ADULT SERVICES COMMITTEE AGENDA

21 May 2013

at 2.00 pm

in Committee Room B, Civic Centre, Hartlepool

MEMBERS: ADULT SERVICES COMMITTEE

Councillors Fisher, Hall, A Lilley, Loynes, Richardson, Shields and Sirs

1. **APOLOGIES FOR ABSENCE**

2. **TO RECEIVE ANY DECLARATIONS OF INTEREST BY MEMBERS**

3. **MINUTES**

   No items

4. **KEY DECISIONS**

   No items

5. **OTHER ITEMS REQUIRING DECISION**

   No items

6. **ITEMS FOR INFORMATION**

6.1 A Problem Shared – Making Best Use of Resources in Adult Social Care – *Assistant Director, Adult Services*
6.2 Update on Carers Services and National Carers Survey Results – *Assistant Director, Adult Services*

6.3 Results of the Learning Disability Self-Assessment Framework 2011-2012 – *Assistant Director, Adult Social Care*
6.4 Fulfilling Lives – Ageing Better – *Assistant Director, Adult Services*
6.5 North of Tees Dementia Collaborative – *Assistant Director, Adult Services*
6.6 Regional Reablement Review – *Assistant Director, Adult Services*

7. ANY OTHER BUSINESS WHICH THE CHAIR CONSIDERS URGENT

ITEMS FOR INFORMATION

Date of next meeting – 17 June 2013 at 10.00 am in Committee Room B, Civic Centre, Hartlepool

ADULT SERVICES COMMITTEE

21 May 2013

Report of: Assistant Director for Adult Services

Subject: A PROBLEM SHARED: MAKING BEST USE OF RESOURCES IN ADULT SOCIAL CARE

1. TYPE OF DECISION/APPLICABLE CATEGORY

No decision required: for information.

2. PURPOSE OF REPORT

2.1 To provide the Adult Services Committee with a briefing regarding A Problem Shared: Making Best Use of Resources in Adult Social Care.

3. BACKGROUND

3.1 In response to the unprecedented challenges and severe financial pressures facing adult social care the Towards Excellence in Adult Social Care (TEASC) Board and the Think Local Act Personal (TLAP) Partnership have commissioned a report to review the use of resources in adult social care and to offer local authorities and their partners some guidance on making the best possible use of resources.

3.2 The report is one of a series developed to support sector led improvement and aims to:

- review the evidence about how budget reductions have been achieved so far;
- pull together messages from recent research and guidance;
- reinforce the importance of benchmarking, sharing good practice and developing an evidence base; and
- suggest some next steps to help the sector manage future budget pressures.

3.3 A summary version of the report is attached at **Appendix 1**.

4. KEY MESSAGES

4.1 The report contains the following key messages:

- Elected members should embrace and communicate a vision of adult social care that emphasises promotion of independence, personalisation and social inclusion.
- Health & Wellbeing Boards should steer the development of integrated, personalised services that make the best use of resources across partners.
- Senior council officers should work with NHS partners and other councils to monitor and manage performance with an emphasis on value for money.
- Local communities are part of the solution and should be engaged in the challenge of finding new ways to support people with social care needs.
- Service providers and commissioners should work together to test new ways of improving outcomes for people, focused on independence personalisation and social inclusion.
- The energy, commitment and professional skills of social care staff should be harnessed to find better ways of meeting people's needs.
- Above all, priority should be given to co-producing solutions with people themselves, their carers and families – recognising that they are the experts on how their problems can best be resolved.

5. LOCAL DECISION MAKING

5.1 The report sets out some examples of the dilemmas facing decision makers in adult social care (Figure A on page 13 of the report at **Appendix 1**), many of which will be relevant for Hartlepool when savings proposals are being considered for 2014/15 and beyond.

5.2 These dilemmas include investment in early intervention and prevention versus targeting people who already have social care needs and the dilemma of trying out new ideas with partners and being innovative versus focusing on core statutory responsibilities.

6. RECOMMENDATIONS

6.1 The Adult Services Committee is asked to note the information within the A Problem Shared: Making Best Use of Resources in Adult Social Care summary document.

7. REASONS FOR RECOMMENDATIONS

7.1 To make members aware of the national position in relation to use of resources within adult social care.

8. BACKGROUND PAPERS

8.1 The full report A Problem Shared: Making Best Use of Resources in Adult Social Care can be found at: wwww.thinklocalactpersonal.org.uk/browse/useofresources

9. CONTACT OFFICER

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Towards Excellence in Adult Social Care Programme

think local act personal

A PROBLEM SHARED: SUMMARY

Making best use of resources in Adult Social Care

WHAT IS THIS **DOCUMENT** ABOUT?

This document has been produced to help the political and managerial leadership in councils to make the best use of their resources, and to promote personalisation in a difficult and challenging context.

The document has been produced through collaboration between the Towards Excellence in Adult Social Care (TEASC) and Think Local Act Personal (TLAP) programmes. It aims to share ideas about how to get better value from the available resources in adult social care by pooling evidence about what works.

As well as continuing to press for Adult Social Care to receive its fair share of resources, today's key imperative for the sector must be to secure maximum value from each pound of both public and private spending to ensure the most effective and efficient use of the resources available.

We know that profound changes in society are resulting in the need to re-think the role and purpose of Adult Social Care, as well as to reduce costs.

It is important that everybody is involved in this debate.

What have we done so far?

We have:

- carried out a review of how Adult Social Care resources have been used over the last five years, and the impact of the budget reductions so far
- produced self-assessment tools to help councils assess progress and understand their own future priorities
- produced a full report for managers and elected members in councils and partner organisations. It aims to
  - explore the dilemmas now facing councils and their partners
  - review the research and evidence about "what works"
  - make suggestions about approaches that might be useful from here.

Some important related initiatives are:

- The Association of Directors of Adult Social Services (ADASS) has produced a "whole system" framework for making use of reducing resources, and there is ongoing work to collect good practice examples from across the sector.
- TLAP has produced the *Making it Real* benchmarks to support the extension of more personalised approaches including self-directed support
- The Local Government Association (LGA) has launched the "Adult Social Care Efficiency Programme", which is collecting evidence about how efficiencies are being delivered in 44 locations
- A Children's Improvement Board is working to support more cost-effective approaches for children and young people.

KEY MESSAGES

Elected council members should embrace and communicate a vision of Adult Social Care that stresses the promotion of independence, personalisation and social inclusion

- Health and Wellbeing Boards should steer the development of more integrated, personalised services, that make best use of resources across sectors
- Senior council officers should work with both their NHS partners and other councils to develop new, shared frameworks to monitor and manage performance – with an emphasis on ensuring that care and support services offer optimum value for money
- Local communities should be seen as "part of the solution", and truly engaged in the challenge of finding new ways to support people with care and support needs
- Providers and commissioners should work together to develop and test innovative ways of improving outcomes for people, with an emphasis on maximising independence, personalisation and social inclusion
- The energy, commitment and professional skills of staff employed across the sector should be harnessed to find new and better ways of meeting individuals' needs
- Above all, priority should be given to "co-producing" solutions with people themselves and their carers and families – recognising that they are the experts on how their problems can best be resolved.

The more detailed conclusions of our report are set out below.

REDUCING BUDGETS IN A CONTEXT OF **DEMOGRAPHIC CHANGE**

Councils are having to deliver significant budget reductions, whilst responding to higher levels of need for social care and support.

This presents dilemmas for the whole sector – and the need for society to make difficult choices. The Government has now announced its plans for the longer term reform of care and support funding. However, there will continue to be significant numbers of people who will contribute to the costs of their own care in future and these plans do not address the financial pressures under which the system is currently operating.

Features of the changing landscape:

- People are living longer, with the result that there is a big increase in the number of older people aged 85+ and 95+. This is a cause for celebration, but it is also true that there are increasing levels of age-related illness including dementia in the population;
- The needs of people with learning disabilities are increasing, especially as more of them are approaching old age;
- The supply of "informal care" may be decreasing over time, with fewer people of working age supporting larger numbers of people who need care and support.

THE POLICY **PRIORITIES**

The *Caring for our Future* White Paper (2012) confirms two key priorities. The first is to focus on "promoting independence" so that we reduce or delay people's need for formal social care intervention.

The second is to ensure people have meaningful choice and control over their own care and support when and where this is needed.

In this context, it will be essential to take a holistic view of the resources available – exploiting the potential of Adult Social Care's close partnerships with the NHS and other council departments, and harnessing the contributions of staff, volunteers, peers, families and communities.

HOW HAVE COUNCILS **ACHIEVED BUDGET REDUCTIONS** SO FAR?

We have examined the available data about how resources have been used over the last five years. (The picture is incomplete, because some things such as the development of preventative and enabling services in the community are not well measured).

Our review shows that:

- Adult Social Care budgets reduced by an average of 1% (in real terms) in 2010/11 and by more than 2% in 2011/12. However, the overall cuts in council funding have impacted differentially across the country, with some councils facing much bigger challenges than others
- Councils have tried to minimise the potentially negative impact on people, and

have focussed on being more efficient. However, some difficult decisions have had to be made and more are likely in future;

- The numbers supported by councils with Adult Social Care services have steadily reduced over time in most (but not all) places – with particularly big reductions in 2011/12
- Most of the budget reductions so far have come from residential and nursing care. This has been achieved in a number of ways, including suppressing the fees paid to independent sector care homes. It is unlikely that this approach can continue over the next few years without jeopardising safety and quality
- There have also been cuts in expenditure on community services, especially in 2011/12, and charges have increased significantly
- Over time, councils have been aiming to move expenditure away from residential and nursing care, towards more personalised and community based services. However, in 2011/12, the balance shifted very slightly away from community services, partly because more people moved into residential care.

Some of the efficiency measures taken so far may not be sustainable – and the process of transforming services may not deliver savings as quickly as necessary. More fundamental and transformatory changes will be required in future.

THE **IMPACT** OF **LOCALISM** IN ADULT SOCIAL CARE

Huge regional and local variations persist between councils.

For example in:

- the rates of people supported
- the rates of people in residential and nursing homes
- the amount of care each person receives, and how much is spent on this
- the fees paid to provider organisations
- the number of people receiving self-directed support, including direct payments.

The new focus on "sector led" improvement, and reductions in national targets and inspections, mean that continuing variation is inevitable.

However, it is important that councils continue to benchmark their performance with others and understand how their own patterns of activity and expenditure compare, and why there are differences. Some of the differences may have relatively obvious, simple or reasonable explanations. However, it is very important for the sector to acknowledge that contrary to popular opinion variations do not depend on factors like the wealth of the local population or the numbers of older people, or the local incidence of ill-health. Much is due to:

- local histories, cultures and expectations
- the availability and costs of different types of care and support
- the success of local partnerships
- local decision-making.

SUPPORT FOR PEOPLE WITH **LEARNING DISABILITIES**

The trends in services and expenditure for people with learning disabilities are distinctive. Although there is local variation, budgets for people with learning disabilities have increased in most places over time, whilst reducing for other groups.

In the past, too many people have been inappropriately placed in the kinds of institution that "have no place in the 21st century", according to the Government's recent report on Winterbourne View hospital. Residential, nursing and hospital care is often (although not always) more expensive than other forms of support, and still accounts for a major slice of councils' expenditure. Also, the increasing complexity of people's needs means that councils are spending – on average – more on each person's support.

On the other hand, councils and their partners have, by working with people and their families, made real progress in developing more personalised forms of support in communities. This has enabled more people with learning disabilities to achieve their potential and enjoy the same quality of life as others. There are many individual examples of people achieving greater independence, and enjoying a better life at lower cost to the state than in the past.

However, there is a need for more evidence about the big picture in this area. Given the rising costs, it will be particularly important to share learning from those councils that are achieving more successful outcomes.

UNDERSTANDING **DEMAND MANAGEMENT** IN ADULT SOCIAL CARE

In most places, the number of people directly receiving council-funded care and support is likely to reduce over the next few years.

This is especially true since:

- it will be imperative to maintain or increase joint investment in preventative services in the community
- more resources may need to be focussed on people with very complex needs
- the quality of many services (for example, those for people with dementia) needs to be maintained or improved, which may require additional resources.

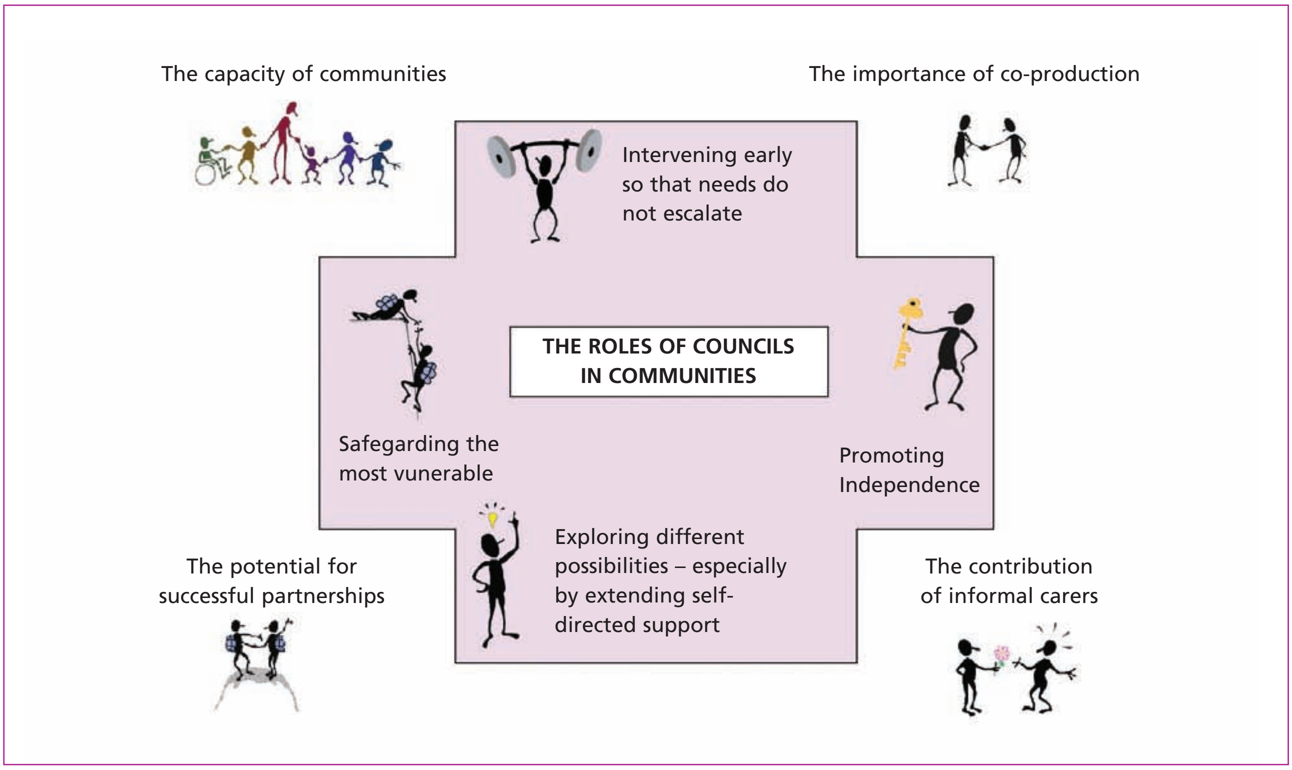
As budgets reduce further, there is a risk of negative consequences for people and communities.

There needs to be more local debate about this, so the context is more widely understood and decisions are shared. This will necessitate openness and transparency – across all agencies, with local communities, and with people who need care and support and their families – about the budget dilemmas.

Some services do not offer people what they really want or need. Some inadvertently increase, rather than decrease, people's dependency. Many are experienced by people as being "rushed". A few have costs that are not affordable either for councils or for people using personal budgets and direct payments. Many but not all people get better after an episode of ill-health, but the system is still geared to providing care for a fixed number of hours and for a fixed length of time, instead of focussing on recovery and reablement.

More imaginative solutions need to be found for the future. Some of the priorities are:

- continuing to intervene early to prevent people developing a need for formal care and support
- building the capacity of communities to support people in new ways
- Being explicit about the intended outcomes of care and support plans – and placing a stronger emphasis on the achievement of independence goals
- challenging the assumption that council-funded services will always continue at the same level for relatively long periods of time
- co-producing personalised solutions with people with care and support needs, their carers and families – and being flexible about how outcomes are achieved
- prioritising the development of enabling approaches (in the broadest sense) as well as specific service interventions to support people's recovery after an episode of ill-health
- having a culture, shared by all relevant agencies, that emphasises the promotion of independence and social inclusion
- Empowering people to remain in control of their own lives, by extending self-directed support and direct payments
- being more rigorous in monitoring the "value for money" of specific services, including the outcomes being achieved.



THE POTENTIAL **IMPACT** OF **CULTURE CHANGE**

As councils plan how to make use of their diminishing resources, the task of changing hearts and minds will be even more important than changing structures, budgets and processes.

There is increasing evidence that individual behaviours and relationships have an important impact on how resources are used. For example:

- Organisations may have a culture that emphasises doing things for people – rather than recognising their assets, harnessing their potential, promoting independence and supporting their inclusion into mainstream life
- Hard-pressed leaders and managers may not feel they have the time to invest in building good relationships with partners – even though this may be critical to success. In particular:
  - there may be tensions in the relationships between commissioners and service providers that now need to be proactively addressed
  - excellent relationships with NHS colleagues at all organisational levels will be key to the success of new integrated approaches.
- Hard-pressed staff across all agencies may not understand the new agenda well, and may also be hampered by unnecessary bureaucracy and cumbersome processes.

It is very likely that savings (including cash-releasing savings) can be achieved by prioritising engagement with staff, partners, providers, people in communities and the recipients of services themselves. In future, achieving changes in behaviour, and new ways of working, should feature more prominently in Adult Social Care business plans alongside more traditional budget-reducing measures.

WORKING TOGETHER WITH THE NHS

A holistic view will be critical to making best use of resources from now on, and this will be a key responsibility of the new Health and Wellbeing Boards.

It is unlikely that either councils or the NHS will be able to meet their savings targets unless better results are achieved from their joint work. Specifically, there is a longstanding imperative to shift resources from expensive bed-based care by supporting people to maintain their independence in the community. This is priority for all groups, but perhaps especially for people with long-term conditions, including dementia.

A wealth of useful examples and case studies exist that illustrate how joint approaches have been successful in helping people to remain at home, avoid unnecessary admissions or return quickly after a spell in hospital.

Evidence about the cost-effectiveness of specific delivery models has so-far proved elusive – and the White Paper acknowledges that "there is no one size fits all model". However, the local development of innovative joined-up services, and the associated development of joint performance assessment frameworks, are undoubtedly key priorities.

CONCLUSIONS AND NEXT STEPS

This report does not make new national recommendations about how future budget savings should be achieved. On the contrary, it stresses that the specific priorities for action will vary from one place to the next.

Councils and their partners will need to undertake careful analysis as well as local engagement and debate. This is why TEASC has considered it important to issue each council with a benchmarking report on their performance and to produce new, more user-friendly tools to enable them to make their own comparisons.

However, in this context, it is recognised that the development of new and better performance frameworks is a priority for the sector. Many promising regional and local initiatives are already under way.

To accompany this document – and to stimulate more thinking about how cost-effectiveness can be measured – TEASC and TLAP have produced a new self-assessment toolkit. This encourages councils to use the ADASS 'whole system' framework as a basis for checking progress in six key areas. The toolkit also aligns closely with the TLAP markers of progress set out in Making it Real. It will be tested and refined further through TEASC in 2013-14.

What else might help?

Over the past two years, ADASS has collated evidence of efficient practice relating to its 'whole system' framework. This is available on a website maintained by Improvement and Efficiencies South East (IESE). TLAP and TEASC intend to maintain and extend this drive to collect evidence about what works, and to develop more practical tools for use by both council officers and elected members. Our evidence base will be significantly enhanced by the work of the LGA's efficiency programme for Adult Social Care, which is currently monitoring work across 44 locations.

TEASC's recent consultation with councils has highlighted further questions about what methods they should use to measure the cost-effectiveness of their service models – and many gaps in local evidence. It is hoped that the new toolkit will help to surface particular areas where further guidance would be useful. TLAP and TEASC strongly welcome feedback and suggestions about the next priorities.

Towards Excellence in Councils' Adult Social Care (TEASC) is a programme to help councils improve their performance in Adult Social Care. The sector-led initiative builds on the self-assessment and improvement work already carried out by councils. It is made up of the following organisations:

directors of adass adult social services

DH Department of Health

social care institute for excellence scie

Care Quality Commission

Local Government Association

solace

Think Local Act Personal is a sector-wide commitment to moving forward with personalisation and community-based support, endorsed by organisations comprising representatives from across the social care sector including local government, health, private, independent and community organisations. For a full list of partners visit www.thinklocalactpersonal.org.uk

ADULT SERVICES COMMITTEE

21 May 2013

Report of: Assistant Director for Adult Services

Subject: UPDATE ON CARERS SERVICES AND NATIONAL CARERS SURVEY RESULTS

1. TYPE OF DECISION/APPLICABLE CATEGORY

No decision required: for information.

2. PURPOSE OF REPORT

2.1 To inform the Adult Services Committee of the results of the Carers Survey 2012 and to provide an update regarding services for carers in Hartlepool, together with the intended direction of travel over the next 12 months.

2.2 Carers provide unpaid care by looking after an ill, frail or disabled family member, friend or partner. Without the right support, the personal costs of caring can be high. There are now 6.4 million people in the UK providing care. The vast majority of this care is provided by family, friends and relatives. The NHS and Local Authorities rely on carers' willingness and ability to provide care which is worth an estimated £119 billion per year (Carers UK and the University of Leeds 2011).

2.3 The Carers and Disabled Children Act 2000 provides the right for a carer to request an assessment of their needs if they are over 16 and providing regular and substantial care for an adult over 18 years old. The Act gives local authorities a power to provide carers with services which help them to care and the ability to provide direct payments to people providing care. Local authorities have the ability to charge carers for their own services.

The Carers (Equal Opportunities) Act 2004 requires local authorities to ensure that work, life-long learning and leisure are considered when a carer is assessed and places a duty on them to inform carers of their right to an assessment.

The draft Care and Support Bill (2012) strengthens carers' rights and proposes a new duty on local authorities to promote carers' well being, establish and maintain a service for providing people with information and advice relating to care and support for adults and carers, a new duty to promote diversity and quality in the provision of services and new rights to services for carers following assessments. There will be no requirement to provide regular and substantial care so any carer with needs could be assessed. There will be a cost associated with implementing these new carers' rights which are provisionally planned for introduction in 2015.

3. BACKGROUND

3.1 At the last census in 2011, 9,924 people in Hartlepool identified themselves as carers which represented 11% of the population. This reflects a national average. Approximately 2,700 people identified themselves as providing over 50 hours of care per week. In 2011/12 there were 2,004 carers being provided with services by Hartlepool Borough Council and over the last 12 months 150 carers have been in receipt of a direct payment to support their caring role.

3.2 A multi agency Carers Strategy for Hartlepool was developed in 2011 to cover 2011-2016 and this has recently been refreshed with an updated action plan. The Carers Strategy reflects the vision that carers will be universally recognised and valued as being fundamental to strong families and stable communities. Support is tailored to meet individual needs in a person-centred way, enabling carers to maintain a balance between their caring responsibilities and a life outside caring, including employment. The strategy shares responsibility for implementation between Hartlepool Borough Council, the NHS, the third sector, families and communities and encompasses adult carers, young carers and parent carers of children with disabilities within a framework of 'think family'.

3.3 Monitoring of the Carers Strategy is led by the Carers Strategy Group. Membership of this group includes Hartlepool Borough Council Adult Services, Hartlepool and Stockton on Tees Clinical Commissioning Group, North Tees & Hartlepool NHS Foundation Trust and third sector organisations (including Hartlepool Carers and Hartlepool Deaf Centre) as well as carers. The Carers Strategy Group meets six times a year and is expected to report to the Health and Wellbeing Board.

The Carers Strategy Group, in previous years, determined a significant amount of the Carers Grant spend and during 2009/10 carers awarded contracts to the value of £61,502. With the implementation of personalisation and self-directed funding this role has now ceased and the funding is channeled into direct payments for carers.

3.4 The following services are provided for carers in Hartlepool:

- Carers Information Service
- Carers awareness training for professionals
- GP carers project to increase identification of carers for primary care
- Financial support via the Carers Grant for Carers Rights Day and Carers Week in Hartlepool

- Support for carers of people with Dementia through the 'Dementia Café' and the carers group run by Hospital of God
- Direct payments for carers
- The Carers Emergency Respite Scheme (CERCS)
- Hartlepool Care, a local voluntary organisation, is financially supported to provide:
    - A single contact focusing on home-based support and personalisation
    - A carers' card scheme where carers are able to claim discounts on purchases and services for carers
    - The Young Carers Project provides services to young carers i.e. one to one and family support, holiday and respite activities, counselling, school liaison.

4. CARERS' SURVEY

4.1 The Carers' Survey is a national statutory return which is collected every two years. The survey includes over 27 questions and questionnaires were sent out to 950 carers across the borough in November 2012 with a return date of 7 December 2012. There was a 37% response rate which met the statistically reliable return threshold and the responses were uploaded onto the Department of Health website for analysis.

4.2 Full national information on the results will be available in August 2013. Some headline information around the Adult Social Care Outcomes Framework (ASCOF) measures has been released ahead of this which shows that Hartlepool is performing very well in comparison to other authorities in the NE region:

ASCOF Indicator	NE Council A	NE Council B	NE Council C	NE Council D	NE Council E	NE Council F	Hartlepool	NE Council G	NE Council H	NE Council I	Group Average
1D: Carer reported quality of life	8.7	9	8	8.5	8.7	8.9	9.3	8	8.4	8.7	8.6
3B: Overall satisfaction of carers with social services	41.27%	50.80%	45.78%	42.07%	55.0%	45.80%	65.40%	45.60%	52.20%	47.90%	49.2%
3C: The proportion of carers who report that they have been included or consulted in discussions about the person they care for	78.25%	80.50%	77.66%	80.64%	78.0%	73.10%	92.10%	74.80%	74.60%	79.20%	78.9%
3D: The proportion of people who use services and carers who find it easy to find information about services (carer-element only)	76.32%	79.30%	68.11%	76.69%	71.0%	75.30%	84.70%	72.70%	75.60%	75.70%	75.5%

The information has been presented on an anonymised basis as a number of authorities have not reported the results through their own political processes at this stage.

5. DIRECTION OF TRAVEL

5.1 Hartlepool Borough Council has recently awarded a contract for the provision of Assessment, Support, Information and Identity Cards for adult carers in Hartlepool. The service will be available to all carers over 18 years who provide care and support to a person who is ordinarily resident in the borough of Hartlepool and who is over 18 years. The service will support carers to meet individual outcomes and achieve equal access to a life in relation to health, well being and employment. The outcomes that the service will be required to deliver are:

- Improvement of health and wellbeing for carers
- Improving access to training and work and to remain in work
- Enabling carers to access leisure and community facilities
- Enabling carers to improve their quality of life
- Providing carers with opportunities to influence services
- Providing access to good quality information
- Supporting carers to make informed choices and access the right services
- Supporting carers to stay mentally and physically well; and
- Promoting carers’ dignity and awareness-raising around carers issues.

5.2 The contract, with a value of £150,000p.a., has been awarded to Hartlepool Carers and will commence on 1 June 2013 for a period of three years with an option to extend twice for a further twelve months subject to satisfactory performance, funding and the continued need for their service.

5.3 The Carers Strategy for Hartlepool for 2011-2016 is attached with an updated action plan at **Appendix 1**.

5.4 Over the next 12 months work will continue to:

- Explore options to further develop models of support for carers to ensure that services are fully embedded within the personalisation and self-directed support agenda
- Optimise available resource within a challenging climate of financial constraints and demographic pressures.

6. RECOMMENDATIONS

6.1 It is recommended that the Adult Services Committee:

- Notes the positive results demonstrated by the National Carers Survey for Hartlepool 2012
- Endorses the intended direction of travel to continue delivering high quality services through the contract with Hartlepool Carers, promoting self-directed support through direct payments for carers and continuing to explore options to optimise available resources for carers within the current challenging financial and demographic environment.

7. REASONS FOR RECOMMENDATIONS

7.1 The National Carers Survey 2012 demonstrates that Hartlepool Borough Council has been successful in providing services to carers that are efficient, accessible and valued by the people who require support to deliver their caring role in the community.

7.2 Carers UK’s research suggests that the number of carers is likely to increase in the future. There has been a 14% increase in the numbers of carers in Hartlepool providing over 50 hours of care a week between 2001 and 2011. It is predicted that the number of people aged over 65 who will need assistance with personal care tasks will increase by 20% by 2020 and 50% by 2030 (POPPI - Projecting Older People Population Information). This data highlights the ongoing need to support carers to maintain their caring role, supporting people to stay at home rather than move into residential care wherever possible.

8. CONTACT OFFICER

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APPENDIX 1 6.2

Who Cares for Carers?

A Multi-Agency Strategy for Carers in Hartlepool

2011 – 2016

Helping to Put Carers at the Heart of 21st Century Families and Communities

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Introduction

Who is a carer?
[Definition from the new National Carers' Strategy – **"Carers at the Heart of 21st-Century Families and Communities"**]

"A carer spends a significant proportion of their life providing unpaid support to family or potentially friends. This could be caring for a relative, partner or friend who is ill, frail, disabled or

National picture

Vision for carers

The new National Strategy gives the following vision for carers:

"Carers will be respected as expert care partners and will have access to the integrated and personalised services they need to support them in their caring role."

Governance

The Commission for Social Care Inspection (CSCI) is also trying to put carers at the centre of adult care social services strategy.
Its 2009 Performance Framework gives far greater emphasis to support for carers than in the past and with a need to evidence outcomes for carers. The performance measures include:

- information availability;
- advocacy for carers;
- supporting carers needs in the hospital discharge processes;
- carers' access to leisure and community facilities;
- the existence of a named person to contact;
- the support provided to carers to help them access work and training and to remain in work;
- treating carers as expert partners;
- the opportunity to contribute and influence services.

National picture

Carers and the Law

Many carers are severely socially excluded, suffer from caring related ill-health and once they have ceased caring find themselves in a parlous economic position, often with little or no pension provision. Because of this a number of laws aim to protect carers and those they care for. The laws identify what the local authority must do when working with carers and vulnerable people. The main laws relating to carers and web addresses of how to access them are detailed below

The Carers (Recognition & Service) Act 1995
www.opsi.gov.uk/acts/acts1995/Ukpga_19950012_en_1
The Carers and Disabled Children Act 2000
www.opsi.gov.uk/acts/acts2000/ukpga_20000016_en_1
The Carers (Equal Opportunities) Act 2004
www.opsi.gov.uk/acts/acts2004/ukpga_20040015_en_1
The Equality Act 2010

These laws aim to challenge the social exclusion experienced by carers – particularly through the promotion of their employment, training, education and leisure opportunities. This trend is likely to be reinforced by changes to

Consultation on National Strategy

In the lead up to the consultation on the national Carers Strategy, the government received many views from Carers. These were consolidated into 5 areas which became the focus for the national consultation:

- Carers will be respected as expert care partners and will have access to the integrated and personalised services they need to support them in their caring role.
- Carers will be able to have a life of their own alongside their caring role.
- Carers will be supported so that they are not forced into financial hardship by their caring role - with particular interest in support other than cash benefits
- Carers will be supported to stay mentally and physically well and treated with dignity
- Children and young people will be protected from inappropriate caring and have the support they need to learn, develop and thrive, to enjoy positive childhoods and to achieve against all the Every Child Matters outcomes

National Picture

As a result 4 key priorities were identified:

- Supporting those with caring responsibilities to identify themselves as carers at an early stage, recognising the value of their contribution and involving them from the outset both in designing local care provision and in planning individual care packages.
- Enabling those with caring responsibilities to fulfil their educational and employment potential.
- Personalised support both for carers and those they support, enabling them to have a family and community life.
- Supporting carers to remain mentally and physically well.

Local picture

Carers in Hartlepool

At the time of the last census in 2001, 9853 people from Hartlepool identified themselves as carers. At the time this represented 11.1% of the population of the town. This reflected the national average. A total of 2680 of those carers identified themselves as providing over 50 hours of care per week. This represented 3% of
the population of the town.

This represents an enormous amount of care and represents the huge commitment of unpaid carers in Hartlepool.
This number is expected to have grown and will be clearer when the 2011 census details are published.

Why Hartlepool Needs a Carers Strategy

Advances in technology and medicine mean that people with complex health conditions are living longer and have more complex and multiple needs. The demand for care will continue to grow. It is therefore essential that support and services are available to protect the interests of carers and ensure that they too have a good quality of life. The strategy is one tool we can use to try and make this happen.

This is the 2nd refresh of the Carers Strategy for Hartlepool. The first was produced in 2006. This was updated in 2008. In the lead up to the refresh of the local strategy the Government were updating the national strategy. Local participation in that national process has assisted us in developing the local document.

Scope of the Strategy

Who the strategy covers

This strategy covers all carers and their families who provide support to someone who is resident in Hartlepool.
The aim of this strategy is to ensure that carers have an excellent quality of life regardless of their caring role.

Any services that are developed as a result of this strategy will be carer centred and can be accessed regardless of age, disability, race, religion or sexuality.

Any services that are developed as a result of this strategy will be carer centred and can be accessed

What the strategy does

This Carers' strategy outlines the vision for carers in Hartlepool. It provides a set of priorities identified by carers within the town that will be used to guide policy development and service provision in the future.

The strategy identifies what actions are needed to ensure that carers feel supported, valued and recognised in their important role. Support that will be provided as a result of this strategy will take many forms. This could range from extra support at home, help with accessing services, identifying services that are already there, some forms of respite care and help to support carers have a life of their own through leisure and relaxation.

Most importantly this strategy needs to ensure that carers receive recognition and support from statutory and voluntary services in their role.

Carer Quote:-

"My benefits changed once I retired.

I didn't know I was entitled to Tax Credits until I found out through another carer."

Delivering the Strategy

The Hartlepool Carers Strategy is a living strategy. That is why this is the 3rd version having just undergone its 2nd review and refresh.

As we achieve success with the actions identified by Carers to meet their priorities within Hartlepool, those priorities and actions will change over time. The new action plan that accompanies this document reflects those changes.

Leadership and Governance of the Strategy

The review and refreshment of the Carers Strategy is led by the Carers Strategy Group, made up of carers, statutory agencies such as the Adult and Community Services Department of the Council, Health and third sector agencies. This ensures that carers are at the heart of identifying issues and delivering change.
A Carers Strategy Group meets six times per year to monitor progress made. This group in turn reports to The Carers Strategy Group reports to the Health and Wellbeing Partnership, which is responsible for delivering on the aims of the Community Strategy for Hartlepool. These governance mechanism ensure that Carers issues remain at the forefront of service provision.

Progress to date

The outcome of the 2008 – 2010 Hartlepool Carers Strategy Action Plan can be seen in appendix1.

Ownership

To be successful this strategy needs to be owned by the Carers of the town. It was for this reason that there were 2 periods of consultation;

- autumn 2010; and
- Feb 2011,

to ensure that carers' views were listened to.

The statutory and third sector agencies have worked and will continue to work closely with carers to achieve the actions within the strategy.

Carer Quote:-

"I go to a few groups with other families, that's where I find out about what's going on.

Carers Priorities

Following the consultation with Carers in Hartlepool mentioned above nine priorities areas were identified for action.

Whilst it is impossible to obtain the views of every carer, the consultation that took place attempted to make sure that views of carers had been expressed and noted.

Carer Quote:-

"Keep any changes to a minimum.

Notify carers as soon as possible.

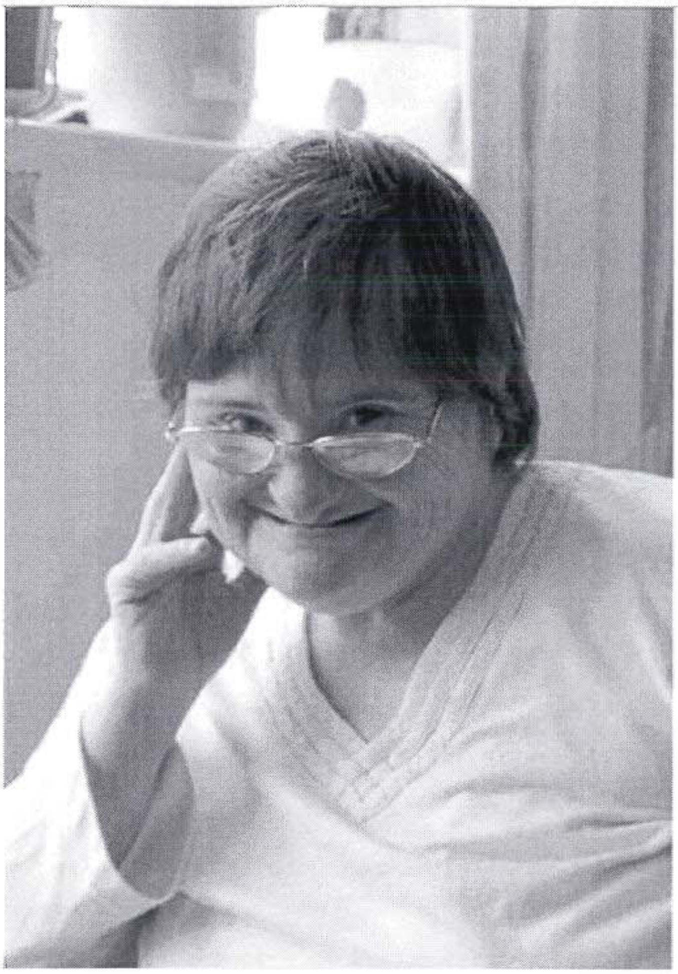
Follow up if a carer has been told of any issues."

What are the Priorities

1. **Information and Communication**
2. **Access to Health Services**
3. **Access to Financial Resources**
4. **Support with Assessments**
5. **Remove Discrimination of Carers**
6. **Flexibility for a life of your own**
7. **Training & Support to Care**
8. **Emotional Support**
9. **Work Education and** leisure

Each of these priorities will be used as a heading for related actions. These will then be used to monitor progress made in this area

Measuring the success of the Strategy



Carer Quote:-

"I am lucky that my family are there, they help me out a lot.

There have been times when I have just wanted to pick up the phone and speak to someone and get advice or something - that would be useful."

How will we measure success

Ultimately this strategy will only be successful if Carers themselves can see improvements to their lives. We know from comments from carers that progress has been made in the previous 4 years.

The main actions of the strategy will be monitored as detailed in the governance arrangements.

It is felt that this will be the true measure of success for the strategy and will enable a greater proportion of carers to have a say on how the strategy has impacted on their lives.

Progress on the action plan will be monitored by the Carers Strategy group.

Action Plan to 2010

This section looks at how the priorities identified are turned into actions. This plan will detail how over the next two years we propose to try and improve the lives of carers in Hartlepool through investment in services, training and working together across all agencies. In each priority area the views of carers both locally and nationally are given below.

Hartlepool also participated in the regional response to the National Carers Strategy consultation. The views of carers were gathered and coordinated by Hartlepool Carers and fed into the regional response. These are reported in Appendix 2.

Carer Quote:-

"Anyone can be a carer. Everyone needs a bit of understanding about that.

One day I am a mam the next I am a carer.

I am still a mam regardless of what title you use."

Information & Communication

What carers said locally

"This is the most important"
"Better help needed"
"Hartlepool Carers" played a vital part in keeping carers up to date with new information, was easily accessible and having the one point of contact made things so much easier."
Need to update web sites

Carers told us:
This was their first priority

What carers said nationally
Carers need better and timely access to information – on the illness or condition of the person they are caring for; on appropriate caring;

Actions:
Hartlepool will have: -

- ◊ Appropriate information for New carers
- ◊ Appropriate information for Carers who are "coping" but may need help to help themselves
- ◊ Appropriate information for Carers who are finding it hard to cope or where circumstances are deteriorating

For detailed actions see Action Plan in appendix 3

Support with Assessments

What carers said locally

"Support needed to help the family"
"More information needed on assessment.
"A good assessment will lead to a good outcome for all."
"Support disgusting"

What carers said nationally

Carers can often feel excluded by clinicians including social care professionals who should respect, inform and involve carers more as expert partners in care

Carers find accessing assessments overly bureaucratic and slow, and are often disappointed about the paucity of the services that follow

Actions:
Carers in Hartlepool will have an understanding of:

- Carer assessment process. - Previous system superseded by the new Self Directed Assessment Questionnaire in Sept 2011
- Carers Resource allocation system—See above comments
- personal budgets for carers and Direct Payments

For detailed actions see Action Plan in appendix 3

Access to Financial Resources

What carers said locally

"Money isn't everything but it helps."

What carers said nationally

Carers need better and timely access to information on accessing benefits and other support; and on financial and employment issues

Carers feel that the value of Carer's Allowance is inadequate, the rules around overlapping benefits are unfair and the earnings limit is a disincentive to work

Actions:

◊ Carers can access accurate and timely information about Benefits and pensions

◊ Carers can access accurate and timely information about taxation, including working tax credits

◊ Carers can access accurate and timely information about personal budgets and direct payments

◊ Carers feel that the value of Carer's Allowance is inadequate, the rules around overlapping benefits are unfair and the earnings limit is a disincentive to work

For detailed actions see Action Plan in appendix 3

Access to Health Services

What carers said locally

"Very important"

"Health services has improved"

'My daughter who is my carer is now having a full health check for the very first time'

What carers said nationally

Carers often neglect their own health and need advice to maintain their wellbeing

Carers can often feel excluded by clinicians –professionals should respect, inform and involve carers more as expert partners in care

Carers often neglect their own health

Actions:
Carers will experience: -

◊ Support from health services re: wellbeing and self help

◊ Better recognition of carers role in GP and primary care

◊ Better recognition of carers role in secondary care – out patients and in patients

For detailed actions see Action Plan in appendix 3

Emotional Support

What carers said locally
"Important when I need it"
"Come try my day to see how you are!"
"Better Gym, fit not lazy, must be fit"

What carers said nationally
Carers need advice to maintain their wellbeing

Actions:
Carer will be able to

- ◊ Experience improved support re wellbeing and self help
- ◊ Identify options for mutual support
- ◊ Identify more opportunities to have a "life of one's own
- ◊ Experience appropriate medical / psychological support

For detailed actions see Action Plan in appendix 3

Flexibility for a Life of Your Own

What carers said locally
"Very important"
"Need break time"
"Need care; help with shopping and cleaning rooms"
An 'older' group of [long time] carers felt they were not able to have a life of their own.
Would like more clarification on how Personal Budgets works.

What carers said nationally
Carers need breaks from caring in order to sustain their role as a carer

Actions:
Carers will be able to access: -

◊ opportunities to have a "life of one's own

◊ More opportunities for short breaks and respite

◊ more activities that are of interest to the carer

◊

◊ More family/carer friendly employment and training / education [see "Work, Education and Leisure]

Places to go where both carer and cared for can enjoy activities will be better identified

For detailed actions see Action Plan in appendix 3

Training & Support to Care

What carers said locally

- "Very important"
- "About the right need to help the person"
- "Health service can help"
- An 'older' group of [long time] carers the group felt that the training they could be given was limited but did see the value in training 'new' carers.
- "not heard of 'Caring with Confidence

What carers said nationally

- Training and support to help carers continue in their role is seen as vital

Actions:

- new carers or existing carers with new needs will be able to access training and support
- carers will be kept up to date with things they need to know about training and support
- Better awareness of carers issues will be promoted

For detailed actions see Action Plan in appendix 3

Remove Discrimination of Carers

What carers said locally
"Big import"
"Very important"
"Never felt discriminated against" – group comment from group of older 'long time' carers"

What carers said nationally

More should be done to identify and support young carers – in particular, schools should be more carer aware and the memorandum of understanding *Working together to support young carers* should be embedded.

Actions:

◊ Promote positive carer recognition

◊ Develop and implement more family friendly policies

For detailed actions see Action Plan in appendix 3

Work, education and leisure

What carers said locally

"Important"
"First family stays home and helps"
"Watch TV, educate – books, encyclopaedia, history or country book"

What carers said nationally

More should be done to identify and support young carers – in particular, schools should be more carer aware and the memorandum of understanding *Working together to support young carers* should be embedded.

What carers said regionally

Maintaining carer's employment is one of the most effective ways to ensure that carers are not forced into financial hardship by their caring role.

requires greater flexibility from employers and the provision of care packages for the people cared for

Proposed improvements in employment rights for carers will help more carers to continue to care and work.

It is important that we ensure joined up thinking around employment

Actions:

- family/carer friendly employment, training and education will be promoted
- better and timely access to information on employment issues will be available;
- better and timely access to support to stay in work will be made available [as carers often feel forced to give up work to care]

For detailed actions see Action Plan in appendix 3

Appendix 1
What the Hartlepool Carers Strategy 2008 to 2010 action plan said and progress made.

Action Area	Planned Activity	Progress
Information & Communication	Research areas to target information for carers	Service commissioned
	Develop Carers information service specification	
	Contract Carers Information Service	
Access to Health Services	Develop carers awareness training for professionals	Training is being delivered
	Deliver carers awareness training for professionals	
	Develop proposal for a presence for carers within GP surgeries and hospital in Hartlepool	GP cares project to increase identification of cares to Primary care in place
Access to Financial Resources	Develop information on existing financial support for carers in Hartlepool	This is taking place and is still ongoing
	Coordinate existing support from HBC benefits teams and DWP to provide streamlined access for carers	This is taking place and is still ongoing
Support with Assessments	Revise existing third sector contracts and tender for a single contact focusing on home based support and personalisation	Service in place Contract won by Hartlepool carers
	Develop a carers self assessment questionnaire [CSDAQ]	Work ongoing: CSDAQ now in final draft form CRAS under development – System to go "live" early in financial year 20011 - 2012
	Develop a Carers resource allocation system [CRAS]	
Remove Discrimination of Carers	Develop specification for Carers Card and tender for the provision of this service to sit within the Third Sector	Service in place
	Indentify funds from carers grant to support the positive promotion of carers in Hartlepool, focussing on carer's rights day and carer's week.	Range of events for carers' week funded through carers grant.
Flexibility for a life of your own	Identify budget for applications from the carers grant. This will be administered through the carer's strategy group and allocated direct to projects through the established application process.	Carers' strategy group assesses applications and has awarded grants. [This situation is likely to change as carers personal budgets come on stream and carers can purchase or commission their own services]
Training and Support to Care	Launch the governments 'Caring with Confidence' programme in Hartlepool ensuring it is well publicised	Delays originally with the government's scheme. Website now online.
	Ensure any information service coordinates and signposts carers to the training that is available to them.	Ongoing – Included in contracts with Hartlepool Carers
Emotional Support	Launch the governments national carer support/advice line in Hartlepool	Ongoing - included in contracts with Hartlepool Carers
	Ensure a contract for emotional support for carers is awarded locally through the carer's strategy group.	Ongoing – include in contracts with Hartlepool Carers

Appendix 2

Carers views on priorities from regional consultation

The views of carers in Hartlepool were gathered and coordinated by Hartlepool Carers and fed into the regional response to the National Carers Strategy consultation. These views are given below:

Carer recognition

- Recognition of the carer as expert is crucial
- Stop services being imposed, or carers shoehorned into ill fitting services.
- proper recognition of carers' expertise requires a shift in culture/attitudes amongst a range of professionals within social care and health services and within universal services and society as a whole

Personalisation:

- gives disabled people and carers control – making more efficient use of existing services,
- enable carers to tailor services
- will lead to carers having a more control and choice in their lives so they can have a life of their own:
- accessing employment
- training –
- [both can positively affect a carers' income]
- Greater involvement in;
    - leisure activities,
    - family
    - the local community,
- all have beneficial impacts for our 'Big Society'

Employment

- Maintaining carer's employment is one of the most effective ways to ensure that carers are not forced into financial hardship by their caring role.
- requires greater flexibility from employers and the provision of care packages for the people cared for
- Proposed improvements in employment rights for carers will help more carers to continue to care and work.
- It is important that we ensure joined up thinking around employment

Financial resources

- Taking carers' income into consideration for Disabled Facility Grants [DFG] means working carers are financially disadvantaged.
- Carers have commented that this is unfair .
- "Carers' income should not be taken into account when adaptations are required to a property to suit the needs of a disabled person"

Government

- Local government cuts are likely to impact negatively on carers and this need to be mitigated.

Appendix 3 – Carers Strategy Action Plan

The action plan for 2013- 2016 will be largely delivered by the 2013-2016 contract for *the Provision of Assessment, Support, Access to Information and Employment opportunities for adult carers in Hartlepool.* Outcomes from this contract will be monitored to ensure that they are being successfully delivered.

The role of the Carers' multi-agency Strategy Group will be crucial in monitoring the action plan and ensuring that areas of good / innovative practice, any identified "gaps" or challenging issues are fed into the Health and Well-being Board through the HealthWatch representative who sits on that Board.

AIMS	OBJECTIVE	ACTION	TARGET DATE	LEAD AGENCIES
Information and communication for carers	Integrated accessible information available for all carers and their families.	Task and Finish Group to develop integrated information hubs across the town.	By March 2014	• Contract Provider • HealthWatch • HBC • Carers' multi-agency Strategy Group
Support with Assessment for carers	Accessible and timely assessment processes in place for carers.	Review current policies, systems and processes to optimise responses within current challenging environment.	By March 2014	• HBC
Access to Financial Resources for carers	Comprehensive and timely information on welfare benefits easily accessible for carers.	Monitor 3 year contract for the provision of assessment, support, access to information and employment opportunities for carers.	Quarterly monitoring of the contract across three years from June 2013 - 2016.	• Contract provider • HBC commissioning team • HealthWatch • Carers' multi-agency Strategy Group • Health & Wellbeing Board
Access to Health Services and emotional support for carers	Optimal health and wellbeing for carers who feel well-supported in their caring role.	Monitor 3 year contract for the provision of assessment, support, access to information and employment opportunities for carers.	Quarterly monitoring of the contract across three years from June 2013 - 2016	• Contract provider • HBC commissioning team • HealthWatch • Carers' multi-agency Strategy Group • Health & Wellbeing Board

Flexibility for a "life of your own" for carers	Accessible, timely and appropriate advice and support is available to carers to assist them to be able to manage their caring role.	Monitor 3 year contract for the provision of assessment, support, access to information and employment opportunities for carers.	Quarterly monitoring of the contract across three years from June 2013 - 2016	• Contract provider • HBC commissioning team • HealthWatch • Carers' multi-agency Strategy Group • Health & Wellbeing Board
Training and support for carers	Training courses and information around their role is in place for carers to access as needed.	Monitor 3 year contract for the provision of assessment, support, access to information and employment opportunities for carers.	Quarterly monitoring of the contract across three years from June 2013 - 2016	• Contract provider • HBC commissioning team • HealthWatch • Carers' multi-agency Strategy Group • Health & Wellbeing Board
Remove discrimination of Carers	The invaluable role that carers play across Hartlepool is widely shared to promote equality of opportunities for all carers.	• Monitor Carers Contract outcomes. • HealthWatch • Annual Carers Week. • HealthWatch. • Health & Wellbeing Board.	Ongoing 2013-2016	• Contract provider • HBC commissioning team • HealthWatch • Carers' multi-agency Strategy Group • Health & Wellbeing Board
Work, Education and Leisure	Comprehensive support to remain in work and access leisure facilities is readily available for carers to access as required.	• Monitor Carers Contract outcomes.	Ongoing 2013-2016	• Contract provider • HBC commissioning team • HealthWatch • Carers' multi-agency Strategy Group • Health & Wellbeing Board

ADULT SERVICES COMMITTEE

21 May 2013

Report of: Assistant Director, Adult Social Care

Subject: RESULTS OF THE LEARNING DISABILITY SELF-ASSESSMENT FRAMEWORK 2011/12

1. TYPE OF DECISION/APPLICABLE CATEGORY

No decision required: for information.

2. PURPOSE OF REPORT

2.1 To update the Adult Services Committee on the results of the 2011/12 Learning Disability Self-Assessment Framework.

3. BACKGROUND

3.1 An independent inquiry into access to healthcare for people with learning disabilities was established under Sir Jonathan Michael's leadership in May 2007. The inquiry found convincing evidence that people with learning disabilities have higher levels of unmet need and receive less effective treatment than the general population.

3.2 Valuing People Now 2009, a three year strategy for people with learning disabilities, identified that a key priority for delivery is to secure access to, and improvements in healthcare.

3.3 A North East regional programme of work was launched in April 2008 with the aim of ensuring people with a learning disability were as healthy as possible and had equality of access to health care.

3.4 In March 2013, eight years on from Sir Michael's inquiry in 2007, Mencap published a Confidential Inquiry into premature deaths of people with a learning disability. The report found that approximately 1,200 adults and children with a learning disability die each year across England because they do not receive the right health care. Furthermore, the three year inquiry found that 37% of all deaths for people with a learning disability could be avoidable.

3.5 This recent inquiry highlights that there are still widespread problems in ensuring that people with a learning disability have equal access to health care services and that there continues to be a high level of unmet healthcare need.

3.6 The 2013 inquiry by Mencap acts as a strong reminder that whilst work has been ongoing to improve health services for individuals with a learning disability there is still considerable improvement needed.

3.7 The Self-Assessment Framework provides an annual means to examine health care services for people with a learning disability and to measure progress. It should be noted that the 2011-2012 Self-Assessment Framework has significantly changed from previous years, which makes it difficult to directly compare the results with previous reports or assessments.

4. SUMMARY OF FINDINGS FOR THE LEARNING DISABILITY 2011/12 SELF-ASSESSMENT FRAMEWORK

4.1 The results are reported via a traffic light system using red, amber and green ratings. The key areas that are examined are:

- Section A - Access to health services for people with a learning disability
- Section B - Being safe in health and social care services
- Section C - The quality and governance of healthcare services used by people with a learning disability

4.2 In 2011-2012 overall Hartlepool achieved:

- 7 areas rated as Red
- 13 areas rated as Amber
- 10 areas rated as Green

4.3 Across the North East region Hartlepool is one of the few localities that achieved a green rating in nine or more areas.

5. SUMMARY OF FEEDBACK FROM REGIONAL REPORT

5.1 A North East Regional report has been produced (see **Appendix 1**), which summarises the Self Assessment Framework results across the twelve local Authority areas covered by the North East Strategic Health Authority.

5.2 The Regional Report also contains an analysis of Hartlepool’s strengths, weaknesses, opportunities and threats and recommends three priority areas for development. The three priority areas identified are:

- Improve the levels of Annual Health Check uptake and the resultant health action planning that will benefit people with a learning disability.

- Ensure that there is accessible, validated and comparative data to inform commissioning and service development decisions relevant to people with a learning disability.
- Provide people with learning disability and family carers, meaningful opportunity to inform future planning and commissioning for the Hartlepool locality.

5.3 As the recommendations primarily relate to healthcare, the Clinical Commissioning Group has the lead responsibility for delivering these objectives. Hartlepool Borough Council will continue to engage in and support the process through the Learning Disability Partnership Board and Health Action Sub Group.

6. RECOMMENDATIONS

6.1 The Adult Services Committee is asked to note the annual update and the action plan for 2013.

7. REASONS FOR RECOMMENDATIONS

7.1 To enable work to begin on completing the action plan

8. CONTACT OFFICER

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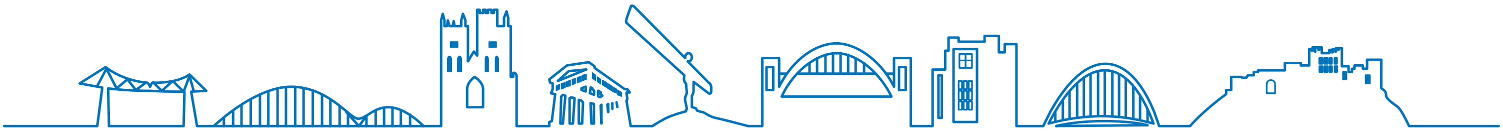
Telephone: 01429 284371

NHS
North East

North East Learning Disability SAF 2011-2012

REGIONAL REPORT

HARTLEPOOL



North East Learning Disability SAF 2011-2012

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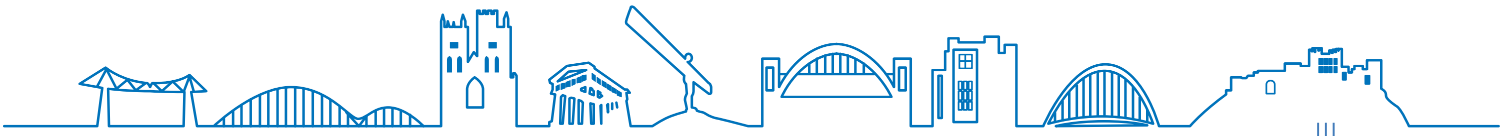


November 2012

Executive Summary

Firstly it is important to acknowledge the hard work and engagement of colleagues in Primary Care Trusts (PCT), Local Authorities (LA), Clinical Commissioning Groups (CCG) and provider services, alongside the very great contribution of people with learning disability and their families and carers. Without that dedication and engagement this year's Self-Assessment Framework (SAF) would not have been possible.

The SAF this year has raised the bar on previous years and sought to use quantitative data in order to achieve better outcomes for people with learning disability. It was designed with the intention that much of the return could be derived from existing automated IT systems within PCTs although this has proved problematic for some localities and is a theme for work going into the next year.

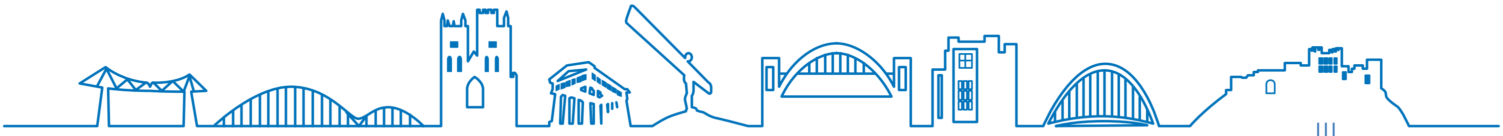
As this year's SAF has changed significantly from the frameworks used before 2011 it makes it very difficult to draw direct comparisons from previous years and we would encourage executive boards and their officers not to do so unless highlighted within this report. The findings of each locality SAF should give a bench mark of the current state of things for people with learning disability.

However, as much of the framework, particularly Section A – Access to Health, uses quantitative measures it is possible this year to draw comparison with neighbouring localities. It is hoped that this will help localities benchmark themselves with their neighbouring colleagues and that it will support collaboration and the sharing of good practice and innovation.

This year it is very evident that significant progress had been made across the region in terms of the experiences of people with learning disability when accessing health services. This is, ultimately, the only validation that matters. It was a real vindication of everybody's hard work that people with learning disability and their carers were able to report lots of examples of reasonable adjustments to health care.

It was very valuable to see, for the first time, region wide data to quantify the extent of health inequalities in major disease areas and access to screening. This means that through the NHS transition we can be more confident that commissioning intentions can accurately reflect the needs of this vulnerable group.

Whilst this is very positive we feel we are in a position of greater clarity than ever before to know what needs to be done across the regions to address the health inequalities still being experienced by people with learning disability.



November 2012

The most recent Panorama documentary leaves us in no doubt at all that there is still a lot of work to be done in Health & Social Care settings before we can be fully assured that people with learning disability have safe, effective and good experiences of care.

Professor Stephen Singleton OBE

Interim Chief Executive, NHS North of England

GMC 2502535

North East Learning Disability Clinical Network

The strategic aim of the North East Learning Disability Clinical Network is to improve the health and wellbeing of people with learning disability in the north east and eliminate avoidable, premature deaths, injury and illness.

During 2011 – 2012 the Clinical Network has made some significant achievements. Examples include:

- A standardised process for annual health checks for people with learning disability in general practice through the creation of an e-template. It is currently being installed and implemented across the north east and in a number of other areas throughout England;
- Developed a regional awareness raising campaign 'PWLD – Do YOU Understand?' to encourage all NHS staff to consider what the main issues are for people with learning disability when using acute hospital trusts. The campaign was adopted by all the Foundation Trusts in the NE resulting in increased awareness and uptake of learning disability awareness training;
- Successfully developed a commissioning for quality and improvement payment (CQUIN) to promote reliable systems for flagging and coding patients with learning disability and use of the learning disability care pathways in acute hospital settings.
- Hosted a major event 'Learning Disability, Challenging Behaviour – Whose Challenge Is It?' to understand the different root causes of challenging behaviour and identify solutions across the system for each of them to both prevent and manage challenging behaviour more effectively.
- Encouraged and supported every CCG in the NE to appoint learning disability leads to ensure the health and wellbeing of this marginalised group is fully addressed within the commissioning agenda of the consortia.

Regional Dashboard

See Appendix 1

Regional Headlines

1 Winterbourne View

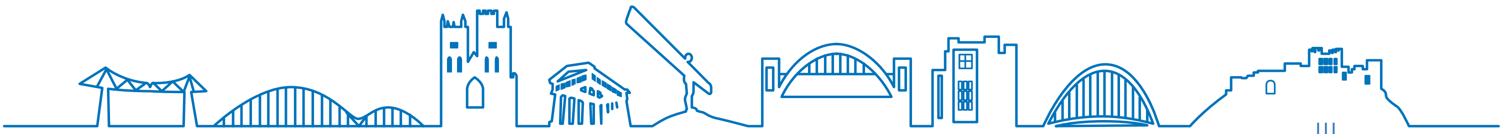
- Following the initial assurance post Winterbourne in 2011, there is now a much improved picture and understanding of people with learning disability in challenging behaviour services.
- Localities know, in detail, those individuals with the greatest and most complex needs and that all placements both in and out of area are monitored. This is a first step in developing a much more effective assurance process that not only collects data but visits the people concerned and becomes intimately familar with the best indicators of quality such as; Safeguarding trends; Access to advocates; Community Inclusion; Friendships and relationships etc.

2 Annual Health Checks

- It is heartening to see that the whole region has made progress in increasing the number of annual health checks done. There is irrefutable evidence of the health benefit that the annual health check provides and this was born out by the stories and feedback we heard from people with a learning disability.
- A great deal of work still remains ahead to ensure all localities are rated green against the needed increase in the number of annual health checks done. This will ensure that people with a learning disability are receiving a healthcare review that can improve and extend their quality of life. There is also a great deal of work to be done to ensure Primary Care and Universal services are able to evidence a culture that understands people with a learning disability and their carers and families.
- The target for AHC uptake is 90% of eligible people. Whilst we are achieving 83% uptake in one locality we also see that in another the rate stands at 19%. This is an unacceptable level of variation.

3 Reasonable Adjustment

- Since the introduction of flagging and reasonable adjustment in acute hosptial services, there is strong evidence of individuals receiving reasonably adjusted services, guided by the learning disability care pathways. It is now apparent that the benefits of this systematic approach need to be realised in both primary care and community services such as, but not exclusively; Community Nursing, Health Visiting, Midwifery, High Street Dentistry, Optometry and Podiatry.
- It is heartening to see that the whole region has made progress in embedding a culture of reasonable adjustment with particular progress across acute services. There is a great deal of work to be done to ensure Primary Care and Universal services are able to evidence a culture that understands people with learning disability and their carers and families.



4 Prevalance

- The highest locality prevalance data in any locality was 0.78% and the lowest was 0.4%. This data was drawn from GP and Local Authority registers. The accepted prevalance of learning disability nationally is 2.5% which indicates that there are still significant numbers of people with learning disability that are not appearing on any registers in social care or health.
- This represents an urgent and important priority to both identify and flag the GP electronic records of all those people in our population with a learning disability. Without this initiative we cannot be assured that people with learning disability are getting access to equitable healthcare. The North East Learning Disability Clinical Network are working on some initiatives to assist localities to address this data gap.

5 Screening

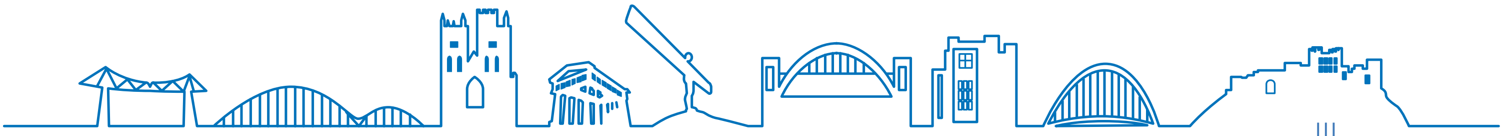
- The data that some areas were able to provide suggests, compared to national rates of screening and disease prevalance, that **significant** health inequalities still exist for people with learning disability. In order to meet the recommendations of the Michaels report and to ensure that as a population, people with learning disability experience good healthcare, the improvement in data quality and recording around screening is recommended as a priority for all areas.

6 Comparative Data

- Although some data was available for levels of disease prevalance in some localities, there were no clear sets of comparative data with the non-LD population other than in one locality. This is a significant issue and a suggested priority for all areas . It is vital that in determining evidence based commissioning intentions, clearer comparative data is available.

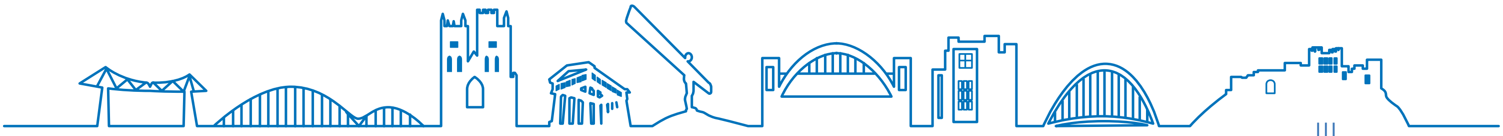
7 Monitor

- This year as part of the SAF we asked commissioners to seek additonal assurance from foundation trusts around the aspects of their Monitor compliance framework that relate to clinical governance and learning disability. Foundation trusts are asked to self declare on six specific areas that were recommended by Sir Jonathan Michaels in "healthcare for all". As part of these recommendations, foundation trusts are asked to audit their own practices on an annual basis to assure themsevles on their own compliance. The national SAF team felt it was entirely appropriate for commissioners of services for people with learning disability to seek additional assurance that the self declarations were accurate. The RAG rating on this specific section is an indication of whether this assurance has been sought and whether it is robust. It is not a challenge to the foundation trust self declaration, it is a merely a challenge to the process by which commissioners seek assurance for themselves around this.



8 Equality Delivery System (EDS)

- Through discussion with validation teams, it became clear that there is a weakness within the SAF process this year that does not fully assess and reflect progress in the equality delivery system agenda. Through indepth discussion with regional and local leads for this area it became clear that in order to be amber or green in this element of the SAF a locality would need to have achieved massive, and very likely unrealistic achievements, within the EDS. This is unlikey as the EDS has only recently launched and is in infancy. For this reason, all localities are marked as red within the RAG system, however, we have clear assurance regionally that a great deal of progress is being made within the EDS programme. We therefore ask boards in localities not to view this rating too harshly but to interpret this specific rating as a point from which all localities are working and in context of each localities EDS programme.



Regional SWOT Assessment

SECTION A

Access to Health Services

STRENGTHS

- There is an evidenced drive & commitment to improve services for people with learning disability in all localities.
- Many localities demonstrate a unified voice between people with learning disability, carers, providers & commissioners.
- Good examples & qualitative evidence of reasonable adjustment delivering a good patient experience in Acute Trusts
- There is evidence of strong & clear unity between health & social care specifically for people with learning disability in some areas..
- There is a learning disability liaison function in every acute foundation trust across the region.

WEAKNESSES

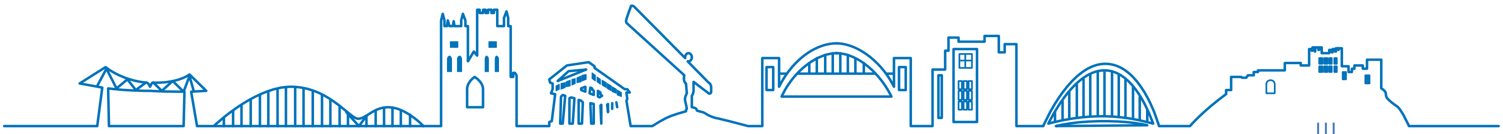
- Data reporting mechanisms are varied across the North East & insuffcient in some areas to clearly identify health inequalites for people with learning disability. From the data provided, it appears that access to screening and primary care services, and access to practical advice and support on health improvement, is a regional concern.
- Very little evidence of reasonably adjusted pathways of care for people with a learning disability in Primary Care and Community Services such as, but not exclusively; Community Nursing, Health Visiting, Midwifery, High Street Dentistry, Optometry and Podiatry.
- From the data that was available it is absolutely clear that people with a learning disability experience health inequality as compared to the rest of the population with worse health outcomes and inequitable access to screening and health prevention programmes.

OPPORTUNITIES

- There is a strong, common plea from people with learning disability & particularly their family carers for a change in culture across health & social care. This change in culture is dependant upon a well informed and listening approach to people with learning disability.
- There is an opportunity to develop health action plans and initiatives at the point of the annual health check being carried out in GP practices.
- There are a few excellent examples of progress in data collation and extraction that have been successful through effective realtionships between commissioners and information management teams. This provides an opportunity for shared learning.
- There is an opportunity now to align learning disability liaison function to activity.

THREATS

- Knowing the health inequalities experienced by people with learning disability, not to strive to access and use valid comparative data will worsen health inequalities for this vulnerable group.
- CCGs must be supported to access this comparative data in order to form commissioning plans and intentions.



SECTION B

Being Safe in the North East Region

STRENGTHS

- The North East has shown improved progress in embedding quality & safety for people with learning disability through the use and implementation of DOLs & MCA.
- Some localities shared creative, innovative ways to develop live, joint strategic needs assessments that clearly include people with a learning disability.
- Some localities provided excellent and innovative examples of person centred transition planning from childhood to adulthood.
- Where Health & Wellbeing Boards are more established the opportunity to promote the agenda of people with learning disability & in partiular lessons of Winterbourne View are being utilised.
- Some localities have demonstrated strong, functional links between H&WBs / LDPBs.

WEAKNESSES

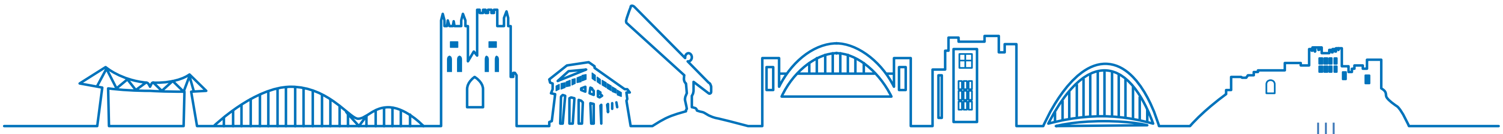
- It was disappointing to see only the minority of locality teams attend validation with a comprehensive and well representative team that included, for example, CCG leads, Family Carer, etc..
- All localities regionally lack available data to assess the number of individuals / level of health inequalities of people with learning disability within within the criminal justice system.

OPPORTUNITIES

- All localities recognise the important role that CCGs and H&WBs play in the assurance of a safe society for people with learning disability. There is a regional and local opportunity to establish the needs of people with learning disability in the culture of these stuctures.
- Some localities have implemented comprehensive transition services and children with learning disabilites can expect, in most areas, to receive person centred, well scrutinsed transitional care. This requires work to ensure consistence regionally.
- There is an opportunity to embed the a single health, education and social care plan, for every young person with a statement of SEN, by 2014.

THREATS

- Due to the varying degrees of development in Health & Wellbeing Boards, it is unclear if there is regional consistency in the priority for services for people with learning disability going forward.
- There is, however, a sense of assurance from all localities that this priority will evidenced over the next 12 months.
- With the desire and intention in some localities to "mainstream" learning disability across universal services there is a significant risk that specific intelligence is lost or not acted upon.



SECTION C

Governance & Quality in the North East

STRENGTHS

- The North East has shown general progress in the assurance of quality & safety for people with learning disability in all localities.
- Very strong & well established learning disability agenda leadership is demonstrated in **some** localities in both commissioning & provider organisations.
- Contractual levers, e.g. CQUIN, are well used to influence service quality and development across the region.

WEAKNESSES

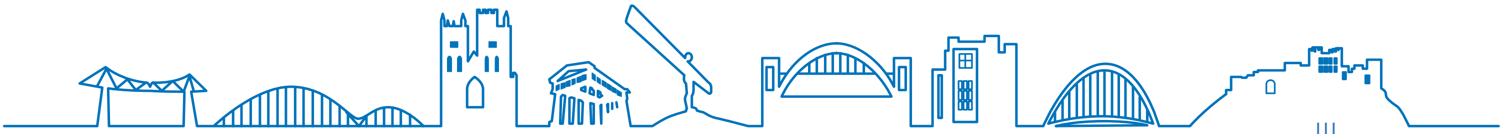
- The strength & visibility of the voice of people with learning disability and family carers is inconsistent across the North East.
- Some localities need to strengthen this voice & it's ability to influence service development and accountability.
- Work is required to ensure the voice of people with learning disability has a clear and facilitated route into universal service quality assurance.

OPPORTUNITIES

- Localities know, in detail, those individuals with the greatest and most complex needs and that all placements both in and out of area are monitored. This is a first step in developing a much more effective assurance process that not only collects data but visits the people concerned and becomes intimately familar with the best indicators of quality .
- Health Quality Checking teams made up of self advocates and families are an excellent opportunity for commissioner and providers to be held to account. Their development should be supported and nurtured across the region.
- The National Core Service Specification project will provide significant opportunity in the future to commission safe, appropriate quality services for people with learning disability and challenging behaviour.

THREATS

- The transition period currently underway across health and social care moves us into a period of significant change and uncertainty.
- Work undertaken in the last few years to establish robust contract and performance management should be protected, maintained and built upon.
- More over, the skill, experience and ability of commissioners to scrutinise, challenge and seek assurance must not be weakened but mantained, developed and supported by boards.



Hartlepool Locality Board Report

LEARNING DISABILITY 2011 – 2012 SELF ASSESSMENT FRAMEWORK (SAF) BOARD UPDATE

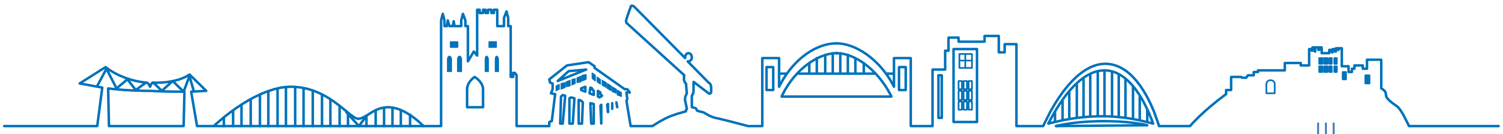
1. Introduction

1.1 This report describes the outcome of the Learning Disabilities Self-Assessment Framework (LD SAF) for Hartlepool co-produced by people with learning disability, family carers, Health & Social Care commissioners and validated by NHS North East. The framework is a Red, Amber, Green rated set of questions that aims to assess;

- Access to health services for people with learning disability;
- Being Safe in health and social care services; and
- The Quality and Governance of Healthcare Services used by people with learning disability.

2. My Story - We asked people with a learning disability and family carers who attended the validation day;

Question	Family Carer Response
“What one thing has improved in health services in the past 12 months”?	“Big improvement in the awareness of xxxxxx’s care needs. Very good keeping in touch. Great relationship between many services – feels better than it has previously. Consultants have a way of not telling you as much as they know and that worries and concerns you. I don’t like that but I speak up but some people don’t.”
“What one thing would you improve in health services in the next 12 months”?	“I think AHC should be done differently – if you explain there are problems to a practice nurse then you have to come back to the GP. I think they should always be done by a doctor.”



3. SAF Section A – Access to Health Services

3.1. Strengths

3.1.1. A superb example of good screening data for people with learning disability. This is good and transparent commissioning intelligence.

3.1.2. Hartlepool has achieved a 97% sign up by practices to the annual health check DES during 2011-2012. Well done.

3.1.3. Hartlepool demonstrates very strong quality assurance through some robust and well embedded processes that are Tees-wide. This is a great strength for the locality.

3.1.4. The LD Liaison nurse role is now in place and this in itself is a great achievement. Importantly, this service needs to be demonstrated to be targeted by use of data in acute services so that knowledge is shared in the most needed areas.

3.2. Weaknesses

3.2.1. Hartlepool must also address the take up of annual health checks by people with a learning disability. During 2011-2012 50% of the eligible people with learning disability population received an AHC which is only a small increase on the previous year figure and a long way from the aspirational figure of 90%.

3.2.2. There is a pressing need to improve the collation of “comparative” data for the people with learning disability population and the comparable data of the non-people with learning disability population in order to evidence health inequality across all areas.

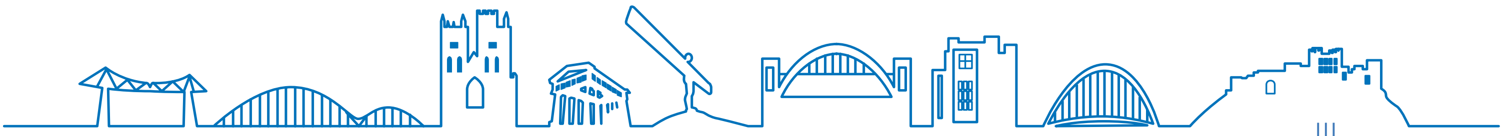
3.2.3. An area of weakness for Hartlepool is the lack of a system wide application of a consistent and regulated process for identifying and flagging patients with an LD. This is critical in order for Primary Care to alert acute services of LD status and reasonable adjustment needed.

3.2.4. All localities have struggled to evidence that simple, practical health improving advice is occurring as a direct result of the AHC. This is in no way a criticism of the extremely good work we have seen from community learning disability teams This is particularly strong in Hartlepool therefore needs some specific work to ensure a shift in responsibility. Hartlepool must take advantage of the opportunity to develop health action plans and initiatives at the point of the annual health check being carried out in GP practices. This will be achieved when all GP practices are using the AHC e-template developed by the region.

3.3. Opportunities

3.3.1. Given the good work undertaken to embed a culture of reasonable adjustment in some community services, it is an opportunity to ensure that the same occurs in other vital community services important to people with learning disability, such as, but not limited to, Ophthalmology and Dentistry.

3.3.2. Seize the opportunity to utilize the electronic annual health check template across all GP services as not only will it provide an improved health check experience and



outcome but will populate a health action plan and mail merge any LD status information required to other services.

3.4. Threats

3.4.1. Maintaining the strength and ease of access of the people with learning disability voice is vital during the NHS transition. Formalising your LDPB relationship with the emerging H&WB is key. This is an area that must be maintained for and strengthened for Hartlepool.

4. SAF Section B – Being Safe

4.1. Strengths

4.1.1. Hartlepool demonstrates some innovative approaches to developing transition services across life stages.

4.1.2. Strong, clear strategic plans to continue the development of the people with learning disability agenda across commissioners and providers in both health & social care.

4.1.3. Strong safeguarding assurance and knowledge of placements. A good point from which to strengthen the position of Hartlepool.

4.2. Weaknesses

4.2.1. Like all localities there is a weakness around the knowledge of and initiatives across the whole criminal justice system as it relates to people with learning disability.

4.3. Opportunities

4.3.1. Hartlepool has demonstrated some good leadership particularly within commissioning organisations. Not only a strength, this is clearly an opportunity for knowledge transfer and embedding a culture that supports the best of services for people with learning disability.

4.4. Threats

4.4.1. It is vital that data quality and use is improved and evidenced to support many of the initiatives key to commissioning and provision of services. Not to focus upon this or embed the use of this data in a systematic way is a threat to future success.

5. SAF Section C – Quality & Governance

5.1. Strengths

5.1.1. Some excellent broad approaches to governance and quality assurance that clearly includes the needs of people with learning disability.

5.1.2. Good evidence and commitment of formalising the role of the LDPB and alignment with CCGs and emerging H&W boards.

5.1.3. The evidence, assurance, professional knowledge and unity in a significant proportion of health & social care support the green ratings in many elements of this section. Particularly strong around the knowledge, implementation and monitoring of MCA and DOLS process.

5.2. Weaknesses

5.2.1. No overall or specific weaknesses though there are areas for further development.

5.3. Opportunities

5.3.1. Working upon the training embedded in organisations, particularly the Acute, that ensures staff groups understand the needs of people with learning disability and their carers / families, there is an opportunity to ensure that this is rolled out, with assurance, to a wider market to capture all appropriate settings in the future.

5.4. Threats

5.4.1. No overall or specific threats though there are areas for further development.

6. Top Three Recommended Priorities for 2012-2013 onwards

Recommendation 1: Ensure that there is accessible, validated and comparative data to inform commissioning and service development decisions relevant to people with learning disability.

Recommendation 2: Improve the levels of AHC uptake and the resultant health action planning that will benefit people with learning disability. Use the feedback from general practices that have used Health Quality Checkers to motivate practices in this area. Ensure all GP practices install and use the electronic annual health check template which is already available through the NHS North East informatics team.

Recommendation 3: To provide people with learning disability and family carers, meaningful opportunity to inform future planning and commissioning for the Hartlepool locality.

7. Requested Board Actions:

7.1. Ensure and clearly state that dedicated stability, capacity and resource continue to be a priority in commissioning and providing learning disability services through transition and beyond.

7.2. TO BE COMPLETED BY HEALTH COMMISSIONER & SAF TEAM

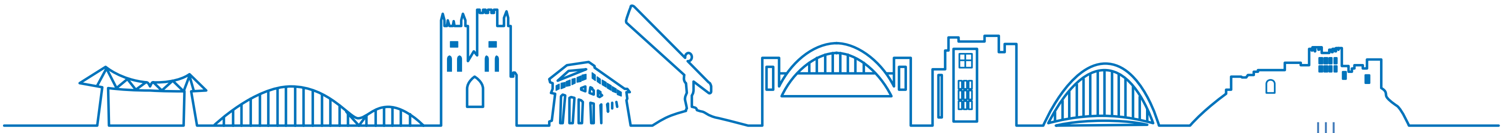
8. The LD SAF Going Forward

8.1. A joint health & social care learning disability self-assessment framework is currently being developed for England. The intention is that it will merge the health LD SAF and the LDPB report.

8.2. The Joint H&SC LD SAF will be consulted upon during December and January and ready for implementation from April 2013.

9. Thanks and Commendations

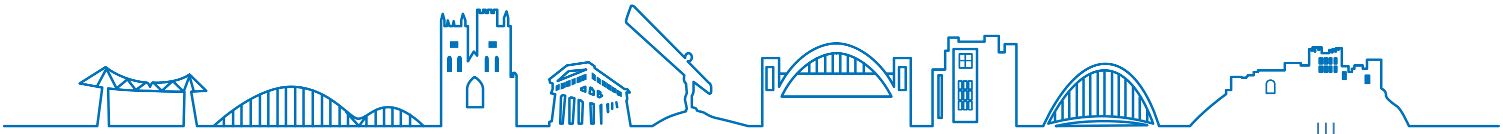
9.1. We want to thank PWLD and family carers for co-producing the SAF. It was disappointing that there was no self-advocate or CCG lead representative in the validation team but very heartening to see a family carer present.



9.2. We would like to thank the full LD SAF team for Hartlepool for meeting the tight timescales and delivering a comprehensive self-assessment.

9.3. It is clear that Hartlepool have a more robust and clearer picture of the experience of people with learning disability and the process that support them than previously. Well done and we look forward to more developments.

REPORT ENDS



ADULT SERVICES COMMITTEE

21 May 2013

Report of: Assistant Director for Adult Services

Subject: FULFILLING LIVES: AGEING BETTER

1. TYPE OF DECISION/APPLICABLE CATEGORY

No decision required: for information.

2. PURPOSE OF REPORT

2.1 To update the Adult Services Committee on the launch of Fulfilling Lives: Ageing Better, the Big Lottery Fund's latest investment to tackle the problem of social isolation in older people.

3. BACKGROUND

3.1 For the first time in Britain, the number of people aged 65 and over outnumbers those aged 16 and under, and a quarter of the population will be over 65 by 2032.

3.2 By 2035, the number of people aged 85 or older is projected to increase by 250 percent, reaching 3.6 million and making up 5% of the population.

3.3 Social isolation and loneliness can have a significant impact on the physical and mental health of people affected, with serious consequences for older people which increase pressures and costs for public services such as social care.

3.4 On 25 March 2013 the Big Lottery Fund launched Fulfilling Lives: Ageing Better, a commitment of at least £70 million to fund up to 20 areas across England to tackle social isolation in older people.

3.2 100 local authorities have been invited to express an interest in this funding and Hartlepool has been selected as one of these authorities.

4. AIMS OF THE FULFILLING LIVES: AGEING BETTER FUNDING

4.1 The funding identified is aimed at reducing social isolation for older people to improve their wellbeing and give them confidence and support so that they can be more active in their neighbourhoods.

4.2 The following five funding outcomes have been identified and successful projects will be those that can meet all of the outcomes:

- Older people are less isolated.
- Older people are actively involved in their communities with their views and participation valued more highly.
- Older people are more engaged in the design and delivery of services that help reduce their isolation.
- Services that help to reduce isolation are better planned, co-ordinated and delivered.
- Better evidence is available to influence the services that help reduce isolation for older people in the future.

4.3 There is at least £70 million available and the Big Lottery fund intends to provide funding to 15 – 20 local authority areas across England. Local communities are expected to come together to form partnerships with each partnership awarded between £2 and £6 million for a project lasting three to six years.

5. PROCESS FOR ALLOCATION OF FUNDING

5.1 100 local authorities have been invited to submit an expression of interest by 17 May 2013.

5.2 Expressions of interest will be assessed and up to 30 local authority areas will be selected to proceed to the next stage of the process. A decision regarding the shortlisted areas is expected by late July 2013.

5.3 The 30 shortlisted areas will be expected to formally develop partnerships and identify a lead VCS organisation to develop a vision and strategy document outlining how social isolation will be addressed in their area. This work will be supported by a development grant of up to £20,000 and expert support and advice will be made available.

5.4 From the 30 shortlisted areas, approximately 15-20 will be selected to receive funding to deliver their proposals.

7. RECOMMENDATIONS

6.1 The Adult Services Committee is asked to note that an Expression of Interest has been submitted for the Fulfilling Lives: Ageing Better funding and to receive further reports if the proposal is shortlisted.

7. REASONS FOR RECOMMENDATIONS

7.1 To make members aware of the current position and to seek support for the proposal to progress if shortlisted.

8. BACKGROUND PAPERS

8.1 Background papers available at www.biglotteryfund.org.uk/ageingbetter.

- Announcement of Ageing Better
- Expression of Interest Form for Local Authorities
- About Ageing Better

9. CONTACT OFFICER

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ADULT SERVICES COMMITTEE

21 May 2013

Report of: Assistant Director for Adult Services

Subject: NORTH OF TEES DEMENTIA COLLABORATIVE

1. TYPE OF DECISION/APPLICABLE CATEGORY

No decision required: for information.

2. PURPOSE OF REPORT

2.1 To update the Adult Services Committee on the work of the North of Tees Dementia Collaborative.

3. BACKGROUND

3.1 In 2009 the Government launched Living Well with Dementia: A National Dementia Strategy (NDS). This is a five-year plan for improving health and social care services for everyone with dementia and their carers. The aim of the Strategy is to ensure that significant improvements are made to dementia services across three key areas:

- improved awareness;
- earlier diagnosis and intervention; and
- improved quality of care.

3.2 The Dementia Collaborative is a joint venture between health and social care organisations in Stockton and Hartlepool which will deliver large scale change across organisational boundaries in order that commissioning and delivery of services for patients with dementia are of the highest quality.

3.3 The collaborative is made up of following organisations:

- Stockton and Hartlepool Clinical Commissioning Group
- North Tees and Hartlepool NHS Trust
- Stockton Borough Council
- Hartlepool Borough Council
- Tees, Esk and Wear Valleys NHS Foundation Trust

3.4 The collaborative approach uses the Quality Improvement methodology which has been developed by NETS (North East Transformation System) to deliver the improvements. This methodology is fundamentally about improving the quality of what we do and the elimination of waste. The method provides:

- a way of thinking about how work is done;
- an operating philosophy for organisations who wish to deliver maximum value to customers as efficiently as possible; and
- a way to deliver more value within the same resources.

3.5 The collaborative aims to improve quality and outcomes for people with dementia by:

- putting the person with dementia first and designing processes to maximise their experience;
- providing care and support that is as safe as possible through using continuous improvement; and
- providing care and support that is as effective as possible by agreeing standards based on the best available evidence.

4. PROGRESS TO DATE

4.1 The dementia collaborative began in January 2013 with plans to deliver seven Rapid Process Improvement Workshops (a week long process involving key people from all relevant organisations) focused on key issues affecting people with dementia.

4.2 The first Rapid Process Improvement Workshop (RPIW) was held in January 2013 and focused on the process for making decisions about eligibility for NHS continuing healthcare funding. A review of the new process after 60 days indicates that there have been significant improvements in a number of areas including;

- A 67% reduction in the number of errors in paperwork
- A 60% reduction in case where all of the necessary information is not available to inform the decision making process
- A saving of up to 80 minutes in completion of the assessment documentation.

4.3 Two further RPIWs took place in March 2013, one focused on preventing unnecessary admissions from care homes to A&E and one looking at timely and appropriate discharge from acute wards. Changes to the process will be reviewed after 30, 60 and 90 days.

4.4 Further RPIWs are being planned and the following topics have been proposed:

- Managing challenging behaviour on acute wards;
- Accessing reablement and intermediate care for people with dementia; and
- Supporting people with dementia in their own homes.

4.5 An additional two day event is being planned involving GPs to look at primary care services for people with dementia.

4.6 As part of the programme, staff from each of the organisations involved have been offered the opportunity to access training and become Certified Leaders in the Quality Improvement approach. Two officers from Hartlepool Borough Council are undergoing this training and will be able to use their skills and learning to apply the approach to other areas of work.

5. RECOMMENDATIONS

5.1 The Adult Services Committee is asked to note the progress made by the North of Tees Dementia Collaborative and to receive further reports as appropriate.

6. REASONS FOR RECOMMENDATIONS

6.1 To make members aware of the work that is being undertaken and the positive outcomes achieved to date.

7. CONTACT OFFICER

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ADULT SERVICES COMMITTEE

21 May 2013

Report of: Assistant Director for Adult Services

Subject: REGIONAL REABLEMENT REVIEW

1. TYPE OF DECISION/APPLICABLE CATEGORY

No decision required, for information.

2. PURPOSE OF REPORT

2.1 This report provides the Adult Services Committee with the findings from the Regional Reablement Review which was commissioned by the Association of Directors of Adult Social Services (ADASS) in the North East via North East Purchasing Organisation (NEPO) in July 2012.

2.2 The review aimed to establish a clear regional picture across the North East and identify where improvements, resources and effort should be focused to enable positive developments in reablement services across the region.

2.3 An initial report was provided to Cabinet in February 2013. This report covers the additional phases of the project which were completed in April 2013.

3. BACKGROUND

3.1 The focus of reablement is on restoring independent functioning and helping people do things for themselves rather than the conventional home care approach of others doing things for them.

3.2 In October 2011 Hartlepool Borough Council (HBC) developed an in-house reablement services alongside commissioned low-level support services, to promote people’s independence, safety and wellbeing, prevent social isolation and support people to live as independently as possible in their own homes as well as contributing to timely, safe hospital discharges.

3.3 The low-level services and reablement service provide an interlocking pathway to maximise the number of people enabled to live as independently as possible without further input from more costly specialist services.

3.4 Over the next 20 years there is predicted to be a significant increase nationally in the over 65s population with increasing numbers of people suffering from dementia and long-term disabilities. The demographic analysis demonstrates that, in Hartlepool, by 2030 there will be a:

- 42% increase in the numbers of people over 65;
- 61% increase in the numbers of people with dementia;
- 41% increase in the numbers of people with a learning disability.

3.5 The demographics together with reductions in funding make it imperative to keep people as well and as independent as possible for as long as possible before they need to enter the secondary social care system.

3.6 Between 2011 and 2013 the Department of Health targeted investment in reablement via health budgets to develop reablement services in partnership with councils. It is currently unclear how much funding will be made available for 2014/15 by the new Clinical Commissioning Group.

3.7 Reablement is currently seen nationally as a vital way of delivering efficient and effective adult social care services. There is, however, limited evidence of long-term savings to budgets and a growing recognition of the enormous challenges facing councils who are trying to meet service priorities within shrinking budgets and efficiency savings in line with corporate needs.

3.8 The regional reablement review of reablement services aimed to establish the most cost-effective and best outcomes focused model for reablement services through a sound business case that demonstrates optimum cost control and volume management. There is a critical balance between improving services, managing increased demand and delivering savings. Reablement services require robust evidence-based business cases for the level of investment and increased costs involved early in the process before savings are delivered.

4. THE REGIONAL REABLEMENT REVIEW

4.1 In July 2012 People Too Ltd was commissioned by NE ADASS to evaluate reablement services across the region. Between July 2012 and February 2013 the 12 councils submitted data to enable the different reablement services to be evaluated. The review was driven by acceptance of the need to establish how councils are going to manage the increasing demand for reablement services with the growing demographic pressures and the delivery of ongoing financial savings which all councils face.

4.2 Phase 1 of the review consisted of collecting and analysing the data from the 12 NE councils.

Phase 2 of the review evaluated whether councils were getting the best return for their current investment into reablement services.

Phase 3 of the review focused on further added value created from bringing together all the analysis and resultant findings and each council was given more detailed proposals together with suggestions for future regional or collaborative opportunities.

5. THE FINDINGS FROM THE REABLEMENT REVIEW : PHASE 1

5.1 The overriding conclusion from Phase 1 was that it is unrealistic to make direct comparisons of unit costs and performance across the 12 councils due to the fundamental differences in operating models and their differential impact on unit costs.

5.2 Measuring the impact and benefit of reablement needs to be both consistent across the region and calculated over extended periods of time i.e. beyond the current financial year. This is the only way to determine whether the reablement service is cost effective taking into account the relatively high costs of developing the service.

5.3 Only a small number of people referred into adult social care are subsequently referred into reablement services. All councils should consider targeting a higher proportion of referrals to reablement with a view to understanding how they will be able to meet the increased future demand for services.

5.4 A significant proportion of referrals to reablement come from hospital discharges. Consideration should be given to increasing the number of referrals coming from the community as well as evaluating the reason for high numbers of people requiring no further services after a period of reablement. Councils should consider whether some of these people would have received any service if reablement services did not exist, and whether they could have been signposted to a less costly service, as well as evaluating the effectiveness of the links between hospital discharge and reablement.

5.5 Re-referrals are an issue in most reablement models across the region. In some instances re-referrals are related to people declining services following financial assessment.

5.6 Given the demographic pressures in terms of population projections, it is essential that councils consider their reablement strategy and whether:

- It is realistic and feasible to offer a universal service;
- Whether a universal service open to all people is, in the longer term, cost-effective and sustainable in comparison to a service that targets people who meet current Fair Access to Care Services (FACS) eligibility criteria. For Hartlepool, this means people assessed as having substantial or critical needs.

5.7 The reablement service in Hartlepool was shown to be performing well with 73.9% of people using the service improving to the point of needing no further services when measured 90 days after discharge from the reablement service.

The unit cost per hour is low compared to some neighbouring authorities and numbers of referrals into the service greatly exceeded those of other councils which reflects the robust use of low-level services / welfare notices as part of the integrated reablement pathway.

Only 36% of referrals come from the community with 64% coming from health services / hospital.

6. THE FINDINGS FROM THE REABLEMENT REVIEW : PHASE 2 AND 3

6.1 The key findings from this stage of the review were:

- The need to develop a series of new reporting indicators which, if consistently measured, will demonstrate the ongoing and longer term financial benefits of reablement services. This work is being taken forward by the NE regional performance group.
- There are significant opportunities to maximise the services through effective utilisation of available resources ie comparing available delivery hours and actual contact hours.
- There is scope to improve service delivery and outcomes by creating reablement services as the default pathway for people who are new into the service or at the point of a review of their current service package.
- There is potential to utilise additional capacity within the private / independent sector by contracting with them to provide flexible and timely reablement resources to cover peaks in demand. The projected rising demand for services, the likely increase in complexity of needs and the ongoing fluctuations in service throughput points to the merits of harnessing capacity from within the independent sector.
- There are opportunities to collaborate regionally to maximise capacity either regionally or sub-regionally and to share resources and expertise. The benefits of regional collaboration include:
    - Responsiveness through economies of scale and availability of more resources;
    - increased capacity and expertise meaning more can be achieved for less; and
    - waste reduction by better decision making and a broader understanding of the ‘big picture’ in terms of activity.
- There is scope to consider alternative approaches to service delivery which could both satisfy service demand and yield additional savings – given the current financial environment there is a need to achieve substantial efficiencies. A range of models could be considered including the traditional outsourcing or shared services approaches as well as the more innovative social enterprises or public sector mutual organisations. More integrated working within the NHS should also be considered.

- There is also the option regionally for councils to consider transferring services into a wholly-owned company which affords trading powers under current legislation. This option could create better value than in-house retained services through opportunities to address appropriate terms and conditions, operational efficiency, innovation and trading potential. Councils could avoid procurement costs and enable a quicker transfer of staff and assets than other alternative delivery models.

7. BEST PRACTICE FOR HARTLEPOOL

7.1 The review set out areas of improvement for each of the 12 councils. The reablement pathway, from access through to service provision and exit review, was evaluated to establish areas of best practice and areas for potential improvement.

7.2 Areas of good practice for Hartlepool were:

- No waiting lists and referrals being responded to quickly;
- Multi disciplinary assessments;
- Specific time-oriented goals and outcomes agreed with service user;
- The service forms part of a robust whole system approach with easy access to a wide range of third sector low-level support services;
- Telecare is well embedded within the service response;
- There is a factored utilisation rate of 76% which is just below what is considered to be optimal utilisation of available capacity;
- Personalised support is in place which centres on the needs of the service user;
- 74% of service users present no ongoing needs following a period of reablement.

7.3 Areas for development suggested by the review were:

- Review the current model of providing universal and de-selective services. Currently reablement services are available to any person over 18 years old who may find some benefit in undergoing a period of reablement. Further consideration may need to be given to the potential impact this model could have on service performance and delivery given future demographic projections and shrinking financial resources.
- Consider utilising reablement services as the default pathway for all service users on entry to the system and at review (this recommendation has already been implemented and the numbers of referrals into the reablement service from the community has increased).
- Consider the development of a triage approach via a call centre through collaboration with other councils. This would enable qualified staff to be more effectively deployed and enable unqualified staff to take initial referral information thereby reducing front-end costs without detrimental effects to service delivery.
- Further integration with NHS partners could produce some additional benefits by adding more skills and disciplines, creating a more joined-up

approach, minimising hand-offs and duplication and maximising resources for both organisations.

- Review the numbers of people who need no further services following a period of reablement. Given the financial investment required in delivering reablement it is important to ensure that people only receive reablement services when they are actually needed. Assessing whether some of the 74% of people who currently have no need of further services following reablement could have received an alternative, less intensive services could provide an opportunity to increase efficiency through the effective use of alternate low level pathways and signposting to other services.
- Develop performance metrics to provide information and analysis that tracks service users beyond the current financial year. This will enable meaningful analysis of the cost-effectiveness of reablement services within the overall care system.
- Given the effective factored utilisation rates presented within Hartlepool it would be possible to further develop capacity and flexibility by utilising the independent sector and this should be considered as demand increases on the service.
- The relatively small size of Hartlepool Borough Council suggests that substantial benefits may be gained by considering collaborative opportunities / alternative service models on a regional or sub-regional basis.

8. SUMMARY

8.1 Hartlepool Borough Council will continue to review and evaluate reablement services in Hartlepool over the next 12 months. The findings from this regional review will inform the process with priority being given to:

- Implementing the reablement service as the default response. This is now in place and will be closely monitored.
- Reviewing people who need no further services following a period of reablement to maximise the efficient use of reablement services.
- Exploring the issues around repeat referrals to reablement (currently 4%) and consider developing criteria to exclude people from reablement services if, within three months of receiving reablement, their needs have not changed.
- Reviewing the current universal reablement service to consider whether a more targeted approach would be more cost effective.
- Considering alternative options for service delivery with both regional, sub-regional and health service colleagues that would yield value for money and enhanced capacity.

9. RECOMMENDATIONS

9.1 It is recommended that the Adult Services Committee note the findings of the regional review of reablement services and the intended direction of travel for reablement services over the next 12 months.

10. REASONS FOR RECOMMENDATIONS

10.1 Reablement is a key priority within adult services. It is essential that the current approach is reviewed, in line with the recommendations from the regional review, and that work is undertaken to ensure that services are delivering the best possible outcomes for people within available resources.

11. CONTACT OFFICER

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