

ADULT SERVICES COMMITTEE AGENDA



Monday 3 March 2014

at 10.00am

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

- 3.1 To receive the Record of Decision in respect of the meeting held on 10 February 2014 (*attached for information*)

4. KEY DECISIONS

No items

5. OTHER ITEMS REQUIRING DECISION

- 5.1 Six Monthly Monitoring of Agreed Scrutiny Recommendations – *Scrutiny Manager*
- 5.2 The 2013/14 Local Account – *Assistant Director – Adult Services*



6. ITEMS FOR INFORMATION

- 6.1 Strategic Financial Management Report – as at 31 December 2013 – *Director of Child and Adult Services and Chief Finance Officer*

7. ANY OTHER BUSINESS WHICH THE CHAIR CONSIDERS URGENT

Date of next meeting – Monday 7 April 2014 at 10.00am in Committee Room B



ADULT SERVICES COMMITTEE MINUTES AND DECISION RECORD

10 February 2014

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

Present:

Councillor: Carl Richardson (In the Chair)

Councillors: Keith Fisher, Ged Hall, Alison Lilley, Brenda Loynes and Kaylee
Sirs

Also Present: Councillor Geoff Lilley

Steve Thomas, Liz Fletcher Ruby Marshall, Margaret Goulding
and Maureen Lockwood, Healthwatch

Members of the Public - Evelyn Leck and Frank Harrison

Officers: Gill Alexander, Director of Child and Adult Services
Jill Harrison, Assistant Director, Adult Services
Jeanette Willis, Head of Strategic Commissioning, Adult
Services
Denise Wimpenny, Principal Democratic Services Officer

67. Apologies for Absence

An apology for absence was submitted on behalf of Councillor Linda
Shields.

68. Declarations of Interest

None.

69. Minutes of the meeting held on 6 January 2014

Received.

70. Proposals for Inclusion in the Council Plan 2014/15 (Director of Child and Adult Services)

Type of decision

Non-key

Purpose of report

To provide the opportunity for the Adult Services Committee to consider the proposals for inclusion in the 2014/15 Council Plan that fell under the remit of the Committee

Issue(s) for consideration

The Assistant Director, Adult Services reported on the proposals included in the 2014/15 Council Plan that fell under the remit of the Adult Services Committee. As in previous years detailed proposals were being considered by each of the Committees throughout January and February. A further report would be prepared for the Finance and Policy Committee on 27 February 2014 detailing the comments/observations of each of the Committees along with a full draft of the 2014/15 Council Plan.

In support of the report, the Assistant Director went on to provide a brief presentation which detailed the key challenges that Adult Services faced over the next year and beyond and how these would be addressed.

In relation to the proposed actions identified to deliver the outcome that vulnerable adults were supported and safeguarded and people were able to maintain maximum independence while exercising choice and control about how their outcomes were achieved, as detailed in an appendix to the report, some concern was expressed in terms of delivery of the actions and how the proposals would be funded. The Assistant Director advised that the Better Care Fund Plan would provide information in this regard and would be considered by the Health and Wellbeing Board on 13 February to which there was the opportunity to feed in any views of this Committee. The Healthwatch representative commented on the benefits of Healthwatch Executive's input and requested that the Plan be also presented to the Healthwatch Executive.

Decision

- (i) That the proposals reported for inclusion in the Council Plan 2014/15 be supported and the comments of Members be utilised to formulate a response on behalf of the Committee for

- consideration by the Finance and Policy Committee.
- (ii) That input be sought from this Committee and the Healthwatch Executive in relation to the Better Care Fund Plan.

71. Impact of the Care Bill (*Director of Child and Adult Services*)

Type of decision

For information only

Purpose of report

This report provides information on the potential impact of the changes to adult social care proposed in the Care Bill which was published in May 2013.

Issue(s) for consideration

The Assistant Director presented the report which provided information on the potential impact of the changes to adult social care proposed in the Care Bill which was published in May 2013.

The Care Bill will reform and modernise the legal framework for adult social care including powers to make regulations and statutory guidance. The Bill was currently working its way through Parliament and the detailed impact on local authorities could not be considered until regulations had been made.

This briefing sets out a summary of the most likely significant implications for local authorities based on what was currently known and suggested those areas of greatest local impact. Implementation of the Bill would be in 2015 and 2016. An implementation plan focusing on key areas of work would be brought to the Adult Services Committee in 2014 for approval together with an estimate of the increased resources required to implement the new social care provisions.

Many clauses in the Care Bill were new in law but not in policy so the relative scale of challenge associated with implementing the reforms would differ across local authorities in line with their current local practices. Hartlepool Borough Council's current practice reflected the 'reforms' in many areas. It was therefore envisaged that the impact for this Council would not be as onerous as on those authorities who still operated a more 'traditional' model of social care and who had not kept up with best practice aligned to modernising policies.

It was noted that modelling and analysis activity would be completed in the

next 6 months, details of which were set out in the report. Completing this identified programme of work in 2014 would allow the required reforms to be implemented from April 2015.

In the lengthy discussion that followed the Committee discussed the impact of the Care Bill in terms of the way adult social care services were delivered as well as the budget in terms of funding pressures and included the following issues:-

- (i) The Assistant Director responded to a number of queries raised which included clarification on the deferred payments requirement from April 2015 and the impact of the reforms on costs and activity.
- (ii) Concerns were expressed regarding the budget implications of the proposed changes to the national eligibility criteria. Members were advised that a toolkit had been provided to local authorities as a means of calculating the local impact of the Care Bill. Given the level of concerns in this regard, the need to lobby local MPs and the Association of North East Councils was emphasised. It was highlighted that further analysis of the implications for Hartlepool would be undertaken over the next 6 months.
- (iii) In relation to the proposal to allow Councils to charge under a means-tested regime for any support provided directly to the carer, the need to seek input from various groups, such as Hartlepool Carers, was highlighted.
- (iv) The importance of communicating Hartlepool's approach to the reforms was emphasised given the possible perception by the public that all local authorities were adopting the same principle.
- (v) In response to a request for clarification on the meaning and implications of introducing extended means testing, the Committee was advised that until the Bill was passed it was not clear what the full implications would be. It was envisaged that from April 2016 care accounts would be introduced which may include the requirement to undertake finance assessments of self funders in order for them to access care accounts.

Decision

The Adult Services Committee:

- a) Noted the proposals for the future of adult social care services contained in the Care Bill and the potential implications for

services and budgets from 2015, although the detail of this was not yet known;

- b) Noted the requirement for detailed financial and activity modelling of the implications of the Care Bill for Hartlepool Borough Council.
- c) Noted that a further report be received in autumn 2014 to allow options for the future delivery of social care to be considered.

72. HBC Approach to Domiciliary Care - Presentation (Head of Strategic Commissioning)

Type of decision

For information

Purpose of report

To update the Committee on the Council's approach to Domiciliary Care.

Issue(s) for consideration

The Assistant Director advised that the Head of Strategic Commissioning was in attendance at the meeting to outline the Council's position in relation to Domiciliary Care Services in Hartlepool and to support the more detailed presentation that would be delivered later on the agenda by Healthwatch.

The Head of Strategic Commissioning provided a presentation which focussed on the following:-

Total spend on domiciliary care

- Net budget £29,300,000
- Reablement/Intermediate Care Service £1,000,000
- Commissioned Homecare £4,019,000

Spend by Independent Provider

- Careline £1,324,000
- Carewatch £1,166,000
- Real Life Options £1,275,000
- Others £254,000

No of Users of Domiciliary Care

- Independent providers served approximately 850 people in 2012/13

- Average package cost for older people was around £70 per week (equates to 6 hours per week)
- Individuals with a learning disability have an average package cost of approximately £400 per week (equates to approximately 35 hours per week)
- Supported Living Schemes - much cheaper to support at home than in residential care
- Intermediate/Reablement service served approximately 620 clients

Number of Calls

- 2012/13 commissioned independent providers to make approximately 450,000 calls
- 74,000 (16%) were 15 minute calls
- 15 minute calls used for medication visits and safety check calls
- Intermediate Care/Reablement service only made 2.5% of their calls for 15 minutes which reflects the intensive nature of the service.

Outcomes for Individuals

- Providing the right level of support tailored to individuals
- Individuals access domiciliary care through their 'virtual' personal budget
- Providers work direct with individuals to decide how to meet their needs once package is established
- Overall user satisfaction for Social Care services in Hartlepool is 3rd highest in the country

Contract Management

- Providers paid for care they deliver – do not currently operate minute by minute recording system
- Providers subject to Quality Standards Framework (QSF) – 4 outcomes reviewed so far:-
Outcome 4 – Care and welfare of people who use services – outcome substantially met
Outcome 7 – Safeguarding vulnerable people who use services – outcome substantially met
Outcome 14 – Supporting workers – outcome met
Outcome 16 – Assessing and monitoring the quality of service provision – outcome substantially met
- Action plans would be in place to ensure improvements are undertaken in areas where outcomes are only partially met

Decision

That the contents of the presentation be noted.

73. Domiciliary Care Report (*Healthwatch Hartlepool*)**Type of decision**

For information

Purpose of report

The report outlined findings from a recent examination of the delivery of domiciliary care services in Hartlepool which was undertaken by Healthwatch and made recommendations regarding future service delivery.

Issue(s) for consideration

The Healthwatch Representative presented the report which outlined the background to the domiciliary care services investigation which focussed on the services provided by care providers Care Watch and Care Line as well as in-house service provision which was delivered by HBC staff. Thanks were expressed to all those involved in the investigation, Healthwatch members, care workers, service providers and the Council.

Members were referred to Appendix A of the report which included, methodology, findings from care service users as well as providers, conclusions, recommendations and acknowledgments.

Following presentation of the report the Chair, on behalf of the Committee took the opportunity to thank Healthwatch for their hard work in carrying out this investigation.

In the lengthy discussion that followed Members discussed the conclusions and the following recommendations:-

1. Regular checks should be made to ensure that care time allocations are spent fully with service users in order to ensure that individual care plan specifications are properly delivered. Adequate travelling time must be provided to ensure that care workers can get from job to job without eating in to allocated care time.
2. Mandatory training programmes across all three service providers should include Dementia Awareness, Disability Awareness and Equality and Diversity. Key modules such Adult Safeguarding and

Manual Handling should be the subject of mandatory refresher programmes across all three service providers to ensure skills and understanding are up to date.

3. Every effort should be made to ensure that as far as is practicably possible there is continuity of care provision and that robust communications systems are in place to ensure that service users are always informed when changes to care workers and routines take place.
4. Consideration should be given to ensuring that care staff service conditions such as payment of DBS fees are unified in line with HBC provisions.
5. Consideration should be given as to how opportunities can be maximised for carers and family members to input into ongoing monitoring and future service user survey processes.
6. Minimum supervision and support provision for care workers should be no less than four formal supervisions and one appraisal meeting each year across all three of the service provider organisations. In addition to this staff meetings and briefings should be held regularly in order to keep workers briefed and up to date with developments, changes etc. Direct observations should also be carried out regularly as part of ongoing service quality assurance.

Whilst Members supported the recommendations contained within the report in their entirety, it was noted that the financial implications would need to be explored. In considering the recommendations the following issues/queries/comments were raised:-

- (i) The Committee was pleased to note the high level of response to the questionnaire and that overall a favourable impression had been gained of the quality of domiciliary care service delivery in Hartlepool.
- (ii) A number of concerns were expressed in relation to the disparity that existed in the pay and service conditions of care staff at the two external provider agencies and HBC and Members were keen to see external providers adopting a similar approach to the Council in terms of training provision, provision of staff uniforms and best practice issues identified within the report. However, it was acknowledged that given that issues of this type may not be a requirement within the current contract arrangements, it was a matter of encouraging agencies to adopt such an approach. Following further discussion, the Committee requested that the recommendations within the report be explored with external providers as part of the contract monitoring or re-tendering process.

- (iii) Members supported the recommendation that regular checks should be made to ensure that care time allocations were spent fully with service users in order to ensure that individual care plan specifications were effectively delivered and that adequate travelling time was allocated to carers without impacting on allocated care time.
- (iv) In relation to the recommendation regarding training programmes for staff, the Committee was of the view that this issue should be explored with external providers as a priority.
- (v) The findings of Healthwatch in terms of continuity of care provision and the importance of communicating any changes to service users were noted and supported.
- (vi) Discussion ensued in relation to the potential reasons for the high turn-over of care staff in external care provider settings and it was considered that the low levels of pay were a contributory factor.
- (vii) The variances in performance of different external agencies in terms of the quality of care provision were noted and emphasis was placed upon the importance of examining this issue to ensure optimum levels of performance were being achieved.
- (viii) The profit margins of external providers was discussed and Members were keen to receive information in this regard.

Decision

- (i) That the recommendations of Healthwatch be noted and supported.
- (ii) The financial implications of the recommendations be explored.
- (iii) That the comments of Members as outlined above, be further explored as appropriate, the outcome of which to be reported to a future meeting of this Committee.

The meeting concluded at 11.55 am.

P J DEVLIN

CHIEF SOLICITOR

PUBLICATION DATE: 17 FEBRUARY 2014

ADULT SERVICES COMMITTEE

3 March 2014



Report of: Scrutiny Manager

Subject: SIX MONTHLY MONITORING OF AGREED
SCRUTINY RECOMMENDATIONS

1. TYPE OF DECISION/APPLICABLE CATEGORY

1.1 This is a non Key Decision.

2. PURPOSE OF REPORT

2.1 To provide Members with the six monthly progress made on the delivery of scrutiny recommendations that fall within the remit of this Committee.

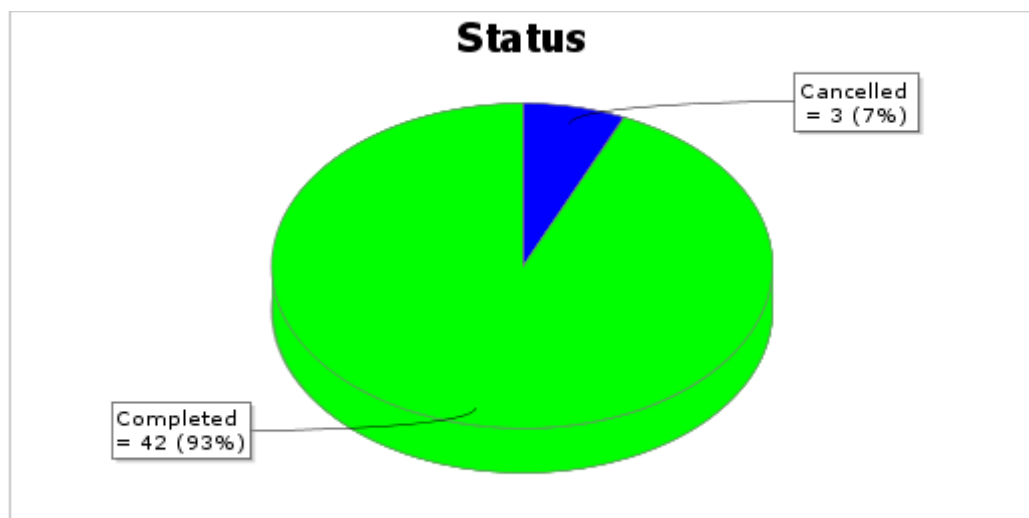
3. BACKGROUND INFORMATION

3.1 This report provides details of progress made against the investigations undertaken by the previous Adult and Community Services Scrutiny Forum. These recommendations now fall within the remit of the Adult Services Committee. **Chart 1** (overleaf) provides a detailed explanation of progress made against each scrutiny recommendation since the last six monthly monitoring report was presented to the Adult Services Committee in September 2013.

3.2 All actions have now been complete; therefore this completes the monitoring of scrutiny recommendations which fall within the remit of this Committee.

Adult & Community Services Scrutiny Forum - All

Generated on: 18 February 2014



Year 2008/09

Investigation Access to Recreation Facilities for Vulnerable / Older People

Recommendation	Action	Assigned To	Original Due Date	Due Date	Note	Progress	
SCR-ACS/6g That the Council considers the value of partnership working in any future plans for the building of a new leisure facility within Hartlepool.	SCR-ACS/6g Discussions have already been held with potential key partners regarding the redevelopment of the physical infrastructure of the MHLC site. As detailed in recent Cabinet reports, It is intended to engage with consultants	John Menneer	01-Aug-2009	01-Apr-2013	14-Jan-2014 The MHLC site is now a part of the much larger Vision for Hartlepool which is focussed on the Town Centre redevelopment Masterplan into which this site is an integral element. This action is now outdated as a standalone entry.	<div><div>100%</div></div> Completed	



Recommendation	Action	Assigned To	Original Due Date	Due Date	Note	Progress	
	with the necessary expertise to take the plan to the next level, primarily around the procurement and management of such a development.				16-Jul-2013 Major moves in place to action the MH devt site with the appointment of a developer and the release of phase 1 activity. The future redevelopment of the MHLC is now in the planning stage. Funding and private sector partners will be the next element.		

Year 2012/13

Investigation JSNA - Older People

Recommendation	Action	Assigned To	Original Due Date	Due Date	Note	Progress	
SCR-ACS/10a That greater promotion of the care available to help people retain their independence and remain within their own homes is undertaken in conjunction with partner organisations, particularly in relation to dementia sufferers.	SCR-ACS/10a /ii The North of Tees Dementia Collaborative is exploring a range of issues affecting people with dementia (including diagnosis and access to reablement services) and is expected to deliver improvements to processes and better outcomes for people.	Jill Harrison	31-Oct-2013	31-Oct-2013	<p>27-Sep-2013 The North of Tees Dementia Collaborative has successfully delivered the seven planned Rapid Process Improvement Workshops that were scheduled to take place by 30 September 2013. There is evidence that the work undertaken has delivered some real service improvements for people with dementia as well as improving the efficiency and effectiveness of health and social care systems. Based on the success of the project to date, all partners have agreed to continue funding for the Collaborative Project Manager for a further year until the end of September 2014.</p> <p>18-Jul-2013 The North of Tees Dementia Collaborative is working well with a number of Rapid Process Improvement Workshops delivered and improvements now being measured and maintained. All partners have agreed to continue funding for the Collaborative Project</p>	100% Completed	

Recommendation	Action	Assigned To	Original Due Date	Due Date	Note	Progress	
					Manager for a further year until October 2014.		
SCR-ACS/10b/ii That in order to ensure that awareness of conditions such as dementia is maintained HBC undertakes the following: - incorporates reference to the importance of appropriate training for all service providers in the 'older people' JSNA entry.	SCR-ACS/10b/ii	Jill Harrison	31-Oct-2013	31-Oct-2013	17-Feb-2014 The JSNA entry for older people has now been uploaded to the JSNA website and will be updated as required on an ongoing basis.	100% Completed	
					07-Jan-2014 The JSNA entry for older people has been completed and submitted but has not yet been uploaded to the JSNA website by the Public Health Shared Service. Further dementia awareness training has been provided through the Dementia Collaborative work.		
SCR-ACS/10c That further work is undertaken, to reduce social isolation amongst older residents in Hartlepool, particularly in relation to those people who are more independent and may never previously have accessed services.	SCR-ACS/10c	Jill Harrison	31-Aug-2013	31-Aug-2013	27-Sep-2013 A new service will be commissioned from 1 April 2014 which brings together low level services and day services for older people to provide Low Level Support and Community Activities, with a focus on reducing social isolation and supporting people to access existing community resources.	100% Completed	
					23-Jul-2013 Feedback regarding the Big Lottery Fund application was received on 23 July 2013. Unfortunately, the Hartlepool application has not been shortlisted so the planned developments will not progress. Other opportunities to reduce social isolation will be considered through a review of day opportunities for older people.		

Recommendation	Action	Assigned To	Original Due Date	Due Date	Note	Progress	
SCR-ACS/10e That in order to maintain JSNA entries as living documents the results of the public consultation exercise, be considered for inclusion in the appropriate JSNA entry and are also incorporated as part of the older peoples strategy review.	SCR-ACS/10e All relevant public consultation will be considered for inclusion in appropriate JSNA entries and will feed in to relevant strategies and action plans as appropriate.	Jill Harrison	31-Oct-2013	31-Oct-2013	17-Feb-2014 The JSNA entry for older people has now been uploaded to the JSNA website and will be updated as required on an ongoing basis.	 Completed	
					07-Jan-2014 The JSNA entry for older people has been completed and submitted but has not yet been uploaded to the JSNA website by the Public Health Shared Service.		
SCR-ACS/10f The Health and Wellbeing Board make representations to the appropriate public health body to ensure that the Hartlepool 'Older People' JSNA entry is uploaded on to the website as soon as possible.	SCR-ACS/10f The JSNA entry for older people will be uploaded onto the website as soon as possible and will be reviewed at least annually and updated as required.	Jill Harrison	31-Oct-2013	31-Oct-2013	17-Feb-2014 The JSNA entry for older people has now been uploaded to the JSNA website and will be updated as required on an ongoing basis.	 Completed	
					07-Jan-2014 The JSNA entry for older people has been completed and submitted but has not yet been uploaded to the JSNA website by the Public Health Shared Service.		

4. RECOMMENDATIONS

- 4.1 That Members note progress against the agreed recommendations and explore further where appropriate.

5. REASONS FOR RECOMMENDATIONS

- 5.1 In order for Members to continue to monitor the progress of Scrutiny recommendations.

BACKGROUND PAPERS

- (a) Report of the Scrutiny Support Officer entitled 'Six Monthly Monitoring of Agreed Scrutiny Recommendations' presented to the Adult Services Committee 13 September 2013.

6. CONTACT OFFICER

Joan Stevens – Scrutiny Manager
Chief Executive's Department – Legal Services
Hartlepool Borough Council
Tel: 01429 284142
Email: joan.stevens@hartlepool.gov.uk

ADULT SERVICES COMMITTEE

3 March 2014



Report of: Assistant Director - Adult Services

Subject: THE 2013/14 LOCAL ACCOUNT

1. TYPE OF DECISION/APPLICABLE CATEGORY

Non-key: for information and approval to publish the Local Account.

2. PURPOSE OF REPORT

- 2.1 To present the 2013/14 Local Account for Hartlepool Borough Council and to seek approval for the 2013/14 Local Account to be published as a key mechanism for reporting back to citizens on performance in adult social care.
- 2.3 The Local Account will become a key accountability mechanism to the public, a means of engaging with citizens and consumers of our services around priorities and outcomes and a useful tool to inform self-improvement activity at a local level.

3. BACKGROUND

- 3.1 With the abolition of the Annual Performance Assessment, the publication of a single data set for local government and the development of an outcomes framework for adult social care, the Local Account is a key mechanism for councils to find a meaningful way of reporting back to citizens and consumers about performance. The Local Account is also a practical expression of sector self-regulation and improvement.
- 3.2 The concept of producing a Local Account builds on work that all councils are already doing on local quality assurance frameworks and safeguarding annual reports.
- 3.3 Local Accounts were mentioned in the Department of Health's 'Transparency in Outcomes: A Framework for Adult Social Care' consultation paper (November 2010) in the context of localism and transparency, and in the subsequent 2011/2012 Outcomes Framework published in March 2011. Responses from the adult social care sector to the Local Government Consultation on 'Taking the Lead: Self-Regulation and Improvement in Local

Government' also included many positive responses to the wider use of self-assessment as a tool for improvement and local accountability.

- 3.4 The first Local Account for Hartlepool was approved by Cabinet in December 2012.
- 3.5 The Local Account is a valuable mechanism to hold the council accountable and responsible for the service it delivers. The Care Quality Commission (CQC) no longer inspects councils' social care department and this annual report will be a vital means of telling the citizens of Hartlepool about performance, progress, priorities, challenges and plans for future service developments.

4. SUMMARY OF THE 2013/14 LOCAL ACCOUNT

- 4.1 The 2013/14 Local Account is attached at **Appendix 1** and sets out the context of adult services including:
- What we do
 - Our aims
 - Challenges faced
 - How the budget is spent; and
 - Key facts about performance
- 4.2 Following consultation and feedback on the first Local Account, the 2013/14 document has a focus on particular service areas (Occupational Therapy and Macmillan Social Work) and includes case studies identifying how these services support people within the town.
- 4.3 The 2013/14 Local Account provides updates on a number of areas that were highlighted in the original 2012/13 Local Account including:
- The Quality Standards Framework
 - Extra Care
 - Safeguarding
 - Public Information; and
 - Healthwatch.
- 4.4 One of the key requirements of the Local Account is to reporting back to citizens and consumers about performance and the 2013/14 document does this by giving feedback about complaints and summarizing the outcomes of the Annual Social Care Survey 2012-2013 and the Personal Social Services Survey of Adult Carers in England 2012-2013, both of which were very positive for Hartlepool, as previously reported to the Adult Services Committee.
- 4.5 The 2013/14 Local Account also sets out plans for the future which remain focused around the objective of 'ensuring that people who need higher levels of support are offered choice, control and good services so that they can recover as quickly as possible or live a good quality of life'. Priorities include

preparing for implementation of the Care Bill, using the Better care Fund to help more people stay independent, continued work Healthwatch and implementing changes to the Fairer Charging Contribution Policy and anticipate introducing a new system over the coming year

- 4.6 The Local Account presents information in an accessible, simple and consistent format using case studies to illustrate the contents in a meaningful way. This is a public document which will have a wide-ranging audience and its style reflects the overriding need to make it meaningful, relevant and accessible to the citizens and users of adult services in Hartlepool.

5. RECOMMENDATIONS

- 5.1 It is recommended that the Adult Services Committee notes the contents of the 2013/14 Local Account and endorses its publication.

6. REASONS FOR RECOMMENDATIONS

- 6.1 Hartlepool Borough Council's Local Account is a key document to evidence the Council's commitment to be transparent with local citizens about the services we deliver. The Local Account showcases where we are doing well and identifies where we need to do better.
- 6.2 Feedback about the Local Account will be used to inform subsequent annual reports and will be captured by means of an online consultation and face to face contact with people who use our services and Healthwatch.
- 6.3 The Local Account is an accessible means of engaging with the public about our performance and their views and will provide a useful tool for us to evidence accountability and inform self-improvement activity at a local level.

8. CONTACT OFFICER

Jill Harrison
Assistant Director – Adult Services
Hartlepool Borough Council
Tel: 01429 523911
E-mail: jill.harrison@hartlepool.gov.uk



The Local Account of Adult Social Care Services 2013/2014

Hartlepool Borough Council
Child and Adult Services



Hartlepool Borough Council
Child and Adult Services department

Local Account
Published February 2014

Cover image: Waverley Terrace Allotment Project
Photographs © Hartlepool Borough Council and www.careimages.com

Contents

1. Welcome	5
2. About the Local Account	6
3. Adult Social Care in Hartlepool	7
a. What we do	7
b. Our aims	7
c. Our challenges	8
d. Key facts about how we spend your money	9
e. Key facts about our performance 2012/2013	10
4. Focus on: Occupational Therapy	11
5. Focus on: The Macmillan Social Worker	16
6. Update on: The Quality Standards Framework	20
7. Feedback and Consultation	27
a. Adult Social Care Complaints	27
b. Improving services through consultation	29
i. The Annual Social Care Survey 2012-2013	29
ii. Personal Social Services Survey of Adult Carers in England	29
8. Our Plans for the Future	34
9. Useful Contacts	36



Welcome and Introduction



As Chair of the Adult Services Committee it is my great pleasure to welcome you to the second annual Local Account for adult services in Hartlepool. The Adult Services Committee is working hard to involve local people in decisions about what is important and how adult services are delivered and wants to hear your views.

We consulted with people about our last Local Account and have made some changes in response to the comments we received, and we hope that you find this document useful and relevant.

The Local Account is an important part of the Council's commitment to engage with local residents. It highlights areas where we're doing well, areas where there is room for improvement and plans for the future and we want to know what you think about this document and these services so that we can make informed decisions that are right for the people of Hartlepool.

A handwritten signature in black ink, appearing to read 'Carl Richardson'.

Councillor Carl Richardson
Chair of Adult Services Committee



Healthwatch Hartlepool has played a very important part in the development of this second Local Account. Because of our work with Child and Adult Services, the 'focus on' section on occupational therapy has been included. We thought that this was a really useful addition as it provides residents with information about a service which provides a piece of equipment that can make a huge difference to someone's life and help them stay independent for longer.

We have also had discussions with the department about the name of the document. We felt that Local Account does not really explain what the document is so might put people off picking it up and reading it. We hope by changing the title to "The Local Account of adult social care services in Hartlepool 2013/2014", this better explains the document.

We look forward to continue working with the council.

A handwritten signature in black ink, appearing to read 'Margaret Wrenn'.

Margaret Wrenn
Chair of Healthwatch Hartlepool

About the Local Account of Adult Social Care Services in Hartlepool

As the Care Quality Commission (CQC) no longer inspect Councils' adult social care departments, the Government has asked Councils to publish an annual report explaining to residents how well their adult social care services are performing. This document is called the Local Account.

We have consulted with Healthwatch about our last Local Account and they have asked us to change its name. From now on, our report will be called the Local Account of Adult Social Care Services in Hartlepool.

This is Hartlepool's second Local Account. We have worked with Healthwatch Hartlepool to agree the contents of this report and we have included a focus on some particular areas of the department that we hope residents will find useful. We will also report on:

- How well we have performed in the past year
- The challenges we are facing and some of the things we are proposing to do to deal with those challenges; and
- Our plans for future improvements.

As part of our consultation on the Local Account, we made available an online questionnaire to get feedback on what people felt about the Local Account. We received 10 responses and generally the feedback was positive:

66% of the respondents felt that the report gave them an overview of adult social care activity; 55% felt that the report was either very easy or easy to read (44% reported that it was neither easy or hard). One participant stated that the report was 'well laid out and concise' and that it had 'simple to understand explanations'. There were criticisms that the report 'painted a rosy picture of everything being done for the people' and it was confusing 'about all the partner agencies, their initials and what they all did'. We have taken these comments on board and tried to ensure that we reflect these findings in this report.

Adult Social Care in Hartlepool

>> What we do

Hartlepool Borough Council's Child and Adult Services department delivers adult social care services in the town. We offer support and a wide range of social care services to older people, people with learning disabilities, people with mental health needs, those with physical disabilities and vulnerable people. We also offer support and services to carers and families of those receiving our services.

We try hard to keep people living independently in their own homes for as long as possible. However, we recognise that for some people, residential or nursing care is the safest and most suitable option. For those people, we provide information on the care homes that are in the town. All of the care homes in Hartlepool are run by either private companies or charities. Hartlepool Borough Council does not own or run any care homes or housing schemes.

Our focus will always be on protecting people who are vulnerable. As a partner of the Teeswide Safeguarding Vulnerable Adults Board we work together with other local agencies to keep people safe.

>> Our aims

Our services promote independence and focus on personalisation and partnership working across the health and social care sector. We believe that people are individuals who have the right to be treated with dignity and respect.

In 2011 we published *Moving Forward Together: The vision for adult social care in Hartlepool 2011 – 2014* which sets out the following priorities:

- We will work with people to help them keep their independence and continue to live at home.
- We will support people to take control of their own care by explaining upfront how much money they will have to use to buy the care and support they need. We will explain the different options and support available to people.
- We will ensure that there is a choice in the care available.
- We will work with other agencies such as the health service and voluntary sector to develop services.

- We will ask people to work with us to tell us how we are doing and we will make sure that services are of excellent quality and give value for money.
- We will do all we can to keep people safe from abuse.
- We will make sure we support staff, and that they are trained to help people make use of the best possible services for them.

The Government published the White Paper *Caring for our Future* in 2012. The White Paper has led to the Care Bill that is now making its way through Parliament and will probably become law from 2015. The Bill pulls together threads from over a dozen different Acts into a single framework for care and support. It introduces a cap on the costs that people will have to pay for care in their lifetime and prioritises people's wellbeing, needs and goals. It highlights the importance of preventing and reducing needs, and putting people in control of their care and support. For the first time, it puts carers on a par with those for whom they care.

The implications of the Bill are huge and will make a difference to the way we deliver social care in Hartlepool. In 2014 we will be looking at all of our public information and refreshing *Moving Forward Together* to make sure we are meeting the Bill's requirements.

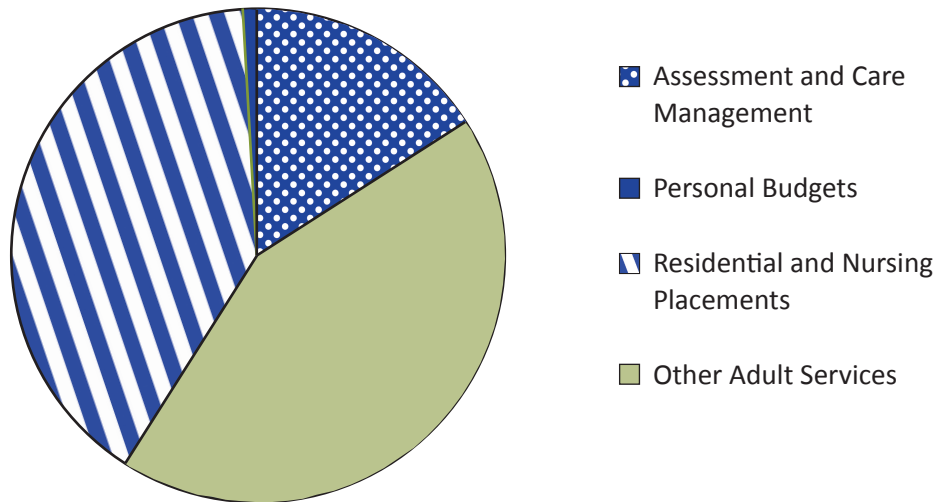
>> Challenges

We discussed in our Local Account last year the challenges that the department faced with people living longer, increases in the number of people experiencing dementia and increases in the number of people with disabilities. Ongoing economic constraints continue to challenge us as we work to deliver significant savings from the department's budget while continuing to support local people.

Despite these challenges and pressures on staff delivering services, we continue to build on a strong base of service delivery and look forward to the opportunities that the new Care Bill will bring to the department.

How we spend your money

Of Hartlepool Borough Council's three departments, Child and Adult Services has the largest budget. Last year, we spent over £42 million on providing social care services for adults in Hartlepool. Some of this is paid for by client contributions and income from Health. However, the majority is funded by the Council. The graph below shows how we spent that money.



Key facts about our performance

92% of people who use services feel as though they have control over their daily life



We have provided more than 5,600 pieces of equipment to help people live safely at home



81% of people who use services and carers found it easy to find information about services



2,072 people were referred to us and received an assessment

61% of people who use services feel safe



Over 1,900 carers had an assessment during 2012-13 and received support



75% of people assessed during 2012-13 now get a service from us



4,088 people had a review of their service during the year.

14% of people with a Learning Disability were supported in employment during 2012-13



80% of people who used our services were happy with the care and support they received



Source:

2012-13 Adult Social care survey
2012-13 RAP return

Focus on: Occupational Therapy

Last year the Council received 3,112 referrals relating to adult social care,(a referral is usually a telephone call to the First Contact and Support Hub asking for help for someone). Of those referrals, 945 were passed to the Occupational Therapy team.

Occupational Therapy (OT) is the use of treatments and equipment to develop, recover or maintain the daily living and work skills of people with a physical, mental or developmental condition. OT interventions focus on changing the environment at home and/or at work by introducing pieces of equipment, and teaching the skills to use it so that the person finds it easier to participate in daily activities.

OT also receives referrals from social workers who are working with someone and identify that they might be helped by some support from OT.

OT has a number of ways that it can help people and how each person is dealt with depends on the issue that is presented.

>> A day in the life of the OT Team

All new referrals for a service come to the team from the First Contact and Support Hub. The hub will pass on to the OT Team the information about who has rung and a brief outline of the issue. This referral is then picked up by one of the OT assistants, Janine or Jo. They will then ring the person and get some more information so that they can make sure the person gets the right support.



Jo and Janine spend a lot of time on the phone talking to the person because they think it is really important to get as much information as possible at the start of the referral process.

Sometimes the OT assistant will simply provide the person with information about equipment. In other cases they will refer the person to an OT for a full assessment, make an appointment for them to visit Alison (the Trusted Assessor at the Centre for Independent Living) or refer them to the Reablement Team.

Case Study - OT Assessment for Mr A

Mr A is a retired A&E doctor. He lives in Hartlepool with his wife, a retired nurse, and one of their sons. Mr A had a stroke that left him with difficulties communicating and considerable weakness down his right side.

An Occupational Therapist (Leanne) visited Mr A and his family to look at his current arrangements and assess what support the department could offer. It was obvious that Mr A and his family were struggling to manage around the house. Leanne was able to suggest some equipment such as special cutlery, a beaker and plate guard to help Mr A eat and drink.

Leanne spoke to Mr A, his wife and son to find out what the problems were. Mrs A was concerned about leaving Mr A alone, so made sure either she or her son was with him all the time. Leanne pointed out that this was difficult to maintain and whilst her priority was making sure that Mr A was safe and maintained his independence, it was also important to make sure that his carers were safe and OK. Leanne thought that the family would benefit from having a telecare alarm installed so that Mr A could be left on his own and if he had any problems he could use a Lifeline to connect to the control centre. Telephone control staff are available 24 hours a day, every day. They are trained to help people and to provide a response which meets the needs of the person calling on them.

Leanne looked around the whole house and spent some time watching Mrs A and her son move Mr A from his wheelchair to his bed and toilet. Leanne advised Mr and Mrs A that she would return to the house later the same day with her supervisor and some equipment that the family could test to see if it made everyday activities for Mr A easier.

The family were very reassured by Leanne's visit. Leanne explained everything that she was doing and looking at and put in an immediate plan to make sure that Mr A was safe.

Case Study – OT Assessment for Mrs B

Mrs B has a stair lift installed for the main flight of stairs in her home. Mrs B had requested a visit by an OT because she was finding it difficult to get round the top of the stairs so wanted to see if it would be possible for a different stair lift to be fitted. Jenny the OT explained that it was unlikely that a different stair lift would be possible because of the narrowness of the landing between the flights of stairs. Jenny spent some time talking to Mrs B and looking around the house and advised that in her opinion, the only real option for Mrs B was a downstairs extension creating a bedroom and en-suite for Mrs B.

Mrs B was very resistant to this. It was very important to Mrs B that she maintained her independence and she had turned down offers of an assessment for an electric wheelchair, a carers assessment or any aids to help with eating. Mrs B wanted her life to continue to be as 'normal' as possible. However, after some discussion it was apparent that Mrs B was concerned about how her husband could support her, particularly as his own health problems were getting worse, and he wasn't able to help her up when she fell. Jenny suggested having a telecare system installed so that if Mrs B fell, she could get help quickly without having to rely on her husband.

Again Mrs B was reluctant, but her daughter talked about how she worried about her parents and how she would feel better if they had some help. Mrs B began to consider the idea of telecare and Jenny confirmed that she would organise it. Jenny also said that she would like to come back to visit Mrs B with a technical officer so that they could have a look at the house again and see if there are any other options to help Mrs B to get upstairs.

Jenny left with the family pleased with the outcome of the meeting and being more willing to look at what support was available from the department.

Alison – The Trusted Assessor

Alison is based at the Centre for Independent Living in Burbank Street. Alison receives referrals from the First Contact and Support Hub, the OT Team and from housing, particularly in relation to people who are struggling to cope in their homes and are looking for re-housing. What Alison is able to do is assess people who are struggling at home and either recommend them for re-housing or offer them the opportunity to look at and try the equipment that is available. Even if someone is suitable and eligible for re-housing, Alison's aim will be to keep them safe until somewhere suitable becomes available for them.

The main cause of people being referred to Alison for re-housing is people suffering from Chronic Obstructive Pulmonary Disease a disease that gets worse over time that makes it hard for people to breath. After that it is arthritis and age related frailties. Sometimes something like a bath lift can make a big difference. If a person is not sure if a lift would be suitable, Alison can arrange for it to be taken out on the bath bus and demonstrated/tested in the person's own home.

Alison can give advice and help people to find the right piece of equipment from bath boards and seats, bed handles, perching stools, jar and bottle openers and tap turners. Alison can also advise on equipment for people who are hard of hearing such as TV listeners and amplified doorbells. If you are not eligible to have equipment provided by adult social care, Alison can advise you on where you can buy the equipment.

The difference some simple equipment can make to the quality of people's lives is aptly summed up in a letter received from a service user...

"I use the bath chair and chair lift nearly every day and night. But if I didn't have it K, I wouldn't be able to get in and out of the bath, it is a godsend, to my ability to get in and out of the bath.

I am really nicely settled now in my little flat. I have been in just over a year, and I still absolutely love it. I have certainly no regrets K. The best move I made and I just want

to thank you for giving me the bath lift and the raised toilet seat. It really is much appreciated from the bottom of my heart."

The Occupational Therapy Team are there to help people live safely at home with anything ranging from a piece of small equipment such as a kettle tipper, to larger, substantial modifications to people's homes.

The Occupational Therapy Team also support children. K and R are children in two different families both who have significant needs because of their rare conditions. In both cases, the parents were having difficulty managing care and supporting the children with their daily living activities. OT have been involved and following extensive assessments, research and consultations with parents, GP's and consultants, both families have been provided with extensions that provide a bedroom and bathroom for their child.

The difference the extensions have made to the children and their parents is huge. The extensions are fitted with equipment to meet the children's individual needs. In particular the OTs focused on what the needs would be as the children developed and grew, making them as future proof as possible. The children now have their own safe space which as one mother said "is better for him, better for me to care for him... better for all of us".



For more information on the services available through the OT team visit www.hartlepool.gov.uk/factsheets or call the First Contact and Support Hub on 01429 284284.

If you have equipment that is no longer used, please contact [Tees Community Equipment Services Collection Hotline on 0800 3287980](tel:08003287980) who will arrange for its collection.

Focus on: The Macmillan Social Worker

Macmillan Social Workers are qualified and trained social workers who have received specialist cancer support training. Liz was appointed Macmillan Social Worker in Hartlepool Child and Adult Services in May 2012. Liz qualified as a social worker in 2003 and has worked in various roles including in adult social work teams. Whilst she has a great deal of experience in adult social care, Liz was aware that she lacked experience in the cancer support area, so she took advantage of the induction and Cancer Support Course offered by Macmillan.

Cases are referred to Liz from the local Macmillan Team; the First Contact and Support Hub; other social work teams; colleagues and district nurses. Liz has spent time building up relationships concentrating particularly on developing links with district nurses and the Hospice Social Worker. Liz sees that a key part of her role is to provide each individual with a seamless service, providing links to health and social care, so the working relationships she develops are vital.

When a new case is referred to Liz, she will ring and talk to the person and explain what her role as Macmillan Social Worker is. Sometimes people do not think they want nor need a social worker so Liz will leave her contact details with an open invitation for the person to ring her if they change their mind.

If the person does want to see Liz, then she will visit the person wherever is best for them – this can be at home or elsewhere. Liz will often find that in her first visit she provides the person with a lot of contacts and information but whatever the need is, Liz's approach is to ask the person how she can help and then listen to what they tell her. Liz finds that people will often describe what is happening to them and she can find out who else is involved with the person, what family and friends are around and where the person is on their cancer journey.

After this first visit Liz leaves with a greater understanding of the person's situation and needs and will know if the person wants to receive support from a social worker or indeed another professional.

So what difference does a Macmillan Social Worker make? For Liz, her focus is on making sure that the person feels in more control. Liz has been able to offer people personal budgets which have helped them feel less isolated and more independent. Liz has also provided some practical help around benefit support, and helped individuals get household equipment through a Macmillan grant. What has made

her particularly proud however is being able to be alongside someone, supporting their emotional needs on their cancer journey.

Case Study – Macmillan Social Worker support for Mr C

It was the third time that Mr C had had cancer and he was finding it really hard to cope. He had no energy, was feeling really bad and very tired and couldn't do anything. The next door neighbour's daughter saw Mr C and realised how much he was struggling. She suggested that he phone social services – Mr C was quite sceptical as to whether social services would help him. However, he did ring and after a few phone calls got a visit from Liz, the Macmillan social worker.

The immediate concern was getting MrC some help with his daily living so that he could stop worrying about his house. Liz set up a personal budget for Mr C and a cleaner was found who spends 1.5 hours a week cleaning his house.

Liz continued to visit Mr C and he felt that she really listened to him and together they worked on developing his support plan. In addition to the cleaner, Mr C's personal budget has allowed him to access the pool and gym at Mill House Leisure Centre and put his dog in kennels so that he could have a holiday. Mr C also had a one-off payment towards a workshop. Mr C was a joiner and really enjoyed making things and having a workshop would allow him to do that.

Together Mr C and Liz identified that Mr C was becoming more and more isolated and in a rut – his workshop has really helped him as it has given him something to do and because of the planning and measuring involved in making things, has got his mind working again. Having somewhere to go and something to occupy his mind was seen by Liz as being really important for Mr C's wellbeing.

Mr C said that Liz, in her role as Macmillan social worker, has really made a difference to him and how he feels about himself. She has provided Mr C with a huge amount of information and contacts including links to other Macmillan workers who have helped him with his benefits and in getting a grant to help him with food and bills so that he can eat a healthier diet and keep his home warm.

When Mr C's oven blew up just before Christmas it was Liz who made an application on his behalf to a Macmillan fund to help him replace it – if Liz was not in the role of Macmillan social worker, he would not have got that help.

Most importantly for Mr C, having Liz as the Macmillan social worker has given him the opportunity to talk to someone who listens and really understands what he is going through. Liz has also given Mr C access to a number of other people who have helped really make a difference to his life.

Case Study – Macmillan Social Worker Support for Mrs D

Mrs D was referred by the hospice to social services and was initially given help from a social worker who set up a personal budget that allowed her to attend the hospice every week, have some complementary therapies and receive a one-off payment for a laptop that Mrs D uses to go online and is going to use for shopping when her daughter sets it up for her.

When Liz was appointed Macmillan social worker, Mrs D was one of the people who was identified for her to support.

Whilst Mrs D had been quite happy with her social worker she did feel that Liz offered something a bit different. Liz listened to her and Mrs D felt comfortable with her and felt that Liz understood some of what she was going through.

For Mrs D, being able to attend the hospice is really important to her. Because of the impact of her illness Mrs D feels uncomfortable and self conscious going to some places – at the hospice she feels she can be herself and doesn't have to 'hide'. This is also the case when Mrs D meets her friends every Tuesday. Liz understands the importance of these things to Mrs D and knows they are crucial to helping her mental well-being.

Mrs D did not realise what support that social services could offer her and is pleased that the hospice made that link for her. She is really pleased that Liz has

the specialist role because she feels listened to and understood. She knows that she can phone Liz if she needs any help.

Being in touch with social services has also meant that her husband has had a carers assessment and they are hoping that he can get some support with a gym membership. Both Mr and Mrs D used to like visiting the gym together and hope to be able to do so again in the future.

As the work goes on, Liz hopes that the role will continue to develop and the links with her health colleagues and public health will develop and strengthen which will help to improve cancer support in the town.

For more information on the work of Macmillan Social Workers go to www.macmillan.org.uk.



Update on:

>> The Quality Standards Framework

All care homes in the United Kingdom have to be registered with the Care Quality Commission (CQC). The CQC is an independent body that inspects and reports on care services and councils across the country. More information about the work of the CQC is available at www.cqc.org.uk.

As well as the CQC registration process, Hartlepool Borough Council has introduced an assessment scheme which rates residential and nursing homes for older people according to their environmental standards and the quality of care provided in each home. The assessment scheme is called the Quality Standards Framework (QSF).

The aim of the QSF is to promote improvements in care home services for older people and give the Council a way to link the quality of the care to what home owners are paid.

The information for the QSF is collected by the Council and has included working with Healthwatch to speak to residents about how well they thought the home they lived in did in the following six areas:

Information and involvement – looks at how well residents are involved in and told about what is happening in their care. It also looks at how residents are helped to make decisions about how their needs should be met.

Personalised care treatment and support – looks at how well the needs of the residents are assessed and how well the care home provides coordinated care. This section also considers how well the care home meets the nutritional needs and preferences of individual residents.

Safeguarding and safety – looks at whether the care home protects residents from abuse and promotes their rights. It also considers how clean the home is and how well the care home staff make sure residents get the medicine they need when it is needed. This section also looks at how well the building and equipment is maintained.

Suitability of staffing – looks at how well staff are recruited and managed to ensure that they are appropriately qualified. It also considers whether there are always enough staff available to meet the needs of the residents and how well the care home supports staff to learn new skills and improve old ones.

Quality and management – this section considers how well the care home checks and monitors the quality of its services. It looks at how well they check that residents are safe and happy and how well staff maintain records about the resident's care. This section also considers how well the home dealt with and learnt from complaints about the service.

Environment - looks at how well the home meets the requirements of the environmental standards. This is assessed by an independent consultant who visits the care home and decides how well the building complies with the requirements of a care or nursing home.

The QSF assessment scheme gives each home a range of Grade 1, Grade 2, Grade 3 or Grade 4. A rating of Grade 1, 2 or 3 means that the home has met the requirements laid down by the Council's contract but a Grade 1 home has demonstrated that they meet the requirements to a greater extent than a Grade 3 home.

A rating of Grade 4 means that the home has not achieved the basic requirements and will be required to take immediate action to address the concerns. A Grade 4 home will not be allowed to accept residents from adult social care until the home has made improvements to the care that is provided.

For the most up to date copy of the QSF Assessment Reports giving explanations about how well the homes do the things described above, visit the Council's website www.hartlepool.gov.uk/QSF. The current grades for each of the older persons residential and nursing homes can also be found in the Council's publication A Guide to Extra Care and Care Homes.

We are continuing to develop the QSF process to make sure that it helps the homes make continuing improvements to their services.

For more information about the Quality Standards Framework and care homes are available at www.hartlepool.gov.uk/factsheets

>> Extra Care

In 2012 we reported the increase in the number of extra care housing places available in the town. Extra care housing is a fully-accessible house or flat with a kitchen, bathroom, bedroom(s) and living areas, with care staff available on site 24 hours a day should they be needed. There are five extra care schemes within Hartlepool which offer a total of 457 units of accommodation. In 2013, an evaluation of the extra care schemes took place. The evaluation looked at whether the extra care schemes offered an effective means of providing long-term housing and care provision for older people.

A number of methods were used to evaluate the schemes. These included:

- Resident questionnaires
- Staff questionnaires
- Case tracking, and;
- Statistical data

The evaluation looked at a five year period and did find that extra care is an effective way of providing housing and care provision for older people.

The evaluation found that:

- Overall, 269 people with care needs have entered into extra care and 228 (85%) either maintained or reduced their care levels overall. Only 15% increased their care level needs overall.
- Residents reported high levels of satisfaction with extra care.
- The top things that residents liked about extra care were the social activities, the care and support available and having their own home.
- The top things that residents did not like all related to the physical environment, such as the building maintenance and location of the schemes.

The evaluation of extra care will be ongoing.

>> Safeguarding

In our Local Account last year we identified how keeping adults safe was a priority

for us. Working in partnership with the Teeswide Safeguarding Vulnerable Adults Board, we had improved our arrangements for safeguarding vulnerable adults.

From 1 April 2012 to 31 March 2013 there were 533 alerts identifying possible cases of abuse or neglect of adults brought to the attention of Child and Adults Services. Following initial discussions and wider debate, 210 of these met the safeguarding adults threshold guide and therefore led to actual referrals requiring further investigation and action under safeguarding adult procedures.

The remaining 323 alerts were appropriately managed via interventions by social work and care management teams; the complaints procedure or the Commissioned Services Team.

In 2012/13, as with other years, care homes continue to be the most common location of reported abuse. However, following the a restructure, a team is now working more proactively with care homes and Registered Managers, and the number of cases reported in care homes has reduced considerably.

Case Study – Detecting Financial Abuse

The importance of close working with care home providers was demonstrated earlier this year when a couple from the town were convicted of financial abuse.

Staff in the care home and social care staff raised concerns about a lady's lack of spending money and proposals for the application of a power of attorney.

The department worked closely with the police and care service provider to achieve a successful prosecution.

A council spokesman said after the case "Hartlepool Council is committed to protecting vulnerable people in the local community and this includes the identification of financial and property abuse.

"We have worked closely with the Police and the care service provider to achieve a successful prosecution.

"This case serves as a reminder that financial abuse of vulnerable people will not be tolerated in Hartlepool and we will take all necessary steps to hold people to account".

>> Expert by Experience

As part of our ongoing safeguarding work, we commissioned an organisation to contact people involved in safeguarding to ask them what they thought of the process and what they thought we could do to make it better. The report about this Expert by Experience project was published earlier this year.

Recruiting people to take part in this project was difficult. The organisation found that often people involved in safeguarding referrals, victims and/or their family, simply do not wish to participate for a variety of reasons. These included feelings of tiredness often associated with a physical illness or because of the burden of their caring role. However, 12 individuals did take part in the project. They were asked a total of 14 questions about their experience.

An analysis of the evidence looks at two key areas: the safeguarding processes and the safeguarding meetings. In relation to safeguarding processes it was generally agreed that effective implementation and management of safeguarding processes can help to make the person and family member(s) feel less angry about what has happened. However, it was also noted that information and explanations given to service users and, where appropriate, family members, regarding the safeguarding process needs to be more consistent so that people involved have more understanding of what to expect.

With regards to the safeguarding meetings, some people described the meeting as being a positive experience pitched at a level that helped people understand what was going on and to take part in the meeting. However, it was also noted that more work needs to be done in helping people prepare for the meeting and to make sure that both the service user and their family members feel listened to and taken seriously.

The report concludes that there are some key themes emerging from the work. The report will be shared with partners to seek their views about how to address some of the issues raised.

>> **Public Information for People with Learning Disabilities**

Poor public information, particularly for people with a learning disability, has been a constant theme that has come out from consultations with the Learning Disability Partnership Board and other public consultations. It was identified that this was an area that we needed to do some work on and what we really needed was some input from people with a learning disability to make sure that the information produced was relevant and accessible.

Voice for You is a group run by and for people with learning disabilities to raise awareness of and campaign for the rights of people with learning disabilities and to support self advocacy across Hartlepool.

Voice for You was set up so people with learning disabilities could:

- Share their experiences
- Support each other
- Learn to speak up
- Find out about their rights
- Speak up to local services about what is important to them

We were invited to attend a Voice for You meeting to talk about public information. We took with us examples of some information that has been produced by other local authorities but whilst some was identified as being quite good, the general feeling was that we needed to make the information as accessible as possible and to do that, we needed to minimise the numbers of words used and rely on pictures to get the messages across.

We had some discussions about where to start. It was agreed that one thing that most people with a learning disability had was a bus pass. It was therefore decided to produce a leaflet explaining how to apply for a bus pass. We talked through the process and then using staff and the group members as actors, we photographed the process and developed a story board of the steps. This was then produced in a leaflet form, checked and approved by the group and published online at: www.hartlepool.gov.uk/factsheets

The second publication that the group were keen to produce was information on bullying. This was a more challenging project because of the different types of bullying and the range of people that could be involved. The group spent some time talking about the issues and then decided to draw pictures of the information they wanted to produce. It was agreed that photographing this project would be more complicated because of the number of people involved. We therefore spoke to the drama group Roaring Mouse (hvda.co.uk/index.php?option=com_database&Itemid=55&display=Roaring+Mouse+Drama+Group) to recruit actors to take part in the photo shoot.

The final version of the bullying booklet is available at:
www.hartlepool.gov.uk/factsheets

The feedback on the information produced by Voice for You has been really positive. We would like to continue the work with Voice for You and hope we will be able to do this going forward.

>> **Healthwatch**

The Council has commissioned the Local Healthwatch which is based at Hartlepool Voluntary Development Agency. Healthwatch will build on the work of the Local Involvement Network (LINK) and provide a voice for people who use health and social care services.

Healthwatch is working closely with the department and Healthwatch volunteers have provided invaluable support in talking to care home residents for the Quality Standards Framework project. In addition, they have conducted a comprehensive piece of research looking at domiciliary home care services. Healthwatch will be reporting their findings to the Adult Services Committee of the Council in February 2014.

*Full details of the work of Healthwatch is available at
www.healthwatchhartlepool.co.uk/*

Feedback and Consultation

>> Adult Social Care Complaints

We take complaints about our services very seriously and are always concerned about any experiences that fall below people's expectations. The number of complaints received about adult social care from April 2012 to March 2013 was 14.

We always work to resolve any concerns raised about a service as soon as possible. When we receive complaints, we listen and respond in a timely manner. Complaints which are considered either complex or have a number of elements are usually investigated by someone independent of the council. In 2012/13, Independent Investigating Officers were appointed to 9 of the 14 complaints investigated. The remaining 5 complaints were investigated and responded to internally.

When the complaint has been resolved we ensure that lessons learned are fed back in to service delivery and any recommendations are implemented. We publish details of the complaints that we receive in our annual complaints report.

*Our complaints report is available from
www.hartlepool.gov.uk/socialcarecomplaints*

The following are examples of recent things that clients and/or family carers have told us and what we have done to put things right.

- **You said...** that your husband did not receive consistent and regular personal care during a period of respite care in a care home and that he did not receive his medication as prescribed.

We... appointed an Independent Investigating Officer to look into your complaint who concluded that your husband had not received the level of care he should have done whilst at the care home. The care home agreed to record in greater detail the personal care given to residents and apologised to yourself and your husband. The care home also reimbursed the financial contribution made towards the cost of your husband's care.

- **You said...** that you had a number of concerns around the discharge from hospital of your now deceased father. In particular you were concerned that the carers involved in your late father's care did not appear to be aware of his home circumstances, accepting his word about taking medication, eating meals and the support he was receiving. In addition, you were concerned about the overall administration and management of his medication.

We... appointed an Independent Investigating Officer to look into your complaint. The investigator did uphold a number of parts of your complaint and we wrote to you to apologise for the areas where the department had let your father and his family down. The investigator recommended a review of the medication procedures, which has now taken place, and asked the department to remind social workers about the information they need to give to care providers and the importance of ensuring that all arrangements are agreed in writing and signed (this has also been done)

- **You said...** that you had been concerned about your mother and a bruise on her mouth. You had a number of concerns including the fact that you had spoken to a social worker who advised that she would visit the care home and investigate your concerns. The visit did not take place and the staff at the care home failed to record the injury, you were not informed of the injury and a safeguarding referral was not made.

We... appointed an Independent Investigating Officer to look into your complaint. The investigator agreed that the department and care home had let you and your mother down. He felt that procedures should be reviewed and this work has started. An apology has been sent to you from the care home and the department acknowledging the failures and apologising for the confusion suffered.

More information about complaints received to Child and Adult Services are available in the annual complaints report available at
www.hartlepool.gov.uk/downloads/download/2854/annual_complaints_compliments_and_representations_report

>> Improving services through consultation

■ *The Annual Social Care Survey 2012-2013*

This is the third year that we have completed the Annual Social Care Survey so we can now start to track the results to make sure that our performance is improving.

- 93% of people surveyed are satisfied with the carer and support they receive (this figure has remained static for the last 2 years).
- 85% of the people surveyed felt that care and support services helped them have a better quality of life.
- 76% of the people surveyed advised that care and support services helped them to feel safe.
- The proportion of people who have found it easy to find information and advice about support, services or benefits has increased to 63% this year, an increase from 48% in 2010/11 and 59% in 2011/12.

■ *Personal Social Services Survey of Adult Carers in England 2012-2013*

This is a bi-annual national survey developed by the Department of Health. The survey is being run due to a need to find out more about whether or not services received by carers are helping them in their caring role and their life outside of caring, and also their perception of services provided to the cared for person.

The Department of Health identifies that there are a considerable number of carers who receive services and support from social services. However, little is known as to whether those services have improved carers ability to care and live a life outside their caring role. The aim of the survey is to collect information about carers' experiences of social care services and support, and will feed into monitoring of the impact of the national carers strategy.

This is the first year that Hartlepool has taken part in the carers survey. 900 questionnaires were sent out with 310 being returned. The response rate is high for a survey and allows us to be confident that the results do reflect the experiences of carers in the town.

The results of the survey show that:

- 59% of respondents have been looking after someone for over 5 years with 35% having caring responsibilities for over 10 years.
- The majority of carers provide more than 3 hours of care a day.
- High levels of support are being provided with 66% of the carers advising that they dispense medicines to the person they care for; 61% provide personal care; and 79% help with paperwork and financial matters.

Lots of carers reported that they had their own health issues, with 28% having a long standing illness and 62% having physical or mental problems themselves.

From analysis of the data, Hartlepool is ranking 1st of 150 Councils in England against those questions that are used to compile the Adult Social Care Outcome Framework:

- 79% were satisfied with the support or services they and the person they care for have received from Social Services in the last 12 months.
- 91% said that they were able to spend their time as they wanted; doing things they valued or enjoyed.
- 92% felt that they had some control over their daily life.
- 92% had no worries about about their personal safety
- 93% had some social contact with the people they liked
- 89% felt that they had some encouragement and support in their caring role
- 56% had found information and advice about support, services or benefits easy to find in the last 12 months.
- 66% advised that the information and advice received had been helpful.

Whilst this feedback is extremely positive it is important to remember that these responses are within the context of people having considerable caring commitments and responsibilities. Some of the comments returned on the questionnaire demonstrated examples of how people take a 'getting on with it' approach to caring.

"I do everything for my wife... I do all the housework, washing and cooking"

"Not getting any younger, it gets harder each year. Very tiring and little time for oneself"

"No time for myself... would be good for someone to make me a cup a tea and put a meal in front of me"

"I look after my husband 7 days a week and night, my daughters stop over to give me a break in the spare bedroom. I take my husband out in his wheelchair and family and friends help too. ... He has very uncomfortable nights, keeping me awake most nights ..."

"I found it hard for years with three young kids. When my wife had her first stroke trying to keep job down, pay mortgage, daily running house. The services at the time couldn't help me with kids etc... it's took its toll on me over the years juggling everything... I would like to see more support for carers, we get sick too"

"For most part I can cope with caring for me wife with the great support from [carers organisation]. However at times I get run down and need help myself. It's not easy having to say to the loved one 'I need a break' perhaps if someone was to visit occasionally they would pick up on things like this and offering help would be better received by the person who is being cared for"

"Old age is not all it's cracked up to be if you are not healthy and mobile. Younger people sympathise but cannot understand"

"... But I do everything I can because I love my husband of 35 years and this is why I do everything I can to make my husband happy so he can cope with the disability he now has. I am my own worst enemy"

At the time of the census in 2011, 9,924 people from Hartlepool identified themselves as carers (www.ONS.gov.uk). This represented 10.8% of the population of the town, reflecting the national average. A total of 3,044 carers identified themselves as providing over 50 hours of care per week (an increase from 2,680 in 2001). This represented 3% of the population of the town, slightly higher than the national average.

This represents an enormous amount of care and demonstrates the huge commitment of unpaid carers in Hartlepool.

A Multi-Agency Strategy for Carers (2011-2016) has been developed in consultation with carers, a range of agencies and the voluntary and community sector. It outlines the vision for carers in Hartlepool and provides a set of priorities identified by carers that will be used to guide policy development and service provision. The strategy identifies what actions are needed to ensure that carers feel supported, valued and recognised in their important role. The action plan for the strategy was recently refreshed to ensure that carers priorities are still being reviewed and monitored.

The Care Bill will introduce changes for carers. For the first time, carers will be recognised in the same way as those they care for and more carers will be entitled to have their needs assessed by the local authority.

The approach that has been taken in Hartlepool to provide flexible support for carers through personal budgets is really positive, and supports the approach set out in the Care Bill which is about supporting carers to achieve what is important to them in their own life.

We will continue to work with carers and will make sure that carers are kept informed of the changes that are made as a result of the Care Bill.



Our plans for the future



This is our second Local Account and I would particularly like to thank the members of Healthwatch who have helped us shape it. It was their involvement that led us to introduce the 'Focus on...' section which I hope gives you more in-depth information about specific parts of our services.

Despite the challenges that we continue to face, the feedback received from our two major surveys this year has shown that we do help improve the quality of life for people and it is important to us as a department and the Council that we continue to make this our main priority in adult social care.

I am extremely pleased with the results from the bi-annual survey of adult carers that we conducted this year. The aim of the survey was to check that the services received by carers are helping them in their caring role and their life outside of caring. We had a really high response to this survey which shows that carers really do want to have their voice heard. As we have discussed, the results of the survey show that people in Hartlepool who are caring for an adult have been carrying out their caring role for a long time and provide over 3 hours of care a day. Despite this, very high numbers of those who returned the survey were satisfied with the support or services that they received; were able to spend their time as they wanted; and had some encouragement and support in their caring role.

We are of course, not alone in providing services and support to carers and we know that we would not have such high levels of satisfaction with services for carers in the town if it was not for our partner organisations and the voluntary and community sector. What is important now is ensuring that we carry on working with our partners to make sure we continue to support carers who play such a vital role in keeping people safe and well.

I outlined last year our main overriding priorities for the next two years which included:

- Ensuring that people who need higher levels of support are offered choice, control and good services so that they can recover as quickly as possible or live a good quality of life.

As we continue to work towards achieving these priorities we will also focus on responding to the demands of the new Care Bill and ensuring that our workforce are ready to meet any new challenges. In addition, a key part of next years work involves commissioning a new provider to deliver low level support in the town so making sure that we can help more people stay independent and not need services provided by the department. We will continue to work with Healthwatch to support their work. Finally, as part of our ongoing work to respond to economic constraints, we are reviewing our Fairer Charging Contribution Policy and anticipate introducing a new system over the coming year.

We remain committed to providing the standards of services that we can within our budget. We will continue to listen to you and talk to you about shaping services for the future.

A handwritten signature in black ink, appearing to read 'Gill Alexander', with a stylized flourish at the end.

Gill Alexander
Director

Useful contacts

>> Adult Social Care

Our First Contact and Support Hub acts as the first point of contact for social care in Hartlepool. You can contact the First Contact and Support Hub by:

- **Telephone:** 01429 284284
- **Textphone/minicom:** 01429 284130
- **email:** fcsh@hartlepool.gov.uk

>> Benefits advice

For welfare benefits advice, contact Hartlepool Citizens Advice Bureau by:

- **Telephone:** 01429 273223
- **Fax:** 01429 868803
- **email:** enquiries@hartlepool.cabnet.org.uk

>> Care Quality Commission (CQC)

- **Website:** www.cqc.org.uk
- **Textphone:** 03000 616161
- **Fax:** 03000 616171

>> Health Watch Hartlepool

Health Watch Hartlepool is based at Hartlepool Voluntary Development Agency.

You can contact Health Watch Hartlepool by:

- **Telephone:** 01429 262641
- **Website:** www.healthwatchhartlepool.co.uk

>> Let us know what you think about this Local Account

We would like to know:

- what you think about this Local Account, and
- what information you want to see in future Local Accounts.

We would like feedback on this Local Account from Hartlepool residents and other stakeholders. We will also consult directly with carers and people who use our services.

Please visit www.hartlepool.gov.uk/localaccount to take part.

ADULT SERVICES COMMITTEE

3rd March 2014



Report of: Director of Child and Adult Services and Chief Finance Officer

Subject: STRATEGIC FINANCIAL MANAGEMENT REPORT – AS AT 31ST DECEMBER, 2013

1. TYPE OF DECISION/APPLICABLE CATEGORY

For Information.

2. PURPOSE OF REPORT

- 2.1 The purpose of the report is to inform Members of the 2013/14 Forecast General Fund Outturn, 2013/14 Capital Programme Monitoring and provide details for the specific budget areas that this Committee is responsible for.

3. BACKGROUND AND REPORTING ARRANGEMENTS 2013/14

- 3.1 The availability and reporting of accurate and up to date financial information will become increasingly important as future budget cuts are implemented and one-off resources are used up.
- 3.2 The Finance and Policy Committee will continue to receive regular reports which will provide a comprehensive analysis of departmental and corporate forecast outturns, including an explanation of the significant budget variances. This will enable the Finance and Policy Committee to approve a strategy for addressing the financial issues and challenges facing the Council.
- 3.3 To enable a wider number of Members to understand the financial position of the Council and their service specific areas each Policy Committee will receive a separate bi-monthly report providing:
- A brief summary of the overall financial position of the Council as reported to the Finance and Policy Committee;
 - The specific budget areas for their Committee; and
 - The total departmental budget where this is split across more than one Committee. This information will ensure Members can see the whole position for the departmental budget.

- 3.4 The latest report was submitted to the Finance and Policy Committee on 27th February 2014. The report advised Members that there will be an overall underspend in the current year. This position reflects action taken by the Corporate Management Team to achieve underspends to help address the significant financial challenges facing the Council over the next few years and to fund one-off commitments not provided for in the approved 2013/14 budget as these items were not known at the time. The Corporate Management Team will seek to achieve budget underspends through a combination of robust management actions, including;
- holding posts vacant, which will help reduce the number of compulsory redundancies required to balance the 2014/15 budget;
 - achieving planned 2014/15 savings earlier;
 - careful management of budgets to avoid expenditure where this does not have an adverse impact on services; and
 - savings in interest costs by taking advantage of current interest rates structures. As reported previously a comprehensive review of this area has been completed which secured a permanent budget saving of £1m from 2014/15 in interest and loan repayment costs.
- 3.5 The latest report on the position as at 31st December 2013 will advise Members that there is a net forecast uncommitted underspend at the year end of between £0.729m and £1.160m.
- 3.6 As a minimum the lower forecast 2013/14 uncommitted under spend of £0.729m should be available to support the Medium Term Financial Strategy over the period 2014/15 to 2016/17. This funding has been taken into account in the final 2014/15 to 2016/17 Medium Term Financial Strategy Report presented to Finance and Policy on 31st January, 2014.

4. Projected Grant Income to be Earmarked to fund 2014/15 Expenditure

- 4.1 The Department of Health (DoH) and Clinical Commissioning Group (CCG) budget arrangements have less flexibility to carry forward resources at the end of the financial year than local authorities. At a national level this often results in additional one-off funding from the DoH to councils being provided toward the year end. Similarly the Council will work closely with the CCG to ensure resources allocated to the Hartlepool area are retained in the town. The amount of this funding will not be known until March 2014. Therefore, to address these issues the Council will carry forward this funding at the financial year end as an Earmarked Reserve. The reserve will be used in 2014/15 to meet defined national and/or local spending priorities defined or agreed with the funders.

5. 2013/14 FORECAST GENERAL FUND OUTTURN – Adult Services Committee

5.1 The following table sets out the overall budget position for the Child and Adult Services department budget broken down by Committee, together with a brief comment on the reasons for the forecast outturn.

Budget	Description of Expenditure	December Projected Outturn Adverse/ (Favourable) Worst Case	December Projected Outturn Adverse/ (Favourable) Best Case	Comments
£'000		£'000	£'000	
31,506	Adult Committee	(546)	(569)	Under spends predominantly owing to staffing costs and management of contracted services mainly resulting from early achievement of 2014/15 planned savings. These are partly offset by demographic pressures for services.
2,126	Child Committee	393	190	Over spend predominantly relates to Children and Families pressures arising from increases in the numbers of looked after children. The range reflects the highly unpredictable and differing care needs within this area. The majority of the increase in outturn projections since October reflects new children's placements projected to the end of the financial year.
52,772	Total Child & Adult	(153)	(379)	
Creation of Reserves				
0	Children's - Education Psychology	50	100	Planned creation of additional Reserve arising from external income generation to provide some certainty of funding for the service as schools convert to Academy status.
0	Children's - Specific Ring Fenced Grant Funding	18	18	Ring fenced grant income received in year in respect of "Going Forward" projects, which is planned to be spent in 2014/15.
0	Children's - School Improvement	50	50	An under spend in year has been generated by a combination of staffing savings and additional income for Services provided to schools, a transfer to reserves is planned to support the School Improvement Programme in 2014/15.
0	Children's - Adoption Reform Grant	170	170	Balance of unspent 13/14 Grant Funding to be carried forward into 14/15 for the continued purpose of increasing adoptions.
0	Children's - Local Safeguarding Children's Board	10	10	Partnership budget joint funded along with other public bodies; balance of funding to be transferred to existing LSCB reserve
	Creation of Reserves Total	298	348	
52,772	Child & Adult Total - Net of Reserves	145	(31)	

5.2 Further details of the specific budget areas this Committee is responsible for are provided in **Appendix A**.

6. CAPITAL MONITORING 2013/14

6.1 The 2013/14 MTFS set out planned capital expenditure for the period 2013/14 to 2015/16.

6.2 Expenditure against budget to the 31st December, 2013 for this Committee can be summarised in the following table and further details are provided in **Appendix B**.

Department	2013/14 Budget	2013/14 Actual to 31/12/2013	2013/14 Remaining Expenditure	2014/15 Rephased Expenditure	2013/14 Variance from Budget Adverse/ (Favourable)
	£'000	£'000	£'000	£'000	£'000
Adult Services	963	32	388	543	0
Total	963	32	388	543	0

7. RECOMMENDATIONS

7.1 It is recommended that Members:-

- (i) note the report.

8. REASONS FOR RECOMMENDATIONS

8.1 To update the Members on the Committees forecast 2013/14 General Fund Revenue budget outturn and provide an update on the Capital Programme for 2013/14.

9. APPENDICES

Appendix A attached.

Appendix B attached.

10. BACKGROUND PAPERS

Medium Term Financial Strategy Report referred to Finance and Policy Committee 31st May 2013, 2nd August 2013, 18th October 2013 and 31st January, 2014.

Strategic Financial Management Reports – 23rd August 2013, 18th October 2013, 20th December 2013 and 27th February 2014.

11. CONTACT OFFICERS

Gill Alexander
Director of Child & Adult Services
Gill.Alexander@hartlepool.gov.uk
01429 523910

Chris Little
Chief Finance Officer
Chris.little@hartlepool.gov.uk
01429 523003

REVENUE FINANCIAL MONITORING REPORT FOR FINANCIAL YEAR 2013/14 as at 31st DECEMBER, 2013

6.1

Overview:

Approved 2013/2014 Budget £'000	Description of Service Area	December		Director's Explanation of Variance
		Projected Outturn Variance - Adverse/ (Favourable) Worst Case £'000	Projected Outturn Variance - Adverse/ (Favourable) Best Case £'000	

Adult Committee				
149	Carers & Assistive Technology	(4)	(4)	
3,615	Commissioning-Adults	(166)	(180)	This mainly relates to the early achievement of 14/15 savings arising from staff vacancies and contract savings.
1,458	Commissioning-Mental Health	(50)	(50)	
10,126	Commissioning-Older People	100	100	This outturn projection is owing to continuing demographic pressures for Older People both in residential care and non-residential settings.
7,625	Commissioning-Working Age Adult	61	61	This outturn projection is owing to an increase in complex packages for individuals in the community.
184	Complaints & Public Information	8	8	
1,180	Departmental Running Costs	(96)	(96)	This mainly relates to the early achievement of 14/15 savings arising from staff vacancies.
1,107	Direct Care & Support Team	(150)	(150)	This favourable outturn relates to staffing underspends in this area. This area is volatile and can be impacted by external activity generated by hospital discharges.
378	LD & Transition Social Work	0	0	
2,355	Locality & Safeguarding Teams	(120)	(120)	This mainly relates to savings on staff budgets.
636	Mental Health Services	(43)	(43)	
1,088	OT & Disability Equipment	(60)	(60)	This mainly relates to savings on staff budgets and contract payments arising from lower usage.
382	Workforce Planning & Dev	(46)	(55)	
1,224	Working Age Adult Day Services	20	20	
31,506	Adult Services Total (before Creation of Reserves)	(546)	(569)	

CREATION OF RESERVES (if applicable)

0		0	0	
0	Creation of Reserves Total	0	0	
31,506		(546)	(569)	

PLANNED USE OF RESERVES

The above figures include the 2013/2014 approved budget along with the planned use of Departmental Reserves created in previous years.

The details below provide a breakdown of these reserves

Approved 2013/2014 Budget £'000	Description of Service Area	Planned Usage 2013/2014 £'000	Variance Over/ (Under) £'000	Director's Explanation of Variance
Adult Committee				
30	PCT Carers into Employment	30	0	
15	PCT Hearing Loss Strategy	15	0	
40	PCT Carers Funding	40	0	
110	Social Care Delayed Hospital Discharges	110	0	
195	Adult Committee Sub Total	195	0	

ADULT SERVICES COMMITTEE**APPENDIX B****CAPITAL MONITORING REPORT PERIOD ENDING 31st DECEMBER 2013**

Project Code	A	EXPENDITURE IN CURRENT YEAR							2013/2014 COMMENTS
		B	C	D	E	F	G	H	
	Scheme Title	2013/14 Budget £'000	2013/14 Actual as at 31/12/13 £'000	2013/14 Expenditure Remaining £'000	Expenditure Rephased 2014/15 £'000	C+D+E 2013/14 Total Expenditure £'000	F-B 2013/14 Variance from budget £'000	Type of financing	
Adult Committee									
7234	Chronically Sick and Disabled Persons Adaptations	245	17	228	0	245	0	MIX	
7723	Resettlement Capital Works - Campus Reprovisioning	115	0	0	115	115	0	GRANT	Scheme on hold pending future plans and approvals. Budget rephased to match expenditure.
8428	Havelock Upgrades Phase 2	204	15	39	150	204	0	MIX	Scheme on hold pending future plans and approvals. Budget rephased to match expenditure projections.
8075	Short Break Capital Grants Pool	21	0	21	0	21	0	MIX	
8312	Social Care Transformation Capital Grant	378	0	100	278	378	0	GRANT	Unallocated funding rephased pending future plans and approvals.
Adult Committee Sub Total		963	32	388	543	963	0		

Key

RCCO Revenue Contribution towards Capital
MIX Combination of Funding Types
UCPB Unsupported Corporate Prudential Borrowing
SCE ® Supported Capital Expenditure (Revenue)

GRANT Grant Funded
CAP REC Capital Receipt
UDPB Unsupported Departmental Prudential Borrowing
SPB Supported Prudential Borrowing