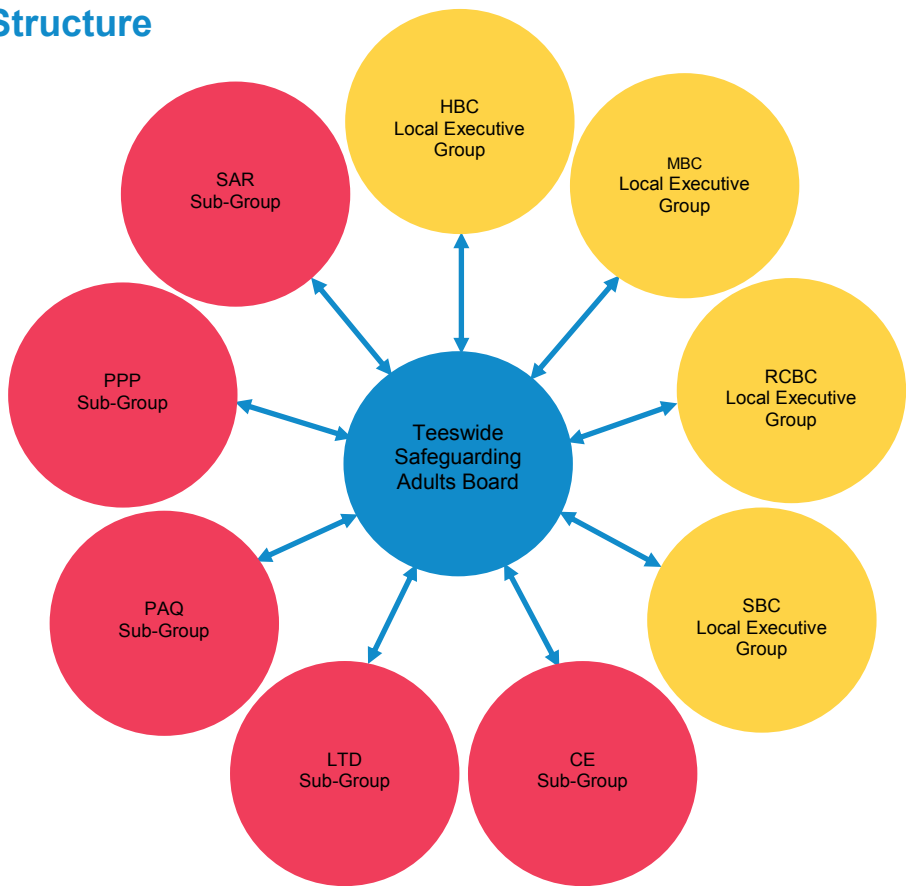
The Teeswide Safeguarding Adults Board works with a range of other strategic bodies, and within a wider network to promote cooperation and consistency in relation to adult safeguarding.

This collaborative working practice forms an integral part of the governance arrangements for the Board, whilst also providing an opportunity for strategic objectives to be jointly developed.

The structure of the Board has been reviewed (page four) and will continue to respond to the needs of stakeholders in line with ongoing consultation. The Sub-Groups continue to play a vital role in delivering operational activities, enabling a wider range of organisations to engage with, and inform the work of the Board.



# Structure



## Key:

CE	Communication and Engagement
LTD	Learning, Training and Development
PAQ	Performance, Audit and Quality
PPP	Policies, Procedures and Practice
SAR	Safeguarding Adults Review *
HBC	Hartlepool Borough Council
MBC	Middlesbrough Borough Council
RCBC	Redcar and Cleveland Borough Council
SBC	Stockton-on-Tees Borough Council

\*Definitions in Glossary of Terms page 32

# Membership

The following organisations are formally represented on the Board:

Statutory Partners	
Hartlepool Borough Council	Director of Child and Adults Services (4)
Middlesbrough Borough Council	Executive Director of Wellbeing, Care and Learning (5)
Redcar and Cleveland Borough Council	Corporate Director of People Services (3)
Stockton-on-Tees Borough Council	Director of Children, Education and Social Care (6)
Hartlepool and Stockton -on- Tees CCG	Executive Nurse (1) (CCG - Clinical Commissioning Group)
South Tees CCG	
Cleveland Police	Detective Superintendent Specialist-Crime (6)
Non Statutory Partners	
Tees, Esk and Wear Valleys NHS Foundation Trust	Director of Nursing and Governance (5)
South Tees Hospitals NHS Foundation Trust	Head of Nursing (Safeguarding) (5)
North Tees and Hartlepool NHS Foundation Trust	Deputy Director of Nursing (1)
Public Health	Director of Public Health (5)
National Probation Service: Cleveland	Head of Area (4)
Care Quality Commission	Inspection Manager (1)
Healthwatch Hartlepool	Development Officer (2)
Healthwatch Tees	Manager (1)
Cleveland Fire Brigade	Director of Community Protection (5)

Lead members for Local Authorities also sit on the Board as non-voting participant observers, and there are associate members not listed above. The Board met on **six** occasions in 2015-16 and in brackets is the number each of the *named* representatives attended (although deputies attended in some instances).

## Overview of 2015-16

### Engagement with the Work of the Board

There has been an overall increase in the engagement with the Board by most organisations over the last 12 months, although where this has decreased, the Board Chair is working with agencies to find a solution.

### Operational Challenges

There have been a number of challenges faced by partner agencies including: a number of providers leaving the nursing home market resulting in a reduced number of beds, and residential care homes leaving the sector; a continuing increase in Deprivation of Liberty Safeguards\* activity; increased Domestic Abuse reporting to police; resource availability; and generic pressures felt by all sectors involved with safeguarding work.

Despite these challenges the feedback from members of the public through the ASCOF# survey (below) remains relatively positive across Tees.

Measure (units)		2014-15	2015-16	Trend
Proportions of people who use services who feel safe (%)	England	68.5%	69.2%	↗
	North East	71.9%	72.9%	↗
	Hartlepool	68.6%	72.7%	↗
	Middlesbrough	74.7%	73.0%	↘
	Redcar & Cleveland	68.8%	73.1%	↗
	Stockton-on-Tees	71.0%	69.8%	↘
Proportion of people who use services who say that those services have made them feel safe and secure (%)	England	84.5%	85.4%	↗
	North East	88.8%	88.9%	↗
	Hartlepool	87.8%	94.1%	↗
	Middlesbrough	94.4%	91.0%	↘
	Redcar & Cleveland	88.8%	91.2%	↗
	Stockton-on-Tees	91.3%	93.1%	↗

Region	Physical	Psychological /Emotional	Financial and Material	Neglect and Omission	Other Abuse Types
England	26% ↓	15% →	16% ↓	34% ↑	10% ↑
North East	28% ↑	16% ↑	17% ↓	30% ↓	9% ↑
Tees	26% ↑	8% ↓	15% ↓	38% ↓	13% ↑

The rate of neglect and acts of omission reported (above) across Tees in comparison to the rest of the region and country has reduced from 2014-15. Further detailed analysis of this safeguarding data continues to be conducted by the Board to help prioritise the delivery of early help and preventative work (also see pages 13 and 28).

\* Definitions in Glossary of Terms page 32

# ASCOF - Adult Social Care Outcomes Framework

## Strategic Aim One: Personalisation

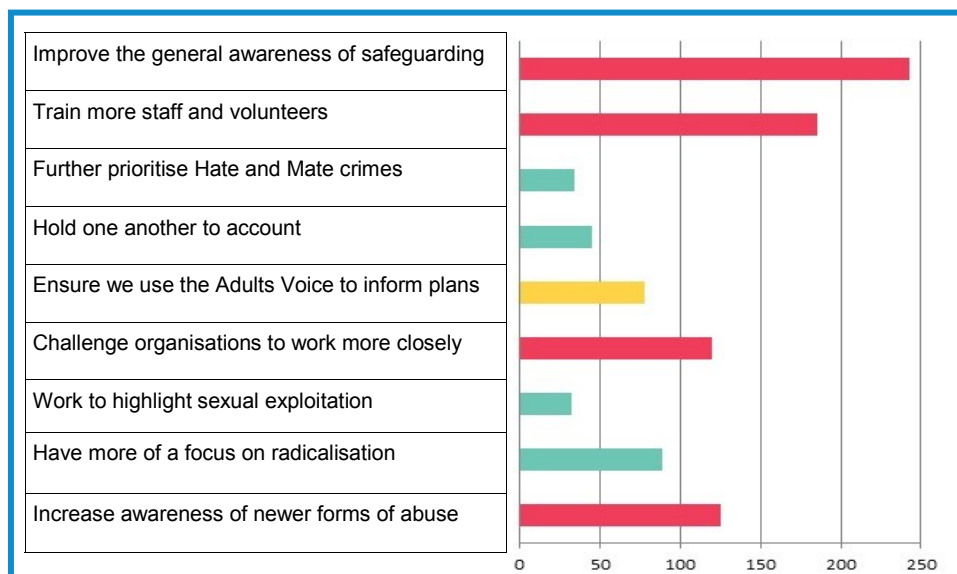
What the Board said it would do in 2015-16 to make a difference:

The voices of key stakeholders will be incorporated into all Board planning and policy decision making/documents.

### Communication and Engagement Strategy

The Board's Communication and Engagement Strategy was published in September 2015. This outlined how the Board will deliver the necessary ongoing consultation and engagement with key stakeholders, and how this will be used to inform all policy decisions. This resulted in an Annual Communication and Engagement Report being published in February 2016, which will be used as a reference point for all policy developments over the next 12 months (feedback on page 19).

Engagement work with professionals and members of the public continued throughout the year, and was supported by formal surveys being completed by over 800 people. This established some of the key themes (table below) for the year ahead, which have helped shape the development of the Board's strategic objectives for 2016-17 (see page 27).



Communication and Engagement Report February 2016

A range of methods are being used to improve awareness of adult safeguarding, including a set of resources which can be downloaded from the Board's website: <https://www.tsab.org.uk/professionals/posters/>

## Strategic Aim One: Personalisation

What the Board said it would do in 2015-16 to make a difference:

There will be an increase in the volume of outcomes, views and wishes realised by participants in safeguarding.

### Making Safeguarding Personal

It is too soon to fully evaluate Making Safeguarding Personal (MSP)\* activities as the processes set up to evaluate this subject are still relatively new. Although 81% of respondents during 2015-16 stated they felt safer as a result of the safeguarding enquiries and outcomes that were achieved across the four Teeswide Boroughs.

Further work will be undertaken to evaluate how well each individual's views, wishes and feelings were heard by each Local Authority.

Local MSP practice guidance was published in February 2016:

<https://www.tsab.org.uk/key-information/prevention/making-safeguarding-personal-tsab-guidance/>

### Case Study One

Mr B lived in a supported (sheltered) living environment in **Stockton-on-Tees**. The staff there submitted a safeguarding alert following concerns about younger women visiting him who appeared to be exploiting him financially. Following an initial assessment by a social worker, Mr A decided that he would not allow these visitors to see him anymore, whilst also accepting support that was offered in relation to alcohol related problems. Additional training was offered to the staff in the centre. This is a good example of inter-agency working, which resulted in Mr A making informed decisions and improving his own well-being.

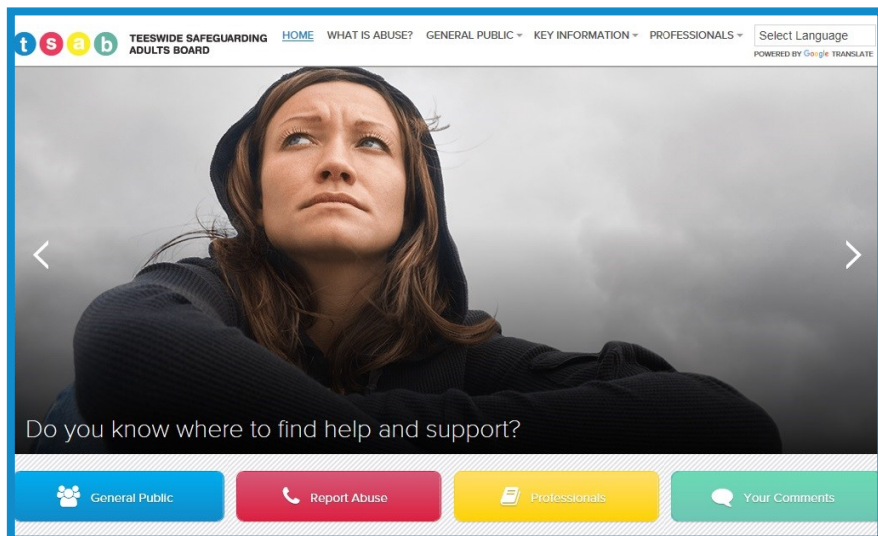
### Case Study Two

Mrs C lived in a care home in **Middlesbrough**. The staff in the home initiated an alert following an incident between Mrs C and resident D, which resulted in Mrs C receiving a bruise to her face. The Local Authority safeguarding team became involved and helped the care home to conduct further risk assessments and reviews. This resulted in a GP changing the medications being prescribed to resident D, and the care home staff, Mrs C (and her family) agreeing measures to help prevent any further incidents like this from occurring. Good outcomes were achieved by carefully assessing the needs of the individuals, whilst respecting their views and wishes.

## Strategic Aim Two: Prevention

What the Board said it would do in 2015-16 to make a difference:  
The Board will have helped to connect and evidence more people accessing preventative support services.

**Website** <https://www.tsab.org.uk>



The Board's website was launched in January 2016 generating 500 views per week, with 60% of visitors, new to the site each week.

The site includes <https://www.tsab.org.uk/find-support-in-your-area/> which maps out the most relevant support services, linked to each strand of abuse, and in each of the four Tees Boroughs. The website is a key tool to signpost adults to preventative services.

### Annual Communication and Engagement Report

This has also been used to create a portfolio of evidence linked to community awareness of adult abuse and neglect, and how people can prevent and respond to this:

<https://www.tsab.org.uk/professionals/e-bulletins/edition-three-february-2016/annual-ce-report-2015-16/>

### Bulletins

The Board now publishes Bulletins in an e-version (and hardcopy to selected locations) on at least a quarterly basis. These summarise the work of the Board, and signpost people to relevant services.



## Strategic Aim Two: Prevention

### Prevention Information Sheets

Over the last year a series of these sheets have been published on the Board's website. These are designed to signpost people to relevant sources of support and advice. These include:

Financial and Material Abuse

Modern Slavery

Psychological and Domestic Abuse

Physical Abuse

Self-Neglect

<https://www.tsab.org.uk/key-information/prevention/>

### Training Strategy

The Board's Training Strategy was published in November 2015 providing a framework to ensure that everyone who comes into contact with adults who are experiencing, or, at risk of abuse and neglect can respond in an appropriate way.

### e - Learning

The Board's e-learning portal was launched in February 2016 with the first three modules freely available to a range of stakeholders:

Safeguarding Adults at Risk

Deprivation of Liberty Safeguards (DoLS)

Mental Capacity Act

These can be accessed via the Homepage of the Board's website.

### Safeguarding Adults Awareness Workbook

This can be downloaded for anyone who is not able to access on-line learning, although this will need the support of a supervisor to complete this process: <https://www.tsab.org.uk/wp-content/uploads/2016/02/Safeguarding-Adults-Awareness-Workbook-2.pdf>

### Managers of Services Training

This training was piloted in March 2016 and delivered by Sue Inker who is a highly regarded lawyer and trainer. Further sessions are planned and booked throughout 2016. The course aims to equip managers of services to be confident in their role of preventing and responding to abuse, applying the Mental Capacity Act and DoLS legislation, and managing safe services.



## Strategic Aim Two: Prevention

What the Board said it would do in 2015-16 to make a difference:

The Board will better understand why people feel they cannot report abuse and neglect.

### Mapping

Work commenced in early 2016 to cross reference historical safeguarding activity to other demographic factors in each electoral ward across Tees, including:

Reported crime figures

Financial deprivation

Ethnicity

Limiting long-term illness or disability

Population figures and age of residents.



This highlighted that safeguarding concerns are more frequently reported in areas with higher levels of financial deprivation, and in locations with higher than average levels of recorded crime. This also evidenced the low volume of safeguarding reporting linked to Black, Asian and Minority Ethnic groups, reinforcing the need for improved awareness and engagement with people across all communities. When completed this analysis will help to further shape how early help and prevention work is prioritised and delivered across Tees.

### Cleveland Police

To assist in Hate Crime reporting the police have established a number of third party reporting centres. It is important for the public to report any instance of hate crime, so that police can tackle perpetrators and work with partners to address underlying issues.

Police are also dealing with emerging types of crime, including working with the Police and Crime Commissioner's Office to deliver training to over **400** staff from different agencies, to help them recognise victims of Modern Day Slavery, which is an exploitative and often hidden crime.

### Safe Place Scheme

The scheme is a network of community locations for anyone who feels vulnerable, threatened or anxious due to real or perceived behaviour of others around them. Locations are mapped here: <https://www.tsab.org.uk/find-support-in-your-area/safe-place-scheme/>



## Strategic Aim Three: Protection

What the Board said it would do in 2015-16 to make a difference:

People Teeswide will receive a more consistent response to safeguarding adult reports.

### **Policies and Procedures** (Also see page 22)

Throughout the year nine policies, procedures or strategies were produced by the Board, including the Inter-Agency Safeguarding Adults Policy and Procedures (September 2015). The processes outlined in these documents are designed to help improve consistency across Tees in relation to how safeguarding reports are dealt with.

### **Cleveland Police**

Protecting vulnerable people is a key priority for Cleveland Police, with the Chief Constable and the Police & Crime Commissioner committed to improving policing services to victims and witnesses.

The Police Force has well-established mechanisms for referring concerns about vulnerable people to health and social care teams. A dedicated team of detectives continues to work closely with partners to safeguard victims and to investigate crimes committed by those who have responsibility for caring for vulnerable adults.

Victims First is a new approach cutting across all aspects of policing, with the aim of identifying vulnerability and providing the support that victims of crime and anti-social behaviour need. This initiative has included additional training for call takers to help them identify and respond appropriately to vulnerable people.

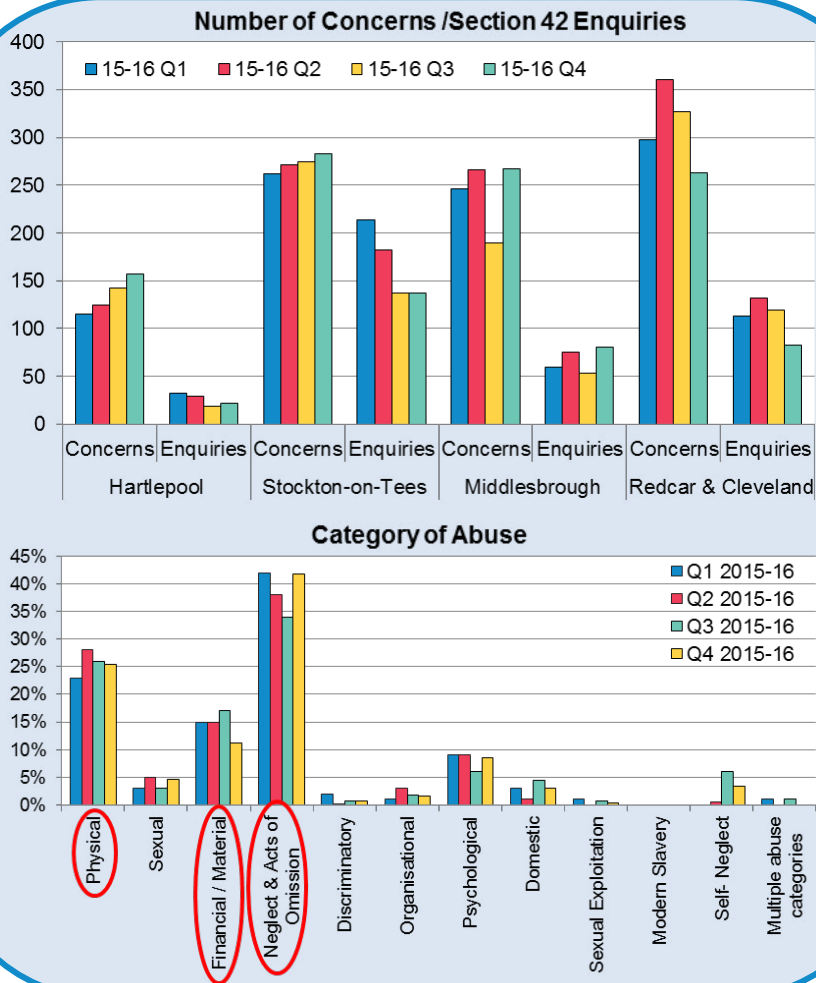
Tackling domestic abuse is a key priority for the force who want to encourage reporting, but reduce victimisation by working closely with victims and key partners. A range of support is available to victims of domestic abuse, with the Claire's Law scheme allowing members of the public to request information about their partners previous abusive or violent behaviour.

For advice and guidance on all of the above visit:  
<https://www.cleveland.police.uk>

# Strategic Aim Three: Protection

What the Board said it would do in 2015-16 to make a difference:  
By March 2016 people Teeswide will receive a more consistent response to safeguarding adult reports.

## Performance Reports



These reports were used to identify trends in safeguarding reporting across Tees, and in doing so, helped to highlight ways to improve procedures. The definition of Concerns and Section 42 Enquiries are on page 32, and the definitions for Categories of Abuse are on page 29.

## Strategic Aim Four: Partnership

What the Board said it would do in 2015-16 to make a difference:

The Board will better co-ordinate and prioritise safeguarding adults work.

### Board Development Days



The Board had development days in June 2015 and February 2016. These were designed to provide an opportunity for partner agencies to reflect on the delivery and effectiveness of the Board, and to discuss and shape future priorities and plans.

### Cleveland Fire Brigade

The Fire Brigade identified 4,280 'vulnerable persons' through their engagement work, which was supported by completing 24,989 Home Fire Safety Visits during 2015-16. By the year-end 54% of Fire Brigade employees had completed the Board's Safeguarding Adults at Risk E-Learning module, having helped to test this prior to the formal launch in February 2016. The Fire Brigade made safeguarding alerts to the relevant Local Authority during the year, including a case linked to fuel poverty and self-neglect.

## Strategic Aim Four: Partnership

What the Board said it would do in 2015-16 to make a difference:

The Board will be more effective in ensuring our safeguarding arrangements help and protect adults.

### Clinical Commissioning Groups (CCGs)

The Executive Nurse and Head of Quality and Adult Safeguarding for the CCGs continue to take an active role in the business of the Board.

The CCGs commission from most health providers across Teesside, and work with them to ensure that services are delivered in accordance with sound safeguarding principles. This is demonstrated by the enhanced requirements included in the service contracts, which represent an additional development to the standard NHS contract.

As part of the approach adopted when working with providers and partners, the CCGs are also active members of the safeguarding governance groups of our main NHS providers. These provide opportunities for sharing of knowledge and learning, as well as the provision of assurance around quality and standards of service.

In seeking assurance from smaller independent sector providers, the CCGs have conducted Clinical Quality Assurance visits across all commissioned nursing care homes on Teesside. This is in recognition of national and local data that identifies these as potential areas of risk for vulnerable adults. In delivering this assurance process there is a multi-disciplinary team which includes pharmacists, who work jointly with the four Local Authority partners for Teesside, as well as regulators such as the Care Quality Commission.

The CCGs' adult safeguarding policies have been amended to reflect the increasing profile of risks such as modern slavery and self-neglect.

The operational work of the safeguarding team is a daily affair, with the executive teams of both CCGs also receiving a briefing at the weekly senior leadership meetings to outline any exceptional events, and the details of actions in support of safeguarding. The Governing Bodies receive a bi-monthly summary report by exception, which advises on all safeguarding issues for the Teeswide population.

More information can be found here:

<http://www.hartlepoolandstocktonccg.nhs.uk/> or <http://www.southteesccg.nhs.uk/>

## Strategic Aim Four: Partnership

### Mental Capacity Act: Self-Neglect Conference



The Board held a conference focusing on adult Self-Neglect\* and safeguarding at the Redcar and Cleveland Community Heart on 29 January 2016. This was delivered to help promote better understanding of the subject, and was the first across Tees since the introduction of the Care Act 2014.

The conference was fully subscribed by 120 delegates from a wide range of organisations across Tees, and featured a number of prominent national speakers on the subject, including a recovering hoarder who now runs a support network.

Following on from the conference a video has been created for professionals in relation to self-neglect and hoarding. This provides a ten step guide on how to provide person centered care within the legal framework: <https://vimeo.com/154708770>

\* Definitions in Glossary of Terms page 32



## Strategic Aim Five: Professional Accountability

What the Board said it would do in 2015-16 to make a difference:

The Board will provide effective assurances about services being delivered to adults.

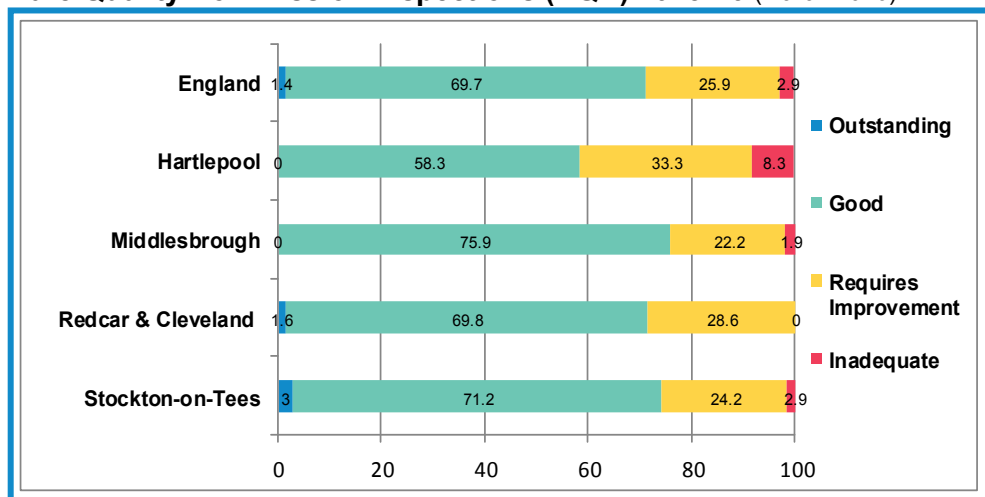
### Quality Assurance Framework (QAF)

The QAF is a self-audit tool, which will help agencies to provide effective assurances to the Board about services being delivered to adults. This is based on self-reporting with moderation being provided by peer agencies. The framework was trialled in late 2015, with a rolling operational programme being delivered over the next two years. The Board will start to report on the detailed feedback from the analysis, outcomes and improvements that have been achieved, later this year.

### Engagement with Other Strategic Bodies (September 2015 - March 2016)

From September 2015 the Independent Chair of the Board has attended **seven** strategic meetings across Tees, including Health and Wellbeing Boards and Scrutiny Committees. This has helped to facilitate and generate discussion on how the objectives of adult safeguarding can be best achieved, and ensured that the Board's Strategic Business Plan has been appropriately cascaded (work is ongoing).

### Care Quality Commission Inspections (CQC) 2015-16 (March 2016)



This graph shows **all of the services regulated by the CQC** (by %) in each of the Tees Boroughs. CQC reports are scrutinised by the Board, and as a member agency, the CQC respond to questions regarding their inspection framework.



## Strategic Aim Five: Professional Accountability

What the Board said it would do in 2015-16 to make a difference:

The Board will ensure the experiences of adults help to hold the wider health and social care sector to account.

### Care Act 2014 Implementation



Bespoke Care Act 2014 training for Board partners was delivered over two days at the Riverside Stadium in Middlesbrough in January 2016. This was a first in England and was part funded by the Association of Directors of Adult Social Services (ADASS).

The training was well attended and helped to supplement the significant amount of training conducted by individual statutory organisations over the last 12 months.

The Board monitored the implementation of the Care Act throughout the year, with agencies providing feedback on progress and the challenges that they faced. By the end of March 2016 the vast majority of actions had been completed, although there was still some work to be achieved in relation to providing information to the general public.

## Communication and Engagement Sub-Group

Chair: Phil Lancaster - Director of Community Protection (Cleveland Fire Brigade)

### Annual Communication and Engagement Report

This report outlined the results from annual surveys, including the following responses from the **general public**: \* Aggregated scores

I feel fully informed about the ten forms of abuse and neglect	33%
I know how to report abuse to the Local Authority *	50%
I know how to get appropriate support *	37%
In my current situation I feel safe from abuse and neglect	72%
I know how to protect myself from all forms of abuse	50%

**“Engage people on their terms, and in ways and settings which make people feel more comfortable. This can take time and needs relationships to be developed”**

And from **professionals**:

The Board is making a difference to help prevent abuse 57%

The % for all survey scores are a combination of Strongly Agree and Agree responses

This feedback clearly highlights the amount of work that is needed to improve awareness of adult safeguarding issues (cross-referenced by the themes illustrated on page seven). The analysis from the surveys is being used to underpin the delivery of the engagement and awareness raising activities undertaken by the Board moving forward.

### Priorities for the Year Ahead

The Sub-Group will continue to seek appropriate representation from partner organisations (communications professionals), and to better engage with specific community groups where there is an identified need. Otherwise the group will continue to further develop the Board's approach to this subject, with a particular emphasis on improving the way in which the 'Adults Voice' informs the work of the Board.

## Learning, Training and Development Sub-Group

Chair: Jane Humphreys - Director of Children, Education & Social Care (SBC)

### Annual Training Needs Analysis (TNA)

The Board's first ever TNA was completed in September 2015 and was produced in support of the Training Strategy (page 10). This collated information from the Board's partner agencies on what the priorities should be in the training plan 2015-16.

### Quality Assurance

The Sub-Group has been providing the necessary monitoring of training across Tees to ensure that this is consistent with the standards required, and the Board's Training Strategy.

### Evaluation Processes for all Training

The work required to develop and agree an evaluation process commenced during the year, and will be concluded in the Autumn of 2016. This will ensure that the effectiveness of all training provided by the Board is appropriately measured and analysed.

### Resources to Support Learning Opportunities

The Learning and Development Co-ordinator has led on ensuring that the training programme is as accessible as possible, and helped to support learners in doing so. A directory of courses has been produced to help promote the opportunities which are available, which in turn has been promoted via the use of Bulletin's and the Board's website.

### Priorities for the Year Ahead

The Sub-Group will be focussed on obtaining a true picture of the level of safeguarding training activity across Tees, whilst also establishing links with commissioners to understand the training needs of the health and social care provider market.

The group will also concentrate on maintaining and establishing consistent membership, and contributions that positively impact on decision making.

Sally Robinson - Director of Child and Adult Services (HBC) took over the chair of the Sub-Group in May 2016

## Performance, Audit and Quality Sub-Group

Chair: Richenda Broad - Executive Director of Wellbeing, Care & Learning (MBC)

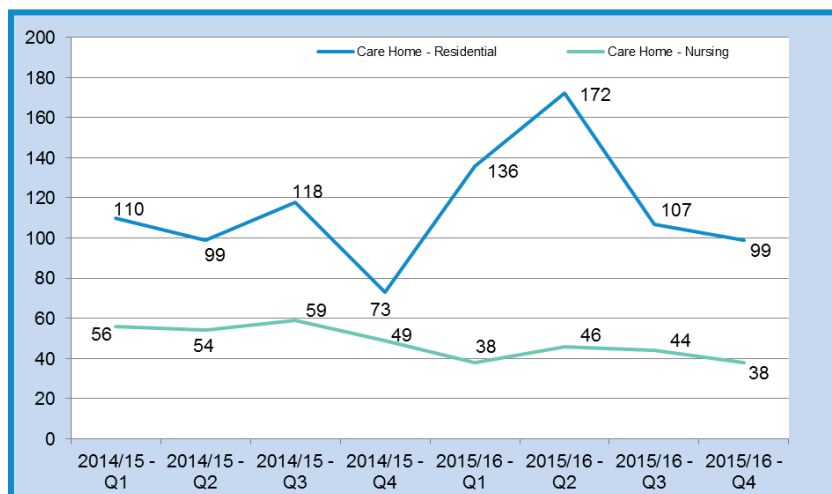
### Performance Reporting Cycle

The Sub-Group has worked hard to establish a performance reporting cycle throughout the year, and in doing so sped up the timeliness of performance reporting to the Board. Quarterly reports have continued to be developed to support the development of prevention outcomes.

### Roll Out of the Quality Assurance Framework (QAF)

As stated on page 17 the Board's QAF will continue to be rolled out over the next two years, and upon completion will involve each agency presenting their findings and future priorities to the Board.

### Care Home Activity (Completed Safeguarding Enquiries)



Throughout the last 12 months the numbers and content of Section 42 Enquiries have been carefully considered (see page 28).

### Priorities for the Year Ahead

The Sub-Group will work with each Local Authority to improve the consistency and timeliness of data collection methods, which can be challenging due to the different electronic care management systems operating across Tees. The definitions of 'Enquiry' will be closely examined, and more focus given to prevention.

Erik Scollay - Assistant Director Social Care (MBC) took over the chair of the Sub-Group in April 2016

## Policies, Procedures and Practice Sub-Group

Chair: Helen Smithies - Head of Nursing (South Tees NHS Foundation Trust)

The Sub-Group will continue to review the effectiveness of the Board's Inter-agency Safeguarding Adults Policy and Procedure, which includes conducting a formal review, commencing in mid 2016.

### **Information Sharing Agreement**

The Board's Information Sharing Agreement was published in November 2015 and has been signed by all of the statutory partners. This sets out the necessary data sharing principles under the Care Act 2014, with a particular emphasis on the new legal duties linked to Safeguarding Adult Reviews (section 44).

### **Decision Support Guidance\***

The previous Risk Threshold Tool has been revised in line with the Care Act 2014 guidance, and was re-published in February 2016 as the Safeguarding Decision Support Guidance.

### **Law Society Consultation for DoLS**

The Board collated and submitted a response to the national Deprivation of Liberty Safeguards consultation on behalf of relevant partner agencies in February 2016. A firm plan on the future of this legislation (linked to the Mental Capacity Act 2005) is expected by the end of 2016, with a new scheme due to be launched during 2017.

### **Development of New Policy, Procedures and Practice Guidance**

The Sub-Group will develop new policies, procedures and practice guidance in response to new legislation and identified good practice. The group will also work closely with the LTD Sub-Group to help ensure that any training that is provided by the Board effectively reflects these policy developments.

### **Priorities for the Year Ahead**

The Sub-Group will continue to reflect on the effectiveness of the current arrangements, and decide how best to function by closely monitoring engagement from partner agencies. The terms of reference for the group will also be reviewed, and the membership rationalised to make this as efficient as possible.

\* Definitions in Glossary of Terms page 32

# Safeguarding Adults Review Sub-Group

Chair: Barbara Shaw - Corporate Director of People Services (RCBC)

The Sub-Group is now meeting bi-monthly and continuing to assess notifications, as well as deciding where the responsibility rests for the leadership of any other relevant review process, outside of a statutory SAR. The group are monitoring the implementation of the action plans linked to all of these types of review, which are outlined below:

## Case One

This case involved a care home resident in Hartlepool. The report recommended introducing further measures to improve health and safety requirements.

## Case Two

This case was initially opened in Hartlepool in 2014 as a Serious Case Review (now SAR) and was initially deferred for ongoing criminal proceedings. The SAR now continues in 2016.

## Case Three

The report into the case was published in 2014, although the joint action plan involving the Hartlepool Borough Council and TEWV\* was still being delivered during 2015-16. This focussed on more effective partnership working, information sharing and risk assessments.

## Case Four

This is the case of a resident in Middlesbrough in 2014 who was well known to the Local Authority and TEWV. The report highlighted an over reliance on communicating with the resident via letters, the complexities linked to self-neglect, and how mental capacity to make informed decisions had been presumed.

## Case Five

This case involved the closure of a care home in Hartlepool and the lessons that were learnt as a result of this process, which focussed on improving the communication between stakeholders. The Local Authority has also conducted a wider review outside of safeguarding, in order to deal with the wider issues affecting the care home sector.

\* TEWV - Tees, Esk & Wear Valleys NHS Foundation Trust

## Safeguarding Adults Review Sub-Group

### Case Six

This case involved a resident from Middlesbrough in hospital. The resulting report highlighted medication errors and recommended ways to prevent further instances from occurring.

### Case Seven

This case involved a resident in a care home in Redcar and Cleveland. This has resulted in changes to the way in which the North East Ambulance service prioritise their response to calls.

### Case Eight

This case involved a care home resident in Redcar and Cleveland. There were concerns about possible organisational abuse and a need to improve information sharing across agencies.

### Case Nine

This case involved a resident in Stockton-on-Tees who was well known to mental health services (TEWV). The report highlighted the need to focus on how risk levels had been determined, and to improve information sharing.

### Lessons Learnt: Themes

Seven of the cases (involving people) related to women (87%) which is a similar figure from 2014-15, indicating a possible demographic trend. Mental health was also a significant issue, as well as five of the cases having some connection to self-neglect. Information sharing and a lack of partnership working are the broad lessons learnt so far, although further detailed analysis is being undertaken to establish what else can be learnt from these cases to prevent serious abuse and neglect from occurring in the future.

### Priorities for the Year Ahead

The Sub-Group will continue to implement SAR Policy and Procedures, and work closely with the LTD Sub-Group to ensure that all learning from reviews is appropriately disseminated. The group will monitor trends and themes from notifications, and consider providing training to establish a register of practitioners able to undertake reviews locally. The cost of undertaking SARs will also be carefully monitored, and consideration given to helping create a regional framework for commissioning SARs.

## Local Executive Groups (LEG)

### Hartlepool

Chair: Jill Harrison - Assistant Director Adult Services (HBC)

The LEG used the forum to disseminate and discuss the business of the Board, as well as focussing on a number of other local issues. These included the implementation of the Care Act 2014, with a particular emphasis on advocacy and information for the public. The group were also particularly interested in supporting the discharge action plan for North Tees Hospital, developed by Healthwatch, and the implications of local Serious Case Reviews (now SARs).

### Middlesbrough

Chair: Neil Pocklington - Assistant Director Adult Services (MBC)

The LEG supported the work of the Board by reviewing and developing the membership of the group throughout the year. The group also focussed on the implications of the increase in DoLS assessments, continued to review safeguarding activity, and deal with the challenges that were presented due to the implementation of the Care Act 2014.

Erik Scollay - Assistant Director Social Care (MBC) took over the Chair of the LEG in April 2016

### Redcar and Cleveland

Chair: Patrick Rice - Assistant Director Adult Services (RCBC)

The LEG appropriately used the group to discuss and digest the business of the Board in a busy year of activity. There was also a focus on linking in with other forums and debating the wider issues effecting the health and social care sector, including Transforming Care, domiciliary home care, and care home provider failures. The group also facilitated discussions on operational issues, and as an opportunity for partner agencies to share good practice.

### Stockton-on-Tees

Chair: Liz Hanley - Assistant Director Adult Services (SBC)

The LEG played a crucial role in the consultation process required to develop the wide range of policies and procedures that were required by the Board following the implementation of the Care Act 2014. In addition the group was used to promote debate on other local initiatives including Operation Encompass, the local domestic abuse strategy, and the personal assistants register.



## Looking Forward

### Strategic Business Plan 2016-17

The Board developed the Strategic Business Plan for 2016-17 based on engagement with a wide range of stakeholders, including members of the public, and adults who have experienced abuse and neglect. The following are some key elements of the Board's Plan:

#### **The Adult's Voice**

This was identified as being a key priority for the next year. This will include developing appropriate strategies for ensuring the adult's voice is incorporated into all Board activities.

#### **Prevention Outcomes**

The PAQ Sub-Group will report on the effectiveness of current early help and preventative strategies in use Teeswide, and on successful national models which could be considered for use locally.

#### **Quality of Local Care and Support Services**

The PPP Sub-Group will assess and research the ongoing support needs of adults who have suffered from abuse and neglect, using this information to report on how best to protect adults from repeat occurrences of abuse. The Board will scrutinise commissioning arrangements, information, inspection and national reports to generate a collective picture of how well adults are being safeguarded.

#### **Review Effectiveness of the Board**

The Board will continue to analyse the effectiveness of the current arrangements, reporting on how best to avoid any duplication of effort within the Board's structure.

#### **Partnership Working**

The Board will also assess all relevant strategic structures to examine if closer working arrangements should or could be created with other bodies, and further test/analyse the awareness of the Board and the work it delivers across agencies Teeswide.

### Herbert Protocol

This is a new approach in assisting police in locating those with dementia when they go missing. Families can complete forms from the Cleveland Police website and pass to officers, which will greatly assist in finding their relative before they come to harm.

<https://www.cleveland.police.uk/advice-information/HerbertProtocol.aspx>

# Looking Forward

## Strategic Business Plan 2016-17

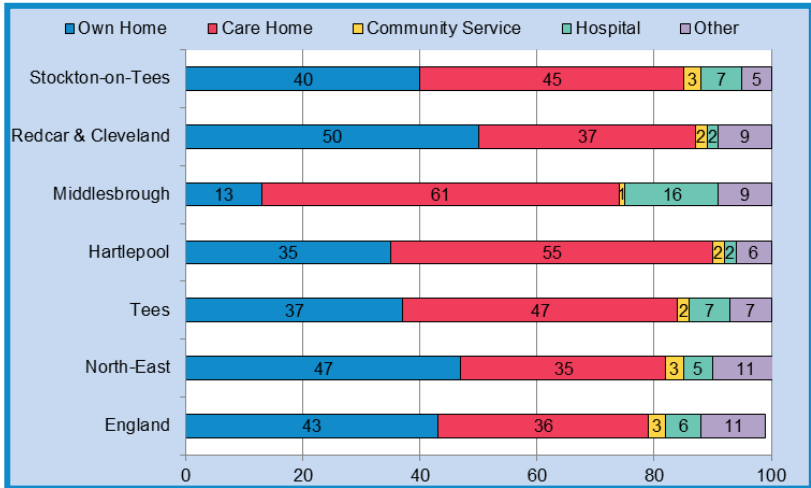
**Vision: Ensuring our safeguarding arrangements act to help and protect adults**

Strategic Aims 2015-18	Strategic Objectives 2016-17
<b>Strategic Aim One:</b> <b>Personalisation</b> We will take account of the views of adults at risk in developing policies and procedures, and support the wider principles of personalisation.	Take into account the views of key stakeholders.  Measure and evaluate what adults experiencing the safeguarding process tell us.
<b>Strategic Aim Two:</b> <b>Prevention</b> We will develop preventative strategies that aim to reduce the risk of abuse or neglect of adults.	Better promote and connect existing preventative strategies.  Reduce barriers to reporting abuse and neglect.
<b>Strategic Aim Three:</b> <b>Protection</b> We will work together to ensure the protection of adults experiencing, or at risk of abuse or neglect.	Provide effective responses to reported abuse and neglect.  Proactively address issues linked to the quality of local care and support services.
<b>Strategic Aim Four:</b> <b>Partnership</b> We will work together to ensure that adult safeguarding links to other parts of the health and social care system to protect adults at risk of abuse or neglect.	Develop assurances for effectively working with partners and other strategic bodies.  Evaluate how well agencies are co-operating and collaborating Teeswide.
<b>Strategic Aim Five:</b> <b>Professional Accountability</b> We will work to ensure the accountability of all partners in protecting adults experiencing, or at risk of abuse or neglect.	Take timely and appropriate action in relation to safeguarding adults.  Challenge one another and hold other Boards to account.

## Annex A: Concerns and Section 42 Enquiries

There were **3,844** Concerns recorded Teeswide, which then led onto **1,487** Section 42 Enquiries being conducted across the four Tees Local Authorities (see definitions on page 32).

### Percentage Distribution of Location of Risk (Concluded Section 42 Enquiries)



See link to Safeguarding Adults Annual Report England 2015-16 on page 30

### Volume of Concerns Submitted per 10,000 head of Population

Hartlepool:	58
Middlesbrough:	90
Redcar and Cleveland:	116
Stockton-on-Tees:	71
<b>Teeswide Average:</b>	<b>84</b>



### Part or Fully Substantiated Section 42 Enquiries

(Compared to total volume of concerns)

Hartlepool Borough Council:	8%
Middlesbrough Borough Council:	33%
Redcar and Cleveland Borough Council:	18%
Stockton-on-Tees Borough Council:	8%
<b>Teeswide Average:</b>	<b>17%</b>



### Overall Themes for 2015-16

**36%** of all Concerns resulted in a Section 42 Enquiry being conducted. Incidents between residents was a trend in care homes, and medication errors a common form of Concern in hospitals and care homes.

## Annex B: Definitions of Abuse and Neglect

The three new categories of abuse\* made up 5% of the overall total of Section 42 Enquiries reported to the four Tees Local Authorities.

Types	Definitions
<b>Discriminatory Abuse</b>	Including forms of harassment, slurs or similar treatment; because of race, gender and gender identity, age, disability, sexual orientation or religion.
<b>Domestic * Abuse (3%)</b>	Including psychological, physical, sexual, financial, emotional abuse; so called 'honour' based violence.
<b>Financial or Material Abuse</b>	Including theft, fraud, internet scamming, coercion in relation to an adult's financial affairs or arrangements, including wills, property, inheritance or financial transactions.
<b>Modern Slavery * (0%)</b>	Encompasses slavery, human trafficking, forced labour and domestic servitude.
<b>Neglect &amp; Acts of Omission</b>	Including ignoring medical, emotional or physical care needs, failure to provide access to appropriate health, care and support or educational services.
<b>Organisational Abuse</b>	Including neglect and poor care practice within an institution or specific care setting such as a hospital or care home, for example, or in relation to care provided in one's own home. This may range from one off incidents to ongoing ill treatment.
<b>Physical Abuse</b>	Including assault, hitting, slapping, pushing, misuse of medication or restraint.
<b>Psychological Abuse</b>	Including emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, cyber - bullying.
<b>Self-Neglect * (2%)</b>	This covers a wide range of behaviour neglecting to care for one's personal hygiene, health or surroundings and includes behaviour such as hoarding.
<b>Sexual Abuse</b>	Including rape, indecent exposure, sexual harassment, inappropriate looking or touching, sexual teasing or innuendo, sexual photography, subjection to pornography or witnessing sexual acts.

## Annex C: Useful Links

### **Action on Elder Abuse**

<http://www.elderabuse.org.uk>

### **Action Fraud**

<http://www.actionfraud.police.uk>

### **Age UK**

<http://www.ageconcern.org.uk>

### **Association of Directors of Adult Social Services (ADASS)**

<https://www.adass.org.uk>

### **Carers Together** (South Tees)

<https://www.carerstogether.co.uk>

### **Care Quality Commission (CQC)**

<https://www.cqc.org.uk>

### **Cleveland Police**

<https://www.cleveland.police.uk>

### **Cleveland Victims Services Directory**

<http://www.cvsd.co.uk>

### **Facebook Page**

<https://www.facebook.com/TeeswideSAB/>

### **Hartlepool Carers**

<http://www.hartlepoolcarers.org.uk>

### **NHS Digital**

<http://content.digital.nhs.uk/home>

### **RNIB** (Supporting People with Sight Loss)

<https://www.rnib.org.uk>

### **Safeguarding Adults Annual Report England 2015-16**

<http://content.digital.nhs.uk/article/2021/Website-Search?productid=22101&q=safeguarding+&sort=Relevance&size=10&page=1&area=both#top>

### **SENSE** (National Charity supporting people who are deaf blind/sensory impairment)

<https://www.sense.org.uk>

### **Social Care Institute of Excellence (SCIE)**

<https://www.scie.org.uk>

### **Stop Hate**

<http://www.stophateuk.org>

### **Stop On-line Abuse**

<http://www.stoponlineabuse.org.uk>

### **Teeswide Advocacy Hub**

<https://www.middlesbroughmatters.co.uk/services/268/Middlesbrough-Citizens>

### **Teeswide Safeguarding Adults Board Strategic Business Plan 2016-17**

<https://www.tsab.org.uk/key-information/strategic-business-plan/>

### **The Silver Line** (Helpline for Older People)

<https://www.thesilverline.org.uk> 0800 470 8090

### **True Vision** (Hate Crime related)

<http://report-it.org.uk/home>

### **Twitter**

<https://twitter.com/TeeswideSAB/>

### **United Kingdom's Disabled People's council**

<https://www.ukdpc.net/site/>

## Annex D: Contact Details

Name	Organisation	Telephone	Email
Business Unit	Teeswide Safeguarding Adults Board	01642 527263	<a href="mailto:tsab.businessunit@stockton.gov.uk">tsab.businessunit@stockton.gov.uk</a>
First Contact and Support Hub	Hartlepool Borough Council	01429 523390	<a href="mailto:fcsh@hartlepool.gcsx.gov.uk">fcsh@hartlepool.gcsx.gov.uk</a>
First Contact Team	Middlesbrough Borough Council	01642 726004	<a href="mailto:adultsafeguarding.alert@middlesbrough.gov.uk">adultsafeguarding.alert@middlesbrough.gov.uk</a>
Access Team	Redcar and Cleveland Borough Council	01642 771500	<a href="mailto:contactus@redcar-cleveland.gov.uk">contactus@redcar-cleveland.gov.uk</a>
First Contact Team	Stockton-on-Tees Borough Council	01642 527764	<a href="mailto:firstcontactadults@stockton.gov.uk">firstcontactadults@stockton.gov.uk</a>
Protecting Vulnerable People Unit	Cleveland Police	999 Emergency or 101	
	Tees Esk and Wear Valleys NHS Foundation Trust	01325 552000	<a href="mailto:tewv.enquiries@nhs.net">tewv.enquiries@nhs.net</a>
	South Tees Hospitals NHS Foundation Trust	01642 850850	
	NHS Hartlepool and Stockton-on-Tees Clinical Commissioning Group		<a href="mailto:hstccg.hartlepoolandstocktonccg@nhs.net">hstccg.hartlepoolandstocktonccg@nhs.net</a>
	NHS South Tees Clinical Commissioning Group	01642 263030	<a href="mailto:STCCG.enquiries@nhs.net">STCCG.enquiries@nhs.net</a>
Patient Experience Team	North Tees and Hartlepool NHS Foundation Trust	01642 624719	<a href="mailto:patientexperience@nth.nhs.uk">patientexperience@nth.nhs.uk</a>
General Enquiries	Care Quality Commission	03000 616161	<a href="mailto:enquiries@cqc.org.uk">enquiries@cqc.org.uk</a>
General Enquiries	Healthwatch Hartlepool		<a href="http://www.healthwatchhartlepool.co.uk">www.healthwatchhartlepool.co.uk</a>
General Enquiries	Healthwatch Tees		<a href="http://www.healthwatchstockton@pcp.uk.net">www.healthwatchstockton@pcp.uk.net</a>

## Annex E: Glossary of Terms

### **Decision Support Guidance**

The safeguarding adults' decision support guidance has been developed to assist practitioners in assessing the seriousness and level of risk associated with a safeguarding adults concern.

### **Deprivation of Liberty Safeguards (DoLS)** Mental Capacity Act 2005

Ensures that a care home, hospital or supported living arrangement only deprives someone of their liberty in a safe and correct way, and that this is only done when it is in the best interests of the person.

### **Making Safeguarding Personal (MSP) and Personalisation**

Person-centred responses to safeguarding circumstances, creating a range of responses for people who have experienced harm and abuse, so that they are more empowered and their lives improved.

### **Safeguarding Adults Review (SAR)**

The Care Act 2014 requires that Safeguarding Adults Board's (SABs) must arrange a SAR when an adult dies either as a result of abuse or neglect, whether known or suspected, and there is concern that partner agencies could have worked more effectively to protect the adult; or if an adult has not died, but the SAB knows or suspects that the adult has experienced serious abuse or neglect.

### **Concern**

A sign of suspected abuse or neglect that is reported to the Local Authority or identified by the Local Authority. Safeguarding concerns can include cases of domestic abuse, sexual exploitation, modern slavery, and self-neglect.

### **Section 42 Enquiry**

The action taken or instigated by the Local Authority in response to a concern that abuse or neglect may be taking place. An enquiry could range from a conversation with the adult to a more formal multi-agency plan or course of action. Safeguarding enquiries can include cases of domestic abuse, sexual exploitation, modern slavery, and self-neglect.

### **Self-Neglect**

The Care Act defines self-neglect as wide ranging and includes neglecting to care for one's personal hygiene, health or surroundings and hoarding.





If you see or hear something that concerns you, or you suspect somebody is being abused, or someone tells you they are being abused. **Report it without delay:**



## See it, report it!

If you suspect a neighbour,  
friend or family member is being  
neglected or abused, or you  
need help yourself

Call **Cleveland Police** 101 or 999 in emergency

Call your local Adult Social Care team:

<b>Hartlepool</b>	01429 523 390
<b>Middlesbrough</b>	01642 726 004
<b>Redcar and Cleveland</b>	01642 771 500
<b>Stockton-on-Tees</b>	01642 527 764
<b>Evenings and Weekends</b>	08702 402 994

If you are unsure, talk to your local adult social care team on the above number, they will listen to you and give you good advice. You can talk to them without giving your name.

**Ensuring our safeguarding arrangements  
act to help and protect adults**

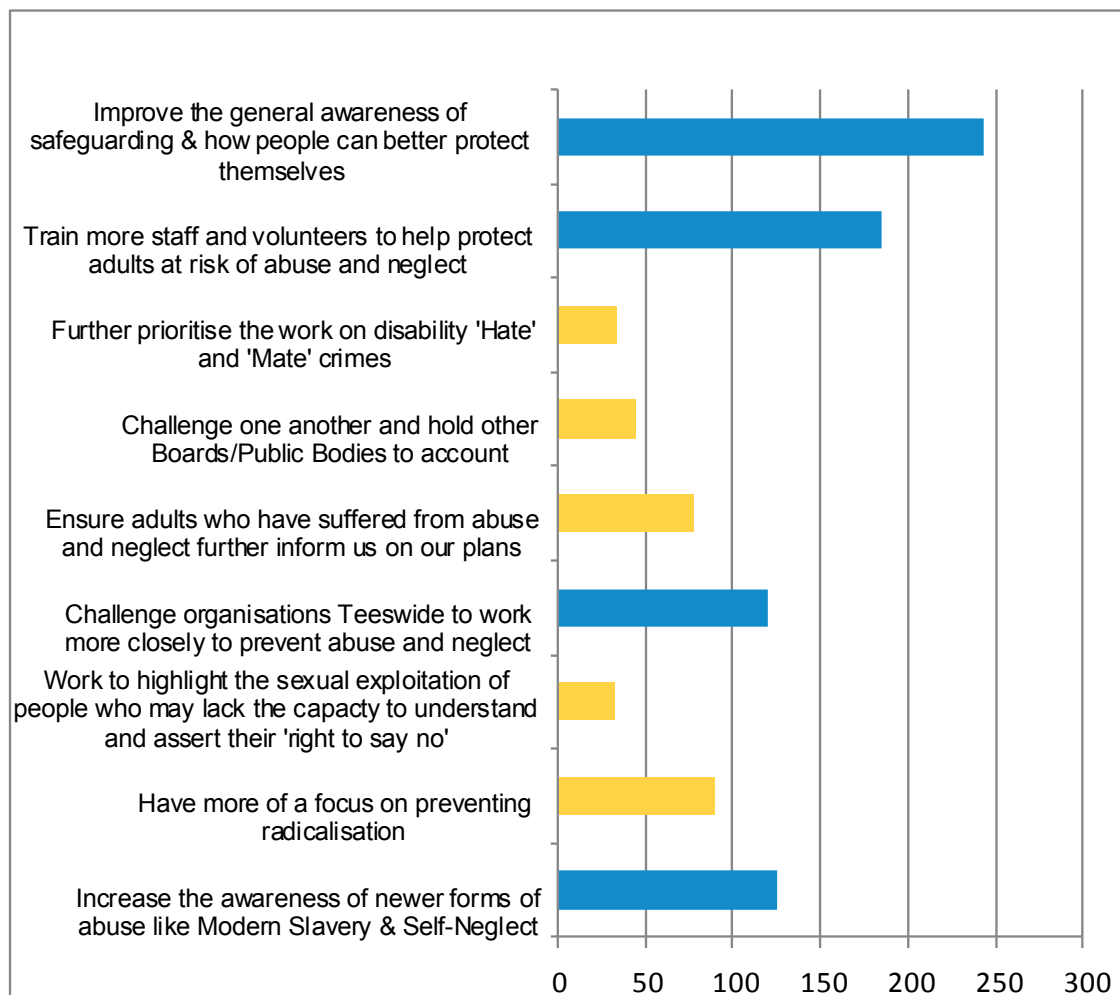
# STRATEGIC BUSINESS PLAN

2016-17



## Introduction

This plan has been developed following several months of extensive consultation with the Board's partners, professionals, the general public, carers and users of services. This work underpins the Board's commitment to listen to the voice of the adult and other key stakeholders to help shape the priorities for the next year. The table below summarises the priorities identified throughout the consultation process, informing the development of the 2016-17 objectives and actions. The Board looks forward to working with our current partners, and developing new relationships to ensure our safeguarding arrangements act to help and protect adults.



Ann Baxter  
Independent  
Chair

## Teeswide Safeguarding Adults Board Partner Agencies

Listed below are the current partners of the Board as of April 2016. The Sub-Groups also have additional organisations represented, including housing and care providers, voluntary sector development agencies, and other internal stakeholders from within the Board's main partner organisations. The main Board meets bi-monthly and the Sub-Groups meet quarterly.

Statutory Partners	
Hartlepool Borough Council	Director of Child and Adult Services
Middlesbrough Borough Council	Director of Adult Services
Redcar & Cleveland Borough Council	Corporate Director of People Services
Stockton-on-Tees Borough Council	Director of Adults and Health
Cleveland Police	Head of Protecting Vulnerable People Unit
Hartlepool and Stockton-on-Tees CCG	Executive Nurse
South Tees CCG	
Non Statutory Partners	
Care Quality Commission	Inspection Manager
Cleveland Fire Brigade	Director of Community Protection
Community Rehabilitation Company	Lead Manager Durham Tees Valley
Healthwatch Hartlepool	Healthwatch Development Officer
Healthwatch Tees	Healthwatch Manager
HM Prison Service: Holme House Prison	Safeguarding Lead HMP Holme House
National Probation Service: Cleveland	Head of Area (MAPPA Board)
NHS England: Cumbria and the North East	Deputy Director of Nursing
North Tees and Hartlepool NHS Foundation Trust	Deputy Director of Nursing
Public Health	Director of Public Health
South Tees Hospitals NHS Foundation Trust	Head of Nursing (Safeguarding and Vulnerable Groups)
Tees, Esk and Wear Valley NHS Foundation Trust	Director of Nursing and Governance
Lead Councillors for the Local Authorities sit on the Board as non-voting participant observers.	

## Teeswide Safeguarding Adults Board Structure



### Key:

<b>CE</b>	Communication & Engagement
<b>LTD</b>	Learning, Training & Development
<b>PAQ</b>	Performance, Audit & Quality
<b>PPP</b>	Policies, Procedures & Practice
<b>SAR</b>	Safeguarding Adults Review

## What Adults Told Us

“English is not my first language and I don't understand anything really about this subject”

“Carers are often not confident in identifying abuse and the process to follow if they have concerns”

“I have real concerns about putting my son into respite care due to the lack of quality care available”

“I can understand how carers can become overwhelmed by their caring responsibilities”

**“Engage people on their terms, and in ways and settings which make people feel more comfortable. This can take time and needs relationships to be developed”**

**“I knew the adult I care for was physically unwell but Doctors initially ignored this and put this down to his mental health status”**

**“I think a lot of people will lack the confidence or knowledge to seek help”**

Vision:	
Strategic Aims 2015-18	Strategic Objectives 2016-17
<b>Strategic Aim One: Personalisation</b> We will take account of the views of adults at risk in developing policies and procedures, and support the wider principles of personalisation.	Take into account the views of key stakeholders.  Measure and evaluate what adults experiencing the safeguarding process tell us.
<b>Strategic Aim Two: Prevention</b> We will develop preventative strategies that aim to reduce the risk of abuse or neglect of adults.	Better promote and connect existing preventative strategies.  Reduce barriers to reporting abuse and neglect.
<b>Strategic Aim Three: Protection</b> We will work together to ensure the protection of adults experiencing, or at risk of abuse or neglect.	Provide effective responses to reported abuse and neglect.  Proactively address issues linked to the quality of local care and support services.
<b>Strategic Aim Four: Partnership</b> We will work together to ensure that adult safeguarding links to other parts of the health and social care system to protect adults at risk of abuse or neglect.	Develop assurances for effective working with partners and other strategic bodies.  Evaluate how well agencies are co-operating and collaborating Teeswide.
<b>Strategic Aim Five: Professional Accountability</b> We will work to ensure the accountability of all partners in protecting adults experiencing, or at risk of abuse or neglect.	Take timely and appropriate action in relation to safeguarding adults.  Challenge one another and hold other Boards to account.

## Ensuring our safeguarding arrangements act to help and protect adults

### People Outcome Measure: How this will make a difference

The adults voice will strongly influence how the work of the Board is taken forward.

There will be an increase in the volume of outcomes, views and wishes realised by participants in safeguarding.

We will have helped to connect more people to preventative support services.

We will have used a targeted approach to reducing barriers to reporting abuse and neglect.

People Teeswide will receive a more integrated response to safeguarding adult concerns.

There will be fewer repeat occurrences of abuse and neglect.

We will better co-ordinate and prioritise safeguarding adults work.

We will be more effective in ensuring our safeguarding arrangements help and protect adults.

We will provide effective assurances about services being delivered to adults.

We will ensure the experiences of adults helps to hold all strategic partners to account.



Strategic Aim One: Personalisation	
Objectives Reference material/Source	Action
<p>1.1. Take into account the views of key stakeholders.</p> <p>Board: Annual Communications &amp; Engagement Report February 2016 Board: Communications &amp; Engagement Strategy Care Act: 2014: Care and Support Statutory Guidance 14.139 Community Safety Partnerships Health and Wellbeing Boards Healthwatch Local Safeguarding Childrens Boards Overview and Scrutiny Boards</p>	<p>1. Develop appropriate strategies for ensuring the adults voice is incorporated into all Board reports, policy developments and decision making.</p>
	<p>2. Review the Board's stakeholder analysis, and ensure that engagement work is jointly delivered with relevant organisations where appropriate, reflecting best practice models.</p>
<p>1.2. Measure and evaluate what adults experiencing the safeguarding process tell us.</p> <p>Board: Annual Communications &amp; Engagement Report February 2016 Board: MSP Guidance February 2016 Board: Strategic Plan 2015-16 Care Act 2014: Care and Support Statutory Guidance 14.139 LGA: Making Safeguarding Personal (MSP) Toolkit January 2015 Mental Capacity Act 2005</p>	<p>1. Further promote use of Making Safeguarding Personal (MSP) processes for use by all (applicable) Board partners. <a href="#">Link to objective 1.1.1</a></p>
	<p>2. Analyse and evaluate users feedback from MSP processes on at least a twice yearly basis to evidence how outcomes are being met, and to help inform future developments.</p>
	<p>3. Improve the Board's MSP guidance to include how to best engage service users, and measure how well their views and wishes have been realised.</p>

People being supported and encouraged to make their own decisions and informed consent			
People Outcome Measure: How this will make a difference	Timeline	Lead Group	Contributors
By July 2016 the adults voice will strongly influence how the work of the Board is taken forward.	July 2016 & ongoing	CE	All Sub Groups
	July 2016 to March 2017	CE	LTD
By March 2017 there will be an increase in the volume of outcomes, views and wishes realised by participants in safeguarding.	Sept 2016 & ongoing	PAQ	LTD Operational Leads Practice Group (OLPG)
	July 2016 & ongoing	PAQ	CE LTD OLPG
	Sept 2016 & ongoing	PPP	OLPG PAQ

Strategic Aim Two: Prevention	
Objectives Reference material/Source	Action
<p><b>2.1. Better promote and connect existing preventative strategies.</b>  <a href="#">Board: Annual Communications &amp; Engagement Report February 2016</a>  <a href="#">Care Act 2014: Care and Support Statutory Guidance 14.139</a>  <a href="#">Community Safety Partnerships</a>  <a href="#">Health and Wellbeing Boards</a>  <a href="#">LGA/ADASS: Standards March 2015</a>  <a href="#">Local Safeguarding Childrens Boards</a></p>	<p>1. Report on the effectiveness of current early help and preventative strategies in use Teeswide, and on successful national models which could be considered for use locally, including programmes for perpetrators of abuse.</p>
	<p>2. Review the membership of the Board's structure to potentially include organisations delivering preventative/support work.</p>
	<p>3. Use the feedback created by Safeguarding Adults Reviews and other learning methodologies to inform the report on preventative strategies.  <a href="#">Link to objective 2.1.1</a></p>
<p><b>2.2. Reduce barriers to reporting abuse and neglect.</b>  <a href="#">Board: Strategic Plan 2015-16</a>  <a href="#">Care Act 2014: Care and Support Statutory Guidance 14.139</a>  <a href="#">Community Safety Partnerships</a>  <a href="#">Equality Act 2010 (Public Sector Equality Duty)</a>  <a href="#">Health and Wellbeing Boards</a>  <a href="#">Joint Strategic Needs Assessment (s)</a>  <a href="#">Office for National Statistics - Census data</a>  <a href="#">Police and Crime Commissioners Office</a>  <a href="#">Public Health England</a></p>	<p>1. Develop a 'strategic overview of safeguarding' Teeswide using existing data and research into population demographics, and safeguarding reporting patterns. This will highlight ways to improve reporting within specific community and harder to reach, or marginalised groups.</p>
	<p>2. Work with other strategic bodies to identify common prevention objectives, and further develop joint approaches to removing barriers to reporting abuse and neglect.  <a href="#">Link to objective 5.2.2</a>  <a href="#">Link to objective 3.2.2</a></p>

It is better to take action before harm occurs			
People Outcome Measure: How this will make a difference	Timeline	Lead Group	Contributors
By March 2017 we will have helped to connect more people to preventative support services.	Oct 2016	PAQ	CE LTD
	Sept 2016	Board	All Sub-Groups
	May 2016 & ongoing	SAR	PAQ
By March 2017 we will have used a targeted approach to reducing barriers to reporting abuse and neglect.	Oct 2016	PAQ	CE
	May 2016 & ongoing	Board	All Sub-Groups

Strategic Aim Three: Protection	
Objectives Reference material/Source	Action
<p><b>3.1. Provide effective responses to reported abuse and neglect.</b>  <a href="#">Board: Inter-Agency Policy May 2015</a>  <a href="#">Care Act: 2014: Care and Support Statutory Guidance 14.139</a>  <a href="#">LGA/ADASS: Standards March 2015</a>  <a href="#">National Prevent Strategy</a></p>	<p>1. Provide guidance for professionals on which protective options/services exist, and provide training opportunities to improve the proactive involvement of voluntary sector organisations in supporting statutory services.  <a href="#">Link to objective 2.1.1</a></p>
	<p>2. Evidence the reasons why some adults experiencing abuse and neglect do not engage with support services, and produce guidance on how this can be improved.</p>
<p><b>3.2. Proactively address issues linked to the quality of local care and support services.</b>  <a href="#">Care Act: 2014: Care and Support Statutory Guidance 14.39</a>  <a href="#">Care Quality Commission reports</a>  <a href="#">Community Safety Partnerships</a>  <a href="#">Contract compliance reports</a>  <a href="#">Department of Health reports</a>  <a href="#">Health and Wellbeing Boards</a>  <a href="#">Healthwatch reports</a>  <a href="#">HM Inspectorate reports</a>  <a href="#">Overview and Scrutiny Boards</a>  <a href="#">Serious Concerns Protocol</a>  <a href="#">Quality Surveillance Groups</a></p>	<p>1. Assess and research the ongoing support needs of adults who have suffered from abuse and neglect, using this information to report on how best to protect adults from repeat occurrences of abuse.</p>
	<p>2. The Board will scrutinise relevant commissioning arrangements, information, inspection and national reports to generate a collective picture of how well adults are being safeguarded; working with partners to report on risks and good practice Teeswide.</p>

Support and representation for those in greatest need			
People Outcome Measure: How this will make a difference	Timeline	Lead Group	Contributors
By March 2017 adults Teeswide will receive a more integrated response to safeguarding adult concerns.	Sept 2016	LTD	CE PAQ
	Sept 2016 & ongoing	CE	LTD PAQ
By March 2017 there will be fewer repeat occurrences of abuse and neglect.	Dec 2016	PPP	CE LTD OLPG
	Dec 2016 & ongoing	PAQ	CE OLPG

Strategic Aim Four: Partnership	
Objectives Reference material/Source	Action
<p>4.1. Develop assurances for effective working with partners and other strategic bodies.</p> <p><a href="#">Community Safety Partnerships</a>  <a href="#">Health and Wellbeing Boards</a>  <a href="#">Local Safeguarding Childrens Boards</a>  <a href="#">National Prevent Strategy</a>  <a href="#">Overview and Scrutiny Boards</a></p>	<p>1. Analyse the effectiveness of the current Teeswide arrangements, reporting on how best to avoid any duplication of effort within the Board's Structure, and generate local innovations and solutions.</p>
	<p>2. Assess all relevant strategic structures to examine if closer working arrangements should or could be created with other bodies.</p>
<p>4.2. Evaluate how well agencies are co-operating and collaborating Teeswide.</p> <p><a href="#">Care Act 2014: Care and Support Statutory Guidance 14.139</a></p>	<p>1. Further test and implicitly analyse the awareness of the Board and the work it delivers across agencies Teeswide.  <a href="#">Link to objective 5.1.1</a></p>
	<p>2. Inform the development of objectives with each of the Boards partners, who should integrate these into their strategic plans.  <a href="#">Link to objective 5.1.1</a></p>

Local solutions through services working with their communities			
People Outcome Measure: How this will make a difference	Timeline	Lead Group	Contributors
By March 2017 we will better co-ordinate and prioritise safeguarding adults work.	Sept 2016 & ongoing	Board	All Sub-Groups
	Sept 2016 & ongoing	Board	All Sub-Groups
By March 2017 we will be more effective in ensuring our safeguarding arrangements help and protect adults.	Dec 2016 & ongoing	PAQ	CE
	March 2017	Board	



Strategic Aim Five: Professional Accountability	
Objectives Reference material/Source	Action
<p>5.1. Take timely and appropriate action in relation to safeguarding adults.</p> <p>Board: Strategic Plan 2015-16 Care Act 2014: Care and Support Statutory Guidance 14.139 LGA/ADASS: Standards March 2015</p>	<p>1. Member agencies will complete the professional Quality Assurance Framework (QAF) in line with the agreed timetable, and in doing so, highlight achievements within their own organisations.</p> <p><a href="#">Link to objective 2.2.2</a></p>
	<p>2. Review all Teeswide Policies and Procedures within the prescribed timescales, including the Inter-Agency Policy to include the requirement for partners to report serious malpractice, complaints and grievances in relation to safeguarding adults.</p>
<p>5.2. Challenge one another and hold other Boards to account.</p> <p>Board: Strategic Plan 2015-16 Care Act 2014: Care and Support Statutory Guidance 14.139 Care Quality Commission Community Safety Partnerships Department of Health Health and Wellbeing Boards Healthwatch HM Inspectorates Local Safeguarding Childrens Boards Overview and Scrutiny Boards</p>	<p>1. Linked to the QAF timetable each partner agency will present a short report to the Board describing good practice and challenges faced by their organisation in relation to safeguarding adults.</p> <p><a href="#">Link to objective 5.1.1</a></p>
	<p>2. Monitor the application of Mental Capacity Act, Deprivation of Liberty Safeguard assessments.</p> <p><a href="#">Link to objective 5.1.1</a></p>

Transparency in delivering safeguarding			
People Outcome Measure: How this will make a difference	Timeline	Lead Group	Contributors
By March 2017 we will provide effective assurances about services being delivered to adults.	April 2016 & ongoing	PAQ	
	May 2016 & ongoing	PPP	All Sub-Groups
By March 2017 we will ensure the experiences of adults helps to hold all strategic partners to account.	April 2016 & ongoing	Board	
	April 2016 & ongoing	PAQ	OLPG

Work programme for the Board and Sub-Group structure			
Action Points	Board	CE Sub-Group	LTD Sub-Group
1.1.1		Lead Group	Contributor
1.1.2		Lead Group	Contributor
1.2.1			Contributor
1.2.2		Contributor	Contributor
1.2.3			
2.1.1		Contributor	Contributor
2.1.2	Lead Group	Contributor	Contributor
2.1.3			
2.2.1		Contributor	
2.2.2	Lead Group	Contributor	Contributor
3.1.1		Contributor	Lead Group
3.1.2		Lead Group	Contributor
3.2.1		Contributor	Contributor
3.2.2		Contributor	
4.1.1	Lead Group	Contributor	Contributor
4.1.2	Lead Group	Contributor	Contributor
4.2.1		Contributor	
4.2.2	Lead Group	Contributor	Contributor
5.1.1			
5.1.2		Contributor	Contributor
5.2.1	Lead Group		
5.2.2			

Work programme for the Board and Sub-Group structure			
PAQ Sub-Group	PPP Sub-Group	SAR Sub-Group	Notes
Contributor	Contributor	Contributor	
<b>Lead Group</b>			
<b>Lead Group</b>			
Contributor	<b>Lead Group</b>		
<b>Lead Group</b>			
Contributor	Contributor	Contributor	
Contributor		<b>Lead Group</b>	
<b>Lead Group</b>			
Contributor	Contributor	Contributor	
Contributor			
Contributor			
	<b>Lead Group</b>		
<b>Lead Group</b>			
Contributor	Contributor	Contributor	
Contributor	Contributor	Contributor	
<b>Lead Group</b>			
Contributor	Contributor	Contributor	
<b>Lead Group</b>			
Contributor	<b>Lead Group</b>	Contributor	
<b>Lead Group</b>			

# ADULT SERVICES COMMITTEE

5 January 2017



**Report of:** Director of Child & Adult Services

**Subject:** TACKLING SOCIAL ISOLATION - PUBLIC  
INFORMATION & ENGAGEMENT: PRESENTATION

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## 1. TYPE OF DECISION/APPLICABLE CATEGORY

No decision required, for information.

## 2. PURPOSE OF REPORT

- 2.1 The purpose of this report and the accompanying presentation is to provide the Adult Services Committee with an update in relation to public information and engagement and to advise on progress regarding tackling social isolation through a range of initiatives including the Befriending Network and Project 65.

## 3. BACKGROUND

- 3.1 The provision of high quality easily accessible public information and continued engagement with local citizens remain high priorities for Adult Services, aiming to ensure that individuals are well informed and able to access the support they need in the most straightforward and effective way that suits them. The department is keen to engage with individuals to ensure that services are fit for purpose and able to respond to the changing needs of local communities.
- 3.2 Tackling social isolation is a priority for Hartlepool Borough Council due to the effects it can have on a person's emotional and physical well being. In many cases, social isolation contributes to a decline in a person's health which can ultimately lead to hospitalisation or a reduction in independence, leading to a person requiring residential or nursing care.

The Council is committed to offering as many opportunities as possible for older people to come together within the community and feel they still hold a place and a purpose within Hartlepool.

Befriending networks are a way for people to get back in touch with their local communities in a safe, supported and timely way. These networks aim to be enablers, encouraging individuals who may have previously been isolated perhaps after a period of ill health or bereavement to link back into activities, groups that they may have lost confidence to access.

- 3.3 The department has acknowledged the huge advances in digital technology and the impact this has had within the older population. Project 65 aims to enable older people from a wide variety of backgrounds, including people with long and short term health conditions, to go on enjoying activities and interests they want to do as they get older. The project aims to:
- Provide opportunities for people to develop new skills and interests, retain and make new friends and, if they choose, do something different and interesting;
  - Connect people to their local communities;
  - Enable people to be in control of their activities and choices;
  - Help people to develop their self-confidence and sense of well-being; and
  - Help people stay healthier and well for longer.

The service loans electronic tablets to individuals for a period of up to 6 months. People are shown how to access social media sites and Skype and are introduced to websites such as Hartlepool Borough Council, Direct Gov and Hartlepool Now. Links to local organisations that provide services to reduce the impact of social isolation are also provided together with additional Apps for health related information, advice and guidance, leisure and community involvement. This enables people to access local information independently, or with support from people in their circle. Sessions are provided on a one to one basis or with family/carers in community venues or homes that have WIFI capability.

#### **4. PROGRESS UPDATE**

- 4.1 Officers and service providers (Age UK and Incontrolable) will provide a presentation that gives an update on progress regarding public information, engagement and tackling social isolation.

#### **5. RISK IMPLICATIONS**

- 5.1 There are no risk implications associated with this report.

#### **6. FINANCIAL CONSIDERATIONS**

- 6.1 There are no financial implications associated with this report.

- 6.2 Ongoing work to develop Hartlepool Now is funded from additional resources allocated to support the implementation of the Care Act and is also supported by the Better Care Fund.
- 6.3 The Befriending Network is funded initially as a twelve month pilot from adult services reserves (as reported to Adult Services Committee on 9 June 2016).
- 6.4 Project 65 is funded for twelve months from the Northgate Community Fund. This fund set up through a partnership between Northgate Public Services and Hartlepool Council, which awards grants to organisations to help improve local people's computer skills and digital awareness.

## **7. LEGAL CONSIDERATIONS**

- 7.1 There are no legal considerations 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 implications associated with this report. Public information and engagement are designed to be accessible by all adults, regardless of their age or any disability. The services that aim to tackle social isolation among older people are aimed at those aged 65 and over, and reasonable adjustments are made to ensure that services are accessible by people with disabilities or additional needs.

## **10. STAFF CONSIDERATIONS**

- 10.1 There are no staffing 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 the report and presentation.

**13. REASONS FOR RECOMMENDATION**

- 13.1 Public information, engagement and social isolation continue to be a high priority for Adult Services.
- 13.2 New services and initiatives add to the already wide range of solutions to improve the lives of vulnerable adults, particularly older people within our communities.

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# ADULT SERVICES COMMITTEE

5 January 2017



**Report of:** Director of Child & Adult Services

**Subject:** UPDATE: CARE HOMES FOR OLDER PEOPLE

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## 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.

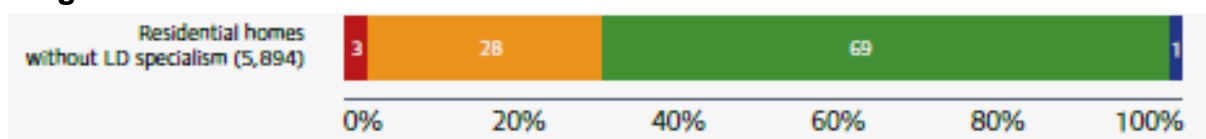
#### 4. CURRENT SITUATION

- 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 'good', two homes being rated 'requires improvement', two homes improving from 'inadequate' to 'requires improvement'. These recent inspections mean that Hartlepool has no care homes rated as inadequate. All embargoes have been lifted therefore all homes are able to take appropriate admissions. This position has increased residential care capacity and improved choice for local residents.
- 4.2 There are still significant issues regarding nursing capacity within the town and unfortunately out of borough placements to support those who have nursing needs continues to rise.

The recently published CQC report 'The state of health care and adult social care in England 2015/16' alludes to a range of issues within the residential / nursing care sector that are reflected here in Hartlepool. CCQ has concluded the following:

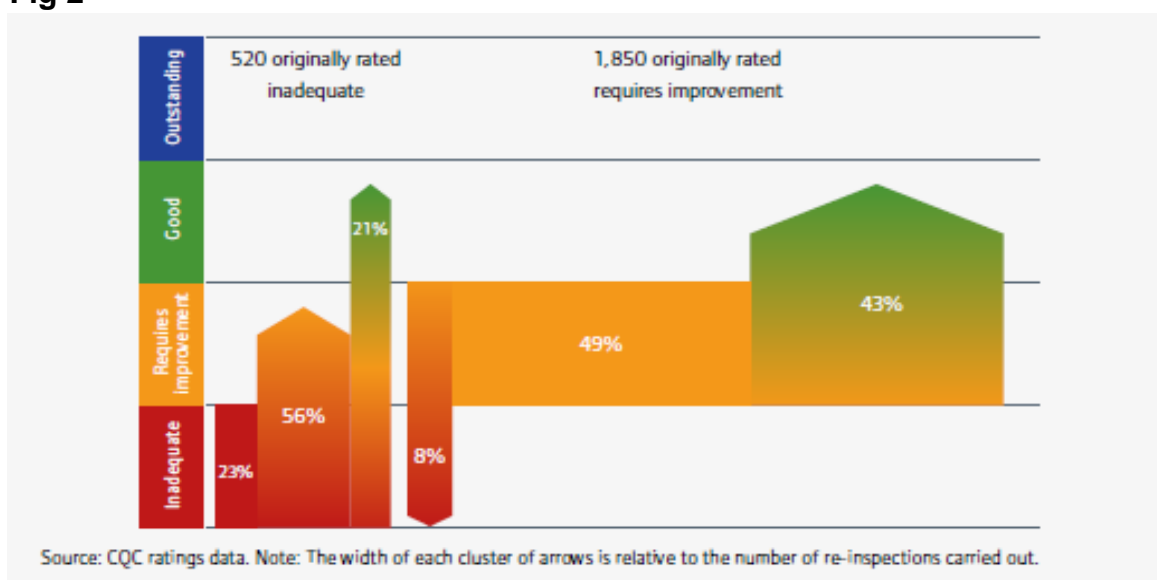
**Adult social care services have been able to maintain quality, but there are indications that the sustainability of adult social care is approaching a tipping point.**

- Of the care homes and home care agencies that we had rated as inadequate, 77% had improved when we re-inspected. Until recently, the growth in demand for care for people with greater care needs had been met by a rise in the number of nursing home beds, but this bed growth has stalled since April 2015.
  - We are concerned about the fragility of adult social care and the sustainability of quality. This is a serious issue for the continuity and quality of care of people using those services, and for the knock-on effects across the whole health and care system: more A&E attendances, more emergency admissions, more delays to people leaving hospital, and more pressure on other services.
- 4.3 Fig. 1 below shows the national percentage ratings for residential and nursing homes. The local position for Hartlepool is 42% 'requires improvement' and 57% 'good'.

**Fig 1**

- 4.4 A range of actions continue to be 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.

The CQC has indicated that when homes are being rated as 'inadequate' or 'requires improvement' action plans implemented by providers in conjunction with commissioners are having a positive overall impact on provision. Fig. 2 shows the national direction of travel which is reflected locally.

**Fig 2**

### HBC Provider Forums / Managers Meetings

Regular discussions with proprietors and managers continue and there is good engagement from care home providers. Recent meetings have covered Medicines Optimisation, Infection Control, the role of the Teeswide Safeguarding Adults Board, Quality Standards Framework, 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; an introduction to the role of the lead Practice Nurse working on behalf of the CCG; Falls Prevention to discuss referrals, common processes and the outcomes and aims of the service; Care Planning and the Mental Capacity Act - a practical application; and an presentation from the Dementia Advisory Service. The sessions continue to be very well attended and feedback about effectiveness is very positive.

#### 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 continues to be beneficial to be able to map the impact of recent closures and head of pressure points within the overall market and ensure that focussed support is given to providers to ensure the continued safety and wellbeing of residents within the homes.

#### 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 however expressed concerns 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 also have concerns regarding 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.

Following the decision of Adult Services Committee in December 2016, providers will be able to contract directly with individuals from February 2017 to ensure that the overall funding for care homes is maximised where possible, to ensure sustainability and continued investment.

#### HBC Quality Standards Framework (QSF)

The QSF, which enables care home fees to be linked to quality of provision, was reviewed following changes to the CQC inspection framework, and this work involved developing a better understanding among professionals of 'what good looks like'. The emphasis within the CQC regime has highlighted mandatory areas for inspection in relation to the Mental Capacity Act and Deprivation of Liberty Safeguards (DoLS), medication and care planning. Revised monitoring tools have been developed to identify gaps in provision and to work in partnership with providers to action plan and ensure quality assured care is delivered. The Council's 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 good looks like'. Draft QSF reports have been issued to providers and an update on revised ratings will be provided to Adult Services Committee in March 2017.

### Enhanced Pharmacy Support

Through the Better Care Fund pooled budget, a pilot was commissioned for 12 months from January 2016 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 aimed to improve standards in care homes while also sharing the learning when things don't go well. The pilot demonstrated positive outcomes and providers valued the additional support provided. All homes completed self assessments and were supported to develop action plans and intensive support was provided to homes during closures, and to those homes with breaches of regulation linked to medication. Regular visits were made to all care homes and these were logged into a system which is 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.

A review is underway to assess the success of the pilot with a view to mainstreaming the service funded from the BCF.

### 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 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 carried out their assessments in the four nursing homes within the town. The results are positive and are 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 increased of £44.25 per week to the Funded Nursing Care rate.

**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.
- 5.2 A piece of work is currently underway to understand the geographic spread of out of borough placements and the impact on individuals and their families. Part of this work will look at how families in particular can be supported to ensure continuity of contact for individuals in care home settings.

**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 continue to 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 OFFICER**

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## 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
West View Lodge	8 April 2016	Good
Gretton Court	13 July 2016	Good
Lindisfarne	9 August 2016	Requires Improvement
Queens Meadow	27 August 2016	Requires Improvement
Stichell House	30 September 2016	Requires Improvement
Brierton Lodge	31 October 2016	Good
Dinsdale Lodge	21 November 2016	Requires Improvement
Clifton House	6 December 2016	Requires Improvement

## Embargoes on New Admissions

Care Home	Embargo Implemented	Embargo Lifted
Dinsdale Lodge (CQC Action)	27 April 2016	12 December 2017
Clifton House (Voluntary)	22 February 2016	6 December 2017

## Vacancy Position: 19 December 2016

Care Provision	Available Beds
Residential Only	41
Nursing Only	0
Residential or Nursing	0

## Out of Borough Placements

Year	Admissions
2013/14	3
2014/15	9
2015/16	15
2016/17	38 (as at 30 November 2016)

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

## CCG CQA Visit Scores

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



# ADULT SERVICES COMMITTEE

5 January 2017



**Report of:** Director of Child & Adult Services

**Subject:** PROVISION OF NURSING CARE FOR OLDER PEOPLE – PRESENTATION FROM HAST CCG

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## 1. TYPE OF DECISION/APPLICABLE CATEGORY

No decision required, for information.

## 2. PURPOSE OF REPORT

- 2.1 The purpose of this presentation is to provide the Adult Services Committee with an update in relation to the position of NHS Hartlepool and Stockton on Tees Clinical Commissioning Group (HAST CCG) in relation to provision and support for nursing residential care for older people.

## 3. BACKGROUND

- 3.1 A report to Adult Services Committee on 6 October 2016 provided an update in relation to care home provision and identified the ongoing pressure regarding availability of nursing beds within Hartlepool. The Committee has been regularly updated regarding this issue and has been advised by Council officers over the past twelve months that joint work is being undertaken with the CCG to support current care home providers and to explore options to expand current provision.
- 3.2 Members were interested in understanding the CCG's position on this issue, as the organisation responsible for the commissioning of nursing home provision, and invited representatives of the CCG to attend a future meeting of the Committee to provide an update.
- 3.3 Representatives of the CCG (Karen Hawkins – Director of Commissioning, Jean Golightly – Director of Nursing & Quality and Paula Swindale – Head of Strategy and Commissioning) are in attendance and will provide an update in the form of a presentation.

#### 4. PROVISION OF NURSING RESIDENTIAL CARE FOR OLDER PEOPLE

- 4.1 Since its inception HAST CCG has been, and remains, committed to supporting older people in their choice to remain at home for as long as is safe and appropriate to do so. In support of this strategic commitment and intent it continues to work in partnership with Hartlepool Borough Council, Stockton-on-Tees Borough Council, NHS North Tees & Hartlepool NHS Foundation Trust (NTHFT), NHS Tees, Esk & Wear Valley Mental Health Foundation Trust (TEVW) and local and regional Voluntary and Social Enterprise (VCSE) organisations. In putting the patient and their family in the centre of this choice based decision, it is also important to acknowledge and prepare for the potential that there are times when remaining at home may not be the safest option, nor provide the optimum quality of life.
- 4.2 The CCG is responsible for commissioning nursing residential care working with the local authorities who then manage the provider's contract under local agreements (Section 75) between the CCG and LAs. Like other Local Authorities areas across the region, Hartlepool has continued to experience pressures within the residential and nursing care home sector and despite providing significantly augmented additional NHS support there have been a number of closures across both residential and nursing home provision.
- 4.3 The Care Quality Commission is the independent regulator of health and social care in England and their role is to ensure that health and social care services provide people with safe, effective, compassionate, high-quality care, as well as encourage care services to improve. To discharge their duties they register, monitor, inspect and regulate services to make sure they meet fundamental standards of quality and safety, and publish the results of these. They also take appropriate regulatory action if care services fail to meet the fundamental standards and this can include cancelling the home's registration. The table below shows Hartlepool residential and nursing care homes that have had their registration cancelled following prolonged concerns in relation to the quality and safety of care provided, despite remedial intervention and support.

Home	Status	Date Closed	CQC inspection report
Ascot Nursing Home	Nursing Residential	May 2014	<a href="http://www.cqc.org.uk/lo-cation/1-126424696#accordion-1">http://www.cqc.org.uk/lo-cation/1-126424696#accordion-1</a>
Admiral Court	Nursing Residential	Jun 2015	<a href="http://www.cqc.org.uk/lo-cation/1-1757550975">http://www.cqc.org.uk/lo-cation/1-1757550975</a>
Highnam Hall	Residential only	Oct 2015	<a href="http://www.cqc.org.uk/lo-cation/1-204529617">http://www.cqc.org.uk/lo-cation/1-204529617</a>

Parkview Residential Home	Residential only	Jan 2016	<a href="http://www.cqc.org.uk/lo/cation/1-204529635/contact">http://www.cqc.org.uk/lo/cation/1-204529635/contact</a>
Four Winds	Residential only	Jan 2016	<a href="http://www.cqc.org.uk/lo/cation/1-204529560">http://www.cqc.org.uk/lo/cation/1-204529560</a>
Manor Park	Nursing Residential	Aug 2016	<a href="http://www.cqc.org.uk/lo/cation/1-135671081">http://www.cqc.org.uk/lo/cation/1-135671081</a>

- 4.4 A number of providers have expressed interest to Hartlepool Borough Council regarding developing care home provision in Hartlepool but at the present time there are no planned developments that will have an impact on the situation in the short to medium term. The CCG awaits further instruction from the Council as to the intent and timeframe of those interested providers to ensure the CCG can be involved in development discussions at the earliest opportunity
- 4.5 In recognition of market conditions, working collaboratively the CCG, HBC and NTHFT have been active in seeking to understand the demand and capacity of the current system, as well as the resilience and sustainability of residential nursing care and the continued challenges. In doing this, the CCG has actively engaged with care providers through a series of individual and joint meetings and events to understand their perspective on the challenges. These meetings have provided the opportunities to identify where the CCG can support the market and jointly develop solutions.
- 4.6 CCG representatives will provide a presentation outlining the current situation.

## 5. RISK IMPLICATIONS

- 5.1 There are risk implications associated with this issue which will be highlighted in the presentation.

## 6. FINANCIAL CONSIDERATIONS

- 6.1 There are financial implications associated with this issue which will be highlighted in the presentation.

## 7. LEGAL CONSIDERATIONS

- 7.1 There are no legal considerations 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 implications associated with this report, although it should be noted that this issue primarily impacts on people aged 65 and over.

**10. STAFF CONSIDERATIONS**

- 10.1 There are no staffing 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 the accompanying presentation.

**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, and has requested further information regarding the provision of nursing residential care.

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