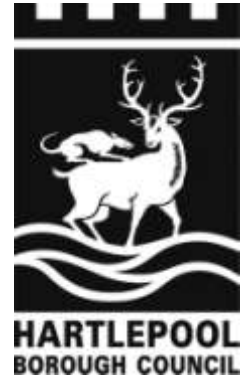


ADULT SERVICES COMMITTEE

AGENDA



Thursday 1 February 2018

at 10.00am

in Committee Room B
Civic Centre, Hartlepool

MEMBERS: ADULT SERVICES COMMITTEE

Councillors Beck, Hamilton, Hind, Loynes, McLaughlin, Richardson, 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 12 January 2018 (*for information as previously circulated*)

4. **BUDGET AND POLICY FRAMEWORK ITEMS**

No items.

5. **KEY DECISIONS**

No items.

6. **OTHER ITEMS REQUIRING DECISION**

No items



7. ITEMS FOR INFORMATION

- 7.1 Hospital Discharge Update – *Director of Adult and Community Based Services*
- 7.2 Quality Ratings for Commissioned Services – *Director of Adult and Community Based Services*
- 7.3 Update: Care Homes for Older People – *Director of Adult and Community Based Services*

8. ANY OTHER BUSINESS WHICH THE CHAIR CONSIDERS URGENT

FOR INFORMATION: -

Date of next meeting – Thursday 1 March 2018 at 10.00am in the Civic Centre, Hartlepool



ADULT SERVICES COMMITTEE MINUTES AND DECISION RECORD

12 January 2018

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

Present:

Councillor: Stephen Thomas (In the Chair)

Councillors: Paul Beck, Mike McLaughlin and Carl Richardson

In accordance with Council Procedure Rule 5.2 (ii), Councillor Katie Trueman was in attendance as substitute for Councillor Lesley Hamilton

Also present:

Frank Harrison (National Pensions Convention/Years Ahead Forum), Evelyn Leck, Sue Little and Gordon and Stella Johnston
Bernard Quinn, In Good Hands

Officers: Jill Harrison, Director of Adult and Community Based Services
Neil Harrison, Head of Service – Adult Services
Angela Armstrong, Principal Democratic Services Officer

59. Apologies for Absence

Apologies for absence were received from Councillors Lesley Hamilton and Brenda Loynes.

60. Declarations of Interest

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

61. Minutes of the meeting held on 14 December 2017

Received.

62. Matters arising from the minutes

The Chair referred to an article that had appeared in the Hartlepool Mail in December following a meeting of Adult Services Committee. The Director of Adult and Community Based Services informed the Committee that the article had quoted incorrect figures relating to the percentage of people over 65 diagnosed with dementia. The Hartlepool Mail had acknowledged

this error and agreed to publish an amended article.

63. Service Users Experience (*Director of Adult and Community Based Services*)

Type of decision

Non key.

Purpose of report

To present the Service User Experience report for Adult Social Care 2017, which was attached at Appendix 1.

Issue(s) for consideration

The report outlined work that had been done to seek the view of people who use adult services and carers regarding the support they receive. The methods utilised to obtain views were outlined in the report and included responses from 1,443 questionnaires and 30 face to face interviews. It was highlighted that the outcomes in Hartlepool from the national surveys undertaken were all above the national and regional averages. In addition to this, for the user survey results, Hartlepool had the best rates in the region for four of the seven measures; and in relation to the carer survey, Hartlepool had the highest rating in the country for one measure and for all five measures was ranked in the top 4 of all authorities in the country.

Members were pleased to note the response rate to the survey of 40% which was a very high return. The Director of Adult and Community Based Services responded to a number of queries and confirmed that as this was an anonymous survey, there was a limit to how much follow up could be undertaken with individuals, however should a theme be identified, this would be followed up by Officers. In addition to this, it was noted that a report on complaints and compliments received by the Department was considered at a previous meeting of the Committee and identified learning from the complaints received. A number of individual issues were raised and the Chair asked the Director of Adult and Community Based Services to respond to these queries direct outside of the meeting.

The Chair highlighted that the response rate to this survey was excellent and it was very encouraging that Hartlepool were performing above the regional and national average. However, it was noted that Members and Officers continually strived to improve service provision despite the current financial constraints the Council was facing. With this in mind, Officers were commended for their contributions to this outstanding performance and their ongoing commitment and hard work to improve service provision. The Committee were informed that strategies for engagement within adult services were currently being reviewed and a report would be submitted to the Committee in due course.

Decision

- (1) The work undertaken to understand the views of people who use the services was noted.
- (2) The feedback that had been provided was noted.
- (3) The dedication and commitment of staff in Adult Services in delivering high quality services was recognised.
- (4) The publication of the report was noted.

64. Care Quality Commission: Local System Review
*(Director of Adult and Community Based Services)***Type of decision**

For information.

Purpose of report

To provide the Committee with an update regarding the Care Quality Commission's Local System Review for Hartlepool, which was published in December 2017.

Issue(s) for consideration

The report provided the background to the introduction of performance measures as part of the Improved Better Care Fund. The review focussed on over 65s and specifically considered how health and social care services worked together. The review had been undertaken in September and October 2017 and the final report was published in December 2017 following a Local Summit. The work had begun to develop an action plan in response to the areas for improvement that had been identified. The final report was attached and summarised the outcome of the review and identified a wide range of areas of good practice and areas where new initiatives had a positive impact. In addition, the report also acknowledged that there were areas where performance had improved significantly, such as Delayed Transfers of care.

On behalf of the Committee, the Chair wished to formally thank the Director of Adult and Community Based Services for the hard work and commitment given to co-ordinating and facilitating the visit of the Care Quality Commission to ensure the visit went smoothly and all partner organisations had been fully engaged and involved in the review.

A Member referred to the issue of recruitment of nursing staff as noted in the report and sought clarification on what measures were in place to deal with this. The Director of Adult and Community Based Services commented that the recruitment of nursing staff was a national issue, and referred to previous updates to Committee that had been provided by the Clinical Commissioning Group.

In response to a question from a Member, the Director of Adult and

Community Based Services confirmed that the Care Quality Commission had recognised that availability of nursing home beds had had a negative impact on performance in 2016/17 in particular, and that this had impacted on delayed transfers and people moving out of the area for their care. It was noted that a new care home opened in May 2017 and another new care home was due to open in the next few weeks which had contributed to improved performance. The Director informed the Committee that a report would be submitted to the next meeting on older people's care homes and would show that the number of out of area placements were falling significantly. The Director also commented that Officers remained committed to driving improvements in the quality of care across care home provision.

During the discussion that followed the Director of Adult and Community Based Services responded to a number of queries in relation to the review undertaken by the CQC.

The Chair concluded that the outcome of the review had generally been extremely positive and highlighted the progress made over the previous two years. This included the work undertaken around hospital discharges, the ongoing work at The Bridge which had a tremendous impact and the progress made by the Local Authority and its partners in the last 12 months in a very complex area where services are under a lot of pressure. It was highlighted that the Health and Wellbeing Board was responsible for monitoring the implementation of the action plan and that updates would be received by the Committee as the plan was implemented.

Decision

- (1) That the outcome of the Care Quality Commission local system review for Hartlepool was noted.
- (2) It was noted that the action plan developed in response to the review findings would be monitored through the Health and Wellbeing Board.
- (3) That the Committee formally thank the Director of Adult and Community Based Services for all her hard work and commitment to facilitating the arrangements associated with the Care Quality Commission local system review.

65. Care and Support for Deafblind Adults (*Director of Adult and Community Based Services*)

Type of decision

For information.

Purpose of report

To provide the Committee with information regarding the Council's duties under the Care Act 2014 to support adults who are Deafblind.

Issue(s) for consideration

The report outlined the duties of local authorities in relation to Deafblind people within their local area and a representative from In Good Hands provided a detailed and comprehensive presentation which showed that In Good Hands (IGH) was a Deafblind Support Project based in the new Centre for Independent Living which continued to work in partnership with the Council to develop and improve services to people with age related dual sensory loss. Further details of the support provided through training were noted in the presentation and report along with the local providers receiving free support and training. A key aim of the IGH project was to raise awareness amongst professionals and front line workers in relation to identifying people with Dual Sensory loss. It was noted that the Council was working with IGH to develop an e-learning platform course to complement the existing training offer for staff. Attached at Appendix 1 was a report which detailed the impact of the project and its social return on investment. Members were asked to note that Incontrol-able (a Community Interest Company and User Led Organisation) had received further funding from the Northgate Community Fund to continue the Project 65 tablet loan service.

During the discussions that followed the presentation, Members were encouraged to note that Hartlepool was leading the way in identifying deafblind people and raising awareness of dual sensory loss. The representative from In Good Hands provided clarification on a number of pertinent points raised during the discussions. A Member highlighted that NHS staff were required to complete training as part of Continuous Professional Development requirements and suggested that contact be made to explore the potential of including the online courses available through In Good Hands as part of training offered. The representative from In Good Hands agreed to discuss this further outside of the meeting.

Further information was provided regarding engagement throughout the north east including local authority and health service providers highlighting that training and awareness raising across all sectors was key to understanding the impact of deafblindness and the pathway to access support.

The Chair concluded that the report and presentation demonstrated the tremendous amount of work being undertaken by the local authority in partnership with a number of other organisations in identifying people with dual sensory loss within the community and ensuring the best quality service provision was available to everyone who required it.

Decision

The information provided was noted.

66. Any Other Items which the Chairman Considers are Urgent

The Chairman ruled that the following items of business should be considered by the Committee as a matter of urgency in accordance with the provisions of Section 100(B) (4)(b) of the Local Government Act 1972 in order that the matter could be dealt with without delay.

67. Any Other Business

A Member highlighted that he was yet to receive a response from Hartlepool and Stockton on Tees Clinical Commissioning Group in relation to his question about children and young people with mental health issues being looked after in places of safety.

The representative from the National Pensions Convention informed Members that the Annual Dignity Day was being held on 3 February 2018 at the Salvation Army Citadel in South Shields between 10.00am and 3.00pm.

The meeting concluded at 11.40 am

P J DEVLIN

CHIEF SOLICITOR

PUBLICATION DATE: 19 January 2018

ADULT SERVICES COMMITTEE

1 February 2018



Report of: Director of Adult & Community Based Services

Subject: HOSPITAL DISCHARGE UPDATE

1. TYPE OF DECISION/APPLICABLE CATEGORY

No decision required, for information.

2. PURPOSE OF REPORT

2.1 The purpose of this report is to provide the Adult Services Committee with an update in relation to hospital discharges and delayed transfers of care.

3. BACKGROUND

3.1 Previous reports to Adult Services Committee in February and November 2016 and June 2017 provided updates in relation to hospital discharge arrangements and actions that had been taken following Healthwatch Hartlepool's Hospital Discharge Project. These reports confirmed that actions had been implemented, or were being taken forward through Better Care Fund planning and also indicated that there had been an increase in delayed transfers of care nationally, regionally and locally.

3.2 Since these reports to Adult Services Committee, there has been a continued and increasing national focus on hospital discharges and the wider context of pressures on health and social care linked to the Better Care Fund, winter planning and Local System Reviews undertaken by the Care Quality Commission.

4. CURRENT POSITION

4.1 Annual targets for DToCs are agreed through the Better Care Fund Plan and reported to the Health & Wellbeing Board.

- 4.2 Local targets for DToCs were not achieved in 2016/17, and it was recognised that a key challenge that affected performance in 2016/17 was availability of nursing home beds for older people, which accounted for 42% of delays within the year.
- 4.3 The position in relation to nursing beds has improved significantly in 2017/18 with new nursing home provision available from May 2017 and a further development expected early in 2018.
- 4.4 During Q1 of 2017/18 there were 1,190 delayed days reported against a target of 1,279 days meaning that the target was achieved.
- 4.5 During Q2 of 2017/18 there were 882 delayed days reported against a target of 1,037 days, evidencing further improvement against this measure.
- 4.6 These figures combined demonstrate that in the first six months of 2017/18, the number of DToCs in Hartlepool was under target by 244 days or 10.5%.
- 4.7 The main reasons for reported delays during this time period were people awaiting nursing home placement or availability; patient or family choice and people awaiting further non-acute NHS care (including intermediate care, or rehabilitation services).
- 4.8 Factors that have contributed to this improvement in performance include:
- Development of an Integrated Discharge Team;
 - Weekend working arrangements;
 - Implementation of the Patient Choice Policy which has ensured that patients and their families receive consistent messages and appropriate support to consider alternatives;
 - Development of Integrated Discharge Pathways;
 - Support for people to access suitable out of area placements; and
 - Support for existing care homes to maintain residential care capacity.
- 4.9 The success of the Integrated Discharge Team was recognised in June 2017 when the team won the Best Innovation Project award at the North East, Cumbria, Yorkshire and Humber Commissioning Awards.
- 4.10 Further actions have been identified to maintain and further improve performance including:
- Building on the success of the Integrated Discharge Team;
 - Further development of Trusted Assessor approaches following the successful pilot for the elective orthopaedic pathway; and
 - Continued support for care homes to ensure sustainability of the local care market.
- 4.11 DToC performance will continue to be closely monitored through the Better Care Fund, and reported to the Health & Wellbeing Board on a quarterly basis.

5. RISK IMPLICATIONS

- 5.1 There are risks associated with older people staying in hospital for longer than is essential. These can include hospital acquired infections, loss of muscle tone and increased dependence.
- 5.2 There are risks for the wider health and social care system if people are delayed in hospital, as this puts pressure on hospital services and on community health services and social care. Hospital stays that are longer than necessary may also increase the likelihood of admissions to 24 hour care settings.

6. FINANCIAL CONSIDERATIONS

- 6.1 There are no financial implications specifically 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. Issues regarding delayed transfers of care primarily impact on people aged 65 and over as this age group represents the majority of people who are discharged from hospital with identified social care needs or ongoing health 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, including the current positive performance in relation to Delayed Transfers of Care and ongoing work to maintain and further improve performance.

13. REASONS FOR RECOMMENDATIONS

- 13.1 Improvements to the hospital discharge process that reduce delayed transfers of care result in better outcomes for people, including a reduction in readmissions following a hospital stay, reduced duplication through integrated working and a better experience for people using services and their families / carers.

14. CONTACT OFFICER

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ADULT SERVICES COMMITTEE

1 February 2018



Report of: Director of Adult & Community Based Services

Subject: QUALITY RATINGS FOR COMMISSIONED SERVICES

1. TYPE OF DECISION/APPLICABLE CATEGORY

1.1 No decision required; for information.

2. PURPOSE OF REPORT

2.1 Further to an update for these services in July 2016 and regular updates for Older Persons Care Homes, this report provides the Adult Services Committee with an update on quality ratings for all other commissioned social care services that are regulated by the Care Quality Commission (CQC).

3. BACKGROUND

3.1 Care home provision for older people is discussed regularly at Adult Services Committee with updates on pertinent issues and the latest CQC ratings.

3.2 There are a number of other services commissioned for adults in Hartlepool that are regulated, inspected and rated by the CQC, which are summarised in this report. These include;

- Domiciliary care services for older people;
- Non residential services for working age adults;
- Residential care for people with learning disabilities; and
- Residential care for people with mental health needs.

3.3 In addition to services commissioned by the Council, there are some services that are regulated by the CQC and provide support to people in Hartlepool, where there is no contract in place with the Council. This includes services purchased privately, services purchased using Direct Payments and services that are commissioned and funded by the NHS to meet health needs.

4. COMMISSIONED REGULATED SERVICES

4.1 All services commissioned by the Council are subject to contract monitoring and the Quality Standards Framework. Regulated services are also required to be registered by the CQC and are subject to regular inspection, which is followed by a published rating.

4.2 These services include:

4.2.1 Home Care for Older People

Homecare for older people is commissioned from two providers, one covering the south of the town and one covering the north. There is ongoing monitoring of these services through the Quality Standards Framework and, as for care homes, the services have named link officers within the Commissioned Services team to ensure any issues or support required is dealt with effectively and in a timely manner.

Home care services have recently been tendered as reported to Committee previously, and new contracts will commence in April 2018. The outcome of the tender process has not yet been made public, owing to the legal framework and standstill periods within the tender process. The CQC ratings for homecare services within this report are for the incumbent providers.

4.2.2 Non Residential Services for Working Age Adults

Services that support working age adults in their own homes or in the community, usually those with learning disabilities and / or mental health needs, are commissioned using a framework agreement. This means that a number of providers are accredited to provide these services and the person has a choice about which provider to use (as well as the choice to use a Direct Payment to access alternative services if they wish to do so).

4.2.3 Residential Care for People with Learning Disabilities

There are a number of providers of residential care for adults with learning disabilities within Hartlepool operating small group homes and a building based respite service. In addition to these services, a number of former residential care settings have moved to a supported living model over the last few years. This means that people are supported in their own tenancies and these services are not regulated by the CQC, but are still monitored by the Council.

4.2.4 Residential Care for People with Mental Health Needs

Most people with mental health needs are supported in their own homes or in supported housing settings. In addition, there are a small number of residential care settings that are regulated by CQC and support adults with mental health needs.

4.2.5 Extra Care Support

There are two purpose built Extra Care schemes in Hartlepool. Hartfields was developed in partnership with the Joseph Rowntree Housing Trust, who

continue to operate the care services on site and Laurel Gardens was built by the Thirteen Group with care services operated by Dale Care following a recent tendering exercise. There are also a number of virtual Extra Care Schemes where care is operated by Dale Care; these operate in existing Thirteen Group sheltered housing schemes at Richard Court, Albany Court & Bamburgh Court. All of these schemes have criteria for individuals with care needs to access services and allocations panels to ensure there is the correct balance of care needs in each location to ensure that safe and effective care can be delivered. The majority of people accessing these services are over 55 but there are exceptions where those of working age with either learning or physical disabilities who meet specific criteria are having their care needs supported. The service provided by Dale Care in Hartlepool has not yet been inspected, their overarching homecare service based in Durham is rated as 'good'.

- 4.3 A summary of all of the current CQC ratings for all of these services is attached as **Appendix 1**.
- 4.4 It is positive to note that the majority of services are rated as 'good'. Those services rated as 'requires improvement' have plans in place to deliver those improvements and can access support from the Council in terms of their action plans and monitoring of progress.
- 4.5 Both residential and non-residential providers have access to the training and support provided through the Commissioned Services Team and the wider Council. All providers are encouraged to attend regular forums for managers and proprietors to enable networking and the sharing of good practice.

5. NEW DEVELOPMENTS

- 5.1 Since the last update there has been a new development within the town at Whitethorn Gardens, off Seaton Lane comprising four separate buildings set in spacious grounds.
- 5.2 The development intended to provide residential care in two buildings configured into four 3 bedroomed homes, and two apartment blocks each providing 8 1 bed-roomed apartments for independent living.
- 5.3 The development and the care organisation, Elan Care, are currently going through the CQC accreditation process. Early indications are that residential care will not be able to be delivered from the site which means there will potentially be 26 units of supported living accommodation with at least one apartment used to provide short break care.

6. RISK IMPLICATIONS

- 6.1 There are no specific risks associated with existing services at the present time.

- 6.2 As reported previously, there are significant risks associated with managing the care market. Councils have a duty within the Care Act to ensure that services are available locally to meet identified need, but the care market is constantly changing and there is a degree of fragility within some service areas. If there is insufficient provision locally, there is a risk that more people access of out of area placements, which can be costly and are not necessarily the best option to meet needs in the longer term. Conversely, over provision can result in people moving in to an area from other Local Authorities which can place pressure on local services and create financial risks in relation to ordinary residence.

7. FINANCIAL CONSIDERATIONS

- 7.1 There are significant financial considerations associated with the sustainability of commissioned services, including calculating the fair cost of care and implementation of the National Living Wage. There are no financial considerations specifically linked to this report.

8. LEGAL CONSIDERATIONS

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

9. CHILD AND FAMILY POVERTY CONSIDERATIONS

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

10. EQUALITY AND DIVERSITY CONSIDERATIONS

- 10.1 There are no equality and diversity considerations associated with this report. The regulation and rating of services is consistent across all ages and client groups in order to ensure an equitable and consistent approach.

11. STAFF CONSIDERATIONS

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

12. ASSET MANAGEMENT CONSIDERATIONS

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

13. RECOMMENDATIONS

- 13.1 It is recommended that the Adult Services Committee note the contents of this report and receive further updates as required.

14. REASONS FOR RECOMMENDATIONS

- 14.1 Commissioned services that are regulated by the CQC meet the needs of adults in Hartlepool with eligible social care needs, and the Council has a role in relation to commissioning good quality services to meet those needs.

15. CONTACT OFFICER

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QUALITY RATINGS FOR COMMISSIONED SERVICES

Domiciliary Care for Older People

Provider	Publication Date	Rating
Careline Homecare	18 February 2017	Good
Hartlepool Care Services (CareWatch)	24 May 2016	Good

Non Residential Care for Working Age Adults

Provider	Publication Date	Rating
Voyage	17 March 2017	Good
Pathways to Independence	21 October 2016	Good
Positive Support in Tees	17 June 2016	Good
Real Life Options	15 September 2017	Good

Residential Care for People with Learning Disabilities

Provider	Publication Date	Rating
Creative Support Ltd	10 February 2016	Good
Voyage: Fivepenny House	15 August 2017	Good
Voyage: Glendale	14 September 2017	Good
Voyage: Greenfields Lodge	27 July 2017	Good
Voyage: South Highnam	4 August 2017	Good
The Crescent Care Home Ltd	23 March 2016	Good
Voyage: Belchford	28 November 2017	Good
My Life: Burbank Mews	23 May 2017	Requires Improvement

Residential Care for People with Mental Health Needs

Provider	Publication Date	Rating
Seymour House	31 October 2017	Requires Improvement
Wordsley House	7 July 2017	Good

Extra Care Providers

Provider	Publication Date	Rating
JRF: Hartfields	31 May 2017	Good
Dale Care	Not yet inspected in Hartlepool	Good (at main service)

ADULT SERVICES COMMITTEE

1 February 2018



Report of: Director of Adult & Community Based Services

Subject: UPDATE: CARE HOMES FOR OLDER PEOPLE

1. TYPE OF DECISION/APPLICABLE CATEGORY

1.1 No decision required; for information.

2. PURPOSE OF REPORT

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

3. BACKGROUND

3.1 There have been regular updates to Adult Services Committee since October 2015 providing details of CQC inspection ratings, vacancy data and progress in the following areas:

- Quality Assurance Frameworks;
- HBC Care Home Meetings;
- Fee Negotiations; and
- Support Provided to the Care Home Market.

4. PROGRESS UPDATE

4.1 Since the last report to Adult Services Committee on 22 June 2017 there have been a number of developments.

4.2 CQC Ratings

A summary of current CQC ratings is attached as **Appendix 1**. Two homes that were rated 'requires improvement' have been re-inspected and rated as 'good' and there are early indications that a third home rated as 'requires improvement' will move to being rated as 'good' following a recent inspection.

There are no homes rated as 'inadequate'. Homes rated as 'requires improvement' have action plans that are closely monitored by the officers to ensure improvements are made.

Recent changes in ratings mean that Hartlepool now has 9 homes rated 'good' (64%) and 5 rated as 'requires improvement' (36%). This is an improvement from the position in June 2017 when 7 homes (50%) were rated as 'requires improvement'. The Council remains committed to supporting further improvements in care quality and a number of the initiatives set out below will contribute to the Care Quality Improvement Programme for 2018/19.

4.3 Quality Standards Framework

Since the last report to Committee officers have been working closely with providers, managers and staff to implement action plans that deliver improvements, in conjunction with gathering evidence for the next round of ratings. These ratings will be notified to providers at the end of January, after which time providers have the opportunity to appeal the rating. Early indications are that there are no homes rated below Grade 2. The home that was rated Grade 3 last year successfully made sufficient rapid improvement to achieve a Grade 2 rating. **Appendix 1** sets out the current grades for each home, revised ratings will be reported in the next update.

4.4 Brierton Lodge – Change in Ownership

This home has recently had a change in ownership and, as with Sheraton Court last year, the home has been purchased by HC One. Reports from Sheraton Court regarding the change in ownership have been very positive so there are no anticipated concerns with the change at Brierton Lodge.

4.5 Rossmere Park Care Centre

The home had just opened to residents at the last update and is now well established. There was an official opening attending by members of the Committee and the Ceremonial Mayor, Councillor Beck.

The home has integrated well within the local community using local businesses such as pharmacy, greengrocer, bakery etc. The management of the home has been very responsive in working with the Council and has readily accepted support and advice, particularly when managing initial issues inherent with opening any new establishment.

The service has a total of 50 beds, 20 for general nursing care and 30 for residential or dementia residential placements.

4.6 De Bruce Court Care Home

De Bruce Court is the property on Jones Road which was built approximately 2 years ago with the intention of providing neuro rehabilitation services in the 46 bedded home. The size of the proposed service and lack of local need at that level led CQC to decline registration. The provider, Durham Careline Lifestyles, has since reregistered the home to provide nursing and residential care for older people, with a focus on dementia.

The home has 46 beds in a mixture of single en suite rooms, small apartment type accommodation and some one-bed roomed bungalows and offers a variety of accommodation to meet people's needs. The home has completed the accreditation process required to contract with the Council and will be open for residents from early February 2018. There will be an official opening once the home is established.

4.7 Former Admiral Court Care Home

As reported previously the former Admiral Court Care Home was purchased by a new provider (Qualia Care). A significant amount of work is required to bring this care home back into operation and the home remains closed at the present time with no confirmed timescales for work to be completed, or a potential opening date.

4.8 Support provided to the Care Home Market

There has not been a managers forum since the last update, the next Forum is planned for 23 February 2018 and will focus on the following topics:

- Infection Control
- Evaluation of Training & Education Programme - A Hartlepool View.
- CQC: how can they support the Care Home Market - More than just regulation?
- Shared review of the QSF results 2017

There has been engagement with Care Homes in an alternative way in the last year with a series of focussed 'weeks' carried out jointly between the individual link officer for each home and social care professionals. This has enabled a partnership approach to review day to day practice in the home, reviewing interaction between staff and residents. Although this has taken a significant level of resource the feedback has been exceptionally positive from Registered Managers. They have been able to spend time with officers from the council and focus on particular issues for their home to make improvements and think proactively about positive action for the future. This more personal approach has been welcomed by managers and will continue as part of the overarching Care Quality Improvement Programme.

4.9 CCG/HBC Training & Education Programme

The last update advised of the launch of the North Tees & Hartlepool Education Alliance. This is a partnership between Hartlepool Borough Council, Stockton-on-Tees Borough Council, Hartlepool & Stockton on Tees CCG, North Tees & Hartlepool NHS Foundation Trust, Tees Esk and Wear Valley Foundation Trust and Alice House Hospice to provide a range of training for care homes.

The programme covers Revalidation of Nursing Registration, Palliative Care Awareness, Dementia Awareness, Falls Prevention and Wellbeing of the Elderly and the training aims to increase confidence of care home staff by providing practical skills training within a care home setting. The training is being delivered in each locality to facilitate staff to attend.

The training includes, but is not limited to:

- Principles around end of life care planning and having difficult conversations;
- Early detection and treatment of the symptoms of delirium;
- Understanding falls and the prevention of falls;
- Recognition of deterioration in residents of care homes;
- Skin integrity; and
- Fluids and nutrition.

The aim of targeted training in care homes is to empower staff to provide better care for residents and assist in the reduction of hospital admissions. The programme is now being delivered in Hartlepool with all homes engaged in supporting their staff to attend.

Attendance has been particularly good in Hartlepool with 100% of care homes participating in some element of the training that is relevant and complimentary to each individual home. Early indications demonstrate that there is a positive impact on admissions to hospital, further longitudinal analysis will be undertaken as the training programme progresses to identify impact and trends.

Better Care Fund resources were recently approved to continue funding the programme for a further two years.

4.10 HBC Fee Negotiations

Fee negotiations will commence in the coming weeks. Some requests have been made by providers for individual homes, all of which are in excess of the financial resource available for inflation as per the Medium Term Financial Strategy. Fees will be offered, as previously, based on a basket of indices taking into account National Living Wage and inflationary uplifts linked to the Office of National Statistics (ONS). General feedback from proprietors is that this approach demonstrates positive and transparent working within very difficult financial circumstances.

Last year providers, in many cases, accepted the fee uplift without prejudice and indicated they would need further discussion around the cost of care linked to their specific home or organisation. Further information was provided regarding new funding streams reported in the media both from the additional social care precept on Council Tax and the improved Better Care Fund (iBCF), which specifically identifies the requirement for Local Authorities to support the social care provider market.

Care home fee rates have been increased by an additional 3.4% specifically linked to the IBCF allocation. This has been backdated to April 2017 and is in addition to the 2.86% inflationary uplift already agreed for 2017/18. Care homes have also been offered capital investment from the IBCF allocation to deliver improved care environments that have demonstrable benefits for residents. A notional allocation of £500 per registered bed was identified and providers have submitted plans for approval. A number of proposals are focused on creating dementia friendly environments which will improve

resident experience.

Providers continue to express 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. Some of the concerns regarding complexity of individuals requiring nursing care are expressed equally by providers of residential care.

5. RISK IMPLICATIONS

- 5.1 There continue to be 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, the number of out of area placements will continue to increase 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 The opening of Rossmere Park Care Centre has provided much needed capacity, particularly within nursing care which is reflected in the downward trend of Out of Borough Placements compared to 2016/17. It is anticipated that the impending opening of De Bruce Court will further strengthen the position and provide capacity and choice within the residential care market. Work will continue to support existing and potential new providers to ensure sufficiency within a very challenging business environment.

6. FINANCIAL CONSIDERATIONS

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

7. LEGAL CONSIDERATIONS

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

8. CHILD AND FAMILY POVERTY CONSIDERATIONS

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

9. EQUALITY AND DIVERSITY CONSIDERATIONS

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

10. STAFF CONSIDERATIONS

10.1 There are no staff considerations associated with this report.

11. ASSET MANAGEMENT CONSIDERATIONS

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

12. RECOMMENDATIONS

12.1 It is recommended that the Adult Services Committee note the contents of this report and receive a further update in six months.

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
Sheraton Court	04 September 2015	Good
Elwick Grange	03 December 2015	Good
West View Lodge	08 April 2016	Good
Clifton House	15 December 2016	Requires Improvement
Wynyard Woods	15 February 2017	Good
Gretton Court	29 March 2017	Requires Improvement
Seaton Hall	29 March 2017	Requires Improvement
Charlotte Grange	29 June 2017	Requires Improvement
Lindisfarne	24 August 2017	Good
Queens Meadow	21 October 2017	Requires Improvement
Brierton Lodge	31 October 2017	Good
Stichell House	14 November 2017	Good
Warrior Park	28 November 2017	Good
Dinsdale Lodge	30 December 2017	Good

Vacancy Position: 8 January 2018

Care Provision	Available Beds	Average 2017/18	Average 2016/17	Average 2015/16
Residential Only	40	47.1	36.1	67.8
Nursing Only	7	8.5	2.8	3.1

Out of Borough Placements

Year	Admissions
2013/14	3
2014/15	9
2015/16	15
2016/17	51
2017/18	*18

Figures based on permanent new admissions of people aged 65+

* Figures at the end of December 2017

Care Home	2015	2017
Brierton Lodge	Grade 1	Grade 1
Charlotte Grange	Grade 2	Grade 2
Clifton House	Grade 2	Grade 2
Dinsdale Lodge	Grade 2	Grade 2
Elwick Grange	Grade 1	Grade 1
Gretton Court	Grade 1	Grade 1
Lindisfarne	Grade 2	Grade 2
Queens Meadow	Grade 1	Grade 1
Seaton Hall	Grade 2	Grade 2
Sheraton Court	Grade 1	Grade 1
Stichell House	Grade 1	Grade 1
Warrior Park	Grade 2	Grade 2
West View Lodge	Grade 2	Grade 2
Wynyard Woods	Grade 1	Grade 1