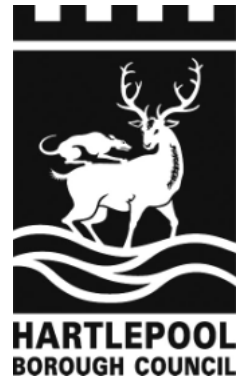


# **ADULT AND COMMUNITY SERVICES SCRUTINY FORUM AGENDA**



**Monday 18 October 2010**

**at 2.00pm**

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

**MEMBERS: ADULT AND COMMUNITY SERVICES SCRUTINY FORUM**

Councillors Atkinson, Fleet, Griffin, Ingham, Law ton, A Marshall, McKenna, Preece, and Shaw

Resident Representatives:

Christine Blakey and Evelyn Leck

- 1. APOLOGIES FOR ABSENCE**
- 2. TO RECEIVE ANY DECLARATIONS OF INTEREST BY MEMBERS**
- 3. MINUTES**
  - 3.1 To confirm the minutes of the meeting held on 13 September 2010
- 4. RESPONSES FROM THE COUNCIL, THE EXECUTIVE OR COMMITTEES OF THE COUNCIL TO FINAL REPORTS OF THIS FORUM**

No items.

- 5. CONSIDERATION OF REQUEST FOR SCRUTINY REVIEWS REFERRED VIA SCRUTINY CO-ORDINATING COMMITTEE**

No items.

6. **CONSIDERATION OF PROGRESS REPORTS / BUDGET AND POLICY FRAMEWORK DOCUMENTS**

No items.

7. **ITEMS FOR DISCUSSION**

**Scrutiny Investigation into 'Safeguarding of Adults'**

7.1 **'Safeguarding of Adults':-**

- (a) Covering Report – *Scrutiny Support Officer*
- (b) Presentation – Detailed Overview of Safeguarding Services – *Acting Assistant Director of Operations*
- (c) Group Activity and Presentation - Service Provision Challenges - *Acting Assistant Director of Operations*
- (d) Presentation - Independent Evaluation of Services in Hartlepool – *Strategic Safeguarding Lead*

8. **ISSUES IDENTIFIED FROM FORWARD PLAN**

9. **ANY OTHER ITEMS WHICH THE CHAIRMAN CONSIDERS ARE URGENT**

**ITEMS FOR INFORMATION**

(i) **Date of next meeting:-**

Monday, 8 November 2010 at 2.00 pm in Committee Room B, Civic Centre, Hartlepool

# ADULT AND COMMUNITY SERVICES SCRUTINY FORUM

**MINUTES**  
**13 September 2010**

The meeting commenced at 2.00 pm in the Civic Centre, Hartlepool

**Present:**

Councillor: Jane Shaw (In the Chair)

Councillors: Mary Fleet, Sheila Griffin, Patricia Lawton, Ann Marshall and Arthur Preece

Resident Representatives:  
Evelyn Leck

Also Present: Councillor Ged Hall, Portfolio Holder for Adult and Public Health Services  
Margaret Wren and Zoe Sherry, Hartlepool Link

Officers: Jill Harrison, Assistant Director Child and Adult Services  
John Lovatt, Acting Assistant Director, Child and Adult Services  
Pam Simpson, Strategic Lead in Safeguarding and Vulnerability  
Ellen Spence, Team Manager  
Joan Stevens, Scrutiny Manager  
Elaine Hind, Scrutiny Support Officer  
Denise Wimpenny, Principal Democratic Services Officer

## **18. Apologies for Absence**

Apologies for absence were submitted on behalf of Councillors Atkinson and Ingham and Resident Representative Christine Blakey.

## **19. Declarations of interest by Members**

The Chair, Councillor Shaw, declared a personal interest in minute numbers 24, 25 and 26. Interests were also declared later in the meeting as referred to in minute 25. The Chair referred to recent complaints to the Standards Committee regarding failure to comply with the Members Code of Conduct in terms of declaring interests at meetings. Members were reminded of the importance of declaring interests in meetings, as appropriate.

## **20. Minutes of the meeting held on 16 August 2010**

Confirmed with the addition of Evelyn Leck's apologies.

## **21. Responses from the Council, the Executive or Committees of the Council to Final Reports of this Forum**

None

## **22. Consideration of request for scrutiny reviews referred via Scrutiny Co-ordinating Committee**

It was reported that a joint meeting of the Regeneration and Planning Services, Adult and Community Services and Children's Services Scrutiny Forums would be held on Monday 27 September 2010 at 5.00 pm, following a referral by Scrutiny Co-ordinating Committee regarding the Housing Adaptations Policy.

## **23. Consideration of progress reports/budget and policy framework documents**

None

## **24. Scrutiny Investigation into Safeguarding of Adults – Setting the Scene – Covering Report/ Presentation and Positive Outcome Case Studies** *(Scrutiny Support Officer and Acting Assistant Director, Safeguarding and Vulnerability)*

The Scrutiny Support Officer advised that as part of the Forum's investigation into Safeguarding of Adults the Assistant Director of Operations and the Strategic lead in Safeguarding and Vulnerability had been invited to attend the meeting to provide evidence in relation to the inquiry.

The Assistant Director and Strategic Lead in Safeguarding and Vulnerability submitted a report and presentation which provided an overview of adult protection structures and committees, details of current safeguarding legislation and a definition of the terms safeguarding and vulnerable adult.

As part of the evidence gathering session, Members of the Forum would be asked to determine what a positive safeguarding outcome would be from a number of case studies. A group discussion would follow where officers would provide feedback on the actual outcomes of the cases and the reasons behind these outcomes.

The Assistant Director and Strategic Lead in Safeguarding and Vulnerability provided a joint detailed and comprehensive presentation which included the

following issues:-

At this point in the meeting, Resident Representative, Evelyn Leck, declared a personal interest in this item of business regarding a recent complaint to the Council regarding a family member in social care.

- Overview
- Strategic Vulnerable Adult Framework – Management Structures
  - Local Strategic Partnerships – Health and Well Being Partnerships
  - Teesside Safeguarding Vulnerable Adults Board
  - Local Safeguarding Vulnerable Adults Committees
- Hartlepool Strategic Framework
  - Hartlepool Vulnerable Adult Protection Committee
- Organisational Framework Adult Safeguarding
- Adult Protection Threshold Guide
- Current Safeguarding Legislation
- Key policy and legislation
- Key roles and responsibilities
- Key terms
- Safeguarding Adult Procedures

A discussion ensued which included the following issues:-

- (i) In response to a request for clarification regarding the current methods of communication with the public in relation to the services available to vulnerable adults, the Forum was advised of the various communication methods which included visits and briefings with providers and GPs, leaflet drops etc.
- (ii) The Assistant Director outlined the action taken in response to social care complaints and the annual review process.
- (iii) Following discussion regarding the value of conducting unannounced inspections of care homes, the Assistant Director reported that lay assessors and social care officers carried out unannounced inspections which included conducting interviews with residents and family members in relation to standards of care. The Safeguarding Team were currently working with providers to provide advice and guidance in this regard.
- (iv) In response to a suggestion that Elected Members be involved in undertaking unannounced inspections on a twice yearly basis, the Assistant Director agreed to discuss this with the Commissioning Team and provide feedback to a future meeting of this Forum.
- (v) A representative from Hartlepool Link, who was in attendance at the meeting, added that representatives from Hartlepool Link conducted enter and view visits to which feedback of any concerns were reported to the Link Executive.
- (vi) A Resident Representative commented that residents may be reluctant to report any issues of bad practice due to fear of repercussion. The Forum was advised that whilst lessons should be learnt from all complaints, a number of measures were in place to prevent such issues occurring.

The Forum then separated into three groups to assess individual case studies, copies of which were circulated at the meeting and determine positive safeguarding outcomes. Officers then went on to provide feedback from the various sessions:-

#### Group 1

- Insufficient information in case study;
- Concerns regarding whether staff were as attentive as they should have been;
- Was guidance followed correctly;
- Legislation was not discussed;
- In terms of the recommended course of action, it was suggested that the facts be established and reported to the police and Safeguarding Team due to the serious nature of the incident;
- With regard to the Groups' views on what would be a good outcome:-
  - improved partnership working had taken place with the police;
  - no charges made against the individual;
  - reinforce training arrangements for staff; and
  - review care management plan with all parties.

#### Group 2

- Risks to individual – acknowledged possibility of financial abuse and duty to investigate;
- Must be investigated appropriately, need to refer to legislation, Human Rights Act, Mental Capacity Act and issues of consent;
- In terms of recommended course of action, the Group suggested that the personal assistant should be dismissed based on the evidence provided;
- In relation to what would constitute a good outcome:-
  - minimised risk of future financial abuse; and
  - individual more likely to report any incidents of abuse in future.

#### Group 3

- What should happen – male care worker should be immediately suspended;
- Female care worker should have provided information as soon as she was aware of problem as delay resulted in risk to others;
- Female care worker disciplined; and
- Male care worker dismissed.

### **Recommended**

That the information given be noted and the comments of the Forum and evidence provided be used to assist with the scrutiny investigation.

## **25. Scrutiny Investigation into Safeguarding of Adults – Covering Report and Verbal Evidence from Portfolio Holder for Adult and Public Health Services** *(Scrutiny Support Officer)*

As part of the Forum's investigation into Safeguarding of Adults, the Portfolio Holder for Adult and Public Health Services had been invited to the meeting to provide evidence in relation to responsibilities and views on the 'Safeguarding of Adults.'

The Portfolio Holder commented on the statutory duties of the local authority to provide adult social care services and the importance of how those services were provided. The Portfolio Holder was of the view that current services were delivered very well and highlighted that the extent and importance of the service was not recognised as a priority of the Council by the general community. The challenges of future service provision were outlined including the current and future budgetary pressures and the need to communicate these challenges and importance of the service to the public.

Reference was made to the positive outcomes as a result of changes in legislation which included the appointment of dignity in care champions in terms of encouraging individuals to report any instances of bad practice or abuse and the need for this to be encouraged. With regard to the recent White Paper regarding the future of the Health Service, the benefits of the Council continuing to deliver the service were outlined as well as the importance of retaining the current Health Overview and Scrutiny powers within the Council.

**At this point in the meeting Councillor Griffin declared a personal interest in this item of business.**

In conclusion, the Portfolio welcomed the investigation and expressed his commitment to contribute and assist.

In the discussion that followed, the following issues were raised:-

- (i) The benefits of the Council continuing to deliver this service were discussed and Members emphasised the importance of delivering good quality services to users.
- (ii) The Portfolio Holder suggested the possibility of examining the contents of a previous White Paper on Adult Social Care as it appeared that one of the options suggested as a result of consultation had been withdrawn.
- (iii) Following queries regarding caseloads of social workers, the challenges ahead in terms of demographic pressures and the percentage of individuals living independently, it was reported that the challenges ahead as well as demographic issues would be discussed at the next meeting of the Forum.

- (iv) With regard to the challenges ahead, the Portfolio Holder raised concerns that the proposals contained within the Health White Paper would result in further privatisation of services and commented on the reluctance of GPs to join the new Consortia arrangements.

### **Recommended**

That the information given be noted and the comments of the Forum and evidence provided be used to assist with the scrutiny investigation.

## **26. Six Month Monitoring of agreed Adult and Community Services Scrutiny Forum's Recommendations** *(Scrutiny Support Officer)*

The Scrutiny Manager provided details of progress made on the delivery of the agreed scrutiny recommendations against investigations undertaken by the Forum since the 2005/06 municipal year. The report included a chart which provided the overall progress made by all scrutiny forums since 2005 and Appendix A provided a detailed explanation of progress made against each recommendation agreed by this Forum.

It was noted that since the 2005/06 municipal year, 43% of the Adult and Community Services Scrutiny Forum's recommendations had been completed with 30% assigned, 22% overdue and 4% cancelled.

With regard to the quality of care home provision investigation, recommendation SCR-ACS/5F, in relation to the location of dementia units, a Resident Representative raised concerns regarding the health and safety risks of locating elderly and dementia patients on the first floor of premises and the benefits of ground floor location. The Assistant Director advised that the Council were unable to formally insist that dementia units be located on the ground floor. However, arrangements were in place to influence these arrangements, where possible.

The Forum went on to discuss the importance of maintaining patients' human rights and freedoms as well as the assessment process.

### **Recommended**

- i) That progress against the Adult and Community Services Scrutiny Forum agreed recommendations since the 2005/06 municipal year, be noted.
- ii) Members were requested to retain Appendix A contained within the plastic wallet distributed for future reference.



## **27. Issues Identified from Forward Plan**

None

## **28. Date and Time of Next Meeting**

It was noted that the next meeting would be held on 18 October 2010 at 2.00 pm. Members were requested to arrive five minutes early to enable photographs to be taken for inclusion in the next annual report.

The meeting concluded at 4.30 pm

CHAIR

# ADULT AND COMMUNITY SERVICES SCRUTINY FORUM

18 October 2010



**Report of:** Scrutiny Support Officer

**Subject:** SCRUTINY INVESTIGATION INTO SAFEGUARDING OF ADULTS – EVIDENCE FROM THE COUNCIL'S CHILD AND ADULT SERVICES DEPARTMENT - COVERING REPORT

## 1. PURPOSE OF REPORT

- 1.1 To inform Members of the Forum that the Assistant Director of Operations and the Strategic Lead in Safeguarding and Vulnerability have been invited to attend this meeting to provide evidence in relation to the ongoing investigation into Adult Safeguarding.

## 2. BACKGROUND INFORMATION

- 2.1 Members will recall that at the meeting of this Forum on 16 August 2010, the Terms of Reference and Potential Areas of Inquiry / Sources of Evidence for this Scrutiny investigation were approved by the Forum.
- 2.2 Consequently the Assistant Director of Operations and the Strategic Lead in Safeguarding and Vulnerability from Hartlepool Borough Council have agreed to attend this meeting to provide a presentation giving a detailed overview of the adult safeguarding services provided by the Child and Adult Services Department, the challenges the service faces and the results of an independent evaluation of the service.
- 2.3 As part of the evidence gathering session Members will be asked to split into groups to determine the challenges facing the provision of adult safeguarding services in the future and to suggest how these may be addressed. Following a group discussion regarding issues raised, the Assistant Director of Operations will give a presentation highlighting the challenges the Department have identified with regard to adult safeguarding.

- 2.4 The Strategic Lead in Safeguarding and Vulnerability will then present the results of an independent review of “Safeguarding Adults Arrangements” in Hartlepool undertaken in May 2009 and detail how the recommendations from this review are being addressed.
- 2.5 In addition, in response to discussions at the previous meeting of the Forum, Deprivation of Liberty figures supplied by Hartlepool Borough Council Child and Adult Service Department have been circulated prior to this meeting for Members information.

### 3. RECOMMENDATION

- 3.1 It is recommended that the Adult and Community Services Scrutiny Forum consider the evidence of the Assistant Director of Operations and the Strategic Lead in Safeguarding and Vulnerability in attendance at this meeting and seek clarification on any relevant issues where required.

**Contact Officer:-** Elaine Hind – Scrutiny Support Officer  
Chief Executive’s Department – Corporate Strategy  
Hartlepool Borough Council  
Tel: 01429 523647

Email: [elaine.hind@hartlepool.gov.uk](mailto:elaine.hind@hartlepool.gov.uk)

### BACKGROUND PAPERS

The following background papers were used in the preparation of this report:-

- (i) Report of the Scrutiny Support Officer entitled ‘Scrutiny Investigation into Adult Safeguarding – Scoping Report’ Presented to the Adult and Community Services Scrutiny Forum on 16 August 2010.

**ADULT AND COMMUNITY SERVICES  
SCRUTINY FORUM**  
18 October 2010



**Report of: Acting Assistant Director of Child & Adult Services – Adult Operations**

**Subject: ADULT SOCIAL CARE PERFORMANCE ANALYSIS**

---

**1. PURPOSE OF REPORT**

- 1.1 To inform the members of the Scrutiny Forum about the performance of Adult Social Care provider services' in order to increase understanding of the pressures and challenges facing Departmental staff and which inevitably impact upon safeguarding services.
- 1.2 This report includes an analysis of statistical information in relation to performance activity from April 2007 – March 2010.

**2. BACKGROUND**

- 2.1 Safeguarding Adults is the Scrutiny topic for this Municipal Year and currently Scrutiny is undertaking a detailed inquiry into this area of work. This report is intended to contribute to this inquiry as it considers the broader context that safeguarding operates within and importantly considers the business flows across the Social Care Teams from April 2007 – March 2010. This report analyses adult social care data, draws out trends, considers implications for future productivity and highlights areas of risk and challenge.
- 2.2 The report acknowledges that safeguarding adults is not a 'stand alone' function and the working environment it currently operates within is extremely demanding given the combined pressures of demography, changes in legislation and the fiscal deficit. This report evaluates identified future risks to social care performance and any potential impact upon the Council.
- 2.3 Adult Social Care Provider Services in Hartlepool comprise:
  - Duty Team

- Three Locality Care Management Teams (North, Central and South) - collocated with North Tees & Hartlepool NHS Foundation Trust (NT&H, NHS, FT)
- Safeguarding Adults Team
- Social Care Transformation Team
- Learning Disability Social Work Team - co-located with the Tees and Esk Wear Valleys NHS Foundation Trust (TEWV, NHS, FT)
- Mental Health Assessment and Provider Team in Partnership with the Tees and Esk Wear Valley NHS Foundation Trust
- Multi-Link Team - co-located with the North Tees & Hartlepool NHS Foundation Trust to facilitate early discharge from hospital or prevent admission to hospital, residential / nursing care.
- Day Opportunity teams for older people and people with disabilities.

2.4 Adult Social Care Services are facing immense challenges across the United Kingdom. In 1982 30% of people were over the age of 50; in 2009 it was 34% and by 2026 it will be 40%. An increasing number of people with complex needs are living longer and they, rightly, have increasing expectations from services.

2.5 Social Care spends across local authorities (LAs) in England increased by 46% between 2001 – 2008.

2.6 The financial deficit and fall out from the banking crisis will have a significant impact on public spending. Over the last three years adult social care has restructured its services in response to personalisation and helping people to live independently in the community. Efficiencies have been made during this process.

2.7 The current economic and demographic context present unique challenges to Adult Social Care Services in Hartlepool as well as real opportunities to radically redesign the way we deliver services in the future.

2.8 This report looks at the performance of adult social care services over the last three years and evaluates the trends and risks going forward within this challenging environment.

### **3. THE SERVICES AND DATA**

3.1 This report has a series of appendices which outline graphical data and issues discussed in the main body of this report. This information is in relation to the delivery of the whole range of adult social care services. (*See Appendices for graphical data*).

#### **3.2 Duty Team**

3.2.1 The Duty Team is a shared team with Children's Social Care Services and has a range of staff which includes qualified Social Workers, Social

Care Officers, Clerical staff and, as a pilot exercise initially, an Occupational Therapy Assistant. This team has acted as first contact point for anyone who requires social care services or for safeguarding concerns relating to either vulnerable adults or children. The trends for adult and children services have reversed in recent years with children's referrals and contacts increasing significantly and adult's referrals into the department via this team reducing. Once working aged vulnerable adults are already known to the department they would go direct with any changes in need or additional needs via their allocated social worker / social care officer / care manager. The duty team has historically taken a significant number of referrals linked to older people's services and referrals for low level disability equipment to aid daily living. The development of inter agency Locality Teams may have also had an impact on this shift in referrals. Adult social care referrals into the Duty Team have decreased by 22% over the last 3 years and children's have increased by over 30%. The number of No Further Action (NFA) referrals for adults has decreased by 33% and the number of referrals passed to adult social care teams has increased by 5% this year. See (**APPENDIX 10**).

### 3.3 **Multi-Link (Intermediate Care) Team (APPENDIX 9)**

3.3.1 This team's role is to prevent admissions into hospital or facilitate early discharge from hospital and it is comprised of workers from both the Local Authority (LA) and North Tees & Hartlepool NHS Foundation Trust. Referrals, primarily from hospitals also come into the department via the Multi-Link Team. This team has seen a corresponding increase in referrals (versus the Duty Teams decrease) in to the department over the last three years. **APPENDIX 11** shows that Multi-Link referrals have increased by 20% between 2007-2010 and **APPENDIX 9** shows that average caseloads have increased by 16% over the same time period.

3.3.2 This team specialises in intervening quickly to put support in place to enable people to return home from hospital or to avoid an unnecessary admission to hospital, so the turn over of cases in this team is very rapid. As a result of this the caseloads tend to be smaller than those of the Locality Teams due to the nature of the work but throughput is much quicker than other care management teams. In this area there are 4 social workers who currently have an average of 13 cases each. 2 Social Care Officers have an average of 9 cases each and the Principal Practitioner holds, on average, 13 cases. The Principle Practitioner's role is to hold a small caseload and to provide first-line management support to the team. There has been a relentless increase in business flows impacting on this multi-disciplinary team over the last three months and this is expected to continue to rise with the coming winter months.

3.3.3 In relation to the Multi Link service the following information is presented in the appendices to highlight how the service operates.

- **APPENDIX 16** shows the number of people going home from rehabilitation and transition beds has increased from 56 in 2008/2009 to 72 in 2009/10 – an increase of 29%.
- **APPENDIX 15** shows that the number of people moving from short stay placements into hospital has decreased from 45 in 2007/2008 to 28 in 2009/2010 – a decrease of 38%.
- **APPENDIX 14** shows that the number of people moving from short stay placements into permanent placements has declined from 107 in 2007 to 92 in 2009/2010 – a decrease of 14%.
- **APPENDIX 17** shows that the number of people moving into long stay admissions (65 years +) has declined from 145 in 2005/06 to 120 in 2009/2010 a decrease of 17%.
- **APPENDIX 28** shows the increase in people being supported in the community over the last 3 years increasing from 3818 to 4652 people: a 22% increase.
- **APPENDIX 28** shows the decrease in the numbers of people entering residential care placements over the same period from 751 to 594 people: a 21% decrease.

3.3.4 The above data set evidences a degree of success in keeping people living in their own homes rather than moving into either hospital or a residential/nursing placement. The nature of this success however has had an impact on the Social Care Locality Teams in terms of both increasing caseloads and an older/more frail/more complex client group as those people with on-going care needs must receive on-going support from the department in accordance with community care legislation.

3.3.5 The Multi-Link Team responds to referrals within 48 hours and there is no waiting list.

3.3.6 The Multi-Link service relies on effective integrated working between health and social care services. There has been a slight increase (7.7%) in the number of people moving into hospital over the last 3 months which we will work together with the North Tees & Hartlepool NHS Foundation Trust to ascertain why. One potential impact could be the recent changes in integrated health and social care management arrangements due to the governance requirements of the Foundation Trust Status.

### **3.4 Locality Teams North, Central and South (APPENDIX 2 – 4)**

3.4.1 The Locality Teams are multi-agency co located teams that comprise Social Workers, Occupational Therapists and a range of health professionals including District Nurses, Community Matrons and Mcmillan Nursing services. There are currently three localities teams in operation and their performance issues are outlined below.

3.4.1 North: Average caseloads for the Team have increased by 42% from 2007 – 2010. There are currently 260 people who are in receipt of social care services either in the community or in nursing /residential care who require regular statutory reviews. Of this group 121 people reside in residential care/nursing home placements and 139 live at home. The review function was previously within the remit of a discrete Review Team but this team was disbanded in 2008 and the function passed to the Locality or Specialist Social Work Teams. Locality reviews are completed for all open cases at least once a year. The North Team have a waiting list of 19 people.

3.4.2 Central: Average caseloads for the team have increased by 30% over the last three years. There are currently 261 people who are in receipt of social care services either in the community or in nursing /residential care who require regular statutory reviews. Of this group 168 people reside in residential care/nursing home placements and 93 live in their own homes in the community. The Central Team have 16 people waiting for a social work assessment.

3.4.3 South: average caseloads for the team have increased by 30% over the last 3 years. There are currently 341 people who are in receipt of social care services either in the community or in nursing /residential care who require regular statutory reviews. Of this group 172 people reside in residential care/nursing home placements and 169 live in their own homes in the community. The Team have 21 people waiting for a social work assessment.

3.4.4 Within the Locality teams there are 11 social workers across the 3 teams, each carrying a caseload of approximately 35 cases each. The 12 Social Care Officers are carrying an average of 20 cases each and 3 Principal Practitioners are carrying an average of 14 cases each.

3.4.5 Over the last 3 years there has been a reduction in the number of qualified social worker posts with several posts being filled by Social Care Officers (SCOs). At the same time, there has been an increase in the workload of qualified social workers due to the development of the Deprivation of Liberty Safeguards (DOLS) and the increased number of safeguarding referrals. Due the changing nature of the workload it is likely that we will need to rebalance the skill mix in these teams to focus on more qualified workers as posts become vacant in the future.



3.4.6 As a result of the implementation of the managerial Service Delivery Option in April 2010, the span of control of two Locality Managers broadened. Between them these Managers now manage North, Central, South locality teams, plus Multi-link.

### 3.5 Specialist Social Work Teams

#### Learning Disability (LD) Team (see APPENDIX 5)

3.5.1 Referrals for learning disability services have increased by 11% over the last 3 years. Currently there are 563 people aged 14 years plus with a learning disability registered with General Practitioners in Hartlepool and we currently work with approximately 350 people with learning disabilities on an ongoing basis of which 144 people have settled care plans and who require a statutory review. There was a slight decrease in referrals into the team in 2008/2009 and this reflected the development of the Social Care Transformation Team (SCTT) which absorbed some complex open cases and transitions cases from the Learning Disability Team.

3.5.2 Learning Disability Social Workers carry an average caseload of 23 cases, the Team Manager has 13 cases, and the Principal Practitioner carries 52 cases due to a team vacancy which has only recently been filled with a qualified Social Worker. The nature of this work is more long-term and includes bringing people home from high-cost out of area placements to be nearer their families and local communities. This is often complex work, requiring detailed negotiation with both providers and local communities in order to craft a successful move for the person.

3.5.3 The Social Care Transformation Team is currently holding 91 cases of which 24 cases are moving people through the transitional framework from child to adult services. Referrals in respect of young people with complex needs in transition from child to adult services are increasing in number and there is a risk that these referrals will remain waiting for a review due to overall capacity issues.

3.5.4 The Team Manager carries 11 cases, the Principle Practitioner carries 38 cases, one Social Care Officer carries 23 cases and the other Social Care Officer carries 19 cases and oversees the work around Direct Payments.

3.5.5 It is important to recognise that the numbers of cases open to review in each of the care management teams are **in addition** to the workers' specifically allocated caseloads. These reviews represent a crucial part of the of care management cycle whereby people's support plans are checked to determine whether the outcomes have been met over the preceding year and if any additional or less support is required going forwards to manage needs and associated risks. People scheduled for

a review meet the eligibility criteria for being at substantial or critical risk to their independence if their needs are not met.

### **3.6 Occupational Therapy (OT) Team (APPENDIX 8).**

3.6.1 This team comprises of qualified Occupational Therapists (OT's) and Occupational Therapy Assistants (OTA's) whose role is to assess people for assistance with daily life through the provision of training, daily living aids and equipment, enabling access to Disabled Facilities Grants etc. Referrals to this service have risen by 15% over the last 3 years. As a result of efficiency savings one Principal Practitioner post was deleted in 2009. The Team Co-ordinator has a caseload of 23, the Principal Practitioner a caseload of 30 and the Occupational Therapists and Occupational Therapy Assistants have an average caseload of 45 cases each. There are currently 53 cases on the waiting list and 1275 community equipment reviews, 158 Disabled Facilities Grant (DFG) reviews and 115 Disabled Persons Adaptations (DPA) reviews in partnership with Housing Hartlepool.

3.6.2 An Occupational Therapy Assistant has been temporarily assigned to the Duty Team and this post has dealt with a high volume of 190 enquires over 7 weeks with 130 of these enquiries being passed on to Occupational Therapists within the Locality Teams. Of the remaining enquiries, 9 were for advice only, 10 for the Handyman Service, 17 signposted to self-service or GP, 21 were already open to an Occupational Therapist and 3 referrals were abandoned after resolving the problem over the telephone. It is not yet clear whether this post will significantly reduce the numbers of referrals coming into the service because, until the Centre for Independent Living (CIL) is available to provide a demonstration/initial screening process, the resources available for the Duty Occupational Therapy Assistant to signpost to are limited.

3.7 **Sensory Loss Team (APPENDIX 6).** The number of referrals has declined by 37% between 2007 – 2010. This may reflect the change in the Fair Access to Care Services (FACS) eligibility criteria from moderate to substantial in 2007. The Social Care Officer (SCO) for the blind and visually impaired has now had her role redesigned to take on other care management review duties in response to the slowing of the specific blind/visual impairment referral rate. For the same reason, the Social Care Officer for people with a hearing impairment has had their role redesigned to incorporate reassessments / reviews particularly focussing upon those people residing in extra care facilities.

### **3.8 Mental Health Service (APPENDIX 7).**

3.8.1 This service operates a social work service and Approved Mental Health Practitioner Service through a number of integrated teams with Tees and Esk Wear Valleys NHS Foundation Trust.

- 3.8.2 Referrals to this service have increased by 56% between 2007 – 2010. Social Workers carry an average caseload of 25-30 cases each.
- 3.8.3 Support Time Recovery (SRT) Workers carry an average of 10 cases each. This smaller caseload reflects the nature of this role which is to work intensively alongside people to assist them to integrate back into their communities and develop the necessary domestic and social skills to maximise their independence. The three employment Link Workers have an average of 35 cases each.
- 3.8.4 There is no waiting list for the mental health service and people must be seen within 10 days of the referral entering the system. Reviews are completed bi-annually via the Care Programme Approach (CPA) process.
- 3.8.5 A previous Approved Mental Health Practitioner (AMHP) post has been re-designed and a newly qualified social worker has been recruited to champion personalisation and drive up the number of Personal Budgets across the Mental Health Services.
- 3.8.6 It is anticipated that the number of people requiring mental health services will increase in response to the current economic climate, anticipated job losses and financial hardship. However, those service requirements will probably be mostly at the Primary Care level rather than within Secondary Mental Health Services.

### **3.9 Day Opportunities Teams (APPENDIX 22)**

- 3.9.1 The number of people using day services specifically aimed at vulnerable adults has reduced from 270 in 2007/2008 to 212 in March 2010 – a 22% decrease. As people increasingly use their personal budgets to purchase alternative forms of support it is expected that the numbers will continue to decline. However, over the last four months there have been 6 new referrals to the Day Opportunities Service in respect of people with learning disabilities. This represents more referrals coming into the system than has been seen over the last 18 months as young people in transition look for a “brokerage” service to help them to identify the types of support they require to meet their identified outcomes. These young people want a pick and mix arrangement which can offer employment support, support for daily living skills or social support to take part in community based activities as opposed to the traditional type of day service we operated historically.
- 3.9.2 Supported Employment Services have seen a 15% increase in people using them between 2007 and 2010 as can be seen in **APPENDIX 23**. This upward trend reflects the increased focus being placed on employment/vocational training within the Day Opportunities Service. However it is anticipated that this service area will experience

considerable challenges in the coming months to maintain people in employment due to the economic pressures in the wider society.

### **3.10 Safeguarding Team: (APPENDIX 12).**

3.10.1 This team has a key role in managing and supporting effective safeguarding practices across both the Local Authority and private/independent sector adult social care services in Hartlepool. In the time span 2007–2010 safeguarding referrals increased by 34%. This increase reflects the considerable resources put into raising awareness across agencies, services and the public in respect of Safeguarding Adults. There has been a 7.4% decline in referrals between April – July 2010 and this may be a result of the safeguarding processes now being ‘bedded in’ and better understood across the health and social care economy.

3.10.2 **APPENDIX 13** shows that Deprivation of Liberty Safeguards (DOLS) referrals increased from 2 in April 2009 (when the new process went live) to 41 in December 2009. The Deprivation of Liberty Safeguards process is a requirement that anyone who may not have the capacity to make a decision, in terms of either accommodation or medical treatment, must be assessed to determine whether they have capacity or not. Where incapacity is shown, then decisions may be taken for them in regards to medication or where they should live. The process is onerous and laid out within the parameters of the Mental Capacity Act 2005. The increase in Deprivation of Liberty Safeguards referrals between April - December 2009 represented a 1950% increase and again reflects the focused resources put into raising awareness of Deprivation of Liberty Safeguards among hospital and care/nursing home staff. Between January 2010 and July 2010, the number of Deprivation of Liberty Safeguards referrals coming into the Safeguarding Team has reduced by 12%. These numbers may continue to decrease as care homes become more experienced in preventing the need for a Deprivation of Liberty Safeguards referral. On the other hand, the predicted rise in the number of people who have dementia may result in Deprivation of Liberty Safeguards referrals remaining at a high level or even increasing.

3.10.3 The Deprivation of Liberty Safeguards framework was implemented by training existing Social Workers to take on the role of Best Interest Assessor (BIA) rather than recruiting any additional staff to meet the additional workload. Initially this negatively impacted on the capacity of Social Workers, as it took time to train the professional staff and therefore the number of appropriately trained staff was limited. However we are now mid-way through a programme of training and it is encouraging that the available number of Local Authority staff qualified to undertake this time-consuming and complex role has increased.

#### 4. OTHER RELEVANT DATA

4.1 There are currently 63% of people who use social care services in receipt of self directed support/personal budgets (NI130B). This represents 1242 people out of a possible cohort of 1970 in receipt of services. A recent exercise to check and cleanse the data and work with the teams to complete outstanding work and data entry processes should see a greater number of people in receipt of self directed support over the next 2 months.

4.2 **APPENDIX 20** shows that Direct Payments (DPs) have increased by 10% between 2007 – 2010. **APPENDIX 21** evidences a 45% increase in the number of people in receipt of a 'one-off' Direct Payment over the last 3 years.

#### 4.3 REVIEWS (APPENDICES 18 AND 19)

4.3.1 The statutory review function was transferred to the Specialist Social Work and Locality Teams in 2008/09 when the review team was disbanded as part of the efficiency savings process. The number of service user reviews has increased by 24% between 2007–2010. The number of carer reviews has declined by 10% over the same period. Work is well underway to find out the reasons for the reduction in numbers, and consequently increase the number of carer re-assessments / reviews across the teams. Initial findings are encouraging.

4.4 **APPENDIX 24** shows that from 2007-2010 there has been a 100% increase in complaints from 14 to 28 complaints. This reflects both people's raised expectations in terms of quality services and the department ensuring that its complaints procedure is widely publicised and easily available.

4.4.1 The new complaints process has increased the workload of Team Managers who have responsibility for attempting to resolve the issues at a local level before they proceed further.

4.4.2 The number of compliments has increased by 3% over the last 3 years from 74 to 76.

#### 4.5 Staffing Levels

4.5.1 The total number of Local Authority employed social care staff has declined from 404 in 2007/2008 to 342 in 2009/10 – a decrease of 18%. This is primarily as a result of the ongoing need to find service efficiencies. This has resulted in a reduction in the number of social care staff as well as a reduction in management posts and in addition some social worker posts have reverted to Social Care Officer (unqualified) posts to meet challenging efficiency targets. Team Managers are carrying caseloads to try and address the growing

waiting lists and this is not an effective use of their time or skills within these posts, especially as their spans of control have broadened.

4.5.2 The number of social care staff vacancies has also decreased from 29 in 2007 to 21 in 2010 – a decrease of 27%.

#### **4.6 Training**

4.6.1 Adult Social Care has a specific workforce development programme that ensures we continue to meet our statutory obligations regarding qualifications within the workplace and ensure we can meet the professional requirements of a qualified social work service.

4.6.2 In the last three years the Local Authority has held 839 training sessions and over 6019 staff from both the local Authority and the independent sector have taken part. Conversely in the last three years 444 training sessions were unused due to staff failing to attend pre-booked training places with no reason given. Team Managers are now holding staff accountable for failing to attend training courses without a valid reason and it is anticipated that performance will improve significantly over 2010 – 2011.

Between 2007/10 96 people cancelled pre-booked training places with 'pressure of work' cited as the reason for cancelling their courses. It is notable that the numbers of people cancelling courses because of 'pressure of work' has risen markedly over the last 3 years.

4.6.3 In-house Domiciliary Rapid Response Home Care Team

This team provides emergency domiciliary support and reablement services. There has been a 24% increase in referrals over the last three years. The 'traditional' domiciliary support service is contracted out to the Independent Sector with three block contracts (reducing to 2 providers October 2010). These block contracts have seen a 16% increase in contracted hours over the last three years:

2007/08 – 200,074 hours

2008/09 – 230,402 hours

2009/10 – 232,454 hours

It is noted that recently there has been a 66% reduction in the management capacity within this service with the loss of 2 registered manager posts as part of the managerial service delivery options.

### **5. OVERALL FINDINGS FROM THE DATA**

5.1 Adult social care referrals coming into the Department through the Duty point have declined by 22%. This may be because of the Fair Access to Care Services eligibility criteria being set at substantial rather than

moderate and because people are being supported by low level services such as Connected Care, luncheon clubs and other voluntary sector organisations. However the numbers of referrals coming into intermediate care (Multi-Link) have increased by 20% over the last 3 years, reflecting people with more complex needs who are at risk of either being admitted to hospital or residential care. There are less referrals signposted away from the Department now than in 2007.

5.2 An increase in No Further Action (signposted) referrals would have been expected rather than the decrease of 33% but this may reflect that people are not self-referring or being referred to the department until it is felt that they will meet the Fair Access to Care Services criteria. There is also the possibility that the intake team try to meet the needs of all those who approach the department by following the Fair Access to Care Services guidance. This guidance stipulates that where a person's situation may deteriorate without support, assistance can be offered to prevent that deterioration occurring. **The pressure, however, on the whole system from the increasing number of referrals from hospital into Multi-Link is evident as, for the most part, these cases must be dealt with more quickly in order to avoid a financial reimbursement to our Health partners in accordance with Delayed Transfer guidance.**

5.3 Average caseloads have risen across all teams over the last 3 years with the exception of sensory loss which has seen a decline of 37% in their workload between 2007- 2010 and may be the result of the raised Fair Access to Care Services eligibility criteria in 2007/8. The increase in caseload sizes reflects the increasing complexity of the work: Safeguarding, the Mental Capacity Act 2005 and Deprivation of Liberty Safeguarding, personalisation, the pressure of early discharges from hospital and keeping increasingly vulnerable people at home in the community. The numbers of young people coming through transitions with complex needs is also increasing year on year.

5.4 The increase in caseloads must be seen within the context of:

- The growing number of older people, more people with dementia, young adults progressing through transitions with very complex needs.
- An increase in the number of people exhibiting challenging behaviours as well as people with profound disabilities living longer and requiring more care and intensive support.
- The strengthening of safeguarding procedures for vulnerable adults, the Mental Capacity Act 2005, the Deprivation of Liberty Safeguards and the raised awareness of adult abuse and safeguarding responsibilities are all to be welcomed. They do, however, impact on the overall workload of the social workers and Social Care Officers.

- The personalisation agenda, self-directed support, balancing people's right to choice and control with the right to protection and the department's statutory duty of care and responsibility for the effective and efficient use of public funds, has greatly increased the complexity of social care. The traditional 'gift' model of care management, with a limited pre-set menu of services, allowed for a routine 'tick box' response which enabled more rapid referral processing and turn-over rates. This 'gift' model is no longer acceptable and there is no doubt that the personalisation process produces better outcomes for people but authentic choice, control and producing creative outcomes is more complex and labour intensive in terms of time and co-production. Working through dilemmas about risk, equitable resources and the prudent use of funds takes time and without sufficient time to engage the process fully there is the risk that personalisation will revert to care management by another name. Recent research in Essex on the use of Personal Budgets (July 2010) highlights the amount of face to face time front line workers will need to spend with people to encourage creativity in developing support plans that are designed to have a positive impact on their lives.
- There has been an 18% reduction in the number of social care staff over the last 3 years as well as a reduction in management and some social worker posts reverting to social care officer posts. Team Managers are carrying case loads to try and reduce waiting lists within their teams. This cannot be an effective use of this resource. Team Managers' time should be spent managing staff, developing high performing teams and quality assuring operational practices as well as carrying out effective supervision processes to ensure caseloads reflect only work that needs to be done.
- Overall the number of people reviewed has increased by 24% over the last three years and this function reverted to the operational teams following the discrete review team being disbanded in 2008 in order to achieve efficiency savings. The teams struggle to complete the reviews required for existing people who use services, in addition to their actual caseloads, in a timely way. There is now an increased risk that some of the most vulnerable people in our communities will fail to be reviewed on time and therefore they may not receive the optimum services to keep them living independently and safely in the community.
- The numbers of carers' assessments and reviews have declined by 10% over the last three years and this aspect is being carefully monitored to understand the reasons for this downward trend. It is noted that recent data over the previous 4 months (April – July 2010) indicates that we are projected to meet the NI135 target (carers receiving assessment, reviews, a specific service or advice and information) this year: 11.4% July with a target of 21% by the



end of March 2011.

- There has been an increase in the numbers of social care staff citing 'pressure of work' as a reason for cancelling pre-booked training. This is a challenging finding given the increased complexity of the work and the need for social care staff to keep up to date with new legislation, guidelines and practices.

## 6. RECOMMENDATIONS

- 6.1 It is recommended that Members of the Scrutiny Forum note the information provided, including the increasing risks around the interface between safeguarding services and all of the operational teams. It is evident from this report that operational services, including our safeguarding arrangements are currently challenged by both the increased business flows through intermediate care and the complexity of the work within the modernised adult social care service.
- 6.2 It is recommended that Members of the Scrutiny Forum note that the Service Delivery Option for assessment and care management 2012/13 requires an efficiency of £195,000 from operational services.

Contact Officer:- John Lovatt - Acting Assistant Director Child & Adult Services  
Child and Adult Services  
Hartlepool Borough Council  
Tel: 01429 524144  
Email: [john.lovatt@hartlepool.gov.uk](mailto:john.lovatt@hartlepool.gov.uk)

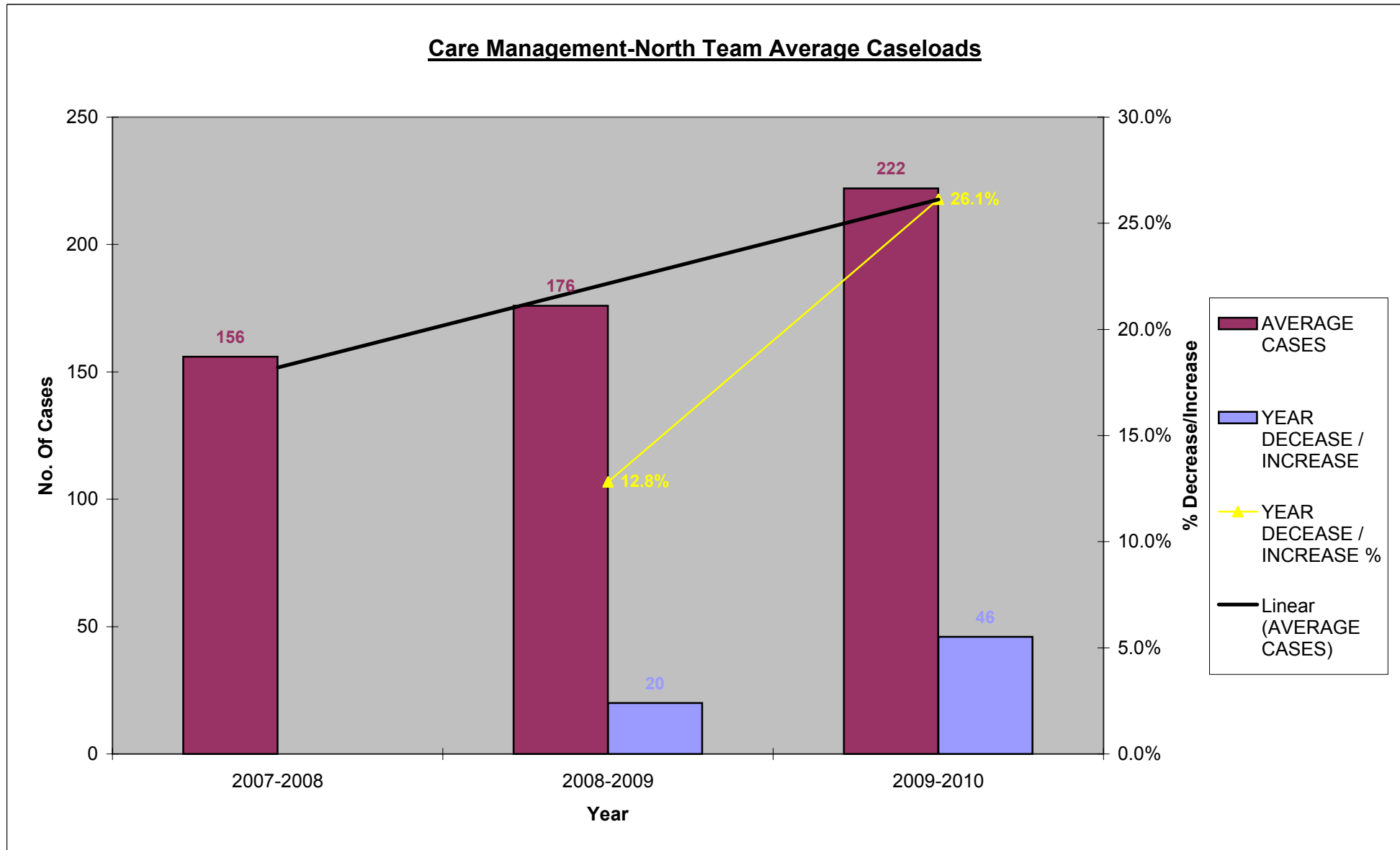
## BACKGROUND PAPERS

The following background papers were used in the preparation of this report: -

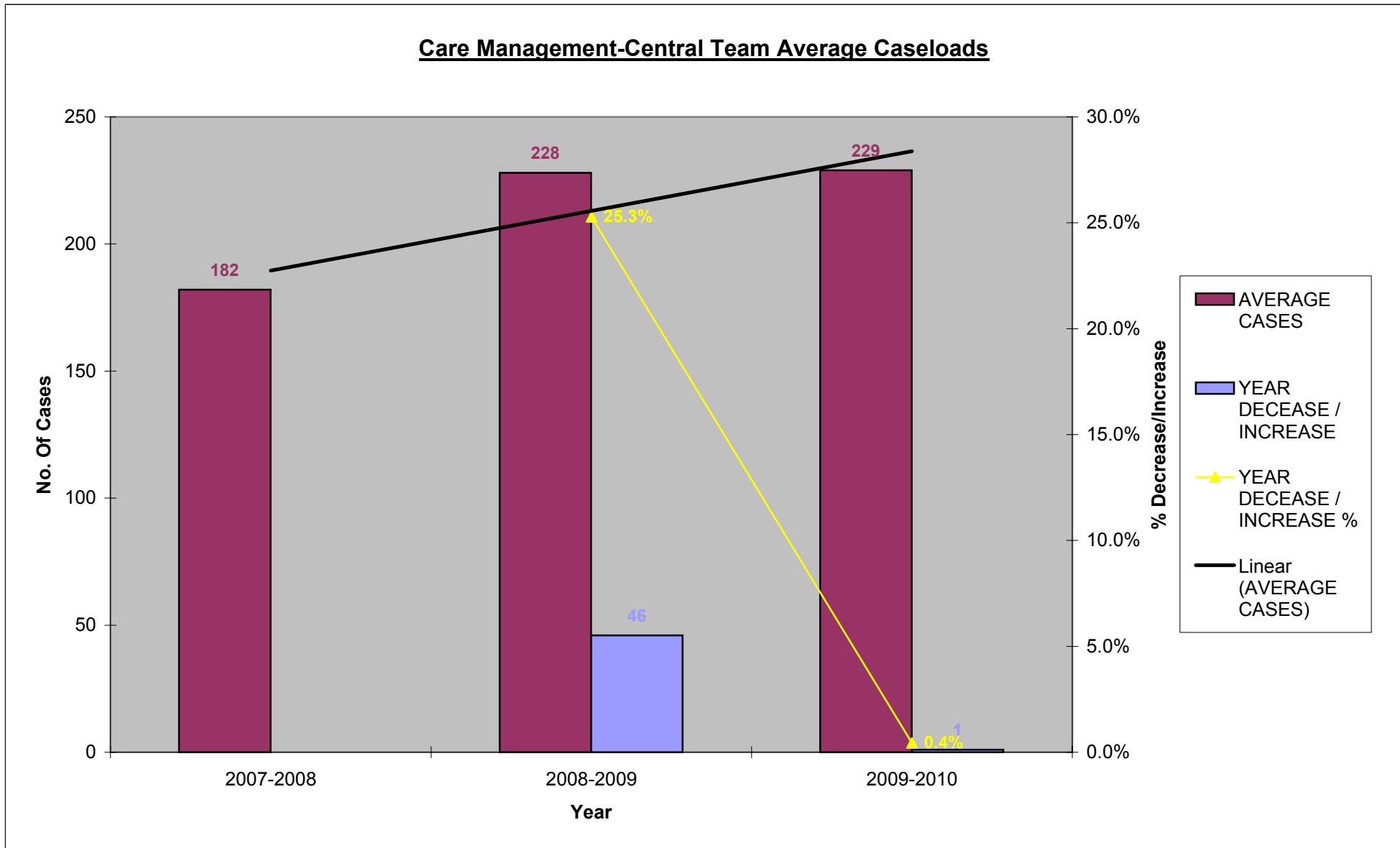
- (i) Report to Adult and Public Health Services Portfolio Holder 18<sup>th</sup> October 2010
- (ii) *Office To Public Management (2010): Delivering Personal Budgets for Adult Social Care: Reflections From Essex*

Appendix 2	Care Management-North Team Average Caseloads
Appendix 3	Care Management-Central Team Average Caseloads
Appendix 4	Care Management-South Team Average Caseloads
Appendix 5	PLD Total Caseloads
Appendix 6	Sensory Loss Total Caseloads
Appendix 7	Mental Health Service Total Caseloads
Appendix 8	OT Team Average Caseloads
Appendix 9	Intermediate Care Team Average Caseloads
Appendix 10	Total C&AS Referrals per year
Appendix 11	Referrals to Intermediate Care
Appendix 12	Safeguarding Further Action Referrals
Appendix 13	Deprivation Of Liberty Safeguards Further Action Referrals
Appendix 14	SS Placements-Made Permanent
Appendix 15	SS Placements-Admitted To Hospital
Appendix 16	West View Lodge - Rehab & Transitional Beds
Appendix 17	C72-Long Stay Admissions (aged 65+)
Appendix 18	D42-Number Of Carers Assessed And/Or Reviewed
Appendix 19	D40-Number Of Service Users Reviewed
Appendix 20	On-going Direct Payments
Appendix 21	One-off Direct Payments
Appendix 22	Day Service Users
Appendix 23	Supported Employment Users
Appendix 24	Complaints
Appendix 25	Sickness comparison data with Tees authorities
Appendix 26	LA funded Rapid Response Home Care Referrals
Appendix 27	DH RAP P1 & P2F-Users Receiving Services-Throughput
Appendix 28	DH RAP P1 & P2F-Users Receiving Services-Community Against Residential

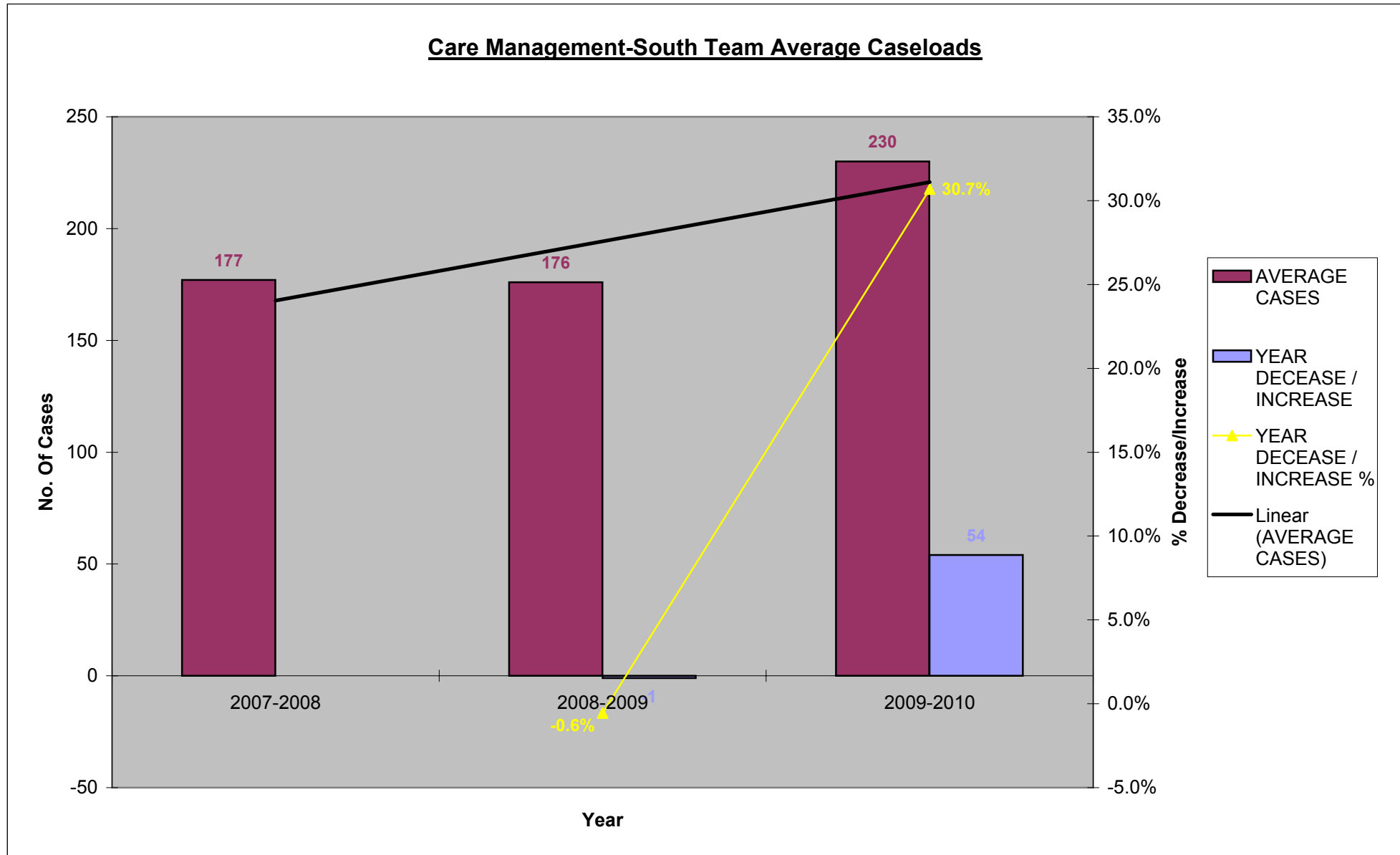
YEAR	AVERAGE CASES	YEAR DECREASE / INCREASE	YEAR DECREASE / INCREASE %
2007-2008	156		
2008-2009	176	20	12.8%
2009-2010	222	46	26.1%



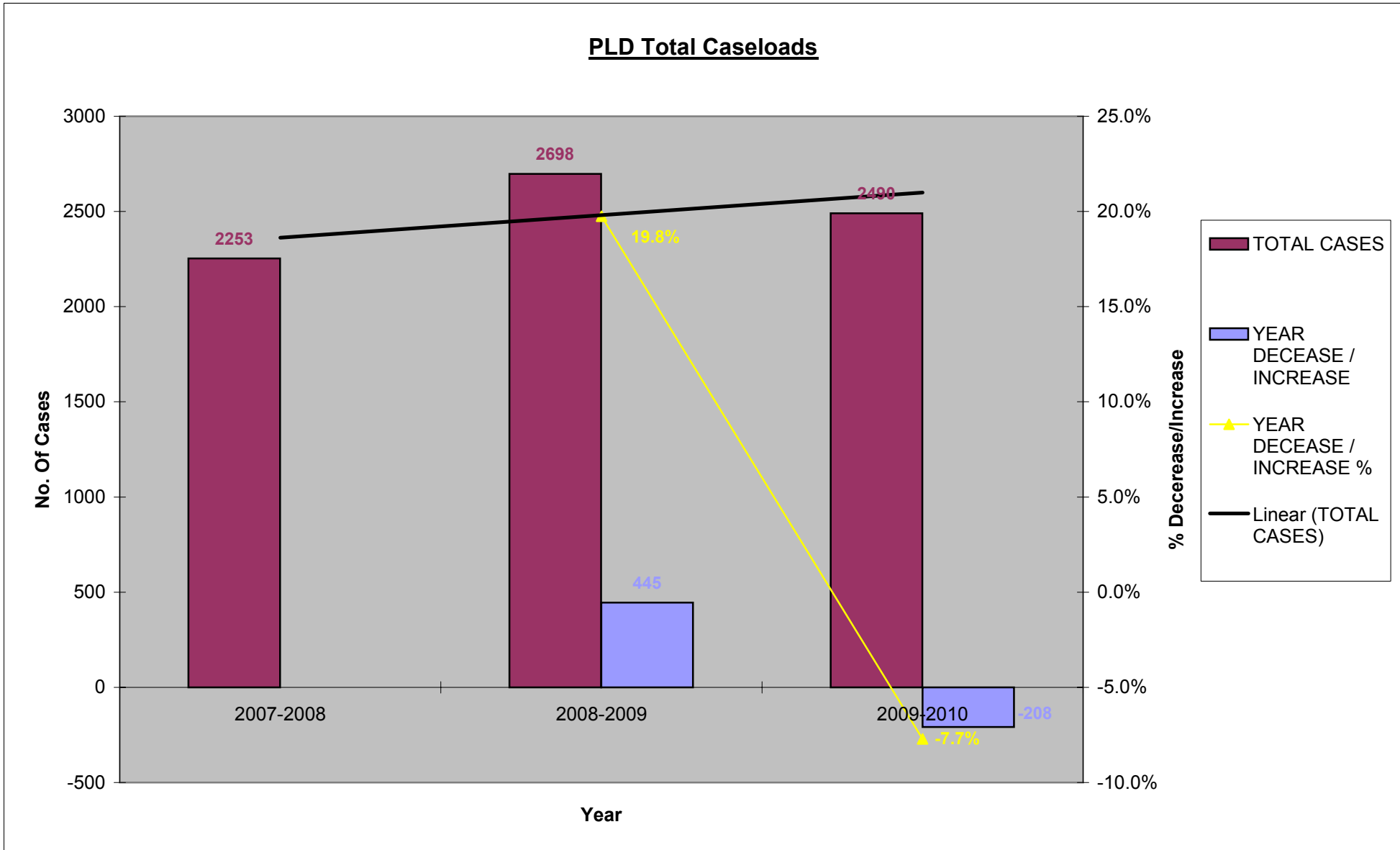
YEAR	AVERAGE CASES	YEAR DECEASE / INCREASE	YEAR DECEASE / INCREASE %
2007-2008	182		
2008-2009	228	46	25.3%
2009-2010	229	1	0.4%



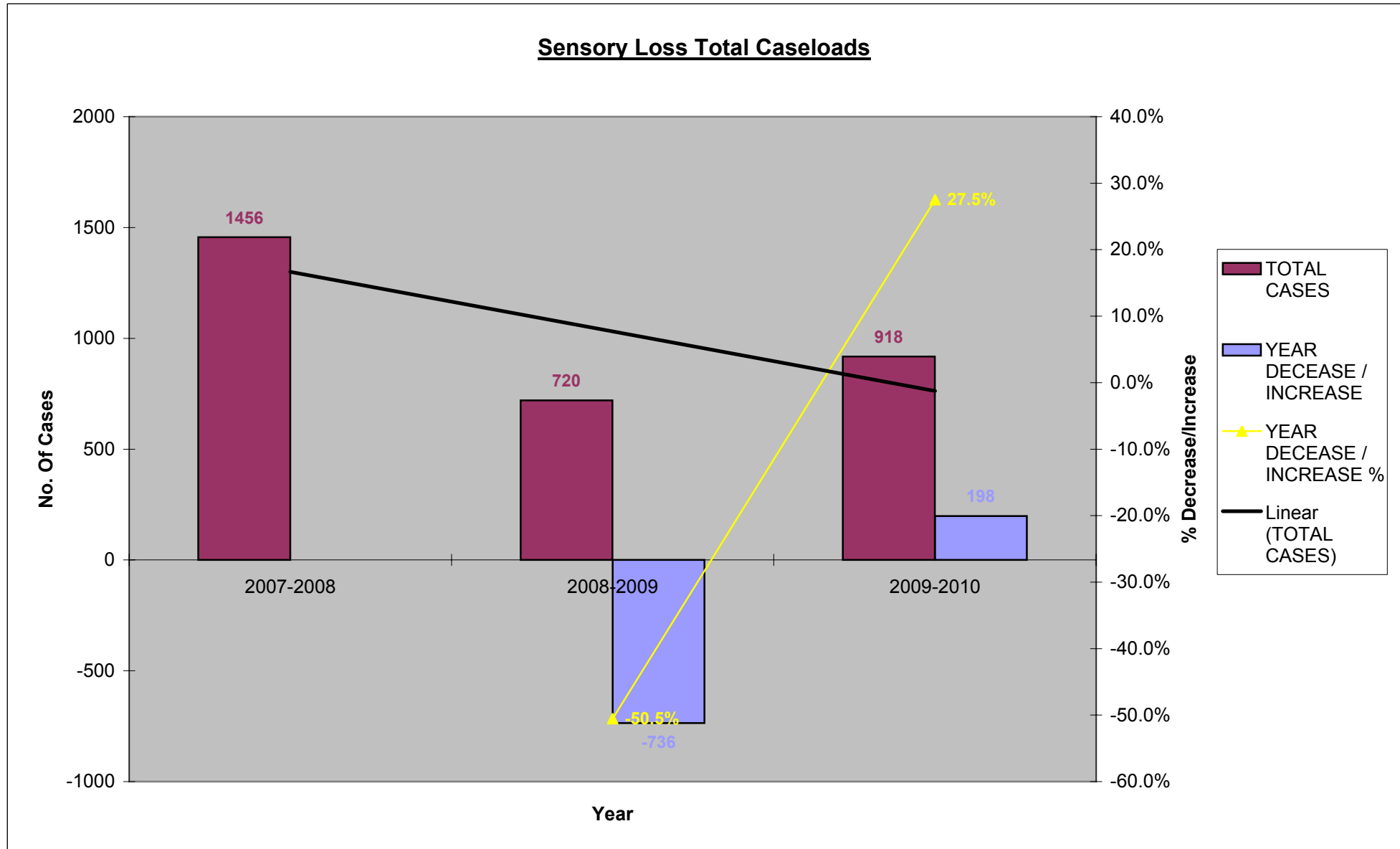
YEAR	AVERAGE CASES	YEAR DECEASE / INCREASE	YEAR DECEASE / INCREASE %
2007-2008	177		
2008-2009	176	-1	-0.6%
2009-2010	230	54	30.7%



YEAR	TOTAL CASES	YEAR DECREASE / INCREASE	YEAR DECREASE / INCREASE %
2007-2008	2253		
2008-2009	2698	445	19.8%
2009-2010	2490	-208	-7.7%

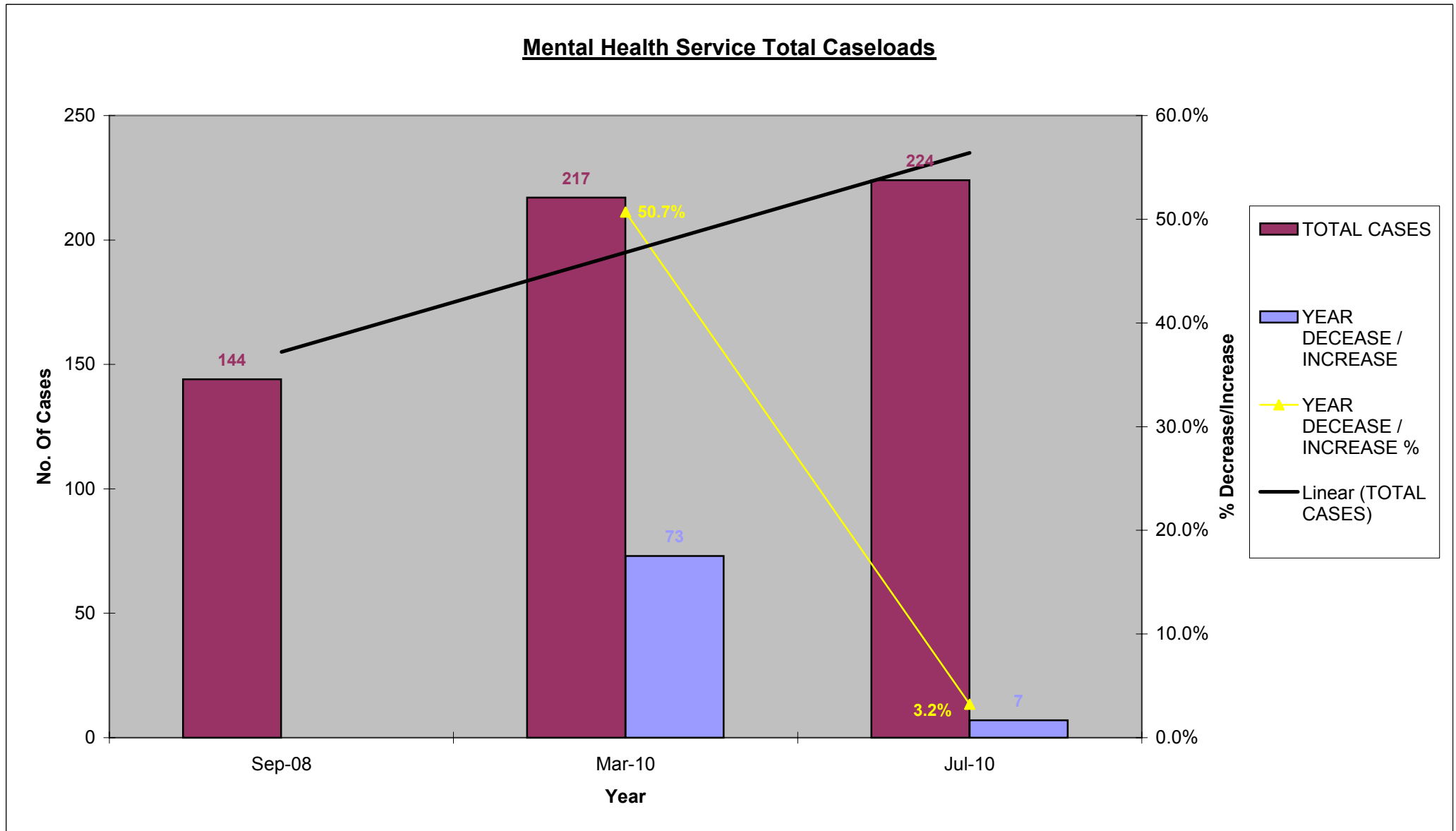


YEAR	TOTAL CASES	YEAR DECEASE / INCREASE	YEAR DECEASE / INCREASE %
2007-2008	1456		
2008-2009	720	-736	-50.5%
2009-2010	918	198	27.5%



YEAR	TOTAL CASES	YEAR DECREASE / INCREASE	YEAR DECREASE / INCREASE %
Sep-08	144		
Mar-10	217	73	50.7%
Jul-10	224	7	3.2%

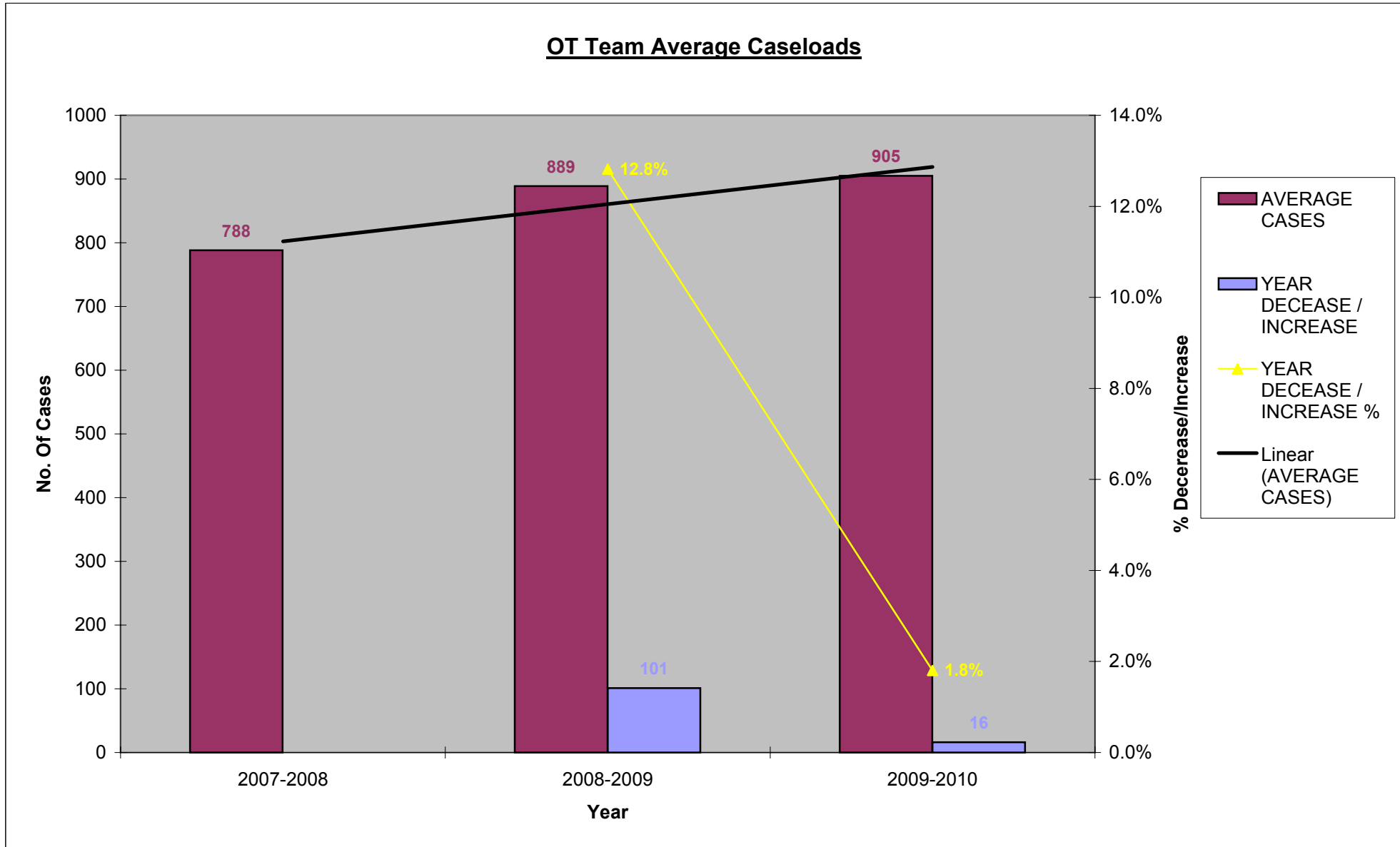
**Mental Health Service Total Caseloads**





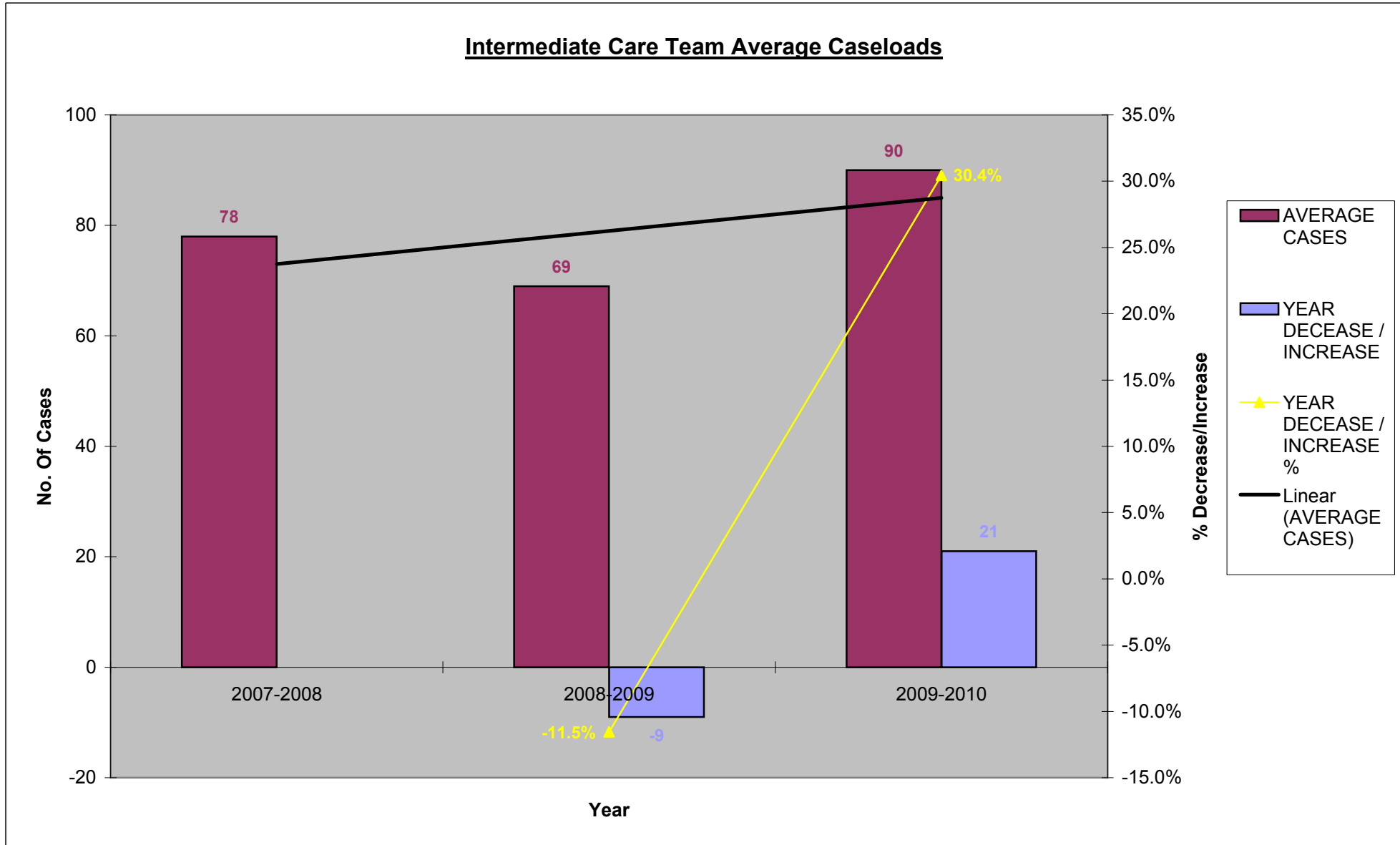
YEAR	AVERAGE CASES	YEAR DECEASE / INCREASE	YEAR DECEASE / INCREASE %
2007-2008	788		
2008-2009	889	101	12.8%
2009-2010	905	16	1.8%

**OT Team Average Caseloads**

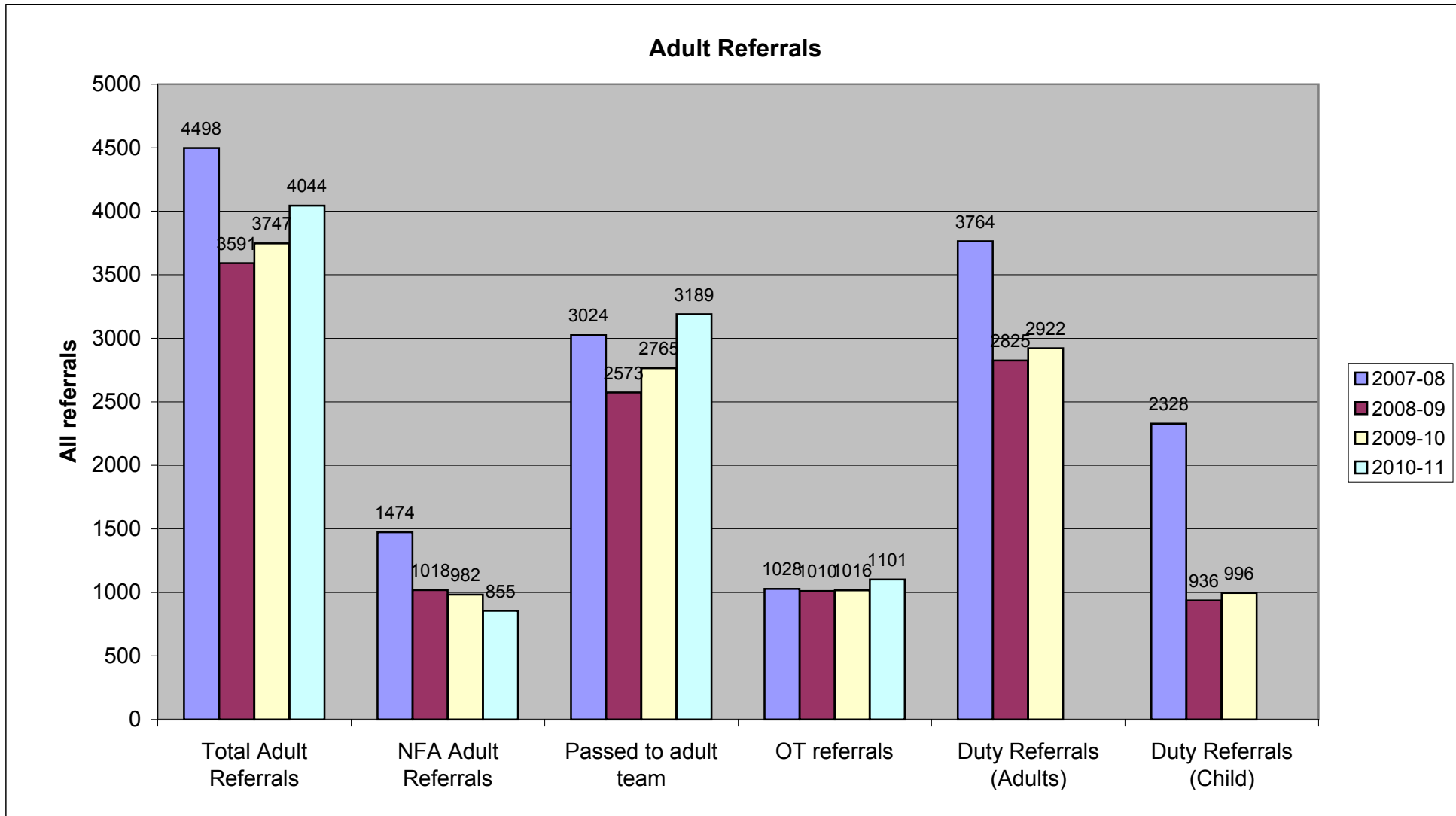


YEAR	AVERAGE CASES	YEAR DECEASE / INCREASE	YEAR DECEASE / INCREASE %
2007-2008	78		
2008-2009	69	-9	-11.5%
2009-2010	90	21	30.4%

**Intermediate Care Team Average Caseloads**

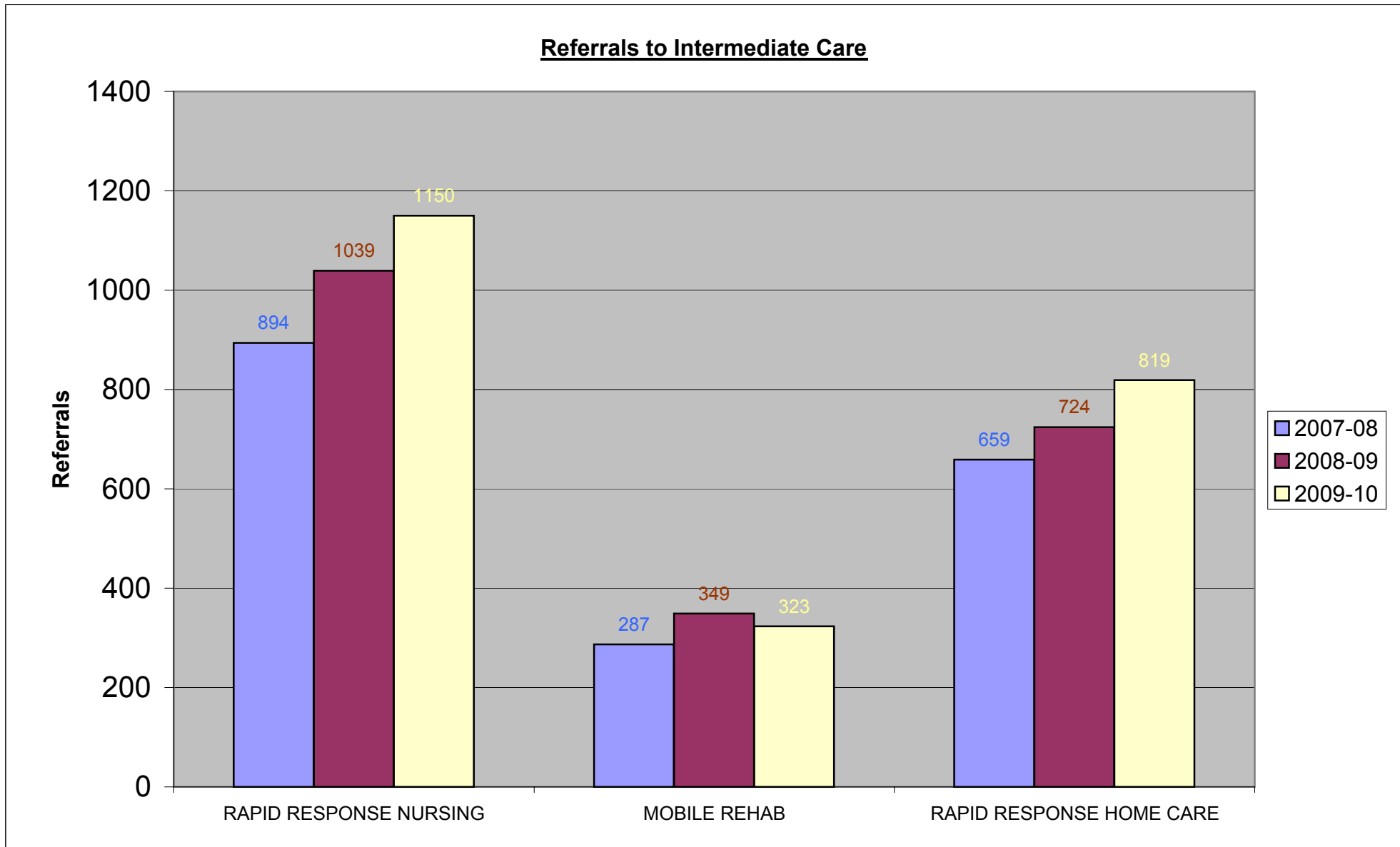


	Total Adult Referrals	NFA Adult Referrals	% Adult NFA	Passed to adult team	OT referrals	Duty Referrals (Adults)	Duty Referrals (Child)
2007-08	4498	1474	33%	3024	1028	3764	2328
2008-09	3591	1018	28%	2573	1010	2825	936
2009-10	3747	982	26%	2765	1016	2922	996
2010-11	4044	855	21%	3189	1101		



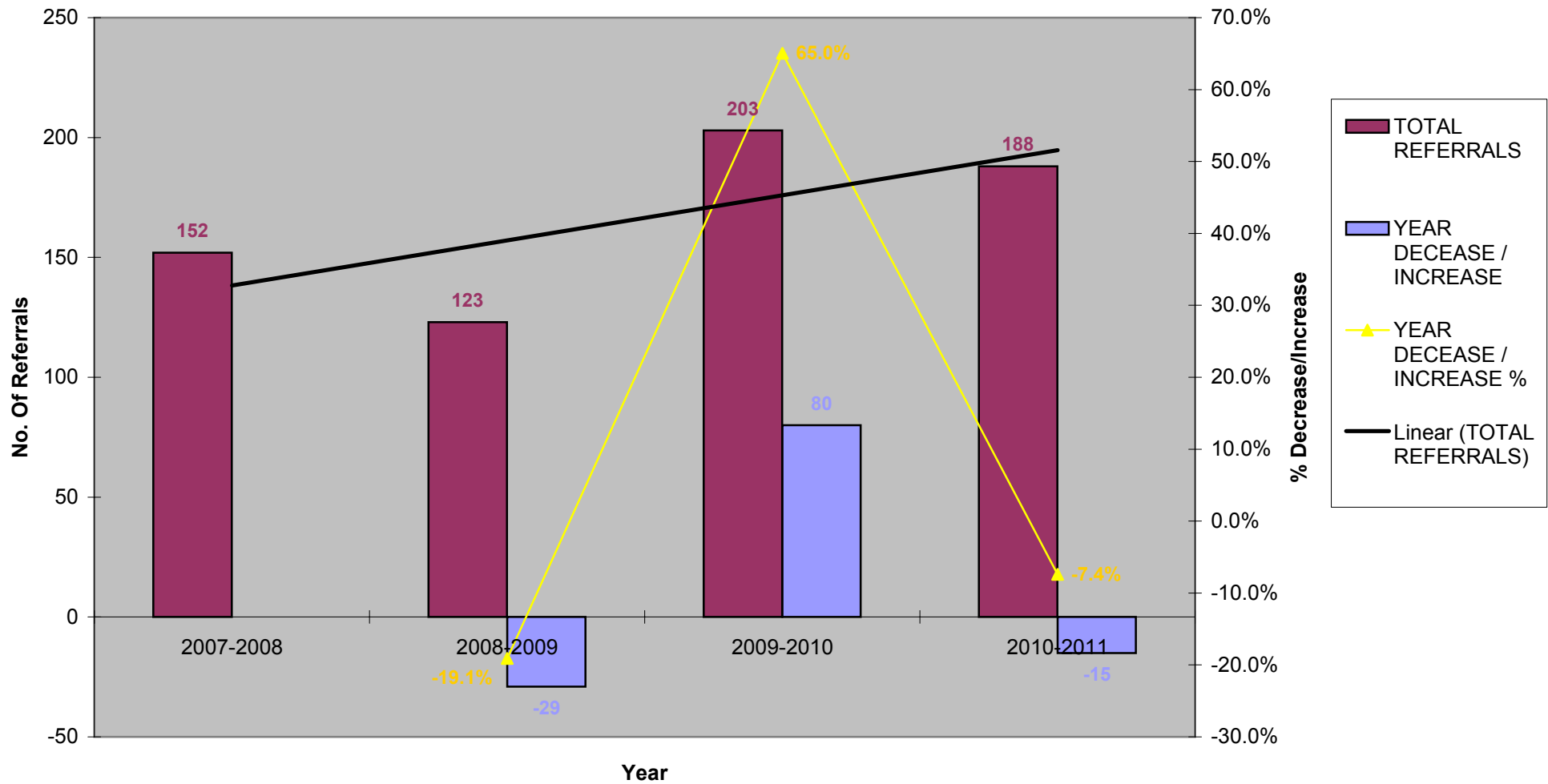
YEAR	RAPID RESPONSE NURSING	MOBILE REHAB	RAPID RESPONSE HOME CARE
2007-08	894	287	659
2008-09	1039	349	724
2009-10	1150	323	819

**Referrals to Intermediate Care**

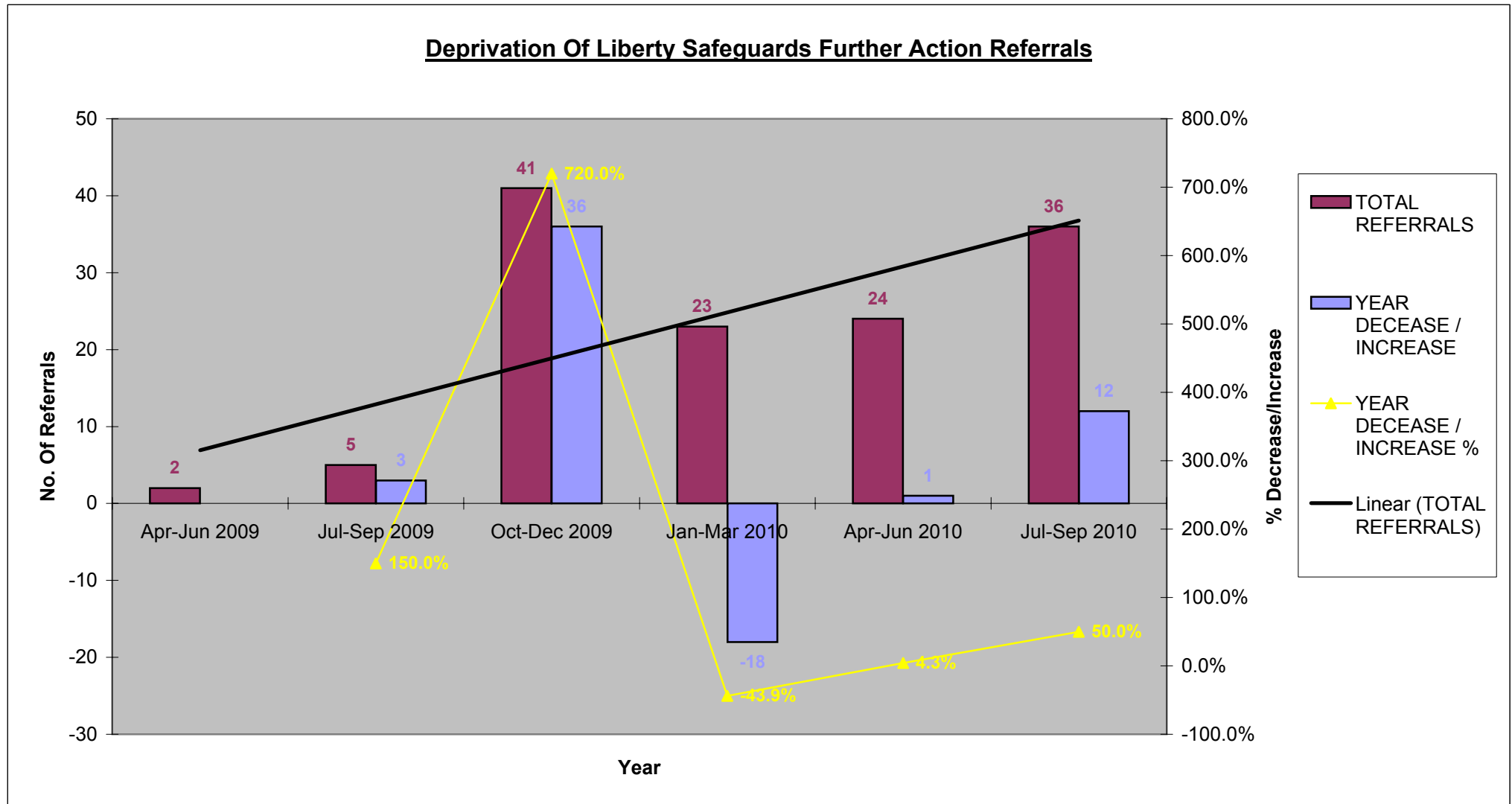


YEAR	TOTAL REFERRALS	YEAR DECEASE / INCREASE	YEAR DECEASE / INCREASE %
2007-2008	152		
2008-2009	123	-29	-19.1%
2009-2010	203	80	65.0%
2010-2011	188	-15	-7.4%

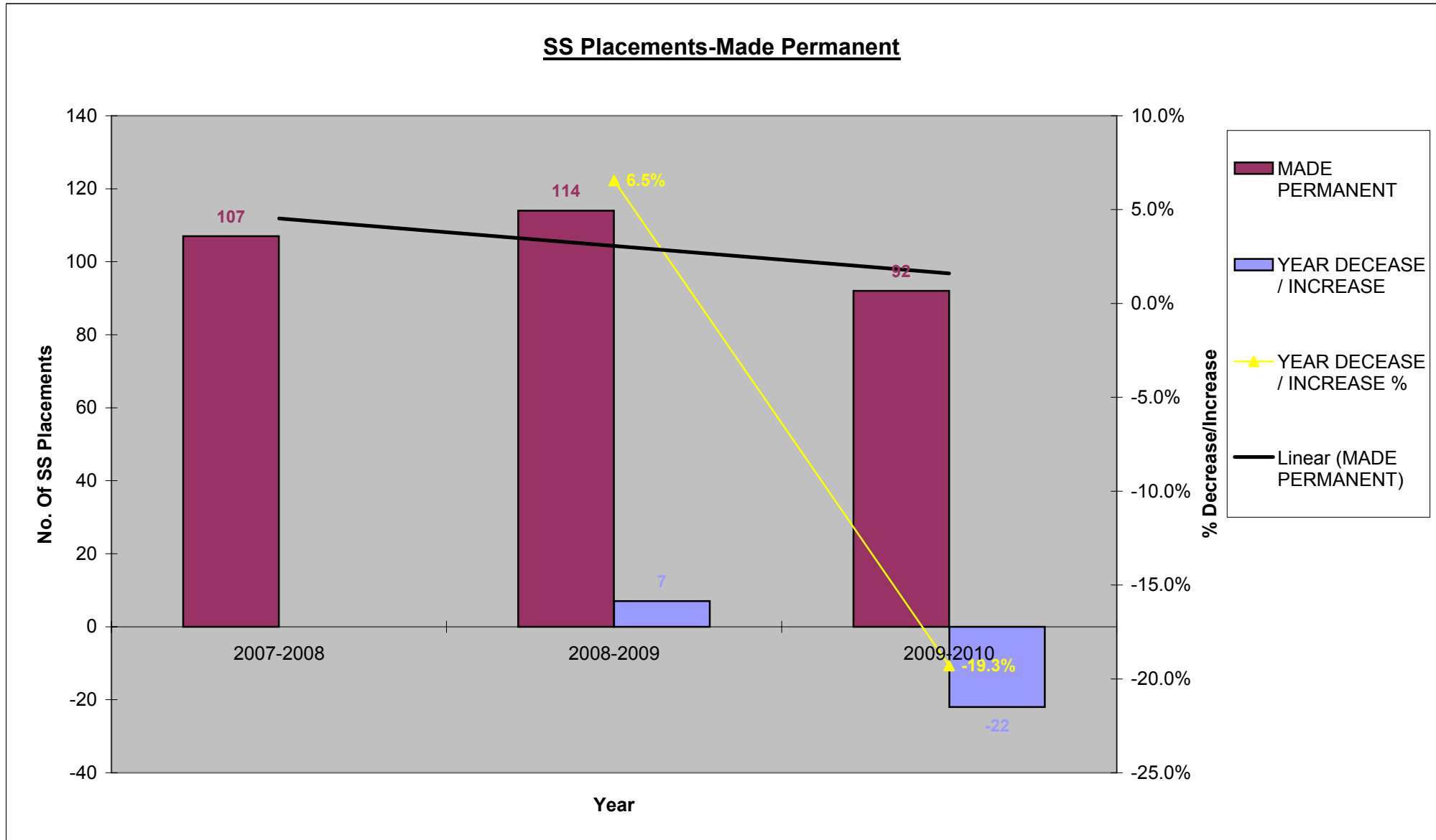
### Safeguarding Further Action Referrals



YEAR	TOTAL REFERRALS	YEAR DECREASE / INCREASE	YEAR DECREASE / INCREASE %
Apr-Jun 2009	2		
Jul-Sep 2009	5	3	150.0%
Oct-Dec 2009	41	36	720.0%
Jan-Mar 2010	23	-18	-43.9%
Apr-Jun 2010	24	1	4.3%
Jul-Sep 2010	36	12	50.0%

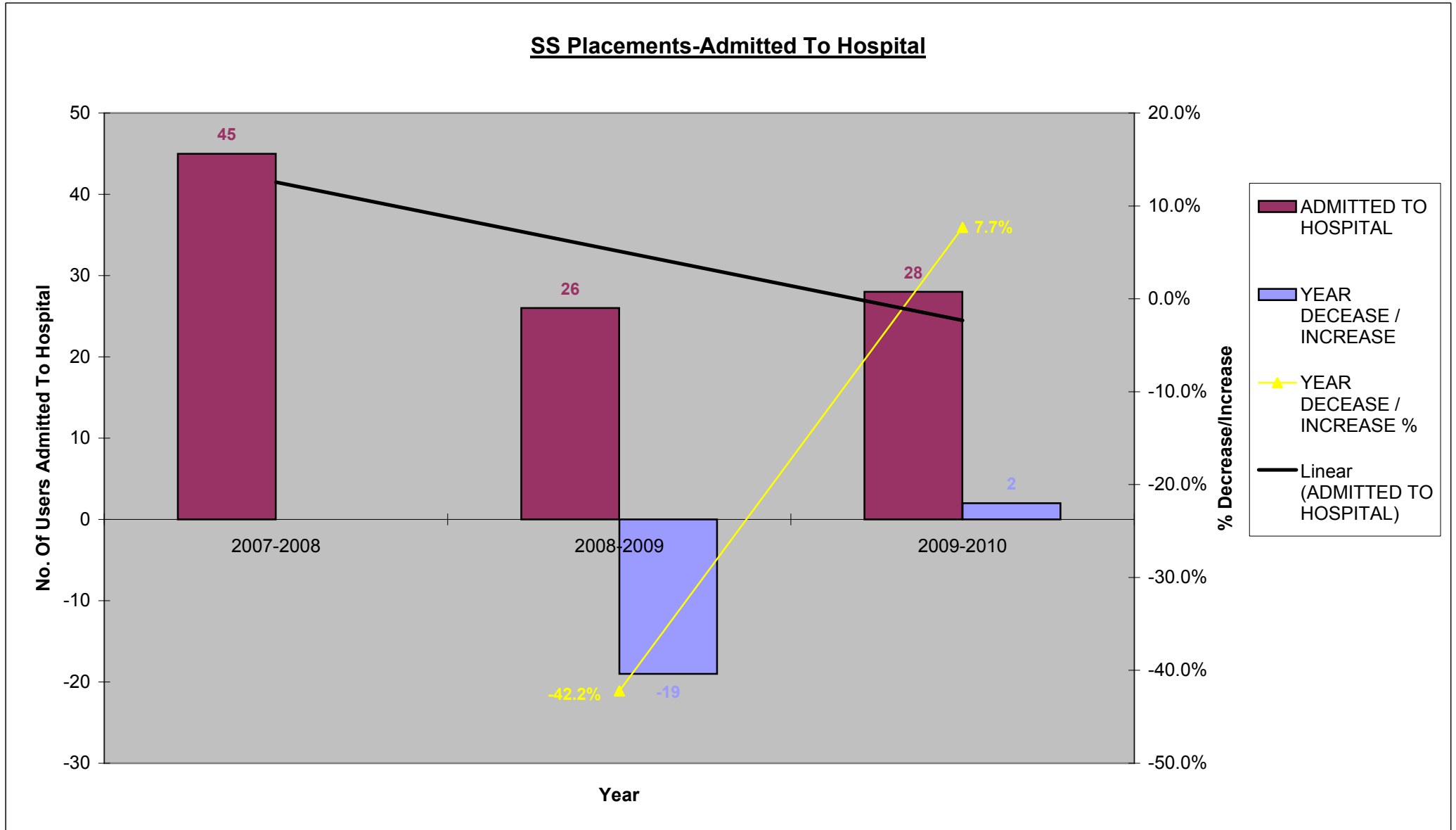


YEAR	MADE PERMANENT	YEAR DECREASE / INCREASE	YEAR DECREASE / INCREASE %
2007-2008	107		
2008-2009	114	7	6.5%
2009-2010	92	-22	-19.3%



YEAR	ADMITTED TO HOSPITAL	YEAR DECEASE / INCREASE	YEAR DECEASE / INCREASE %
2007-2008	45		
2008-2009	26	-19	-42.2%
2009-2010	28	2	7.7%

**SS Placements-Admitted To Hospital**

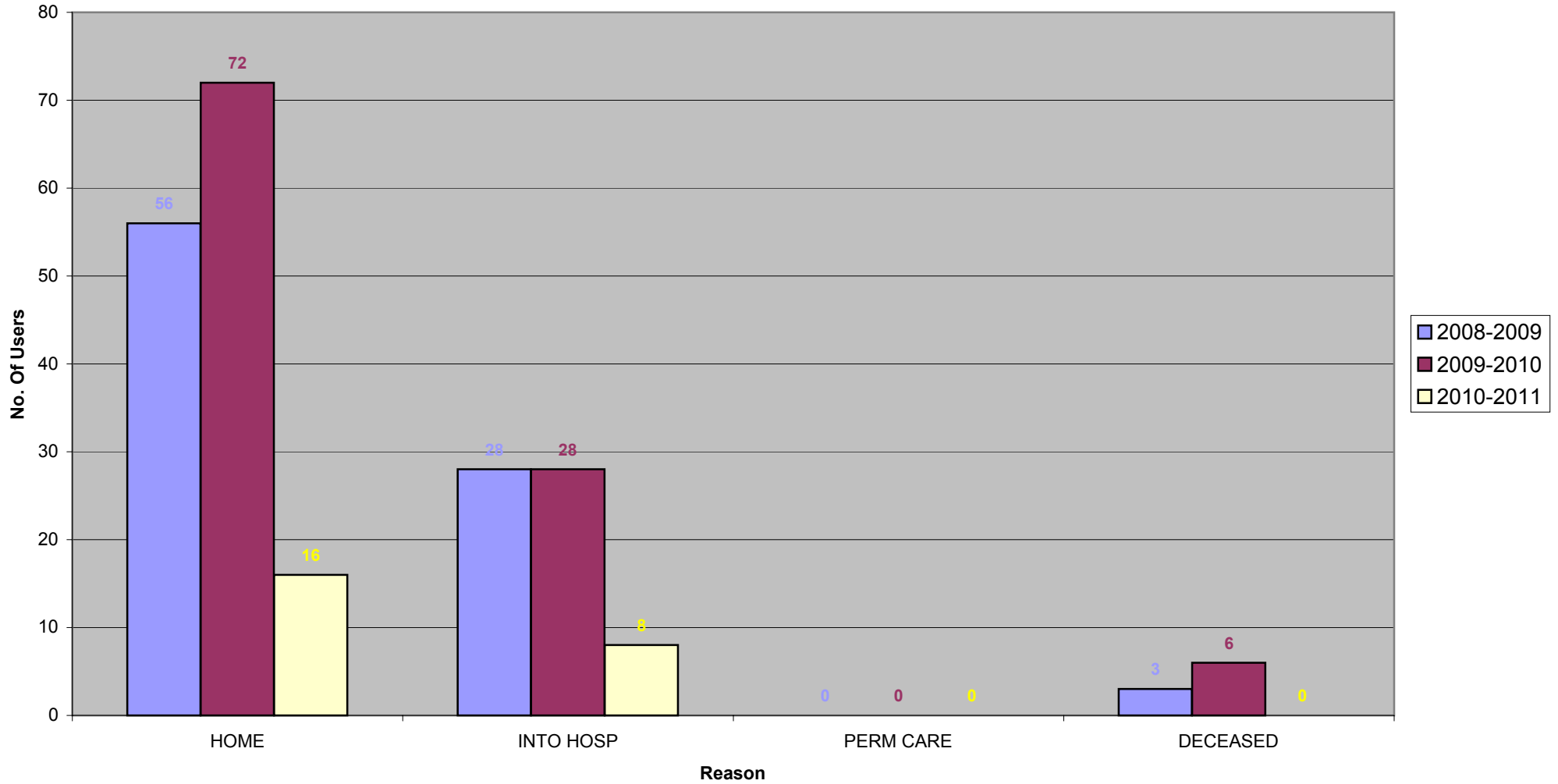




	HOME	INTO HOSP	PERM CARE	DECEASED
2008-2009	56	28	0	3
2009-2010	72	28	0	6
2010-2011	16	8	0	0

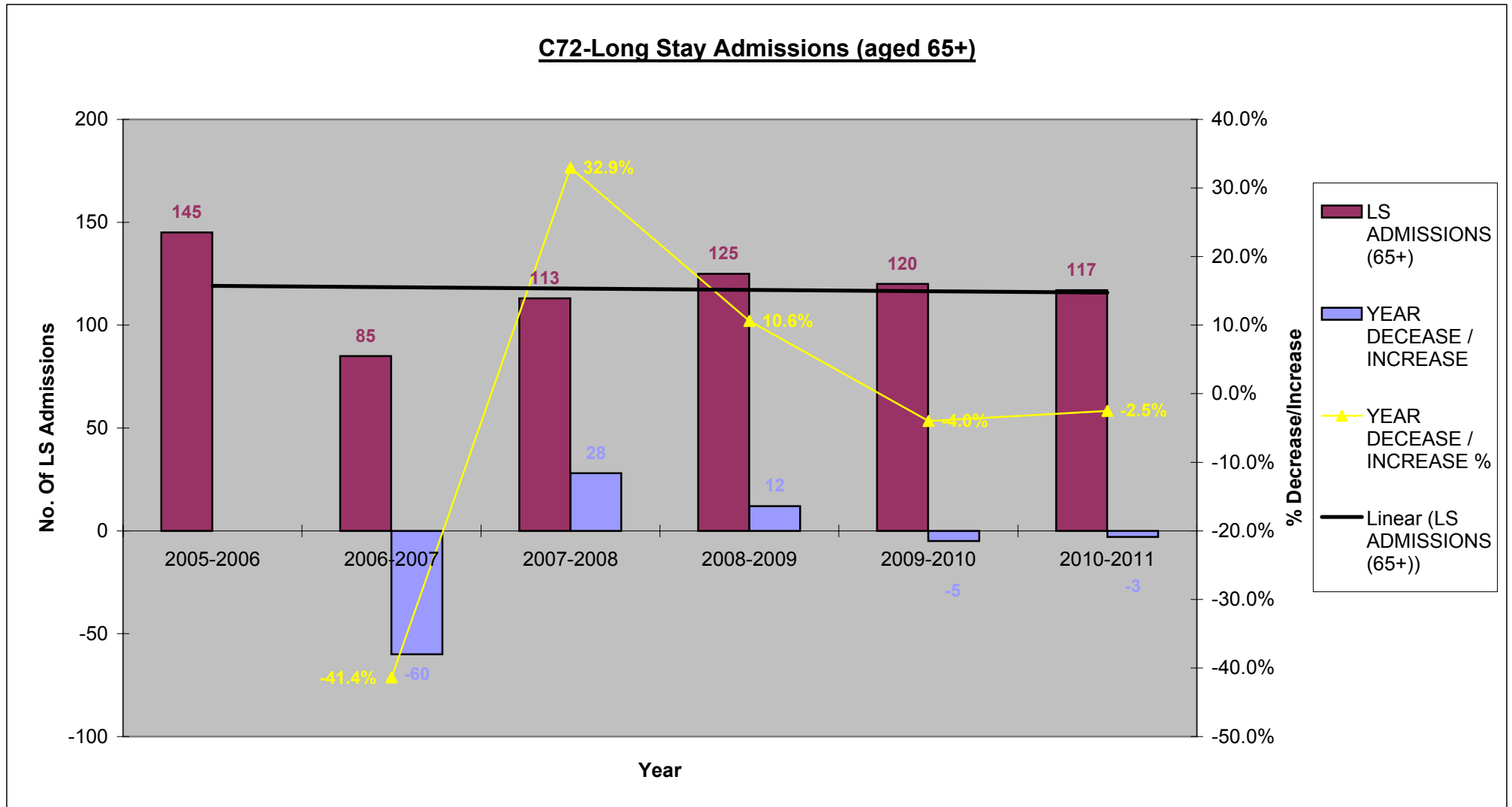
\*\*Part Year

**West View Lodge - Rehab & Transitional Beds**

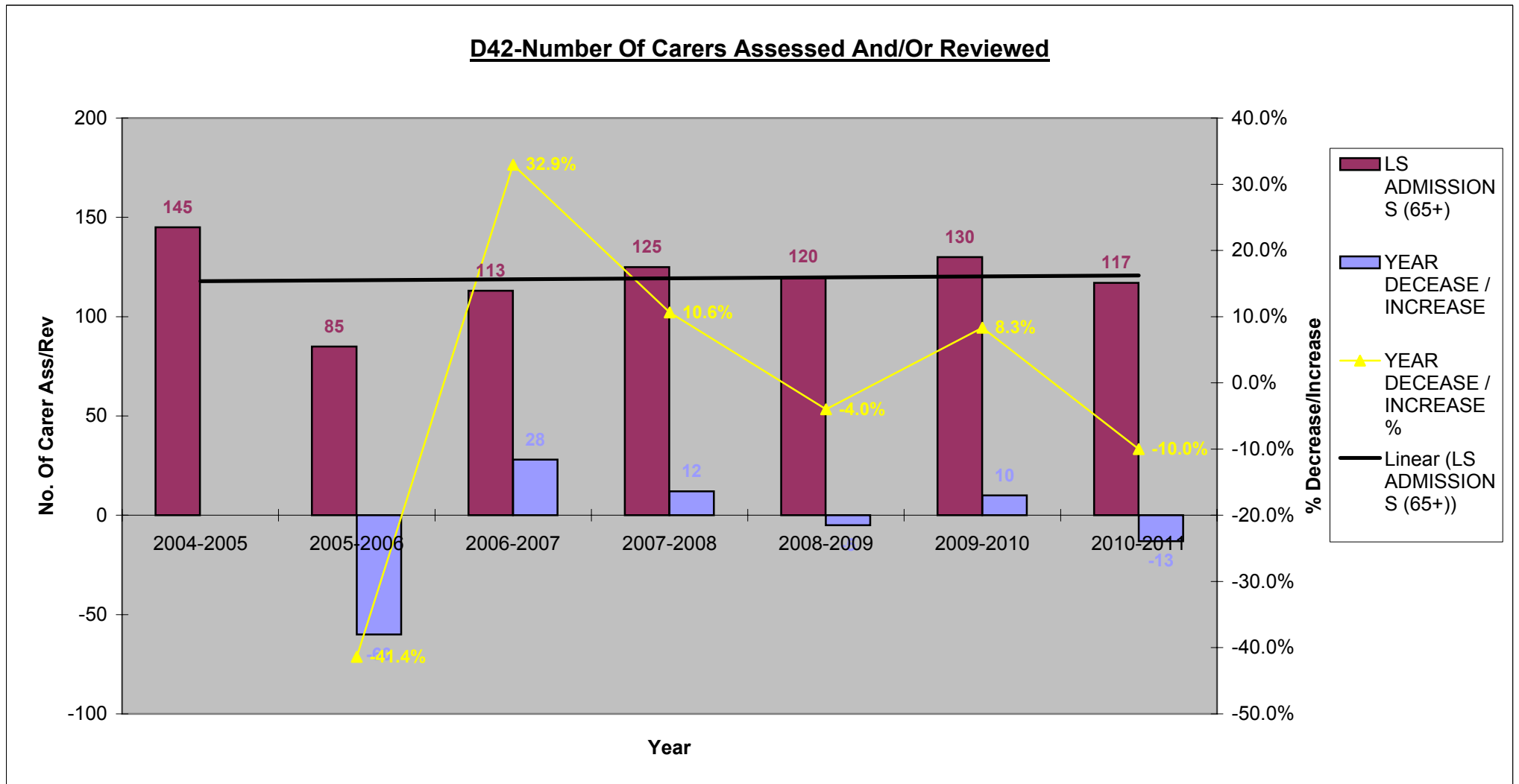


YEAR	LS ADMISSIONS (65+)	YEAR DECREASE / INCREASE	YEAR DECREASE / INCREASE %
2005-2006	145		
2006-2007	85	-60	-41.4%
2007-2008	113	28	32.9%
2008-2009	125	12	10.6%
2009-2010	120	-5	-4.0%
2010-2011	117	-3	-2.5%

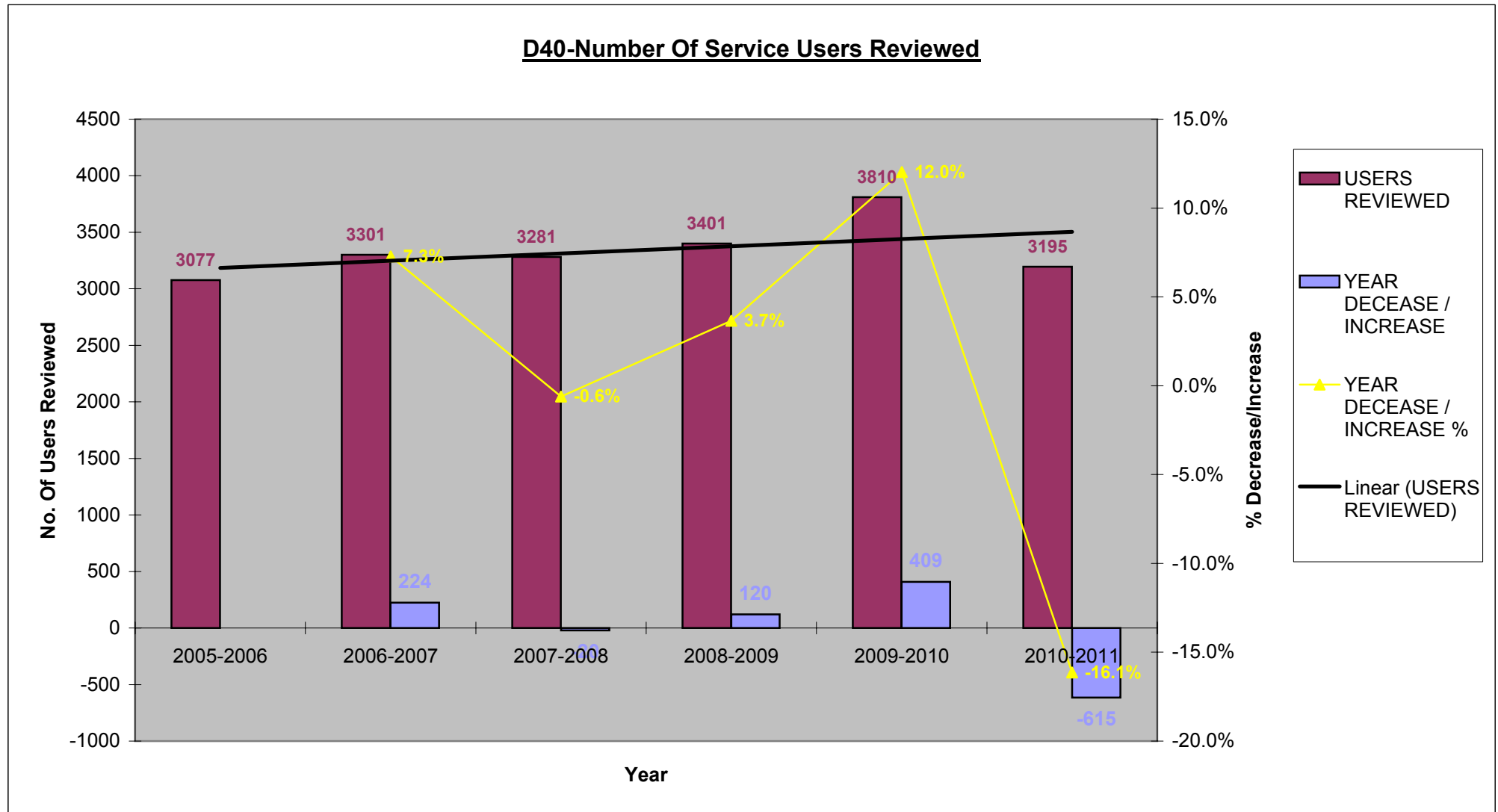
**C72-Long Stay Admissions (aged 65+)**



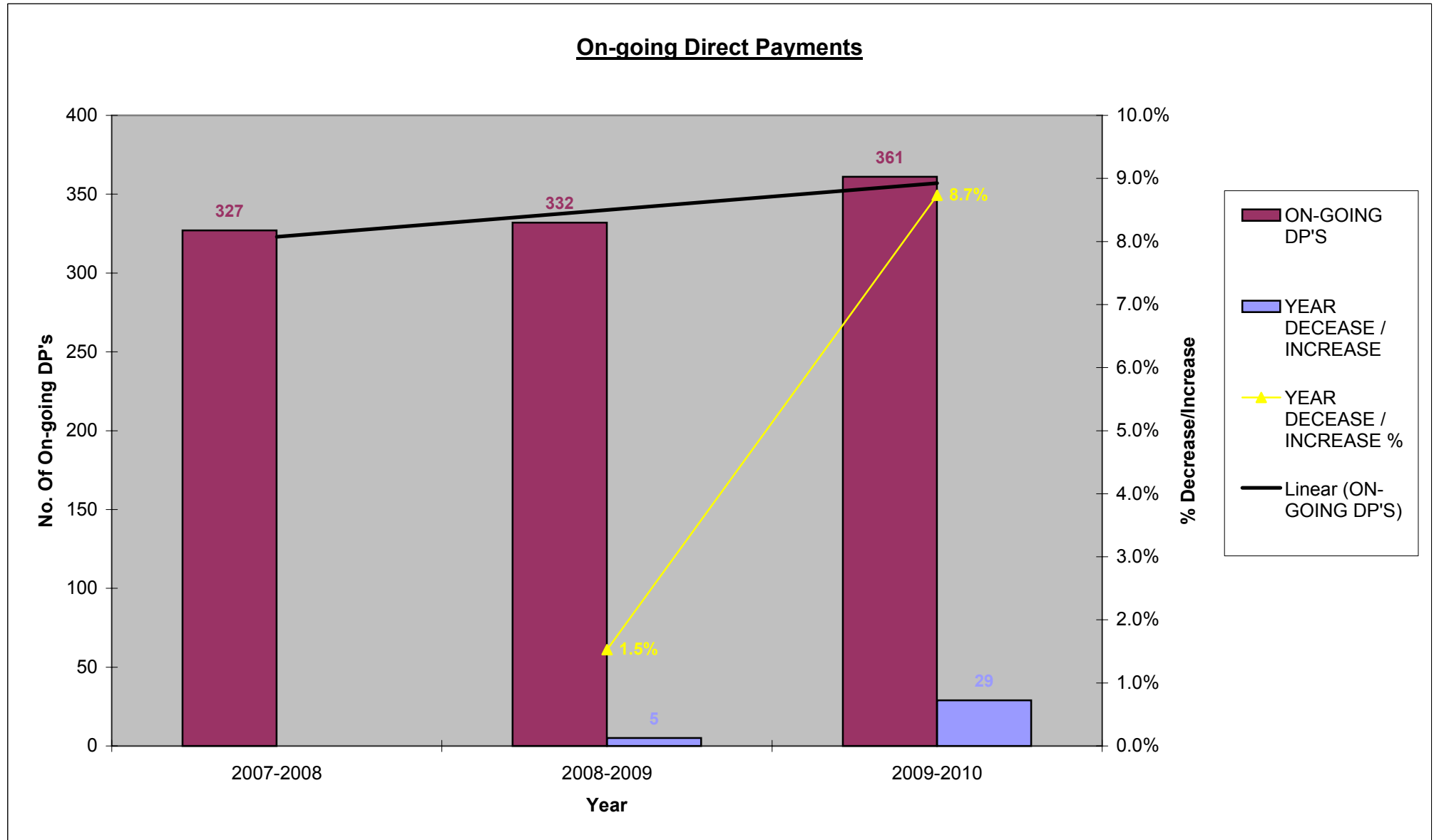
YEAR	LS ADMISSIONS (65+)	YEAR DECREASE / INCREASE	YEAR DECREASE / INCREASE %
2004-2005	145		
2005-2006	85	-60	-41.4%
2006-2007	113	28	32.9%
2007-2008	125	12	10.6%
2008-2009	120	-5	-4.0%
2009-2010	130	10	8.3%
2010-2011	117	-13	-10.0%



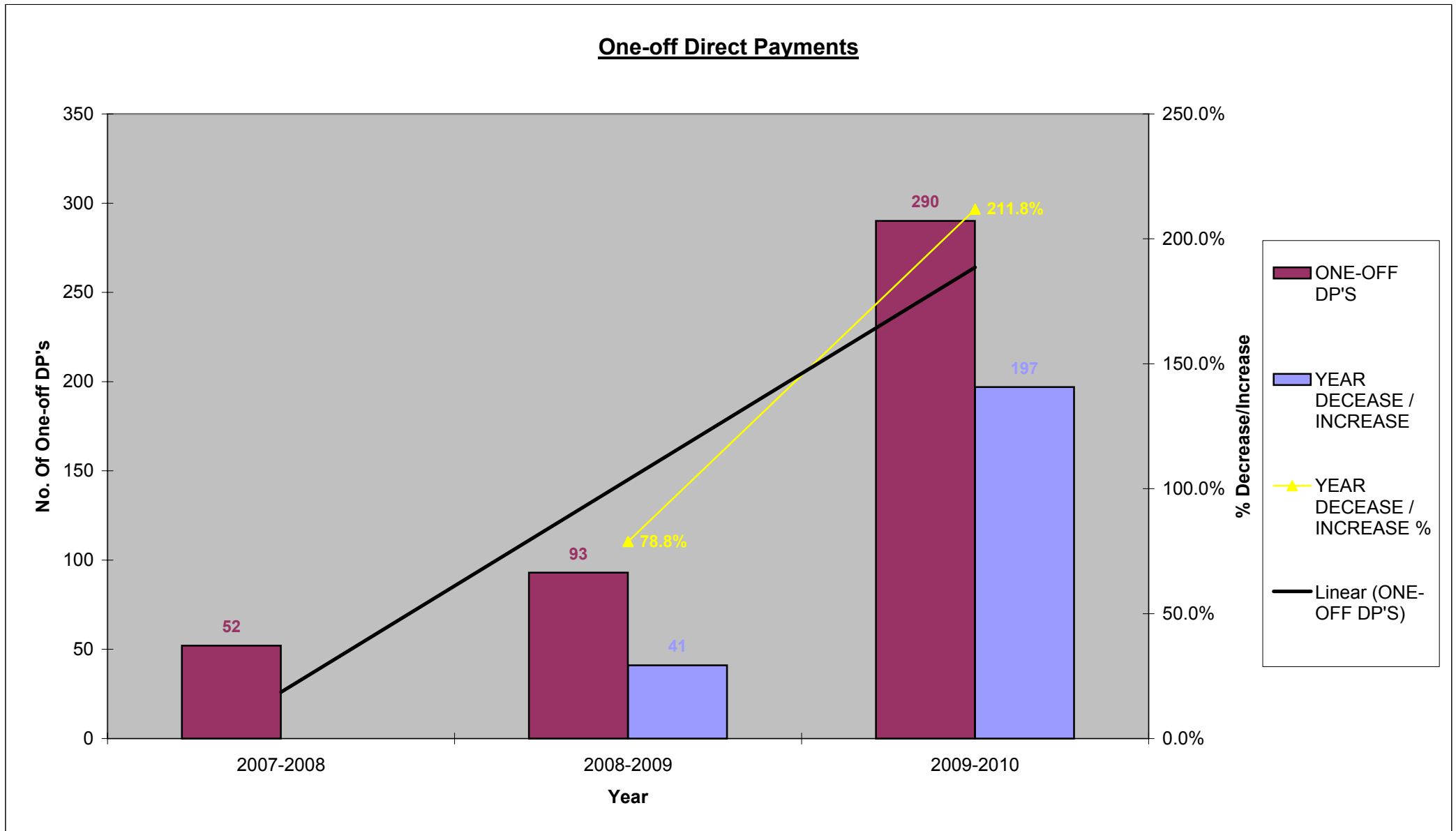
YEAR	USERS REVIEWED	YEAR DECEASE / INCREASE	YEAR DECEASE / INCREASE %
2005-2006	3077		
2006-2007	3301	224	7.3%
2007-2008	3281	-20	-0.6%
2008-2009	3401	120	3.7%
2009-2010	3810	409	12.0%
2010-2011	3195	-615	-16.1%



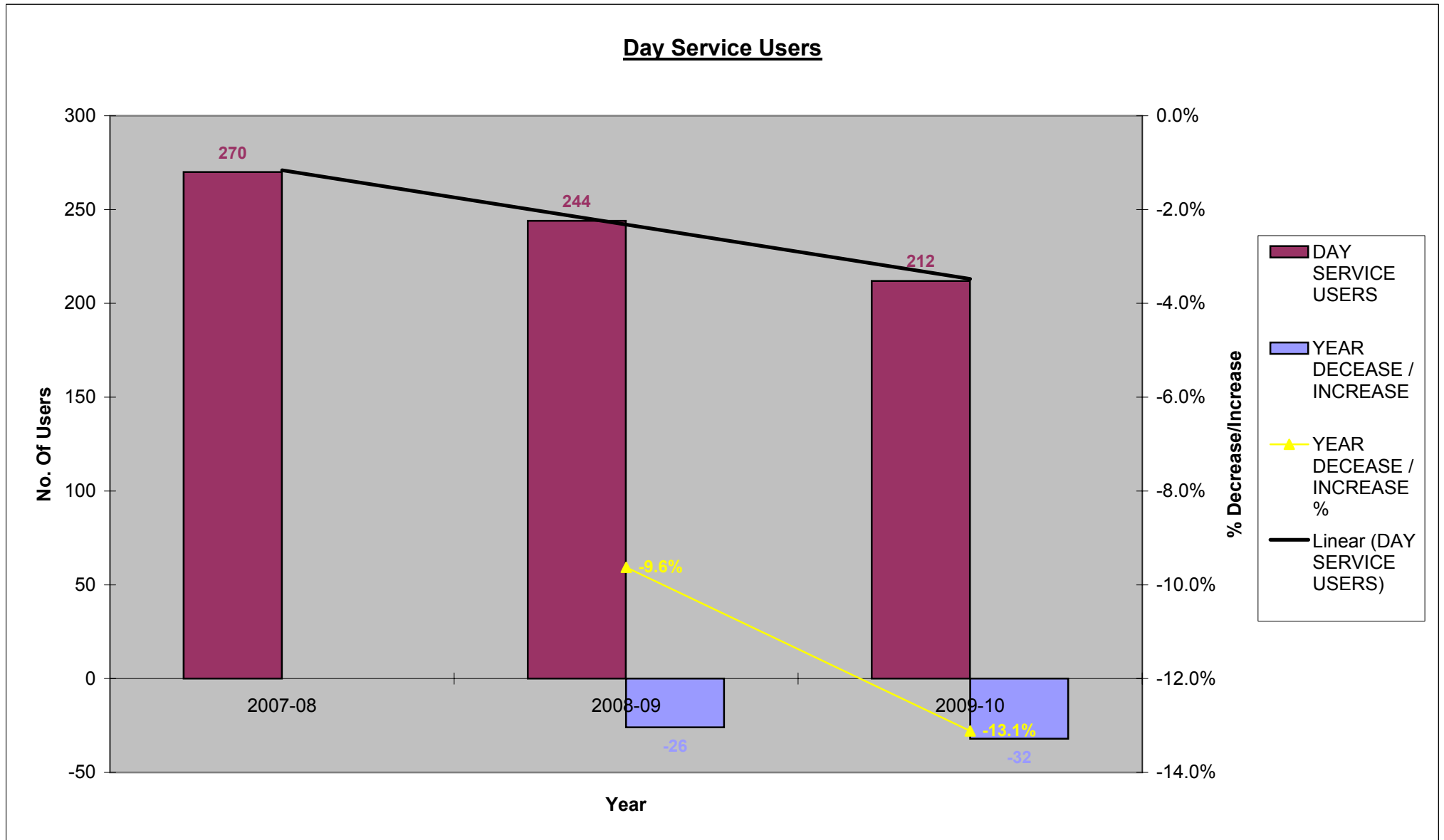
YEAR	ON-GOING DP'S	YEAR DECEASE / INCREASE	YEAR DECEASE / INCREASE %
2007-2008	327		
2008-2009	332	5	1.5%
2009-2010	361	29	8.7%



YEAR	ONE-OFF DP'S	YEAR DECEASE / INCREASE	YEAR DECEASE / INCREASE %
2007-2008	52		
2008-2009	93	41	78.8%
2009-2010	290	197	211.8%

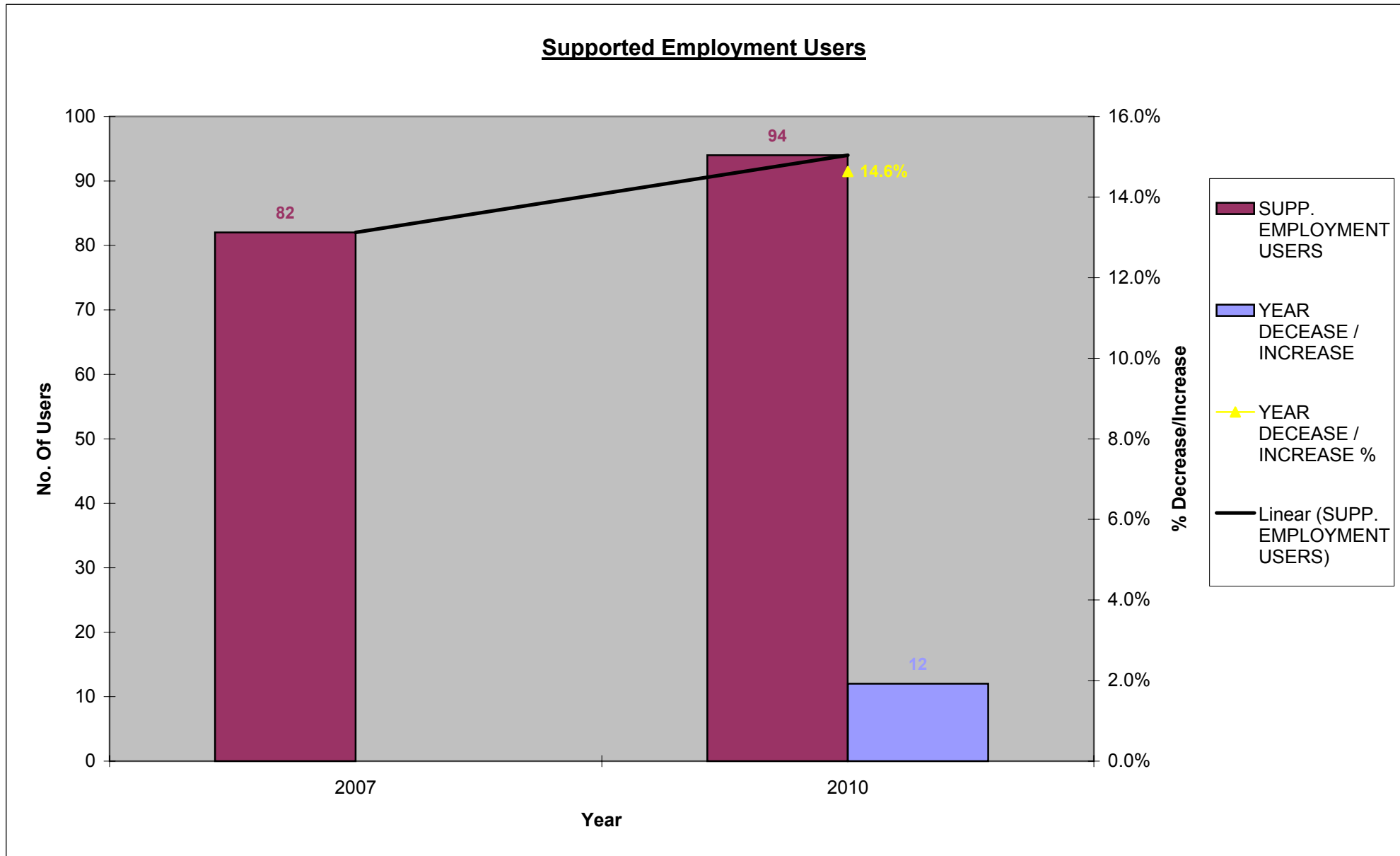


YEAR	DAY SERVICE USERS	YEAR DECREASE / INCREASE	YEAR DECREASE / INCREASE %
2007-08	270		
2008-09	244	-26	-9.6%
2009-10	212	-32	-13.1%



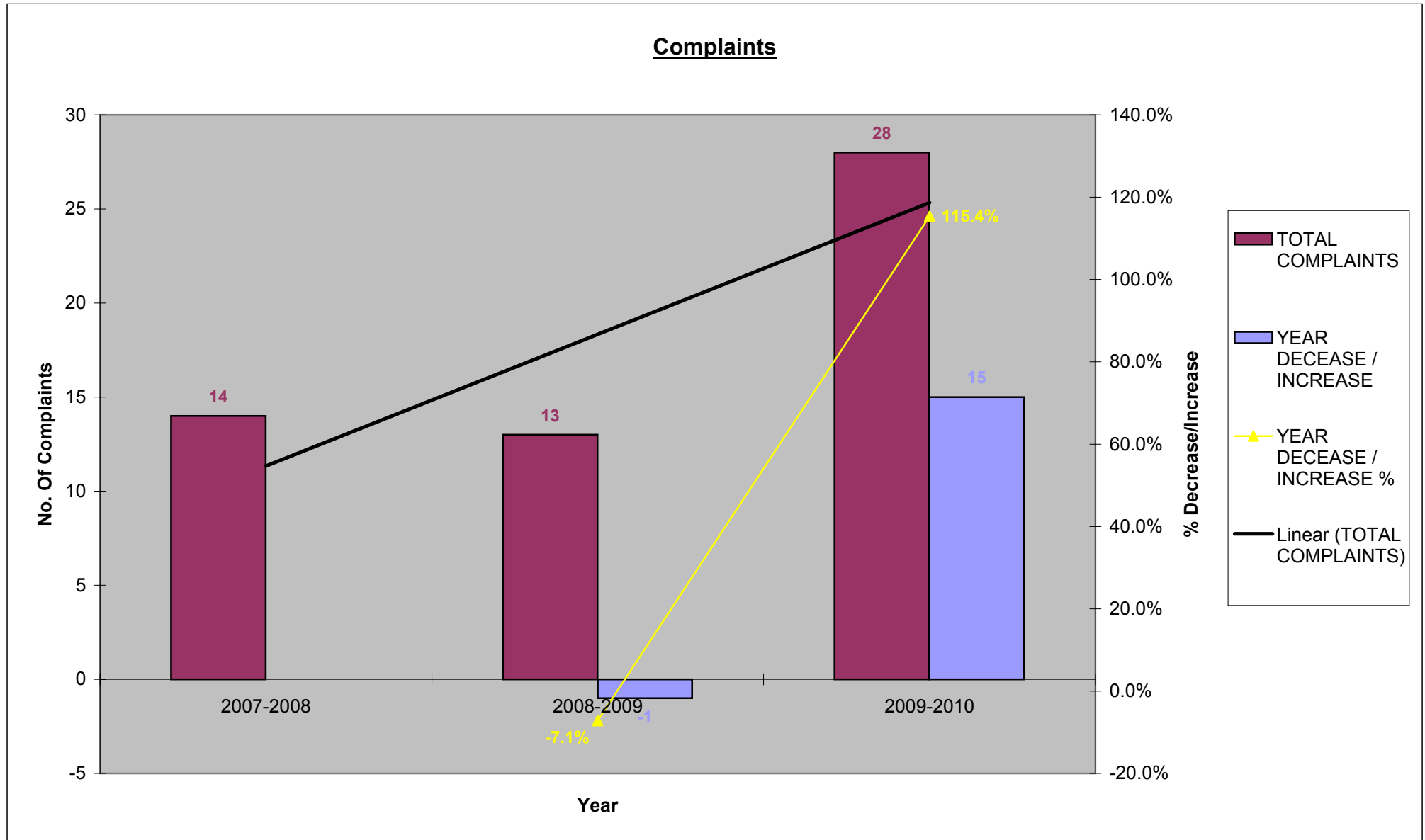
YEAR	SUPP. EMPLOYMENT USERS	YEAR DECEASE / INCREASE	YEAR DECEASE / INCREASE %
2007	82		
2010	94	12	14.6%

**Supported Employment Users**



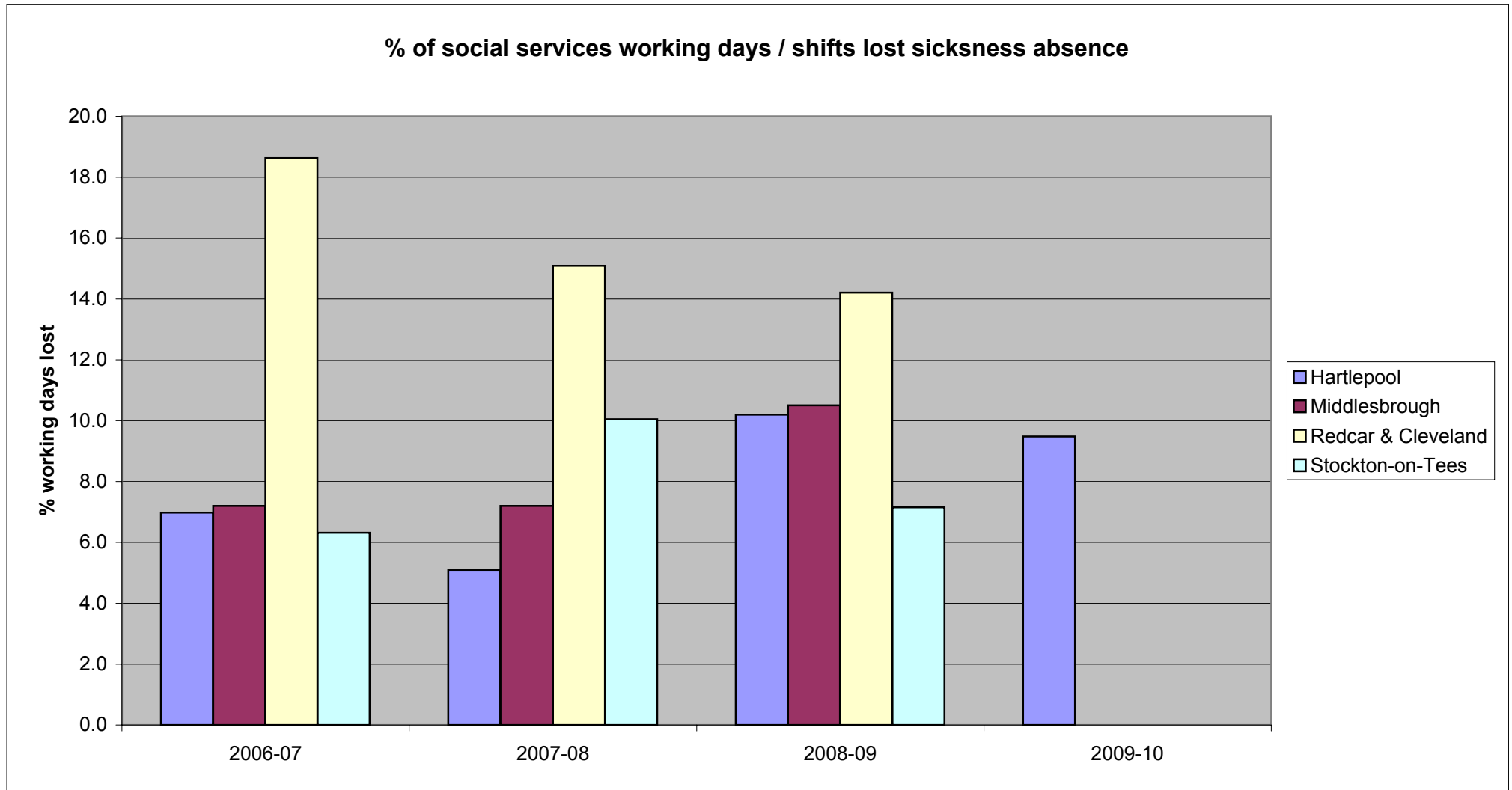


YEAR	TOTAL COMPLAINTS	YEAR DECREASE / INCREASE	YEAR DECREASE / INCREASE %
2007-2008	14		
2008-2009	13	-1	-7.1%
2009-2010	28	15	115.4%



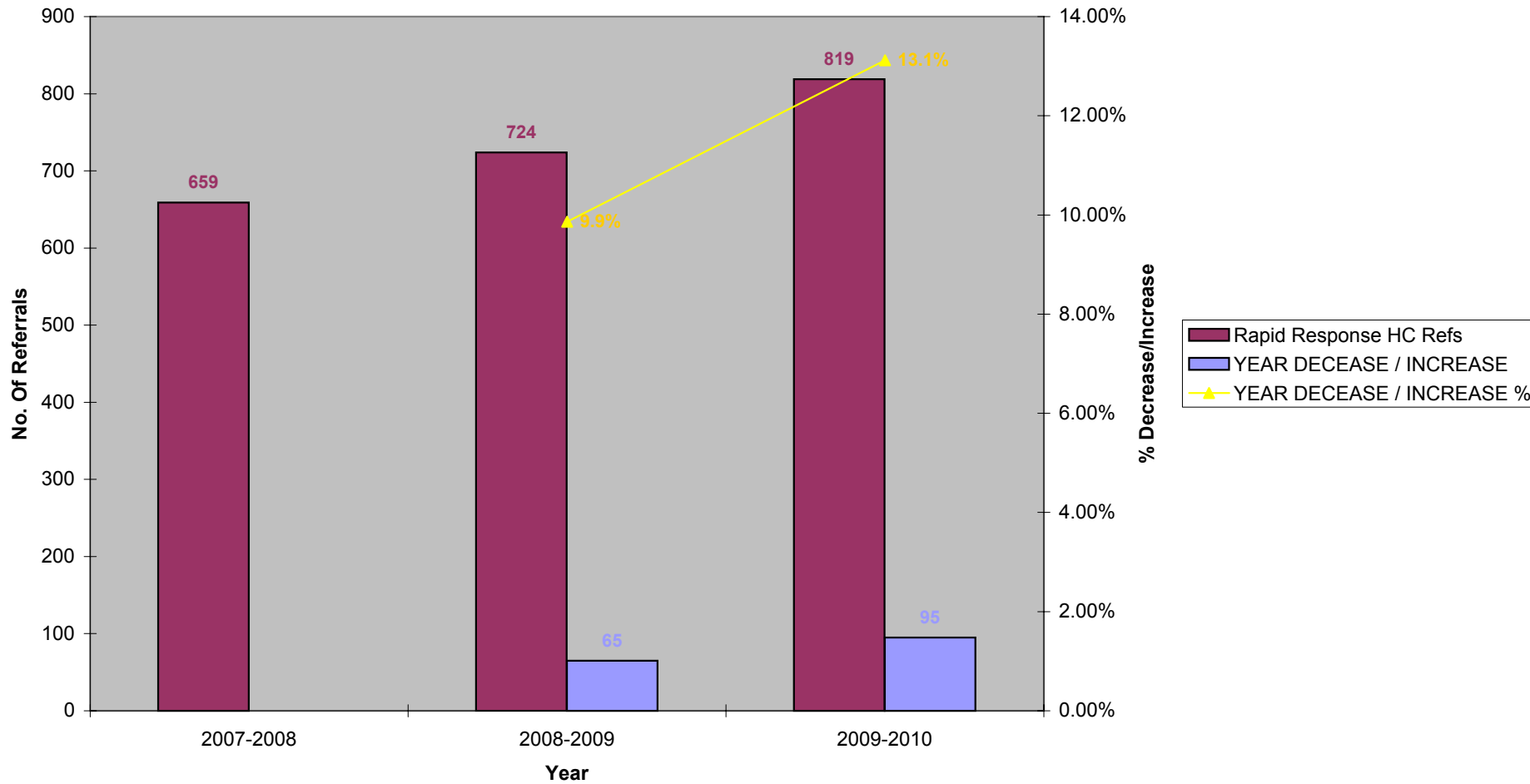
**Percentage of Social Services working days / shifts lost to sickness absence during the financial year (adult services).**

	2006-07	2007-08	2008-09	2009-10
Hartlepool	7.0	5.1	10.2	9.48
Middlesbrough	7.2	7.2	10.5	
Redcar & Cleveland	18.6	15.1	14.2	
Stockton-on-Tees	6.3	10.1	7.2	



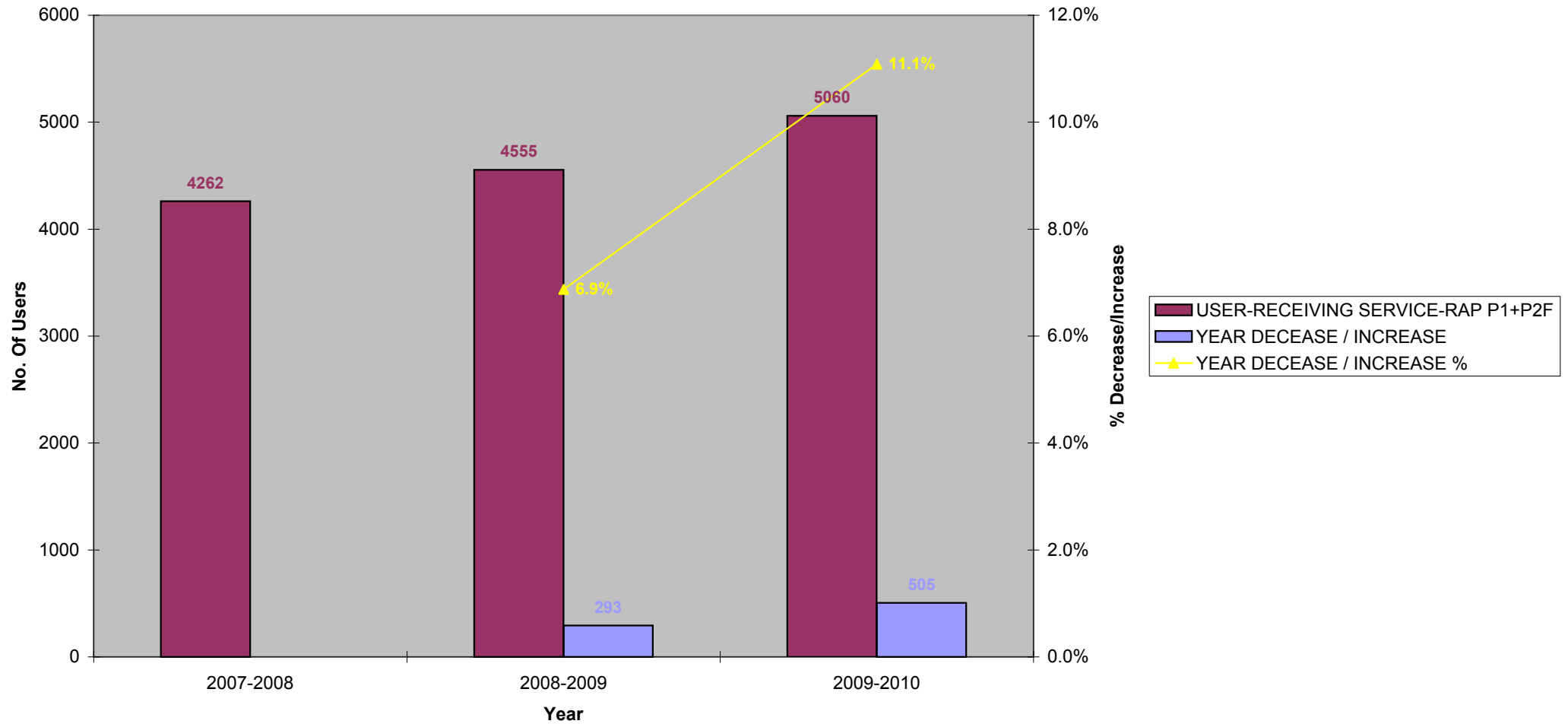
YEAR	Rapid Response HC Refs	YEAR DECREASE / INCREASE	YEAR DECREASE / INCREASE %
2007-2008	659		
2008-2009	724	65	9.9%
2009-2010	819	95	13.1%

### LA Funded Rapid Response Referrals



YEAR	USER-RECEIVING SERVICE-RAP P1+P2F	YEAR DECEASE / INCREASE	YEAR DECEASE / INCREASE %
2007-2008	4262		
2008-2009	4555	293	6.9%
2009-2010	5060	505	11.1%

**Users Receiving Services-Throughput-DH RAP Return P1 & P2F**



YEAR	USER-RECEIVING SERVICE-RAP P1+P2F-COMMUNITY	YEAR DECEASE / INCREASE	YEAR DECEASE / INCREASE %
2007-2008	3818		
2008-2009	4122	304	8.0%
2009-2010	4652	530	12.9%

YEAR	USER-RECEIVING SERVICE-RAP P1+P2F-RESIDENTIAL	YEAR DECEASE / INCREASE	YEAR DECEASE / INCREASE %
2007-2008	751		
2008-2009	707	-44	-5.9%
2009-2010	594	-113	-16.0%

