

PLEASE NOTE TIME OF MEETING

# **ADULT AND COMMUNITY BASED SERVICES COMMITTEE AGENDA**



**Thursday 27 February 2020**

**at 3.00 pm**

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

**MEMBERS:** ADULT AND COMMUNITY BASED SERVICES COMMITTEE

Councillors Brewer, Little, Prince, C Richardson, Thomas, Ward and Young.

**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 30 January 2020.

**4. BUDGET AND POLICY FRAMEWORK ITEMS**

No items.

**5. KEY DECISIONS**

No items.

**6. OTHER ITEMS REQUIRING DECISION**

No items.



## PLEASE NOTE TIME OF MEETING

### 7. ITEMS FOR INFORMATION

- 7.1 Deputyship Review by the Office of the Public Guardian – *Director of Adult and Community Based Services*
- 7.2 Care Homes for Older People – *Director of Adult and Community Based Services*
- 7.3 Sensory Impairment Joint Plan – *Director of Adult and Community Based Services*

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

#### FOR INFORMATION

Forthcoming meeting dates are set out below. All meetings will be held in the Civic Centre, Hartlepool.

Thursday 19 March, 2020 at 10.00 am



# **ADULT AND COMMUNITY BASED SERVICES COMMITTEE**

## **MINUTES AND DECISION RECORD**

30 JANUARY 2020

The meeting commenced at 9.30 am in the Civic Centre, Hartlepool.

### **Present:**

Councillor: Sue Little (In the Chair)

Councillors: James Brewer, Carl Richardson, Stephen Thomas, Barbara Ward, and Mike Young.

Also present: Councillor Jim Lindridge as substitute for Councillor Amy Prince in accordance with Council Procedure Rule 4.2.  
Councillors Marjorie James and Ann Marshall.  
Frank Harrison and Evelyn Leck.

Officers: Jill Harrison, Director of Adult and Community Based Services  
Catherine Grimwood, Performance and Partnerships Manager  
David Cosgrove, Democratic Services Team

### **43. Apologies for Absence**

Apologies for absence were received from Councillor Amy Prince and Gordon and Stella Johnston.

### **44. Declarations of Interest**

Councillors C Richardson, Thomas and Ward declared personal interests.

### **45. Minutes of the meeting held on 19 December 2019**

Received.

### **46. Council Plan 2020-23** (*Director of Adult and Community Based Services*)

#### **Type of decision**

Budget and Policy Framework.

**Purpose of report**

To provide the Committee the opportunity to consider the proposals that fall under the remit of the Committee for inclusion in the Council Plan 2020/21 – 2022/23 which is currently out to consultation.

**Issue(s) for consideration**

The Director of Adult and Community Based Services reported that following consultation in the second half of 2019 on priorities for the new Council Plan, a draft plan had now been prepared and was open to consultation for a period of five weeks. This would include reference to all Policy Committees, partner groups and organisations and a Members' Seminar.

As a whole, the priorities identified in the Council Plan aimed to improve opportunities for adults in the town. However, the actions set out under the strategic priorities 'Developing a healthy Hartlepool by working with our communities to improve the health and wellbeing of our people' and 'Improving outcomes for adults with health and social care needs and their carers' would be of particular interest to this Committee. The Committee was, therefore, requested to consider the consultation draft and provide feedback which will inform the preparation of the final Council Plan.

A Member questioned how the Council Plan had been prepared. The Director stated that the Plan had been drafted collectively by the Corporate Management Team (CMT) with the Director specifically involved in the development of strategic properties 4 and 6 – "Developing a healthy Hartlepool by working with our communities to improve the health and wellbeing of our people" and "Improving outcomes for adults with health and social care needs and their carers".

There were some questions raised around economic regeneration which the Director stated would be considered by the Regeneration Services Committee, though Members could also feed comments in to the Finance and Policy Committee and there had also been a Members Seminar the previous day on the proposed Council Plan.

Members commented that some of the issues referred to in the plan required some comparator information showing how the council had progressed during the life of the previous plan and what the situation was now, and also how success would be measured. The Director stated that there was statistical information gathered on a wide range of services and health issues with the majority falling under the remit of the Health and Wellbeing Board and covered in the Health and Wellbeing Strategy. In the measures of smoking and obesity mentioned by Members, the Director stated that Hartlepool did not perform well on those measures when compared to other areas, although there were strategies to deal with both under the Health and Wellbeing Board.

A Member commented that there was no mention of the effects that austerity had had on the town and particularly the effects on the older generation, and only limited reference to the housing needs of older people or people with disabilities. There was also little acknowledgement of the digital agenda, and the potential to make better use of technology to support people to live independently in their own homes.

A Member commented that the Plan in its current format was representative of the 'silos' council still worked with. There should be a more cross-cutting cradle to grave approach taken highlighting how each service interacted at the different stages of life. There was little on how the local authority would build the right workforce to tackle the needs of the vulnerable in the town. The plan in this form was anachronistic.

A Member who had attended the Seminar questioned how the Council would be able to measure its success and report this back to the public. There needed to be targeting of those that used our services in all venues to talk to them and ask them how they would measure our success. The Director stated that Adult Services did survey people who use services annually and carers bi-annually. While accepting they were a small percentage of the overall town population they did reflect the people the services were aimed at. Feedback from people accessing services is also captured through compliments, complaints and consultation events on specific issues. Once the plan was agreed there would be performance measures developed beneath each of the priorities.

A Member did feel that consultation was not getting to the elements of the public whose feedback was really needed. The Council also had opportunities when it had a 'captive audience' such as the summer free swims programme. This could provide an opportunity to speak to young people and their parents / grandparents to promote messages around fire safety, healthy heart checks and other preventative interventions. It was also suggested that consultation documents could be included in Hartbeat or the Council Tax annual bills in order to reach each household.

The Director undertook to take the members comments on board and ensure they were reported back to Finance and Policy Committee through the minutes of the meeting. The Chair indicated that following the end of the consultation period the final Council Plan would be submitted to Finance and Policy Committee on 16th March 2020 for agreement and referral to Council on 19th March 2020.

### **Decision**

That the report be noted and that the Committee's comments be reported to the Finance and Policy Committee.

**47. Any Other Items which the Chairman Considers are Urgent**

None.

The Committee noted that the next meeting would be held on Thursday 27 February, 2020 at 3.00 pm in the Civic Centre, Hartlepool.

The meeting concluded at 10.05 am.

**H MARTIN**

**CHIEF SOLICITOR**

**PUBLICATION DATE: 12 FEBRUARY 2020**

# ADULT AND COMMUNITY BASED SERVICES COMMITTEE

27 February 2020



**Report of:** Director of Adult and Community Based Services

**Subject:** DEPUTYSHIP REVIEW BY THE OFFICE OF THE  
PUBLIC GUARDIAN

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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 is to update the Adult Services Committee on the outcome of a recent visit from the Office of the Public Guardian to review practice in Hartlepool.

## 3. BACKGROUND

- 3.1 The User Property and Finance Team is a specialist team in Adult Services, which carries out the role of Deputyship for Property and Affairs on behalf of the Director of Adult and Community Based Services.
- 3.2 The Court of Protection in English law is a superior court of record created under the Mental Capacity Act 2005. It has jurisdiction over the property, financial affairs and personal welfare of people who lack mental capacity to make decisions for themselves.
- 3.3 Deputyship is required when someone lacks the mental capacity to make a decision for themselves at the time it needs to be made e.g. a serious brain injury or illness, dementia or a severe learning disability, and is awarded by the Court of Protection.
- 3.4 Following appointment as Deputy, the User Property and Finance Team work with the most vulnerable members of the community (often those without family or friends) to ensure that appropriate benefits are claimed,

bills are paid, debts are managed, capital is invested, tenancies are safeguarded and owner occupied homes are protected. The team must be able to demonstrate at all times that they are acting in the person's best interest and applying the highest standard of care.

- 3.5 All members of the team involved in Deputyship have the appropriate ongoing training to ensure quality and safeguarding of the highest standard.

#### 4. **ASSURANCE VISIT BY THE OFFICE OF THE PUBLIC GUARDIAN**

- 4.1 A visitor from the Office of the Public Guardian met with the User Property and Finance Team on 8 January 2020 to review team practice and procedures relating to the Corporate Deputyship function, and to audit a number of Deputyship cases on behalf of the Court of Protection. This visit was part of a routine assurance process that is undertaken for all Local Authorities.

#### 5. **VISITOR'S REPORT**

- 5.1 The visitor's report was received from the Office of the Public Guardian on 4 February 2020 and a copy of the report is attached at **Appendix 1**.
- Section 1 outlines the purpose of the assurance visit and how the Information is reported back to the Office of the Public Guardian (OPG).
  - Section 2 summarises the visitor's findings and Hartlepool Borough Council's (HBC) performance against the public authority deputy standards.
  - Section 3 summarises the client visits with recommendations that were made following the visits.
  - Section 4 summarises HBC feedback to the OPG and any further action that will be taken.
  - Section 5 then provides an overall summary of HBC's management of its deputyship cases.
- 5.2 In addition, the Office of the Public Guardian and the visitor commended the User Property and Finance team as follows:

*"The Department's management of Deputyship cases is outstanding and the officers we met today were also outstanding in terms of the knowledge they have of their own cases and their general approach, which is completely in-keeping with the ethos of the Mental Capacity Act and in line with the OPG's Professional Deputy Standards"*

#### 6. **LEGAL CONSIDERATIONS**

- 6.1 There are no legal implications associated with this report.
- 6.2 The legal framework for this function is set out in Section 3 of the report.



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

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

## **8. EQUALITY AND DIVERSITY CONSIDERATIONS**

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

## **9. STAFF CONSIDERATIONS**

- 9.1 The report at Appendix 1 identifies that there have been some recent issues in the User Property and Finance Team regarding staffing and capacity. These issues have arisen due to vacancies and new Visiting Officers being recruited, and the development needs of those new staff.
- 9.2 These issues have been recognised by the Department and a restructure is currently being implemented which will increase capacity within the team as well as providing development opportunities for the current staff.

## **10. ASSET MANAGEMENT CONSIDERATIONS**

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

## **11. RECOMMENDATION**

- 11.1 It is recommended that the Adult and Community Based Services Committee note the excellent outcome of the recent visit from the Office of Public Guardian to review the service provided within Adult Services.

## **12. REASONS FOR RECOMMENDATION**

- 12.1 Deputyship plays a vital role in supporting some of the most vulnerable individuals in the community, and it is essential that the function is well managed to provide a high quality service.

## **13. CONTACT OFFICER**

Neil Harrison  
Head of Safeguarding and Specialist Services  
Hartlepool Borough Council  
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## 1. Assurance visit process

OPG uses assurance visits as a means of supervising public authority deputies. Assurance visits look at specific cases selected for review and also at how a deputy ensures the proper management and administration of their deputyship caseload. Court of Protection visitors conducting assurance visits make reference to the published public authority deputy standards when reporting their findings and observations to OPG.

The standards, released in July 2015, clearly set out what is expected of public authority deputies and provide an important checklist of actions and behaviour every deputy should follow. They form an important part of OPG's improved approach to supporting public authority deputies, and help to make sure clients' best interests are served at all times.

4 of HBC's deputyship clients were selected to be reviewed as part of the assurance visit. Of these, 4 were visited by a Court of Protection visitor. The visitor then met with the deputyship team to discuss the clients visited and the management of the deputyship caseload as a whole.

## 2. Performance against the deputy standards

### Standard 1: Secure the client's finances and assets

Upon initial receipt of the deputyship order, the manager allocates the case to one of their visiting officers and contact would be made with all parties involved in the client's care. If there is no social worker involved, a referral is made to the appropriate team to ensure one is assigned to the client. When the visiting officer meets with the client they will establish the situation regarding their finances. They then secure any assets, income and pay any outstanding debts if the client's finances allow it.

The visiting officer would also contact the Department of Work & Pensions (DWP) and other institutions to inform them of the deputyship and supply the court order. The manager confirmed all claims for personal independence payments and attendance allowance are referred to the DWP who have an agreement with HBC to support individuals in completing the claims. All other benefits are dealt with by the visiting officer along with the assigned social worker who receive appropriate training in claiming for benefits. They are also currently undergoing specific training for universal credit applications.

### Standard 2: Gain insight into the client to make decisions in their best interests

HBC monitor the safety and wellbeing of their deputyship clients through a collaborative approach by the visiting officer, social worker assigned to the case and others involved in the case. The visiting officers rely on information or concerns being raised by others involved with the client as the face to face contact with the

clients is minimal. They will also work closely with the social workers in order to assess the appropriate care and care services the client requires.

Even though the visiting officer may not meet with the client annually, it was confirmed they will carry out a review on paper and will action any changes as required. However, the manager was confident this will change in the future with more staff being employed, therefore, annual visits with client would be a possibility.

The visiting officer is meant to visit each client annually to review the management of the deputyship and to review their personal and financial circumstances as stated by the OPG deputyship standard 2(4). This does happen in most cases but as there is a lack of resources currently due to change with new visiting officers being appointed, the manager informed the visitor that some clients are not reviewed annually with face to face visits.

**Standard 3: Maintain effective internal office processes and organisation**  
There are 8 visiting officers who are responsible for 306 appointee cases and 44 deputyship cases. It was the OPG visitor's opinion that the visiting officers were well organised and maintained clear files and records.

All deputyships are held by the director of social services and the management is passed to the manager of the deputyship team who then delegates the cases to the visiting officers of the team. The manager ensures to check all of the annual returns before they are submitted by the visiting officers.

If the visiting officer was reviewing a case and had concerns about a client, they would feed back to those involved in the same way as the social worker or care provider would.

The team currently bank with Barclays for all of their deputy cases. If independent advice is needed, the manager would approach 'Barclays Wealth' in the first instance to obtain an outline of what is expected in terms of investments. They would then look to consult with the other financial advisors to see if the client's best financial interests are best met elsewhere.

The OPG visitor noted that the visiting officers were all very prepared for the visit. During the visit, each was able to produce a printed copy of the fee's charges to the client. The printouts demonstrated compliance with the fixed costs practice direction.

The visiting officers and deputy are subject to HBC's policies in relation to safeguarding. If any financial safeguarding concerns are raised, the visiting officers can take their concerns to their manager and a decision can be escalated from there. In the event of any other safeguarding concerns then they will discuss these with the social worker assigned to the case and care providers as appropriate.

With the visiting officers making the day to day decision on behalf of their clients, the manager makes the decisions that involves either large sums of money or particularly complex situations where legal advice or a Court of Protection (COP) application may be required.

HBC have their own internal legal department and have access to a barrister who is a national lead for complex cases involving deputyships.

All of the visiting officers were interviewed individually. They collectively stated that to avoid conflicts of interest, all decisions and the rationale for the decisions need to be transparent and open. Potential conflicts of interests are discussed with the manager or the principle practitioner and if further advice is required, they are able to refer to their internal legal team.

If the assets of an appointeeship case increase to £5000 or over, this would be deemed more appropriate for a deputyship. However, HBC do not have an official cut off point for when an application for a deputyship will be made over an appointeeship. This decision is made on a case by case basis. HBC will not accept deputyships where there are very large amounts of assets and investments involved as they do not have the required expertise.

HBC currently use the accounting software CASPAR. The systems are internally audited every 2 years where all transactions are scrutinised to ensure the system is working effectively. All information relating to deputy accounts is stored electronically and are password protected to ensure it is only accessible to those who are permitted to it. Any correspondence received in hard copy is stored in the client's file which is kept in a secure locked cabinet. HBC has a clear desk policy in place to ensure all confidential information is put away at the end of each working day.

#### **Standard 4: Have the skills and knowledge to carry out the duties of a deputy**

From the cases reviewed the visitor was fully satisfied that the deputyship team has a good understanding of the Mental Capacity Act (MCA) 2005 and its five statutory principles, and are applying these in the management of their cases.

It is the responsibility of the individual visiting officer to make an application to the COP. Although, before any application is made the visiting officers will discuss the case with the manager or the principle practitioner. The manager confirmed with the increase of visiting officers, there will be a change in working practices. Clients who have considerable assets and those who are currently subject to appointeeship, will be moved over to a deputyship if authorised by the COP. The visiting officers and manager produced documentation for each client reviewed, which was clearly reflected by the verbal evidence provided to the OPG visitor at the time of the assurance visit.

The manager and visiting officers displayed a good understanding of the need to refer a client for a financial assessment and were also knowledgeable in the area of Continuing Health Care (CHC) and s117 aftercare. However, they are aware of their limitations regarding privately funded care placements and care funding, therefore, rely on the knowledge and advice from the assigned social worker. Each staff member undertakes specific training on financial abuse provided by external trainers and safeguarding training is a mandatory requirement for all members of the team. The visiting officers also have access to entitlement to benefits training, updates on the mental capacity act 2005 law and any developments within the OPG and COP.

### **3. Client visits**

There were no concerns or recommendations following the client visits as part of the assurance visit. It was clear in the visit reports that you are managing and supporting the deputyship clients to a high standard.

### **4. Your feedback to OPG**

The visitor was asked to gather any feedback from HBC to OPG during the assurance visit.

The manager stated she has been in post for over 15 years and the majority of her team are long serving staff. She feels the team have a very good understanding of the processes and requirements of the OPG and her team do not have problems in meeting their duties and responsibilities. She went on to say that in general the OPG is easily contactable and provide a good service in terms of advice or information when requested.

We are happy that we are able to support you in your deputyship role and answer and queries you may have. Please continue to contact us if you ever need support or guidance.

### **5. Overall summary**

The OPG visitor was very impressed with the management of the deputyships and the management of the visiting officers. They exhibited a good knowledge and understanding of their roles and requirements to act in the best interest of the client.

They work in a very collaborative manner with other social care teams and the addition of having a social worker 'on the ground' to work alongside them for every client is clearly beneficial in the management, decision making and safeguarding of the deputyship clients.

Each visiting officer interviewed knew their client well and was able to recall information and details without reference to their records. Individually and collectively they corroborated what the OPG visitor had been told by the manager in terms of working practices and the processes they must adhere to.

The manager was able to answer the OPG visitor's questions without hesitation and exhibited a very good knowledge of the mental capacity act 2005 and the role and function of a deputy.

Once again, I would like to thank you for your co-operation in the process of the assurance visit.

Emily Fletcher  
Office of the Public Guardian

# ADULT AND COMMUNITY BASED SERVICES COMMITTEE

27<sup>th</sup> February 2020



**Report of:** Director of Adult and Community Based Services

**Subject:** 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 and Community Based Services Committee with an update in relation to care home provision for older people.

## 3. BACKGROUND

- 3.1 There have been regular updates to the Committee since October 2015 providing details of CQC inspection ratings, vacancy data, progress in relation to quality assurance and improvements and ongoing support provided to the care home market.

## 4. PROGRESS UPDATE

- 4.1 Since the last report in November 2019 there have been a number of developments.

### 4.1.1. Care Quality Commission (CQC) Ratings

There has been one change to the CQC ratings with West View Lodge moving from 'Requires Improvement' to 'Good'. De Bruce Court has been inspected since the last report, but remains rated as 'Requires Improvement'.

It was reported in November that Wynyard Woods received a 'Good' CQC rating. Unfortunately due to internal issues with inspectors, CQC have since determined that a number of ratings across the region needed to be validated through re-inspection. The re-inspection of Wynyard Woods was completed at the end of January and the 'Good' rating has been re-confirmed.

There continue to be no homes rated as 'Inadequate'. Homes rated as 'Requires Improvement' have action plans that are closely monitored by link officers to ensure improvements are made.

Hartlepool currently has 14 homes rated 'Good' (87.5%) and 2 rated as 'Requires Improvement' (12.5%). This is an improvement from 75% rated as 'Good' in March 2019, and the 81% figure reported in November 2019. The increase in homes rated as 'Good' is very positive and demonstrates that the continued commitment from providers along with support from the Council and partner agencies are driving up quality.

A full breakdown of ratings by each home (along with current vacancy information and Out of Borough admissions) is shown in **Appendix 1**.

The Council remains committed to supporting further improvements in care quality through the Care Quality Improvement Programme which has been reported to Committee previously and will continue to support all care home providers to deliver the best possible outcomes for local people.

Officers have worked closely with one provider over recent months due to some concerns related to safety and care. The local authority have now lifted a suspension on admissions to this home due to the provider making positive improvements. Officers will continue to monitor this closely.

#### 4.1.2 Support provided to the Care Home Market

A Care Home Manager Forum was held in November 2019 covering:

- Oral health care in care homes ('Caring for your Smile');
- Hospital admissions and discharge;
- Intensive Community Liaison Service update; and
- NHS mail.

Providers are also being offered free training delivered locally within Hartlepool which will be provided by the North East Ambulance Services (NEAS) regarding falls and sepsis.

#### 4.1.3 Quality Standards Framework

Work to finalise the Quality Standards Framework grades for the coming year has been completed and providers have been notified of their ratings. As in previous years, the grades are linked to fees, with Grade 1 providers receiving the highest rates. The majority of the grades are unchanged but it is positive to note that two homes have improved from Grade 2 to Grade 1.

Unfortunately, one home has dropped a rating from Grade 2 to Grade 3 and there is a rapid improvement plan in place to improve standards, with evidence of improvement required within 3 months. Details of grades for each of the homes are attached in **Appendix 2**.



## **5. RISK IMPLICATIONS**

- 5.1 There have been historic concerns about the availability of sufficient care home places for older people but this risk has reduced with the opening of new homes and the lifting of the suspension at one home. Officers have worked with the provider to ensure that improvements have been made allowing the council to lift the suspension and there will be ongoing monitoring to manage risks.
- 5.2 Insufficient care home beds presents risks in relation to choice and increased reliance on out of area placements. A shortage of care home placements can also impact on delayed transfers of care from hospital.
- 5.3 A further risk affecting care homes in Hartlepool is the ability to recruit nurses for the provision of nursing care. If nurses cannot be recruited there is reliance on agency staff which reduces consistency of care. This is closely monitored by the commissioned services team and support is provided when necessary from both the Council and the Clinical Commissioning Group (CCG).
- 5.4 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.
- 6.2 The annual review of care home fees has recently been completed and the outcome communicated to providers. As in previous years, the fee uplift has been calculated using a basket of indices that takes into account a wide range of issues including National Living Wage increases, pension costs and non-pay elements including cost of food and utilities. As a result of this review, care home fees will increase by 3.87% for 2020/21.

## **7. LEGAL CONSIDERATIONS**

- 7.1 Care home provision for older people supports the Council to fulfill its statutory duties in relation to the provision of adult social care in line with the Care Act 2014 and other relevant legislation.
- 7.2 There are no legal implications specifically 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. RECOMMENDATION**

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

**13. REASON FOR RECOMMENDATION**

- 13.1 The 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	Provider	Publication Date	Rating
Lindisfarne	Gainford Care	24 August 2017	Good
Brierton Lodge	HC One Ltd	31 October 2017	Good
Stichell House	Hospital of God	14 November 2017	Good
Dinsdale Lodge	Finchworth Ltd	30 December 2017	Good
Elwick Grange	Care UK	7 February 2018	Good
Sheraton Court	HC One Ltd	21 April 2018	Good
Seaton Hall	Arnold Wilkes	27 April 2018	Good
Gretton Court	Hospital of God	1 June 2018	Good
Rossmere Park	Rossmere Park Ltd	15 September 2018	Good
Warrior Park	Four Seasons	17 October 2018	Requires Improvement
Queens Meadow	Hillcare	21 November 2018	Good
Charlotte Grange	CIC	26 January 2019	Good
Clifton House	Finest Care	27 February 2019	Good
De Bruce Court	Careline Lifestyles	4 December 2019	Requires Improvement
West View Lodge	Four Seasons	16 December 2019	Good
Wynyard Woods	Anchor Care	8 February 2019	Good

**Vacancy Position: 3 Feb 2020**

Care Provision	Available Beds
Residential Only	32
Nursing Only	17
Residential or Nursing *	40

\*Dual registered beds

**Out of Borough Placements**

Year	Admissions
2013/14	3
2014/15	9
2015/16	15
2016/17	51
2017/18	26
2018/19	16
2019/20	14

Figures based on permanent new admissions of people aged 65+ placed out of borough

**CARE HOMES FOR OLDER PEOPLE****Quality Standards Framework (QSF) Ratings**

Care Home	2018	2019
Brierton Lodge	Grade 1	Grade 1
Charlotte Grange	Grade 2	Grade 2
Clifton House	Grade 1	Grade 1
De Bruce Court	Grade 2	Grade 3
Dinsdale Lodge	Grade 1	Grade 1
Elwick Grange	Grade 1	Grade 1
Gretton Court	Grade 1	Grade 1
Lindisfarne	Grade 1	Grade 1
Queens Meadow	Grade 1	Grade 1
Rossmere Park	Grade 1	Grade 1
Seaton Hall	Grade 2	Grade 1
Sheraton Court	Grade 1	Grade 1
Stichell House	Grade 1	Grade 1
Warrior Park	Grade 2	Grade 2
West View Lodge	Grade 2	Grade 1
Wynyard Woods	Grade 1	Grade 1

# ADULT AND COMMUNITY BASED SERVICES COMMITTEE

27 February 2020



**Report of:** Director of Adult and Community Based Services

**Subject:** SENSORY IMPAIRMENT JOINT PLAN

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## 1. TYPE OF DECISION/APPLICABLE CATEGORY

No decision required; for information.

## 2. PURPOSE OF REPORT

- 2.1 To provide an update to Adult and Community Based Services Committee on progress against the Sensory Impairment Joint Plan
- 2.2 To advise that the information presented at **Appendix 1** will be presented to key stakeholders and members of the public at a launch event on 23 April 2020.

## 3. BACKGROUND

- 3.1 In the spring of 2019 the Council commissioned Hearing Impairment and Visual Impairment Support UK (Hi-Vis UK) a Charitable Incorporated Organisation to support the development of a sensory loss strategy.
- 3.2 Throughout 2019 Hi-Vis UK has engaged and consulted with key stakeholders, people with lived experience, carers groups and local organisations. The organisation has held workshops, conducted surveys and questionnaires and consulted with local commissioners.
- 3.3 The initial findings and action plan will be presented at a launch event on 23 April 2020 at the Centre for Independent Living.

#### **4. SUMMARY**

- 4.1 The key findings and proposals identified in order to make Hartlepool a Sensory and Deaf Friendly town.
- Work to increase the sensory skills and knowledge of health and care services;
  - Increase the number of people identified and supported with sensory impairment; and
  - Work with local sensory support organisations to monitor and co-develop future plans.
- 4.2 The consultation has resulted in an increase in the number of people who are known to the Council and included on the sensory loss register. This is in part as a result of the engagement work, but is also consistent with rising prevalence of sensory loss.

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

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

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

- 6.1 There are no financial considerations specifically associated with this report.

#### **7. LEGAL CONSIDERATIONS**

- 7.1 There are no legal considerations associated with this report.
- 7.2 The Care Act 2014 sets out the responsibilities of Local Authorities in relation to people with sensory impairment, including provision of accessible information, specialist assessment and rehabilitation services.

#### **8. CONSULTATION**

- 8.1 The Department of Health and Social Care 'Working Together for Change' methodology was used to consult with members of the public, commissioners, family carers and people with lived experience. An organisation with experience of working with dual sensory loss conducted the work over several months.

#### **9. CHILD AND FAMILY POVERTY**

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

## **10. EQUALITY AND DIVERSITY CONSIDERATIONS**

- 10.1 It is intended that delivery of the identified improvements will ensure that people benefit from a more co-ordinated and efficient response in the event of needing assistance in relation to sensory loss or impairment.

## **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 and Community Based Services Committee note the update on the Sensory Impairment Joint plan and also note that the information provided in Appendix 1 will be presented to key stakeholders and members of the public at a launch event on 23 April 2020.

## **14. REASON FOR RECOMMENDATION**

- 14.1 The Sensory Impairment Joint Plan aims to improve services and outcomes for people with sensory loss or impairment.

## **15. CONTACT OFFICER**

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## Sensory Impairment Joint Plan 2020-2023

Health and wellbeing - older people with sensory impairment are:



2-3x more likely to have trips and falls



3-5x more likely to have mental health issues

### ONS estimates for Hartlepool:

17,472 people with vision loss  
16,500 Deaf and deafened people  
520 dual sensory impaired people\*

Numbers are expected to increase by 60% by 2030 as people live much longer lives.

Sensory impairment or being Deaf has a significant impact on three aspects of daily life:

**Mobility**

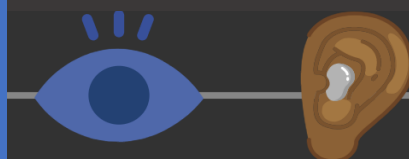
**Access to Information**

**Communication**



Much greater risk of social isolation

Older people 60+yrs



1:6

1:3

Vision Loss Hearing Loss

Dual Sensory 1:10



Number of older people with Sensory Impairment known to LAs – estimated to be 10%

Legal duties for health, social care, information and advice:

- The Care Act 2014
- The Equality Act 2010
- NHS Accessible Information Standard 2016
- Children and Families Act 2014
- Public Sector Equality Duty 2011







## **Sensory Impairment Joint Plan 2020-2023**

### **You said having a sensory impairment or being Deaf in Hartlepool means<sup>8</sup>...**

- You face challenges every day that affect your mobility, access to information and services, many barriers to communication
- There is almost no awareness of sensory impairments or of being a Deaf person
- Information is often not accessible: small text, no audio/audio description, no BSL - English not the first language of BSL users
- No evening buses means rely on taxis, leisure/fitness provision not accessible
- Services don't know how to communicate with you, no BSL courses or deaf awareness/communication training

### **Further work: look at the experiences of children and families, carers, and people with a dual sensory impairment**

### **To make Hartlepool a Sensory and Deaf Friendly Town we will work<sup>9</sup>...**

- With our local sensory support organisations to improve accessibility, monitor and co-develop our sensory support plans
- To develop the sensory awareness, skills and knowledge of health and care services workforce and the wider community
- To improve access to information and to communication support in health & care services
- To increase the number of people identified and supported with sensory impairment
- To raise Sensory Awareness & Deaf Awareness
- To improve access to learning, leisure & fitness



## Sensory Impairment Joint Plan 2020-2023

### References/sources (not exhaustive):

1. Department of Health, 2009; NHS, 2017 (in Age UK Health in Later Life, 2019); NHS Health Advisory Service, 1998; Davidson, et al., 2005; Anderson, et al., 2005
2. ONS (2017, 2016 mid-year detailed population estimate, adults with sight loss aged 65-85yrs+; ONS 2014 estimate, based on Adrian Davis, Hearing in Adults 1995.
- 3 (and 6 and 10). Based on Department of Health, 2009, estimated 40:100,000 deafblind people in the UK, and, Robertson, J. and Emerson, E. (2010) Estimating the number of people with Co-occurring Vision and Hearing and Impairments in the UK. Centre for Disability Research estimated 572:100,000; ONS in State of the Adult Social Care Workforce in England, Skills for Care, 2010; Lang and Buisson, Care of Elderly People – market research (2002).
4. Department of Health (2001) LAC Circular (2001/8), Deafblind guidance, 1997, 2007, 2009, Care Act, 2014, Deafblind guidance; Mental Health – Divisional Intelligence Unit, 2014; Tiwana, et al., 2016; Pavey, et al., 2009.
5. Online references to research and briefing papers highlight the impacts of sensory impairments: Department of Health, NHS, Age UK, SENSE, Action on Hearing Loss; Deafblind UK, RNIB, , the Thomas Pocklington Trust, Hersh, M, 2013, OUP; Social Care Institute for Excellence; NHS Action Plan on Hearing Loss, 2015;
6. RNIB, 2016; Action on Hearing Loss, 2013, 2019; (see also 3 above re dual sensory impairment/deafblindness).
7. There are many references to the challenge presented by low identification, low self-identification including SENSE, Deafblind Guidance, Eight Years On, 2010; and reports by Action on Hearing Loss and the RNIB; (see also 5 above).
8. Consultative forums with people with single and dual sensory impairments and Deaf people who use British Sign Language were organized during 2018/2019 to hear what their lived experience was like as local people.
9. Hartlepool Borough Council commissioned a Sensory Impairments (all ages) Joint Planning Group who co-produced this plan. This key stakeholder group and brings together adult social care, health care, sensory and care/carer organisations. The group will continue to support the development of more detailed planning during 2020-2021.
10. Flatters, et al., 2007; Roberts, et al., 2007. (see also 3 and 6 above).