Tameside Metropolitan Borough

ASHTON-UNDER-LYNE · AUDENSHAW · DENTON · DROYLSDEN · DUKINFIELD · HYDE · LONGDENDALE · MOSSLEY · STALYBRIDGE

INTEGRATED CARE AND WELLBEING SCRUTINY PANEL

Day: Thursday
Date: 26 January 2017
Time: 6.00 pm
Place: Lesser Hall - Dukinfield Town Hall

Item No.	AGENDA	Page No
1.	**APOLOGIES FOR ABSENCE**	
2.	**MINUTES** To approve as a correct record, the Minutes of the proceedings of the Integrated Care and Wellbeing Scrutiny Panel held on 10 November 2016.	1 - 4
3.	**CARE HOME SERVICES IN TAMESIDE** The Panel to meet Sandra Whitehead, Assistant Executive Director for Adult Services; Clare Watson, Director of Transformation (Tameside and Glossop Clinical Commissioning Group); and Trevor Tench, Service Unit Manager for Joint Commissioning and Performance Management to receive an update on Care Home Services in Tameside.	5 - 26
4.	**OFSTED INPECTION OF CHILDREN'S SERVICES IN TAMESIDE** The Panel to meet Stephanie Butterworth, Executive Director (People) to receive an update relating to the Ofsted report published on 9 December 2016 and improvement plans.	
5.	**PEOPLE AND PLACE SCORECARD** The Panel to receive an update from Paul Radcliffe, Scrutiny and Member Services Manager on the most recent performance data relevant to the remit of this Panel.	
6.	**UPDATE ON CURRENT REVIEW** The Chair to provide an update on the progress of the current review.	
7.	**DATE OF NEXT MEETING** To note that the next meeting of the Integrated Care and Wellbeing Scrutiny Panel will take place on Thursday 16 March 2016.	
8.	**URGENT ITEMS** To consider any additional items the Chair is of the opinion shall be dealt with as a matter of urgency.	

From: Democratic Services Unit – any further information may be obtained from the reporting officer or from Paul Radcliffe (paul.radcliffe@tameside.gov.uk or 0161 342 2199), to whom any apologies for absence should be notified.

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Integrated Care and Wellbeing Scrutiny Panel
10 November 2016

Commenced: 6.00pm

Terminated: 7.25pm

Present: Councillors Peet (Chair), Cartey (Deputy Chair), Affleck, Bailey, Bowden, Buglass, Cooper, Fowler, Kinsey, Middleton, Patrick, T Smith, Sweeton, R Welsh, Wills.

Apologies for absence: Councillors P Fitzpatrick, Ryan, Whitehead, Wild.

The Chair opened the meeting and received apologies.

18. MINUTES

The minutes of the meeting of the Integrated Care and Wellbeing Scrutiny Panel held on 15 September 2016 were approved as a correct record.

19. DIABETES IN TAMESIDE

The Panel welcomed Dr Thomas Jones, GP Clinical Lead for Long Term Conditions; Alison Lewin, Deputy Director of Transformation (Tameside and Glossop Single Commission); and Gideon Smith, Public Health Consultant, to receive a presentation and update on the prevalence of diabetes in Tameside and the services that are in place to reduce and prevent it.

The Panel heard that diabetes is the fastest growing health threat in the UK, with over three million people living with it in England alone. The prevalence of Type 2 diabetes has risen from under 5% in 1990 to almost 7.5% by 2000. This rate of increase has been strongly correlated to a continued rise in mean body weight.

Mr Smith added to this by stating that the incidence of diabetes in the UK is nearly three times higher than that of all cancers combined, and that five million people in England are at high risk of developing Type 2 diabetes in addition to those already diagnosed. It was highlighted to the Panel that if current trends persist, one in three people will be obese by 2034 and one in ten will develop Type 2 diabetes.

The Panel was informed that the total cost of diabetes in the UK, for both direct and indirect care, currently stands at £23.7 billion, which equates to 19% of the total annual NHS budget. This figure is projected to rise to £39.8 billion by 2035/36 based on the predicted increase in diabetes.

In 2015/16, a total of 14,595 people aged 17 and over in Tameside and Glossop were diagnosed with diabetes, which is an increase of 4% (552 individuals) from the previous year and 7.5% of the population in this age group. Ms Lewin stated to members that this proportion is comparatively high compared to local authorities across the country.

The Panel heard that there are currently 41 GP Surgeries (approximately 134 GPs and 91 Practice Nurses) across the Tameside and Glossop area. In addition to Primary Care, the Tameside and Glossop Integrated Care Foundation Trust Diabetes Team sees and supports people with diabetes. Although this service sees a smaller proportion of the diabetes population, it often supports those with more aggressive or severe conditions.

Ms Lewin added to this by making the Panel aware of the range of non-medical health and lifestyle improvement providers including Be Well and Active Tameside, which help to

encourage people to make healthier choices in their lives to improve their physical and mental wellbeing. Dr Jones told members that improving the overall health of the general public through healthier eating and more regular exercise is the key to reducing the impacts of diabetes and preventing future cases.

The Panel heard that GPs aim to refer all newly diagnosed patients with diabetes to a structured education programme within 9 months of being entered on to the diabetes register. The aim of these schemes is to improve patients' awareness of diabetes and what steps they can take to reduce the impacts that it has on them. On top of this, GPs also contact diabetes patients once a year to offer them a free annual foot examination.

Ms Lewin informed members that a National Diabetes Audit is commissioned to measure the effectiveness of diabetes healthcare against the National Institute for Health and Care Excellence (NICE) guidelines. No data was collected for the audit in Tameside in 2013/14 or 2014/15, however, there has been a significantly greater emphasis placed on its importance this year, with over 80% participation from Primary and Secondary Care providers to date.

Tameside and Glossop Clinical Commissioning Group (CCG) published its Improvement and Assessment Framework in March 2016, which focuses on six clinical priorities as markers of success to ensure that it is in line with national planning guidance. Diabetes has been included as one of these, reiterating its importance within strategic healthcare planning going forward.

Ms Lewin added to this by informing members that the Strategic Clinical Network of NHS England has set out its plans for work with local commissioners and local service leads in 2016/17, which include:

- Increasing participation in the National Diabetes Audit to develop a greater understanding of local health and the potential demand on health services.
- Identifying and managing people eligible for the National Diabetes Prevention Programme.
- Improving patient data/information collection to ensure that it meets the minimum criteria outlined for Greater Manchester.
- Improving attendance rates at local structured education programmes and reviewing the local outcomes to inform future plans and strategies.
- Exploring models to improve the management of diabetic foot and peripheral arterial disease in the community.

Diabetes care is also included within the Care Together integration agenda, which will put a greater focus on preventing diabetes through healthier lifestyles, and reducing its severity by educating people to self-care, improving attendance at education programmes, and ensuring patients are attending appointments.

Ms Lewin advised members that the integration agenda will also be helping to introduce five Integrated Neighbourhoods (Ashton, Denton, Glossop, Hyde, Stalybridge) that will provide more localised access to GPs, District Nursing, Adult Social Care, Third Sector services, Community Pharmacies and other self-care services. These locality teams will work with specialist diabetes resources to ensure that the right specialist input, training and education is being delivered at the most appropriate time.

The Panel asked if there are any extensive education/training courses provided to people with diabetes to improve their knowledge and ability to self-care.

Ms Lewin made members aware of the DAFNE (Dose Adjustment for Normal Eating) Course for people with Type 1 diabetes, and DESMOND (Diabetes Education and Self-Management for Ongoing and Newly Diagnosed) Course for people with Type 2 diabetes. The courses are a week-long and provide diabetes patients with improved knowledge and awareness of the condition and how to better manage its impacts.

The Panel asked how healthcare providers can ensure that all people diagnosed with diabetes can access the information from the DAFNE and DESMOND courses, despite the long waiting lists and high costs associated with running the sessions.

Ms Lewin advised the Panel that in order to meet the growing demand for these courses, Practice Nurses are attending the sessions to allow them to relay the information to a wider number of diabetes patients that they see.

The Panel asked what the main factors are that are driving the upward trend in Type 2 diabetes.

Dr Jones answered this question by advising the Panel that diabetes is strongly, but not exclusively, linked to weight gain. A rise in the number of people living unhealthier lifestyles due to more sedentary jobs, exercising less and eating foods that are higher in refined sugar are the key drivers to increased levels of diabetes.

The Panel asked if diabetes service providers are working with mental health providers to ensure a holistic, well-rounded approach to supporting patients.

Mr Smith advised the Panel that sometimes people with serious and/or long-term conditions like diabetes can feel low or depressed, and can develop barriers preventing them from wanting to look after themselves. Healthcare providers in Tameside and Glossop are working with mental health services to ensure that a robust support service is provided to those suffering with mental health difficulties alongside other conditions.

The Panel asked for additional information relating to the annual spending on diabetes services in Tameside and Glossop.

Ms Lewin informed the Panel that this information would be compiled and shared with the Panel following the meeting.

RESOLVED:

(1) That Mr Jones, Ms Lewin and Mr Smith be thanked for attending the meeting.

(2) That responses to information requests be circulated to the Panel.

20. UPDATE ON CURRENT REVIEW

The Chair updated panel members on the progress of the review of Carers in Tameside, advising that the working group had met with Tameside Carers Action Group to gain a better understanding of how it supports current and ex-carers. The Panel heard that the working group is due to have its final meeting of the review on Monday 14 November.

RESOLVED: That the final report be circulated to the Panel once finalised.

21. NEW REVIEW TOPIC

The Panel agreed to select Admission Avoidance as the next review topic from the Annual Work Programme for 2016/17.

22. ESTABLISHMENT OF WORKING GROUP

The Chair invited the Panel members to express an interest in joining the new working group for the review of Admission Avoidance.

RESOLVED:

(1) That Councillors Peet (Chair), Cartey (Deputy Chair), Affleck, Bailey, Cooper, Kinsey, Sweeton and Whitehead will be joining the new working group.

(2) That the details of future working group meetings be circulated to the members by email and as an electronic calendar invitation.

23. DATE OF NEXT MEETING

The Chair informed Panel members that the next meeting of the Integrated Care and Wellbeing Scrutiny Panel will take place on Thursday 12 January 2017.

24. URGENT ITEMS

The Chair reported that there were no urgent items for consideration at this meeting.

CHAIR

ITEM NO: 4(b)

Report To:	**OVERVIEW (AUDIT) PANEL**
Date:	28 July 2014
Reporting Scrutiny Panel:	Health and Wellbeing Improvement Scrutiny Panel
Subject:	**REVIEW OF CARE HOME SERVICES IN TAMESIDE**
Report Summary:	This Review has considered the current approach towards care home services in Tameside and has made recommendations to support future services.
Recommendations:	That the Overview (Audit) Panel note the recommendations detailed in section 9 of the report.
Links to Community Strategy:	This review supports the Community Strategy priorities relating to 'Supportive Tameside' but also recognises links across all Community Strategy areas.
Policy Implications:	The review itself has no specific policy implications. Should the recommendations of this report be accepted by the Tameside Council's Executive, the relevant services will need to assess the policy implications of putting individual recommendations in place.
Financial Implications: (Authorised by the Borough Treasurer)	The review itself has no direct financial implications. A key strategic objective of the Adult Social Care service is aimed at reducing placements into long term care environments and supporting residents in the community wherever possible which vastly reduces costs and provides improved outcomes for service users.
Legal Implications: (Authorised by the Borough Solicitor)	The cost of care homes are a significant expenditure to the Council. It is important that the council ensures that it achieves value for money and ensures we achieve high standards for all our most frail and vulnerable residents.
Risk Management:	Reports of Scrutiny Panels are integral to processes which exist to hold the Executive of the authority to account.
Access to Information:	The background papers relating to this report can be inspected by contacting Paul Radcliffe by: Telephone: 0161 342 2199 e-mail: paul.radcliffe@tameside.gov.uk

1. INTRODUCTION BY THE CHAIR OF THE HEALTH AND WELLBEING IMPROVEMENT SCRUTINY PANEL

1.1 I am very pleased to present this report of a review undertaken by the Health and Wellbeing Improvement Scrutiny Panel of Care Home Services in Tameside.

1.2 It is important to understand where care home services are positioned within the continuum of care services provided by Tameside Adult Services. With increased emphasis placed on the promotion of independence and people being supported to live in their own homes and community for longer, this has a direct impact on the supply and demand mechanisms of the care home sector not just in Tameside, but nationally.

1.3 It is important that the Council work closely with service users and their families to ensure they are fully informed throughout the different stages of the assessment and referral process to ensure that current and future needs are being met.

1.4 With the Council being responsible for the commissioning and market management of care homes it is essential that vacancy levels and quality of care is monitored effectively. Understanding the challenges faced by the private care home market, with homes ultimately competing for a smaller number of people, it is important that sufficient choice is available for people to live in a residential setting that meets their needs and is able to provide a supportive and inclusive environment.

1.5 Care homes play a significant role in supporting the elderly and protecting the most vulnerable people in society. It is important that homes in Tameside continue to provide a high standard of care that is both affordable and sustainable.

1.6 In order for the Council to commission an adequate supply of residential and nursing services within the borough it is important that the Council, NHS and service providers are encouraged to engage and share as much information as possible. This will ultimately allow future improvements to be identified and for best practice to be shared.

1.7 The Panel are aware of the growing financial pressures that the Council currently face. It is therefore important that current and future provision of care home services in Tameside is managed effectively to ensure the quality of care is sustainable and delivered to a high standard.

1.8 On behalf of the Health and Wellbeing Improvement Scrutiny Panel, I would like to thank all those who have participated in this review.

Councillor John Sullivan
Chair of the Health and Wellbeing Improvement Scrutiny Panel
Municipal Year 2013/14

2. SUMMARY

2.1 The Council is responsible for ensuring that people receive the right level of care to meet their current and future needs. With people being helped to live independently for longer, this has a direct impact on the care home services.

2.2 Care home vacancy levels are increasing and it is important that changes in demand do not impact on the quality of care and the choices available to residents. Promoting stakeholder engagement and information sharing can play a role in ensuring the future sustainability of the care home market in Tameside.

2.3 This review focuses on the work that is undertaken by the Council to assess a person's needs, the way that care home services in Tameside are commissioned and how the market is managed. It is important for the review to look at the sustainability of care homes and how performance and the quality of care are monitored.

3. MEMBERSHIP OF THE PANEL – 2013/14

Councillor J Sullivan (Chair), Councillor H Bowden (Deputy Chair).
Councillors M Bailey, J Bowerman, D Buckley, Y Cartey, M Downs, J Jackson, R Miah, J Middleton, E Shorrock, M Whitley.

4. TERMS OF REFERENCE

Aim of the Review

4.1 To explore how changes in demand will impact on the quality, delivery and sustainability of care home services in Tameside.

Objectives

4.2
1. To examine the delivery and sustainability of care home services in Tameside
2. To explore the choices available and the range of services considered prior to residential / nursing care
3. To understand the assessment and referral process undertaken by Adult Services
4. To explore how the Council and partners are contributing towards the promotion of independence
5. To explore how care home services are commissioned and the on-going monitoring that takes place
6. To understand how care home standards are regulated at a local and national level
7. To produce workable recommendations for the Council to deliver sustainable improvements to the future delivery of care home services in Tameside

Value for Money/Use of Resources

4.3 It is important that care service users in Tameside feel supported, informed and listened to. It is essential that assessment, referral, commissioning and care home services in Tameside continually aims to meet the needs of, and protect the most vulnerable. Therefore effective strategies creating positive and inclusive environments should improve outcomes, resulting in a more supportive Tameside.

Equalities Issues

4.4 The effectiveness of care home services can impact on all sections of Tameside's communities. The review will consider strategies that lead to inclusive environments, ensuring that the correct level of support and intervention is commissioned and delivered.

People and Place Scorecard

4.5 The following targets from the People and Place Scorecard relate to care home services.

Vulnerable Adults	• Early Help. Number of people helped outside the Social Care System. • Re-ablement. % of people completing reablement who leave with either no care package or reduced care package. • Helped to live at home. Number of people helped to live at home and remain independent with support from Adult

	Services. • Care. Number of people living in residential / nursing / short-term care.

5. METHODOLOGY

5.1 The working group met Martin Garnett, Assistant Executive Director, Adult Services, Tameside MBC; Paul Dulson, Head of Assessment and Care Management, Tameside MBC; and Sandra Whitehead, Head of Planning and Commissioning, Tameside MBC to receive an overview of care home services in Tameside.

5.2 The working group met with Paul Dulson, Head of Assessment and Care Management, Tameside MBC to receive further information relating to the assessment and referral processes.

5.3 The working group met with Sandra Whitehead, Head of Planning and Commissioning, Tameside MBC to receive more detailed information relating to the market management and commissioning of care home services in Tameside.

5.4 The working group attended a visit to Daisy Nook Residential home in Ashton-under-Lyne.

5.5 The working group met with staff from Meridian Healthcare Ltd and Holly Grange Residential Home in Dukinfield to receive information about the services that are provided and the relationships the providers have with the Council, Social Workers, service users and their families.

6. BACKGROUND TO THE REVIEW

6.1 With the demand of care home services in Tameside directly affected by people being helped to live in their homes and the community for longer it is important that the Council continue to monitor and manage the market effectively.

6.2 In July 2013 there were 43 care homes in Tameside. When looking at overall borough-wide vacancy levels, 17.1% of residential beds were vacant and 20.5% of nursing beds were vacant. Vacancy levels across providers range dramatically, with some at full capacity and a handful of providers having around 50% of their beds unoccupied.

6.3 With rising vacancy levels it is important that the Council is monitoring the market effectively. With the Council being responsible for making sure that people's needs are able to be met, there is a growing need to ensure that there is sufficient choice available for service users and their families and for the standard of care provided to be of the highest possible standard.

7. REVIEW FINDINGS

Assessment and Referral

7.1 Residents that come into contact with Tameside Adult Services are entitled to an assessment of their needs under the National Health Service and Community Care Act (1990). All efforts are made to ensure that people remain as independent as possible, with the right level of help and support being offered from a wide range of services. This includes universal services commissioned by the local authority and community services through third sector providers.

7.2 Once an assessment has been completed a care plan is developed in consultation with the person and their family/carer. The plan takes into account the level of support that a person requires and how it can be provided. In certain circumstances family members are able to offer some or most of the support a person needs.

7.3 Once it is determined how much a person's care package will cost, this becomes known as a person's personal budget. The person and their family can decide how the personal budget is used. Services can be accessed through Adult Services or through Direct Payments. Direct Payments provide the person with money to decide how they would like to purchase support.

7.4 Direct Payments are available for all types of community services, but if a person's needs warrant a residential or nursing care placement Tameside Adult Services will purchase this care directly from the provider as direct payments are not currently available for residential care.

7.5 Home care is also provided allowing people to remain in their own homes and communities. This is delivered by services that can provide support during the daytime; and if necessary throughout the night. Tameside Council's Adult Services are committed to promoting and maintaining a person's independence and every effort is made to help them stay at home. For people in hospital the aim is to help them return to their own home.

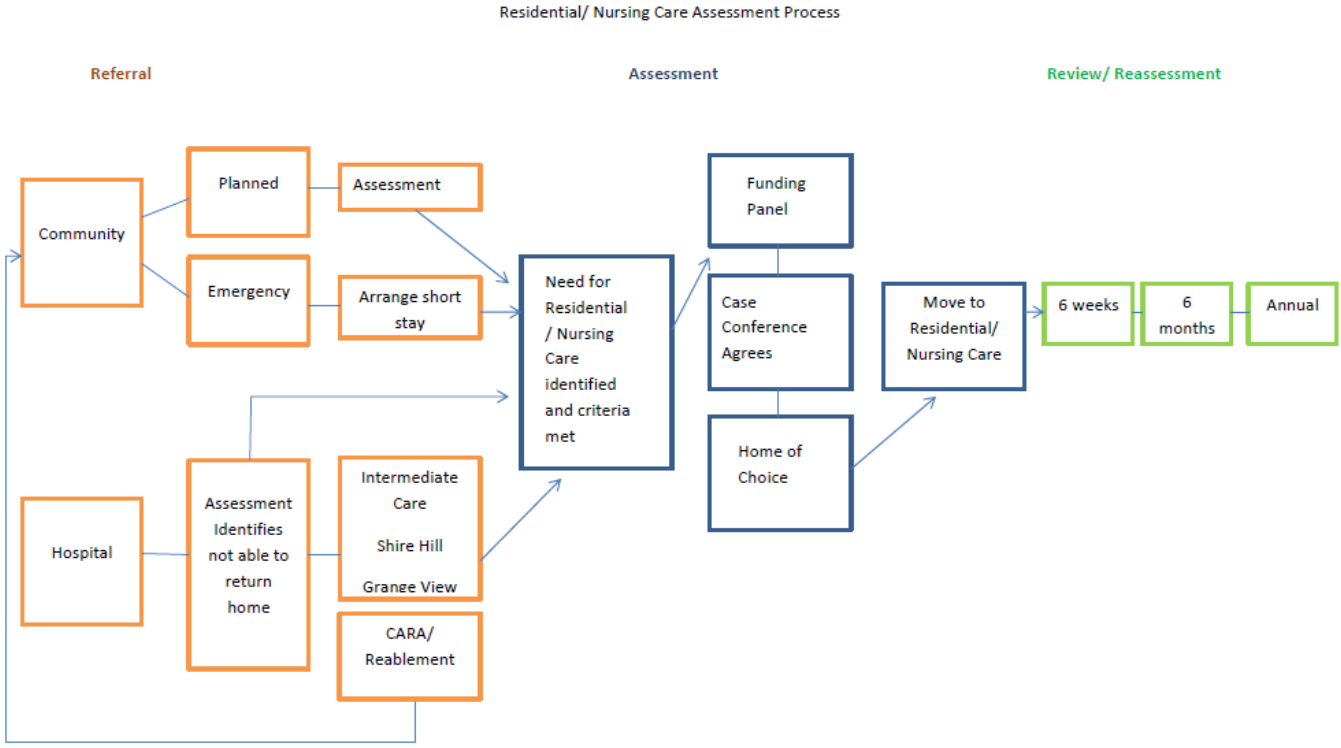
7.6 The Council considers a wide range of services prior to a person being placed in residential care or nursing care and work is undertaken with relatives and health colleagues to facilitate this in order to ensure a person's needs are being met. The overarching goal is that the provision of universal and preventative services will enable people to live as independently as possible and enjoy a good quality of life.

7.7 During the weeks following a person's return home from hospital the Council's Reablement Service will join National Health Service (NHS) colleagues via Stockport Foundation Trusts' Community Rehabilitation Service to ensure support is available as soon as a person becomes unwell or is unable to cope. In such circumstances a complete wrap around service will be mobilised, aimed at avoiding a hospital admission or emergency residential care placement.

7.8 The document '*Halfway Home'* was published by the Department of Health, this provided guidance to health and social care economies for intermediate care service. As a whole the document focuses on recuperation, rehabilitation and reablement. A key aspect of guidance was the recognition that far too many people were finding themselves in premature residential care following a stay in hospital.

7.9 A strong recommendation was made that no person should transfer directly from hospital to a residential care home, without first being provided with the opportunity to have intermediate care services in a specified environment or their own home. Since the '*Halfway Home'* guidance there have been much fewer admissions to residential care homes directly from acute beds in a hospital setting.

7.10 **Chart 1: Residential/Nursing Care Assessment Process**



7.11 The chart above shows that there are two key referral points that lead to an assessment being carried out. The first being a referral from the community and the second being a referral directly from hospital.

7.12 When a person's referral is received from the community, this can take two forms, either planned or as an emergency. If planned it is likely that the person will be known to Tameside Adult Services. However, the most common type of referral that results in a need for residential care occurs when an individual has come into crisis or a person's family/carers are unable to continue meeting their needs.

7.13 Where more intensive support is required the Council has further options. This comes in the form of 'support at home', 'support away from home' and 'transitional services' which all play a part in helping people to live at home for as long as possible. The Council also works closely with Tameside & Glossop Clinical Commissioning Group (CCG) who has responsibility for the commissioning of 'intermediate care beds' aimed at helping people regain confidence and skills following a stay in hospital.

7.14 In order for the Council to minimise the number of people going into care directly from hospital, residents can access a number of intermediate care beds. There are two locations where intermediate care is available; this is at Grange View in Hyde and Shire Hill in Glossop. There are currently 60 beds available across the two facilities and it is common for all beds to be occupied, with the average length of stay being around 3 weeks.

7.15 A key strand of work for the local health economy is to minimise the number of Accident and Emergency (A&E) visits and potential short stay unplanned admissions for services users living in care homes. For places that are not permanent a short stay in hospital can lead to a care home bed no longer being available, resulting in alternative arrangements needing to be made at short notice.

7.16 Once it has been determined that a person needs a residential or nursing care placement then the person and the family have to choose a suitable home. The Government has

issued specific guidance within the National Assistance Act (Choice of Accommodation Directions) 1992, with further guidance in 2004.

7.17 The guidance dictates that if a person cannot arrange their own care and requires the local authority to arrange it then the care home preference must be accepted subject to the following conditions:

- The home chosen is suitable to meet the individual's assessed needs
- It doesn't cost more that the local authority would usually expect to pay to arrange accommodation for someone with those assessed needs
- It is available
- The provider is willing to enter into a contract on the local authority's usual terms

Fair Access to Care (FACS)

7.18 Legislative and Policy framework sets out how Tameside Council operates its eligibility framework for access to Adult Social Care Services. FACS is a national eligibility framework which aims to allocate social care resources fairly, transparently and consistently. The framework was updated in 2010 to take into account the wider policy changes from the Personalisation Agenda.

7.19 The eligibility framework is graded into four bands, which describe the serious of the risk to a person's independence and wellbeing if needs are not addressed. The four bandings are:

- Critical
- Substantial
- Moderate
- Low

7.20 When decisions are being made about seriousness of a person's needs assessments will take into account areas such as personal care, safeguarding, sustenance, mobility, community involvement etc.

7.21 In Tameside a person's needs are 'eligible' if they fall within the critical or substantial bandings. Tameside Council has a responsibility to balance the increasing demands for services within the context of limited resources.

7.22 All FACS decisions are made following the assessment of an individual's needs. The aim is to identify each need and explore to what extent they are currently being met; and what the implications are if need's were not met. It is then important to identify the type of intervention required, ranging from frequent support and adaptations to residential care.

Residential and Nursing Care

7.23 There are four different types of care home settings, listed below:

- Residential home
- Residential Home with EMI (Elderly Mentally Infirm)
- Nursing Home
- Nursing Home with EMI

7.24 The key difference between residential care and nursing care is that only registered nurses can deliver certain types of care, e.g treatment for pressure sores. Care homes with nursing provision must employ registered nurses that are available onsite 24 hours a day, 7 days a week.

7.25 In order for a person to meet the criteria for residential care they must require 24 hour care (staff availability), without requiring a registered nurse 24 hours a day. Service users will

also meet the EMI criteria if they have a medically confirmed mental health illness and they meet the Council and CCG published criteria, for example there is evidence of behaviour that is difficult to manage, such as verbal abuse, aggression or hard to manage incontinence.

Conclusions

1. All efforts are made by the Council and partners to encourage people to live as independently as possible, for as long as possible.

2. A wide range of support services are explored before a decision is made to consider a place for a person in a residential care home setting.

3. Intermediate care facilities provide service users with the opportunity to regain confidence and skills, reducing the number of people being admitted to residential care directly from hospital.

4. The assessment process allows the Council to determine the seriousness and risk of a person's needs; and the level of support that is required in order to meet those needs.

Recommendations

1. That the Council work closely with Tameside & Glossop CCG to monitor the number of residents that are being admitted to care homes directly from hospital; and actively monitor capacity levels within intermediate care facilities.

2. That the Council work with care homes to monitor the number of short stays in hospital that result in a person that isn't a permanent resident losing their bed in a care home.

3. That the Council work with care homes and health partners to reduce the number of visits to Accident & Emergency.

Commissioning and Cost of Care Home Services

7.26 The Council has recently carried out a tender exercise for the provision of residential and nursing care services in Tameside. This is a joint contract with Tameside & Glossop CCG and therefore means that providers are only required to submit one set of reports and one performance visit etc. This process has remained, from the previous five year contract and is seen as model of good practice.

7.27 Consultation was undertaken with the care home sector to ensure contract expectations and delivery was achievable (within available costs). Briefing sessions were also delivered to providers to ensure they understood the process and the information that was required. It was important that all providers in Tameside had the same access and opportunity.

7.28 At the time of the tender (August 2012) the Council and then Primary Care Trust (PCT) commissioned approximately 900 beds in Tameside. The care home market in Tameside contained 1814 beds with 304 reported vacancies.

7.29 Vacancy levels have risen in the borough, from 7.3% in October 2008 to 18.4 % in July 2013 (across residential and nursing beds). This is, in part, attributable to initiatives that are aimed at enabling people to continue living at home and a more robust process of ensuring the application of the Fair Access to Care (FACS) criteria.

7.30 Taking into account that the Council and CCG purchased approximately 900 beds, it was forecasted that approximately 1200 beds would meet current and future commissioning needs. This was split to 750 residential beds and 450 nursing beds.

7.31 As part of the consultation exercise an independent management accountancy firm (Ernst & Young) were employed to undertake a 'usual cost of care exercise'. Data was taken from providers that took account of their actual costs in the delivery of the service. The new contracts with the care sector have incorporated this methodology to ensure that the contract price reflects the cost pressures on the care sector.

7.32 The procurement exercise undertaken by the Council resulted in those care homes that met the required quality thresholds joining the On Framework approved list and other homes forming the Off Framework list.

7.33 There are three main differences between 'on framework' and 'off framework' providers:

1. The contract
   - The core purpose of both contracts (On and Off Framework) is for the resident to receive the appropriate level of care and support to meet their needs. The off framework contract requires care homes to be fully compliant with CQC Essential Standards in Quality and Safety. Homes that have signed the on framework contract must comply with additional local quality standards and expectations

2. The fees that the Council will pay
   - The Council pays a higher fee to On Framework providers than it does to Off Framework providers. The fee levels were agreed following substantial consultation with the care home sector. The higher fee paid to On Framework providers is in recognition that they can meet quality standards set by the Council and CCG.

3. Additional charges that can be made by the care home
   - On Framework providers will only be able to charge additional fees (top-ups) for environmental factors that services users have expressed a preference for e.g, en-suite facilities, larger room etc. There should be no top-up for meeting the assessed needs, unless a person wishes to pay privately for services rather than accept the fee provision arranged for residents.
   - Off Framework providers are able to set their own fees, at a price they see fit. They may also charge top-ups for what can be seen as basic service provision. Due to the Council paying Off Framework providers less the level of top-up may be greater. If an individual choses an Off Framework home the Council will only pay the agreed fee, not the home's rate unless it is the only home that can meet the individuals' needs.

7.34 The tables below show the fees that are payable by the Council/NHS for On Framework and Off Framework' care homes, as at 1 April 2013.

7.35 **Table 1: Fees paid to On Framework providers**

Bed Type	On Framework Rate	Enhanced Rate
Residential single	£428	£462
Residential EMI	£440	£474
Nursing single	£567	£613
Nursing EMI	£586	£631

7.36 **Table 2: Fees paid to Off Framework providers**

Bed Type	Off Framework Rate
Residential single	£388

Residential EMI	£400
Residential shared	£349
Nursing single	£514
Nursing EMI	£534
Nursing shared	£463

7.37 If a home is On Framework it is eligible to apply for the enhanced rate. In order for a home to qualify for the enhanced rate/payment they need to demonstrate that they can meet the specified criteria (over and above contract requirements). This can be achieved by 85% of the staff being qualified to NVQ level 2, continued work with the wider community and the home completing 'life stories' with 70% of residents in the first two months. The payment can also be made for homes that have completed the 'Gold Standard Framework' or the 'Six Steps to Success Programme for Care Homes' and/or has achieved the Investors in People award to the Silver level or above. All criteria is checked on an annual basis.

7.38 The payment profile in 2007 has resulted in a higher level of fees being paid by Tameside. Certain aspects have contributed to this, such as annual increases based on the Retail Price Index (RPI) and uplifts for quality payments. The higher level of fees paid by Tameside does require providers to meet our quality standards and agree to the level of robust monitoring that we undertake, both of which are higher than many other local authorities. The approach taken in the tendering exercise was as a result of the sector requesting that fees were calculated based on the actual cost of care, not by applying the arbitrary uplift, or reduction in fee, which the Council had proposed.

7.39 **Table 3: Care Home Price Comparison – North West Authorities (Laing Annual Survey 2013/14)**

Authority	Residential		Residential EMI	
	Min (£)	Max (£)	Min (£)	Max (£)
Bolton	352.31	397.27	429.83	440.85
Cheshire West & Chester		362.60		449.61
Cumbria	362.00	441.00		483.00
Lancashire	253.50	420.50	364.00	448.00
Oldham		377.50		419.50
Rochdale	386.00	390.00	417.00	421.00
Salford	373.52	382.86		
Stockport	340.00	446.00	400.00	446.00
Tameside	**388.00**	**462.00**	**400.00**	**474.00**
Trafford	393.76	427.84	401.19	427.84
Wigan	330.00	365.00		405.00

7.40 The Table above shows a comparison for the cost of residential care across a selection of North West Authorities. Data shows that Tameside is paying the highest rate for residential (£462.00) and 2nd highest for Residential EMI (£474.00).

Paying for Care Home Services

7.41 All services that are provided by or commissioned by Tameside Adult Services are subject to a financial assessment of the service user's income, savings and other assets. The rules and criteria to determine how much a person will pay towards their costs depend on the type of care needed. For care provided in the community (non-residential) the financial assessment is governed by the Fairer Charging Policy.

7.42 If a person requires residential care the amount payable is governed by the Department of Health's Charging for Residential Accommodation Guide (CRAG) 2011. Sometimes it will determine that a person has a predominantly health related need for care in which case the

NHS will pay for the care rather than the local authority under Continuing Health Care (CHC) regulations.

7.43 At the point when a person requires care in a residential setting the Council provides a booklet called 'Residential and Nursing Homes in Tameside'. The booklet includes guidance and general information about each of the care homes located in Tameside. Details are provided about location, number of beds, whether it qualifies for enhanced payments and most importantly the fees charged by the home. Information provided shows whether fees are in-line with the Council's rates. In some cases there is no information held by the Council about fees (particularly for Off Framework providers). This would require the person or their family to contact the home directly to obtain information.

7.44 The NHS also fund any nursing care delivered in nursing homes through the Funded Nursing Care payment, currently £109.79 per week. This payment is made via the local authority to the home and is integral to the fee paid.

7.45 Most people are expected to pay something towards the cost of their residential or nursing care. The financial assessment determines exactly how much a person is required to pay. Currently all income and any assets over £23,250 are taken fully into account. If income/savings and assets are above £23,250 a person would be expected to pay the full cost of their care. Below these figures a person would still pay something toward the cost.

7.46 From April 2017 this asset figure will rise to £123,000, this is also accompanied with a cap meaning that a person will personally pay no more than £75,000 (in total) for the whole of their care, whether that is within the community or in residential care.

7.47 The financial assessment and payment arrangements can be extremely complex, especially if a property is involved that is inhabited by a partner or relatives. People are advised not to sell their house for the first 12 weeks of their transition to a care home setting. However, after 12 weeks a charge is then placed against a property until it is sold. A person can decide to defer the cost of their care until the property is sold, either in the future or in some cases following death.

Conclusions

5. Recent changes to the demand and supply of care home services have had a direct impact on care home vacancy levels in the borough.

6. New framework was introduced in 2012 based on homes meeting a set of quality standards required by the Council and NHS. The level of fees paid to a provider is determined by whether they are On Framework or Off Framework.

7. On Framework homes are invited to apply for the Enhanced Rate if they meet the identified criteria.

Recommendations

4. That the Council work with care homes across the borough to continually promote the Enhanced Rate, highlighting eligibility criteria and the enhanced payments that are available following compliance.

Review and On-going Monitoring of Care

7.48 Once a person has moved into a residential care setting a review of the placement is carried out by a social worker six weeks after the placement began. This is determine whether the person has settled in well and is happy with the placement. Until the six week review Adult Services advise the person and their family not to terminate tenancy agreements or to sell their property etc. Once the placement is seen to be meeting a person's needs then further reviews are carried out in six months time and then on an annual basis by Adult Services with involvement from the home and family.

7.49 It is apparent from bed numbers that there is still an excess of capacity, both from 'on framework' and 'off Framework providers'. The Council monitors this capacity on a monthly basis and is shared at Care Home Provider meetings, which are held quarterly.

7.50 The quality of the care provided is checked by combining information from several sources along with at least one annual performance monitoring visit to each care home. Tameside Council has been proactive in developing their own quality measures that are aimed at supporting homes to reach and maintain Care Quality Commission (CQC) standards. The sources of information used are:

- The Care Home Quality Group – a multidisciplinary group that meets every two months to discuss each home. It looks at safeguarding, home management, needs being met and feeling of safety etc.
- CQC reports – outcomes that have been checked recently and review any actions required.
- Feedback from locality teams.
- Feedback from operational Performance Officers.
- Recent complaints.
- Safeguarding issues.
- The provider's response to the pre-visit questionnaire.

7.51 The focus of the care home visit has recently been amended. The visit was previously focussed on auditing the staff files and care files to ensure that the correct processes were being followed. From previous evidence the Council has confidence that the majority of care providers generally follow the right processes.

7.52 The focus has moved towards observing issues that are priority to the service users, e.g. their appearance, general wellbeing, treated with respect etc. The Contracts Performance Officer also has the option to check files, where there are no issues the visit will focus on observing service users and staff rather than checking files. The current process suggests that it offers a greater insight into the quality of care being delivered.

7.53 The Council also continues to check accounts (to ensure financial viability to provide quality care and support in the longer term) and relevant insurances etc. This take place separate to the main contract performance visit on an annual basis.

7.54 The information that is gathered from a performance monitoring visit is aggregated and presented in six monthly performance reports.

7.55 Care homes across Tameside also undertake their own form of performance and quality assurance. Many providers ask residents and their families to complete feedback questionnaires on an annual basis. It is not compulsory for the information gather by homes to be shared with the local authority.

7.56 It is important for effective monitoring to be undertaken to ensure there is sustainability within the care home market. If there is a future change of policy in relation to supporting

people to live at home for longer it could be difficult for the care home market to sustain itself, based on current and predicted vacancy levels.

7.57 This also has implications based on the range of facilities and the level of future choice available for service users. Future increases in vacancy levels and a reduction in providers could impact on the way future calculations are made for the commissioning and payment of services, which are based on capacity in the market rather than occupancy levels.

Tameside's Care Home Market

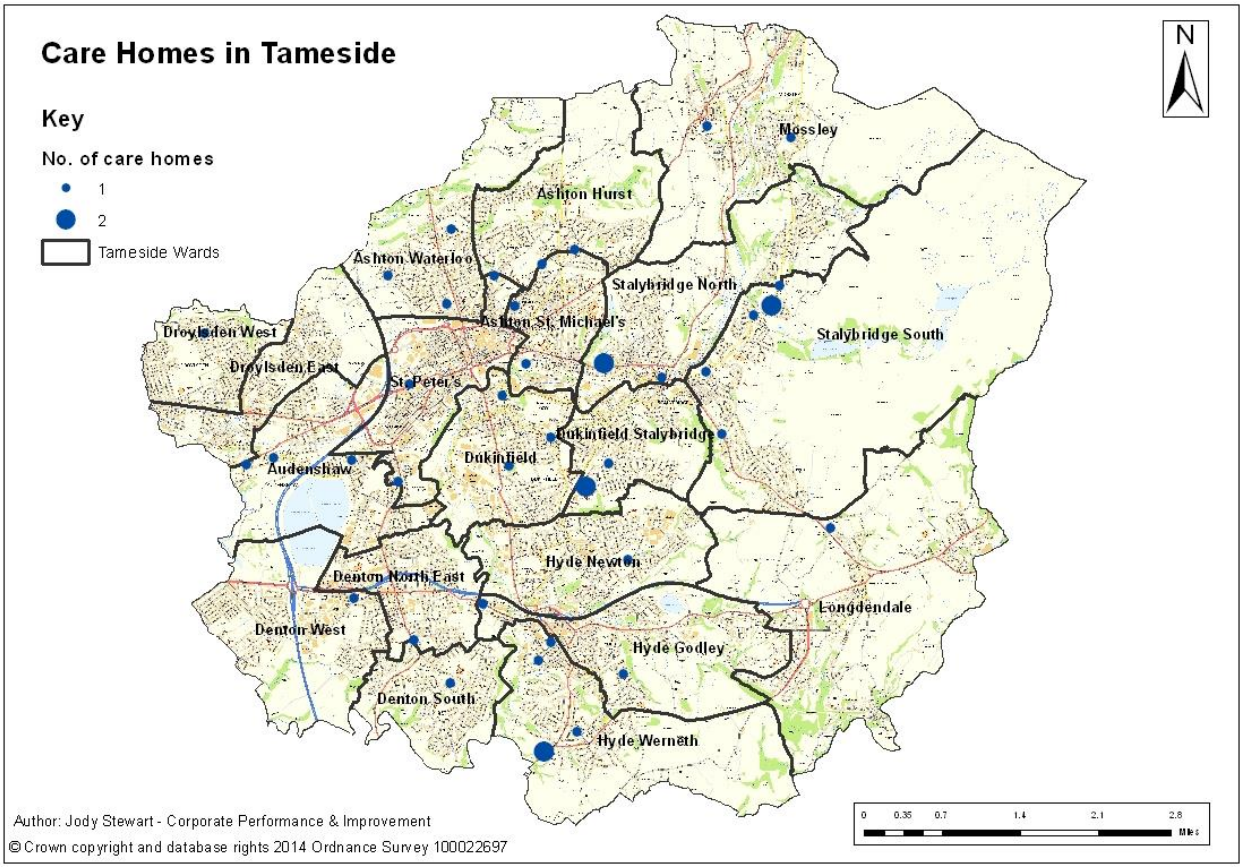
7.58 There are currently 43 independent care homes in Tameside, providing a total 1838 beds (see table below). There are 14 separate providers, the largest which being Meridian Healthcare Ltd with 14 care homes in Tameside.

7.59 From the 43 homes, 27 are 'on framework' and 16 are 'off framework'. There are 14 nursing homes and 29 residential homes.

7.60 **Table 3: Tameside Care Home providers (May 2013)**

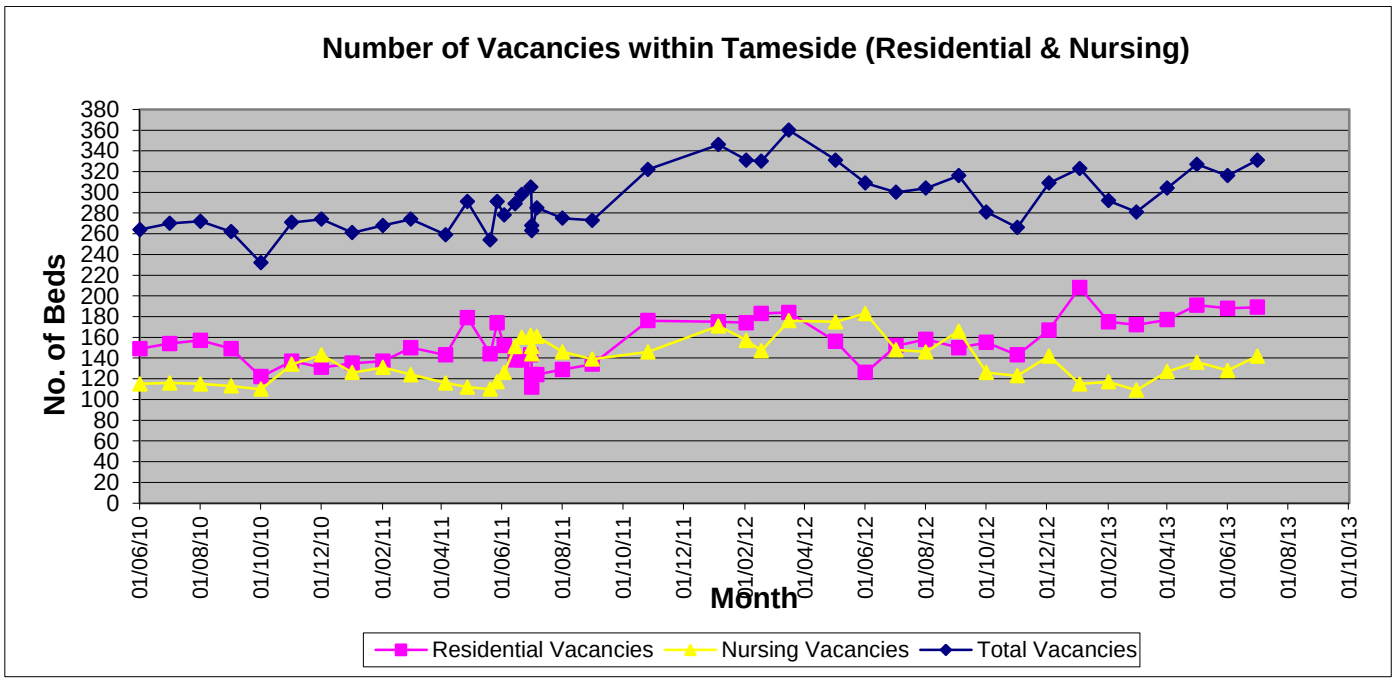
Ownership	Number of Homes in Tameside	Number of Beds in Tameside	% Share of the Market
Meridian Healthcare Ltd	14	700	38.08
HC-One	3	131	7.13
Four Seasons Healthcare	2	73	3.97
Jack Meredith	2	127	6.91
Partnership Caring Ltd	2	92	5.01
Mr. E. Carley	2	80	4.35
Mr. Pooloogadoo	2	58	3.16
Care UK	1	90	4.90
Care Worldwide (Ashton) Limited	1	34	1.85
Elder Homes	1	49	2.67
Belmont Healthcare Ltd.	1	38	2.07
Domain Care	1	27	1.47
Ideal Care Homes	1	70	3.81
Individual Ownership	10	269	14.64
Totals:	**43**	**1838**	

7.61 **Map 1: Location of Care Homes in Tameside**



7.62 The table and map above show the number of care homes in the borough and their location. The Council's Joint Commissioning and Performance Service are responsible for monitoring the care home market in Tameside, with information and data being collected on a regular basis to keep track of the number of beds available in the borough and to monitor vacancy levels in each home.

7.63 **Graph 1: Care Home Vacancies (July 2013)**



7.64 The graph above shows the number of vacant care home beds in Tameside from June 2010 to July 2013. Whilst there have been fluctuation in vacancy levels it is clear to see that there is an overall upward trend across the three years.

Conclusions

8. The Council ensures that every care home in Tameside receives a minimum of one performance monitoring visit a year.

9. Care homes gather their own feedback from residents and their families, based on the quality of care that they are receiving.

10. Any future changes to policy could result in the care home market not being able to meet an increase in the demand for beds.

11. Over a third of care homes in Tameside are currently Off Framework.

12. Over the last three years there has been an upward trend in the number of vacant beds in Tameside.

Recommendations

5. That the Council work with care homes to encourage the sharing of internal monitoring information and reports.

6. That the Council routinely reviews the number of beds on the framework and take the appropriate action to increase numbers should it be determined that this is required.

7. That the Council target homes with an increasing number of vacancies to encourage service users, relatives and carers to provide feedback on whether their general sense of belonging and wellbeing has been affected by a reduction of residents and/or a turnaround of staff etc.

8. That the Council look to include information from recent performance monitoring reports in the 'Residential and Nursing Homes in Tameside' booklet.

Monitoring Performance and the Quality of Care

7.65 The contract that the Council has with providers is based on registration under the Health & Social Care Act. The current contract uses the CQC Essential Standards in quality and safety as the baseline for the Off Framework contract, with additional standards introduced that are deemed to be required for on framework homes. The Council will monitor performance against the additional standards and, where necessary the CQC Essential Standards if it is felt that the provider may be breaching the contract.

7.66 The Council also works closely with other NHS teams, such as the Infection Prevention Service. Appropriate information is shared following routine and non-routine visits, with both teams working with providers to improve their services. Currently all care homes have an infection prevention score in excess of 85%.

7.67 The Council also supports providers to improve/maintain standards by supporting the Tameside Training Consortium (TTC). The TTC is an employer led partnership, with providers determining the direction of training requirements. The TTC allows training to be provided and accessed at competitive prices, due the economies of scale that can be

achieved from this collective approach. It ensures that care staff have the appropriate knowledge and understanding to deliver the appropriate care and support. Training offered via the TTC include: dignity in care, dementia awareness, safeguarding, end of life training.

7.68 The Council meets with care home owners and managers every three months at the Care Home Provider Forum. This is an arena that allows the Council to notify the sector about upcoming issues/pressures, provide guest speakers to discuss certain topics, issues to be raised and to promote shared learning and good practice where possible. The Council also sends relevant updates to the sector as and when required.

7.69 The CQC is the nationally appointed regulator for care home services (under the Health & Social Care Act 2008). They have a legal duty to ensure the care providers meet the 'Essential Standards of Quality & Safety'. The essential standards comprise of 28 outcomes that the providers need to be able to demonstrate compliance with. CQC inspectors aim to visit care homes on an annual basis to check that providers are meeting essential standards.

7.70 Healthwatch Tameside is the new independent consumer champion created to gather and represent the views of the public. Healthwatch will play a role at both a national and local level and will make sure that the views of the public and people who use services are taken into account. With Healthwatch working in partnership with the Council's Health and Wellbeing Board work can be undertaken to support future services.

7.71 Healthwatch has three main areas of work:

- Listening to local people
- Influencing Services
- Providing an information (sign posting) service

7.72 Work is undertaken with residents of Tameside to learn about people's experience of using health and social care services in Tameside. It is important that routine feedback continues to be sought in order for the right changes to be made to local services. This can range from complex issues to more general needs such as religious and dietary requirements for residents from different ethnic backgrounds. Going forward Healthwatch is expecting to undertake further work with the care home sector in Tameside.

Care Home Quality Group

7.73 The Care Home Quality Group was established to ensure effective communication between all relevant commissioners and purchasers of social and health care provision within the independent care home sector. The aim of the group is to:

1. Improve the efficiency and effectiveness of commissioning;

2. Ensure that gaps in knowledge are minimised by the sharing of information;

3. Respond proactively and collectively in providing support, information and training (as appropriate) to providers who are at risk of non-compliance;

4. Agree to a provider's risk profile based on factors such as contract performance, safeguarding alerts and investigations, complaints from third parties and care practices as observed by relevant professionals (such as care managers and district nurses);

5. Improve the outcomes for service users; and

6. Agree actions should the quality of care not be at the required standard.

7.74 The level of risk assigned to a provider is measured as green, amber or red. The level of non-compliance is based on the above factors detailed in point 4, in relation to the provision of care.

7.75 If risk has been identified work will be undertaken to highlight any training or support needs for the staff and management of the care home. The Council and NHS may wish to increase the frequency of performance monitoring visits, with the number of visits made by the Safeguarding Adults Team also increasing.

7.76 Group meetings take place every two months and are chaired by a Team Manager from the Council's Joint Commissioning & Performance Team. The Council are responsible for the coordination and facilitation of the group meetings; and is also responsible for making sure that the risk profile for providers is up-to-date. It is routine practice for risk profiles and the minutes from the meetings to be sent to the Care Quality Commission (CQC) for information.

Conclusions

13 Review and monitoring processes undertaken by the Council are further supported by work carried out by Healthwatch Tameside and the Care Quality Commission.

14. A Care Home Quality Group was established to monitor the effectiveness of services and to identify the level of risk and non-compliance across the sector.

Recommendations

9. That Tameside Training Consortium actively monitors the demand for training in the care home market, with any significant changes being reported to the Council's commissioning team.

10. That the Council look to improve partnership working across the care home sector, with emphasis being placed on the aims and objectives of the Care Home Provider Forum meetings and improving attendance.

11. That the Council share information with Healthwatch in relation to care home vacancy levels and the risk profile of providers.

8. CONCLUSIONS

8.1 All efforts are made by the Council and partners to encourage people to live as independently as possible, for as long as possible.

8.2 A wide range of support services are explored before a decision is made to consider a place for a person in a residential care home setting.

8.3 Intermediate care facilities provide service users with the opportunity to regain confidence and skills, reducing the number of people being admitted to residential care directly from hospital.

8.4 The assessment process allows the Council to determine the seriousness and risk of a person's needs; and the level of support that is required in order to meet those needs.

8.5 Recent changes to the demand and supply of care home services have had a direct impact on care home vacancy levels in the borough.

8.6 New framework was introduced in 2012 based on homes meeting a set of quality standards required by the Council and NHS. The level of fees paid to a provider is determined by whether they are On Framework or Off Framework.

8.7 On Framework homes are invited to apply for the Enhanced Rate if they meet the identified criteria.

8.8 The Council ensures that every care home in Tameside receives a minimum of one performance monitoring visit a year.

8.9 Care homes gather their own feedback from residents and their families, based on the quality of care that they are receiving.

8.10 Any future changes to policy could result in the care home market not being able to meet an increase in the demand for beds.

8.11 Over a third of care homes in Tameside are currently Off Framework.

8.12 Over the last three years there has been an upward trend in the number of vacant care home beds in Tameside.

8.13 Review and monitoring processes undertaken by the Council are further supported by work carried out by Healthwatch Tameside and the Care Quality Commission.

8.14 A Care Home Quality Group was established to monitor the effectiveness of services and to identify the level of risk and non-compliance across the sector.

9 RECOMMENDATIONS

9.1 That the Council work closely with Tameside & Glossop CCG to monitor the number of residents that are being admitted to care homes directly from hospital; and actively monitor capacity levels within intermediate care facilities.

9.2 That the Council work with care homes to monitor the number of short stays in hospital that result in a person that isn't a permanent resident losing their bed in a care home.

9.3 That the Council work with care homes and health partners to reduce the number of visits to Accident & Emergency.

9.4 That the Council work with care homes across the borough to continually promote the Enhanced Rate, highlighting eligibility criteria and the enhanced payments that are available following compliance.

9.5 That the Council work with care homes to encourage the sharing of internal monitoring information and reports.

9.6 That the Council routinely reviews the number of beds on the framework and take the appropriate action to increase numbers should it be determined that this is required.

9.7 That the Council target homes with an increasing number of vacancies to encourage service users, relatives and carers to provide feedback on whether their general sense of belonging and wellbeing has been affected by a reduction of residents and/or a turnaround of staff etc.

9.8 That the Council look to include information from recent performance monitoring reports in the ‘Residential and Nursing Homes in Tameside’ booklet.

9.9 That Tameside Training Consortium actively monitors the demand for training in the care home market, with any significant changes being reported to the Council’s commissioning team.

9.10 That the Council look to improve partnership working across the care home sector, with emphasis being placed on the aims and objectives of the Care Home Provider Forum meetings and improving attendance.

9.11 That the Council share information with Healthwatch in relation to care home vacancy levels and the risk profile of providers.

Post Scrutiny - Executive Response

In Respect of: Scrutiny Review of Care Home Services in Tameside

Date: 8 April 2014

Cabinet Deputy: Councillor Brenda Warrington (Adult Social Care and Wellbeing)
Coordinating Officer: Paul Dulson, Head of Assessment and Care Management
Partnership: Health and Wellbeing Board

Recommendations	Accepted/ Rejected	Executive Response	Officer Responsible	Action By (Date)
1. That the Council work closely with Tameside & Glossop CCG to monitor the number of residents that are being admitted to care homes directly from hospital; and actively monitor capacity levels within intermediate care facilities.	Accepted	Monthly activity levels are available that indicate numbers of people being admitted to care homes and where they were prior to admission. Numbers being directly admitted from hospital is one of the key pieces of information being monitored. Intermediate care beds are monitored on a daily basis via the discharge meeting at the hospital with CCG and TMBC staff being included in the discussions.	Tricia O'Connell	Ongoing (Monthly and Daily)
2. That the Council work with care homes to monitor the number of short stays in hospital that result in a person that isn't a permanent resident losing their bed in a care home.	Accepted	There has been a change in procedure with regards people who are identified as needing long term care but haven't yet been made permanent in that if they are admitted to hospital, their funding will continue resulting in the person not losing their care home placement. Others who have only been in a care home for a short period (less than 4 weeks) who are still expected to return home will continue on that care journey if admitted to hospital. These numbers will be monitored.	Tricia O'Connell	Ongoing

Recommendations	Accepted/ Rejected	Executive Response	Officer Responsible	Action By (Date)
3. That the Council work with care homes and health partners to reduce the number of visits to Accident & Emergency.	Accepted	IRIS Work is being undertaken with care homes/CCG and NWAS to reduce the number of calls and conveyances to A&E. This has included training and the supply of equipment	Sandra Whitehead	April 2014
4. That the Council work with care homes across the borough to continually promote the Enhanced Rate, highlighting eligibility criteria and the enhanced payments that are available following compliance.	Accepted	Care homes will be given the opportunity to apply for the Enhanced Rate on an annual basis. Discussion about the criteria and expected standards will continue to be highlighted during monitoring visits.	JC&PMT	On-going
5. That the Council work with care homes to encourage the sharing of internal monitoring information and reports.	Accepted	Care Homes will be asked to share their own internal quality audit reports as part of the triangulation of information to assess the quality of service provision	Tim Wilde	On-going
6. That the Council routinely reviews the number of beds on the framework and take the appropriate action to increase numbers should it be determined that this is required.	Accepted	There is a contractual agreement to review the number of beds on the Framework on an annual basis (February). In addition to this the number of beds will be reviewed should any homes on the Framework cease to trade or change the registration status of beds. A change in legislation, policy direction or local demographics will also trigger a review of the capacity of Framework beds.	Sandra Whitehead/ Paul Dulson	On-going
7. That the Council target homes with an increasing number of vacancies to encourage service users, relatives and carers to provide feedback on whether their general sense of belonging and wellbeing has been affected by a reduction of residents and/or a turnaround of staff etc.	Accepted	Operational Performance Officers from the locality teams are responsible for the reviews of people in all Tameside care homes. Sense of belonging and wellbeing is already considered during an individual's review but closer scrutiny will be built in if vacancy levels are particularly high or there has been a high staff turnaround.	Julie Moore	Achieved
8. That the Council look to include information from recent performance monitoring reports in the 'Residential and Nursing Homes in Tameside' booklet.	Accepted	Work will be undertaken with care home providers to develop an agreed approach in relation to the publication of performance results.	Tim Wilde	March 2015

Recommendations	Accepted/ Rejected	Executive Response	Officer Responsible	Action By (Date)
9. That Tameside Training Consortium actively monitors the demand for training in the care home market, with any significant changes being reported to the Council's commissioning team.	Accepted	Representation from the JC&PMT will continue to attend the Consortium Steering Group in order to achieve this. Training will continue to be discussed at the Care Home Provider Forum.	Lynn Taylor/ Tim Wilde	On-going
10. That the Council look to improve partnership working across the care home sector, with emphasis being placed on the aims and objectives of the Care Home Provider Forum meetings and improving attendance.	Accepted	Work is ongoing with the care home provider market with a view to improvement – it is clear from consultation that the current format and subject matter continues to meet the current need for the group. Questionnaire to be circulated to providers to determine their needs	Sandra Whitehead Sandra Whitehead	Ongoing October 2014
11. That the Council share information with Healthwatch in relation to care home vacancy levels and the risk profile of providers.	Accepted	Vacancy information will be circulated on a monthly basis. Risk information will be shared where appropriate.	Tim Wilde	Ongoing