

ADULT SERVICES COMMITTEE AGENDA



Monday 1 September 2014

at 10.00 am

in Committee Room B, Civic Centre, Hartlepool

MEMBERS: ADULT SERVICES COMMITTEE

Councillors Beck, Lilley, Loynes, Richardson, Sirs, Springer and Thomas

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 12 August 2014 (*attached - for information*)

4. BUDGET AND POLICY FRAMEWORK ITEMS

No items

5. KEY DECISIONS

- 5.1 The Care Act 2014: Update and Proposed Use of Implementation Grant for 2014/15 – *Director of Child and Adult Services*



6. **OTHER ITEMS REQUIRING DECISION**

6.1 No items

7. **ITEMS FOR INFORMATION**

7.1 Strategic Financial Management Report – as at 30 June 2014 – *Director of Child & Adult Services and Chief Finance Officer*

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

Date of next meeting – Monday 6 October 2014 at 10.00am in Committee Room B, Civic Centre, Hartlepool.



ADULT SERVICES COMMITTEE MINUTES AND DECISION RECORD

12 August 2014

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

Present:

Councillor: Carl Richardson (In the Chair)

Councillors: Paul Beck, Geoff Lilley, Kaylee Sirs, and Stephen Thomas.

Also Present: Lynn Allison - Healthwatch

Phil Rafferty - 50 Plus Forum

Members of the Public - Evelyn Leck, John Lynch and Frank Harrison

Officers:

Gill Alexander, Director of Child and Adult Services

Jill Harrison, Assistant Director, Adult Services

Jeanette Willis, Head of Strategic Commissioning

Steve Thomas, Modernisation Lead – Older People, Dementia, Carers and Dignity

Denise Wimpenny, Principal Democratic Services Officer

11. Apologies for Absence

Apologies for absence were submitted on behalf of Councillors Brenda Loynes, George Springer and Health Watch representatives Ruby Marshall and Maureen Lockwood.

12. Declarations of Interest

Councillor Thomas declared a personal interest in Minutes 15 and 17.

Councillor Beck declared a personal interest in Minute 17.

13. Minutes of the meeting held on 7 July 2014

Received

14. Savings Programme 15/16 – Adult Services (*Director of Child and Adult Services*)

Type of decision

Budget and Policy Framework

Purpose of report

To identify proposals for the delivery of savings in Adult Services for consideration as part of the 2015/16 budget process.

Issue(s) for consideration

The Assistant Director presented the report which included the proposals for delivery of savings in Adult Services as part of the 2015/16 budget process, the risks associated with the proposals and the considerations which had been taken into account in developing them.

The report included a breakdown of expenditure of £45m as well as details of the outcomes/outputs. The savings target for Adult Services for 2015/16 was £1.075m. Details of how the savings target would be achieved were provided as detailed in the report. Members were referred to the risk implications, financial equality and diversity considerations as well as staffing considerations, as set out in the report.

A lengthy discussion ensued during which the following issues/comments/concerns were raised:-

- (i) A number of concerns were raised regarding the long term implications that the cuts would place on service delivery as well as the risks to service users given the aims of the BCF Plan to reduce the number of people aged 65 and over who were permanently admitted to residential care. Members were advised that whilst the intention of the Better Care Fund Plan was to reduce the number of people aged 65 and over who were permanently admitted to residential care it was not the intention to remove people from residential care where there was a need. The aim was to look at alternatives to residential care and to support individuals to maintain their independence as long as possible. Details of the various support mechanisms in place were outlined.
- (ii) The Assistant Director provided clarification in response to queries raised by the Committee which included support available for carers,

- (iii) The Committee debated at length the impact of continuing Central Government cuts on the most vulnerable people, the rising level of need for social care, the impact of underfunding on the delivery of Council services, the potential financial implications for the authority as a result of the potential changes to the Better Care Fund and the continuing pressures placed upon the Council as a result of the requirement to deliver more services in a community setting with a continued reduction in budgets. The need to challenge Central Government and health colleagues to ensure funding was made available to the Council to manage the increasing number of services transferring to the community was highlighted. Officers were complimented on the quality of services delivered given the impact of the continuing deletion of posts and reductions in staffing levels.
- (iv) Reference was made to a recent domiciliary care investigation undertaken by Healthwatch acknowledging the hard work of care staff and the need for the Council to work with external providers to ensure the issues of pay and service conditions of care staff were addressed.
- (v) In response to further comments made in relation to the need for additional investment in Adult Social Care and a query as to whether Adult Social Care's percentage of cuts could be met from other areas in the Council, the Director of Child and Adult Services advised that 64% of the Council's budget was spent on services for vulnerable adults and children and the sustained reduction in public sector funding over the last 5 years was predicted to continue resulting in greater challenges for 16/17. It was noted that Hartlepool had suffered the greatest level of reduction than any Borough in the North East. Members were referred to the challenges ahead for 16/17 and 17/18 and the significant risks associated with the potential changes to the Better Care Fund and the anticipated loss of funding of between £770,000 and £1.8m. In relation to the suggestion that other services take a larger cut in budgets, the Committee was advised that other areas were taking a higher percentage cut than Adult Services and were struggling to find ways to achieve the savings required.
- (vi) The importance of public engagement was emphasised and a view was expressed that engagement mechanisms should not be further reduced.
- (vii) The need to continue to deliver good quality services was highlighted as well as the importance of communicating to the public the types of support services available including benefit advice. The various methods of communicating such advice were discussed and it was suggested that Hartbeat and other organisations be utilised to publicise information of this type.. The Assistant Director outlined the various methods of communicating with the public and reported that work was currently ongoing in relation to the type of advice and

information available to which a report would be presented to a future meeting of this Committee in this regard.

- (viii) The Committee discussed the impact a change of Government would have on future funding allocations and requested that this issue be further explored by officers with a view to developing a case file in the event that funding became available.
- (vix) Whilst the Committee were reluctant to agree savings proposals in relation to Adult Services, Members acknowledged that the savings had been identified from areas which would result in the minimal level of impact on frontline services and accepted that there were no alternative options.

Decision

- (i) The Committee reluctantly agreed the savings proposals relating to Adult Services and emphasised the need to try to maintain front line services as far as possible.
- (ii) That the contents of the report and comments of Members, as outlined above, be noted and be utilised to formulate a response to be presented to Finance and Policy Committee.
- (iii) It was noted that further reports may need to be considered by the Adult Services Committee as the position regarding the changes to the Better Care Fund became clearer.

15. Support for People with Dementia in Hartlepool (*Director of Child and Adult Services*)

Type of decision

No decision required – for information

Purpose of report

To provide Adult Services Committee with an update on the support available for people in Hartlepool living with dementia, taking into account the national and local context.

Issue(s) for consideration

The provided background information to the National Dementia Strategy and support available for people in Hartlepool living with dementia. Details of national developments around dementia, how Hartlepool had addressed

the National Strategy as well as the process for raising awareness of dementia in Hartlepool was provided, as set out in the report.

It was reported that Hartlepool Dementia Forum had been formed in 2011 by representatives from organisations within the town who strived to improve support to people with dementia. The Dementia Forum had established a working group bringing together a large range of local organisations to actively look at the possibility of Hartlepool becoming accredited as a Dementia Friendly Community. The Dementia Forum's Workshop had developed an action plan, attached at Appendix 1, which had identified the need to actively consult people who had dementia and their carers, details of which were included in the report. Members were referred to the process in terms of engagement with the wider community, as detailed in the report as well as the Accreditation as a Dementia Friendly Community process.

In the lengthy discussion that followed presentation of the report, Members welcomed the initiative, noting the benefits as a result and were keen to receive future updates in due course. In developing the project, Members highlighted the need to consider a number of issues which included the need to address the barriers and sensitivities associated with dementia, ensure the relevant support arrangements were in place particularly at the hospital discharge stage, loneliness/isolation issues as well as the importance of early diagnosis. With regard to early diagnosis, the Assistant Director advised that early diagnosis had been chosen as a local indicator and significant progress had been made with GP's in this regard.

Decision

- (i) That the developments of support for people with dementia and their carers be noted and further progress reports be received as appropriate.
- (ii) That the attendance of Elected Members at forthcoming one hour Dementia Friends Information Sessions be noted and encouraged.

16. Any Other Items which the Chairman Considers are Urgent

The Chairman ruled that the following item of business should be considered by the Committee as a matter of urgency in accordance with the provisions of Section 100(B) (4)(b) of the Local Government Act 1972 in order that the matter could be dealt with without delay.

17. Any Other Business – Hartfields GP Surgery

A Member reported his disappointment and concerns regarding the proposal to close the GP Surgery at Hartfields. A discussion followed during which the Committee raised a number of concerns regarding the proposal to remove further services from the town, noting the potential impact on individuals as a result and, in particular, the impact on elderly residents in terms of travelling to access services. With regard to the impact on residents at Hartfields, it was highlighted that a number of residents may have made lifestyle choices as a result of the GP surgery located at Hartfields. Concerns were also expressed that the proposals included the closure of GP practices at Fens and Wynyard Road. The benefits of seeking the views of GP'S was highlighted. The background and reasons for the proposals were debated and the Committee was keen to receive further information in this regard. The Assistant Director advised that whilst the CCG had a role to play, the consultation was being led by NHS England.

The Director of Child and Adult Services added that a letter had been received by the Leader of the Council from NHS England regarding a review of medical services in Hartlepool and included a proposal to de-commission current practices in Hartlepool. Consultation would commence in relation to this issue on 4 August and would conclude on 29 September. Details of the proposals together with consultation timescales were provided and it was reported that arrangements would be made to provide Members with a copy of the letter to the Leader under separate cover following the meeting.

The Committee unanimously opposed the proposals and requested that their views be reported to the appropriate Committee to which the Director agreed to draft a response on behalf of the Committee. A Member requested that clarification on the decision making arrangements and timescales for consideration of this issue be provided following the meeting.

Decision

- (i) That the Director of Child and Adult Services formulate a draft letter of response to the Audit and Governance Committee, on behalf of the Committee, to reflect the views of Members, as detailed above.
- (ii) That details of the proposals in relation to the proposed de-commissioning of services together with the decision making route and timescales for consideration of this issue be provided under separate cover following the meeting.

The meeting concluded at 11.40 am

P J DEVLIN

CHIEF SOLICITOR

PUBLICATION DATE: 19 AUGUST 2014

ADULT SERVICES COMMITTEE

1 September 2014



Report of: Director of Child & Adult Services

Subject: THE CARE ACT 2014: UPDATE AND PROPOSED USE OF IMPLEMENTATION GRANT FOR 2014/15

1. TYPE OF DECISION/APPLICABLE CATEGORY

Key Decision (test (i) and (ii) apply); Forward Plan Ref: CAS030/14.

2. PURPOSE OF REPORT

2.1 The purpose of this report is to provide the Adult Services Committee with a further update on the changes to adult social care proposed in the Care Act, following an earlier report in February 2014.

2.2 This report sets out:

- Progress towards implementing the Care Act from April 2015;
- Information on the national implementation stocktake programme;
- Proposed use of the Care Act Implementation Grant for 2014/15, a one off grant of £125,000 which has been allocated to local authorities to support their change management programmes in preparation for the Care Act implementation from April 2015.

3. BACKGROUND

3.1 The Care Bill received Royal Assent and passed into law as the Care Act 2014 on 15 May 2014.

3.2 The Care Act 2014 draws together a range of different health and social care legislation built-up over seventy years; it aims to create a single, modern law that clarifies and simplifies what kind of care and support people can expect.

3.3 The vision underpinning this legislation is for a modernised system that promotes people's wellbeing by preventing or postponing the need for care and support and puts them in control of their own lives to the greatest possible extent.

- 3.4 From April 2015 local authorities will have:
- New wellbeing and prevention duties;
 - New duties regarding provision of information and advice (including advice on paying for care);
 - New market shaping duties;
 - A national eligibility criteria;
 - New duties regarding assessments for carers and self-funders;
 - Statutory requirements in respect of Personal Budgets and Support Plans;
 - Statutory requirements to offer deferred payment agreements.
- 3.5 From April 2016 the revised funding / charging reforms will be introduced which will include:
- A capped charging system;
 - Introduction of Care Accounts to include self- funders;
 - An extended means test.
- 3.6 Consultation in respect of draft regulations and statutory guidance on how the legislation should be implemented is currently in progress with comments being accepted until 15 August 2014. The regulations and guidance cover most of the Care Act's changes to adult social care including changes to assessments and eligibility, the introduction of legal provisions around safeguarding and the new duties on councils to promote wellbeing and commission preventative services including advice and information. The final guidance and regulations will be published in November 2014.
- 3.7 Changes to care funding, most notably the introduction of a 'cap' on people's liability for care costs and the extension of means tested residential care support to more people, are not covered. The financial elements of the Care Act will be introduced from April 2016 and draft guidance and regulations on these elements will be issued for consultation at the end of 2014.

4. UPDATE ON PREPARATIONS FOR IMPLEMENTING THE CARE ACT IN HARTLEPOOL

- 4.1 Following the report that was presented to the Adult Services Committee in February 2014, a project group has been established with a Care Act Implementation Board chaired by the Assistant Director - Adult Services and project managed by a Head of Service.
- 4.2 There are three task and finish groups in place to ensure that the council is ready for implementation in April 2015:
- Operational and Workforce Issues including review of the operational pathways, updating policies and procedures and assessing workforce training needs and capacity against the Care Act requirements for additional assessments and the associated work;

- Advice and Information Issues including developing/commissioning a public facing advice/information suite of tools/resources and procuring a web based IT solution, developing a communication plan and refreshing the adult social care strategy documents;
- Finance, Commissioning and Performance Issues including reviewing the Resource Allocation System (RAS), developing a commissioning strategy/ market position statement and analysing the current data to estimate the increased numbers of assessments that will be required. This information will be imperative to facilitate the successful development of the system that will be required to be in place to deliver the additional workflows from 2015/16.

The implementation framework is set out at **Appendix 1**.

4.3 The project management framework for this piece of work includes the following tools to enable progress towards implementation to be tracked by the steering board:

- Care Act Implementation Traffic-Light (RAG) Impact Analysis. This clearly sets out the priorities for the work that needs to be done during 2014/15.
- Summary of RAG Impact Implementation Priorities at **Appendix 2**.
- Care Act 2014 Implementation Communication Plan at **Appendix 3**. The Plan enables the Board to track progress to ensure that all relevant partners and stakeholders are briefed on this new legislation before April 2015.

5. REGIONAL AND NATIONAL SUPPORT TO IMPLEMENT THE CARE ACT

- 5.1 A partnership approach across organisations is being used to deliver the Care Act.
- 5.2 The Care and Support Programme and Implementation Board involves the Department of Health (DH), Association of Directors of Adult Social Services (ADASS) and the Local Government Association (LGA) and is responsible for coordinating plans nationally, providing readiness assurance and communicating progress through their programme office.
- 5.3 In the North East region the Head of Service group has been tasked by NE ADASS to lead on the regional approach to the Care Act implementation programme. This group shares plans, knowledge and ideas as well as looking at the best way to collaborate on common issues and is currently focusing on the DH communication strategy (disseminating messages about the Care Act out to the public) and IT systems in respect of information, advice and the future requirements flowing from the financial aspects of this reform agenda.

ADASS has also recently recruited to a regional post to oversee the Care Act implementation in the North East region across all the local authorities.

The regional delivery partnership will be expected to:

1. Work with all local authorities to implement both the Care Act reforms and the Better Care Fund.
2. Co-ordinate a review of readiness and develop assurance programmes by means of the national implementation stocktakes.
3. Co-ordinate work to identify common risks and issues and develop local solutions.
4. Share knowledge, expertise and best practice across the regional local authorities.
5. Identify an accountable council for receipt and accounting of the regional funds who will report on their use as part of assurance arrangements.

The NE region will issue a joint consultation response on the Care Act regulations and this will focus on common priority areas:

- Workforce.
- Impact on the market.
- Demand management (gathering data about carers and self-funders) and funding issues.
- Cross border placements and Ordinary Residence.
- Communications, Information and Advice.

5.4 The workforce is critical to successful implementation of the reforms. Skills for Care have been asked by the Department of Health to lead on two programmes of work in partnership with other organisations in the sector:

1. The Capacity Planning Project to ensure the adult social care workforce in England has the right numbers of people in the right roles to meet the Care Act requirements. A suite of tools and resources are being developed to develop new ways of working required by the reforms.
2. The Learning and Development Project to ensure the adult social care workforce in England is able to implement the requirements of the Care Act. A comprehensive package of free learning materials, specifically aimed at delivering the skills and knowledge required to deliver the reforms, will be shared with all local authorities from October 2014.

The local Operational and Workforce Issues task and finish group will be linking into these work programmes over the coming months.

6. NATIONAL CARE ACT IMPLEMENTATION STOCKTAKE

6.1 The national Care Act implementation stocktake has been developed by the DH, ADASS and LGA to support councils by providing information to facilitate local strategic discussions, map progress and identify opportunities for shared learning.

- 6.2 There will be three stocktakes across the year. One has already been completed and the other two will take place in autumn 2014 and January 2015. The results will be analysed by the Local Government Association with outcome reports being available to local areas. These stocktakes will be helpful in identifying where action is required to ensure overall readiness and to inform priorities for implementation support at regional and national levels.
- 6.3 The first stocktake at the end of May 2014 has been completed. Hartlepool Borough Council's return indicates that early progress has been made towards implementing the Care Act in April 2015 and demonstrates a reasonable level of confidence amongst officers that the Council will be able to deliver the care reforms in a timely way.
- 6.4 The main risks identified for Hartlepool Borough Council in association with delivering the Care Act are:
- Unknown levels of additional demand from 'self funders' (people who currently purchase their own care and support but may come to the council for an assessment and a Care Account once the new legislation is in place after 2016);
 - Unknown levels of additional demand from carers;
 - Unknown additional workforce capacity required to manage the raised numbers of additional assessments as a result of 1 and 2 above;
 - Unknown total implementation costs.

7. IMPLEMENTATION GRANT 2014/2015

- 7.1 All councils will receive a one-off grant of £125,000 in 2014/15 to support implementation of the Care Act. The funding is not ring-fenced but local authorities are required to sign a Memorandum of Understanding which commits them to 'utilise this one-off grant to enable progress with the implementation of The Care Act'. The Memorandum of Understanding sets out the requirement for local authorities to make adequate provision for change management, to participate in the national implementation stocktake programme, and to identify an accountable Senior Responsible Owner.

8. PROPOSAL

- 8.1 It is proposed that the following developments be supported by the Care Act Implementation Grant:
- 8.1.1 Project Management Capacity
Additional capacity is required to undertake preparatory work in relation to implementation of the Care Act. Two additional posts have been developed which will support Care Act implementation, a Public Information Officer and a Development Officer to support the review and revision of policies and procedures. The Care Act Implementation Grant will fund these posts for one year, with future funding for one post identified from the Better Care Fund and the second post subject to review after twelve months.

8.1.2 Training & Awareness Raising

It is recognised nationally, regionally and locally that providing high quality training on the implications of the Care Act is essential to ensure successful implementation. In depth specialist training will be required on the following topics, over day long or half day sessions:

- Assessment, Eligibility & Care Planning
- Resource Allocation & Review
- Advice, Information & First Contact
- New Safeguarding Structure
- Changes to Commissioning Functions
- Financial Assessment, Charging & Deferred Payments
- Interface with Children's Services
- Interface with NHS

There will also need to be awareness sessions offered to providers and to people using services and their carers.

8.1.3 Information & Advice

One of the key priorities within the Care Act, which is also highlighted as a priority within the Better Care Fund guidance and the local Better Care Fund plan, is the provision of accessible, good quality advice and information. A review of how advice and information is provided currently has identified the need for a new IT solution for adult services, to replace the current Hartlepool Now website and provide a more interactive means of people accessing the information and advice that they need.

9. FINANCIAL CONSIDERATIONS

9.1 The Council will receive an allocation of £125,000 in 2014/15 to support implementation of the Care Act.

9.2 A Memorandum of Understanding commits the Council to utilise this one-off grant to enable progress with the implementation of The Care Act.

9.3 The proposed use of the Grant is as follows:

Priority Area	Spend
Project Management Capacity	£60,000
Training & Awareness Raising	£25,000
Information & Advice	£40,000

10. RECOMMENDATIONS

10.1 It is recommended that the Adult Services Committee:

- a) Note the framework in place to implement the Care Act from April 2015;

- b) Approve the proposed spend in respect of the Department of Health Implementation Grant 2014/15;
- c) Receive an update report in Spring 2015 following the national stocktake which will take place in January 2015;
- d) Note that the requirement for detailed financial and activity modelling in respect of the implications of the Care Act 2014 will be available in early summer 2015. This work will inform the implementation of the financial reforms which are not due to be progressed until April 2016.

11. REASONS FOR RECOMMENDATIONS

- 11.1 An initial analysis to map the potential impact of the reforms has been completed and priority areas identified. There is a framework in place for local implementation with sound foundations and ongoing work already in place for many of the Care Act requirements in 2015.
- 11.2 The implementation grant will facilitate the work required over the coming months to deliver the first stage reforms from the Care Act in April 2015.
- 11.3 A further update to committee in Spring 2015 will enable members to track progress against the Care Act implementation priorities and provide assurance that the work remains on track for April 2015/16.

12. CONTACT OFFICER

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HSCA 2014 Implementation

IMPLEMENTATION BOARD

Chair: Jill Harrison (Assistant Director)

- Neil Harrison, John Lovatt, Jeanette Willis, Geraldine Martin (Heads of Service);
- Sarah Ward (Principal Social Worker)
- Trevor Smith (MIT);
- Leigh Keeble (Communications);
- David Ward (Finance);
- Carole Johnson (Public Health);
- Rachel Clark (HR).

OPERATIONAL ISSUES AND WORKFORCE

Chair: Geraldine Martin

Membership: John Lovatt, Neil Harrison, Sarah Ward, Leigh Keeble, Rachel Clark (as required)

Priorities:

- Review operational pathways and assessment process to maximise efficiency;
- Update policies and procedures;
- Review workforce capacity and develop workforce plan.

ADVICE AND INFORMATION

Chair: Geraldine Martin

Membership: Leigh Keeble, Trevor Smith, Healthwatch, Carole Johnson

Priorities:

- Develop public facing advice/information and procure I.T. solution;
- Develop communication plan;
- Refresh strategy documents.

FINANCE, COMMISSIONING AND PERFORMANCE

Chair: Jeanette Willis

Membership: Trevor Smith, David Ward, Jacqui Tucker, Steve Thomas

Priorities:

- Review RAS;
- Develop Commissioning Strategy and MPS;
- Analyse current data and develop new system requirements.

The Health and Social Care Act (HSCA) 2014: a briefing.

1. **The HSCA** brings care and support legislation into a single statute and reforms the funding of care and support in line with the Dilnott Commission's recommendations. There is a new principle of "wellbeing" being at the forefront of all care and support interventions. All aspects of wellbeing are covered: physical and mental health, dignity, respect, control over daily needs, access to education, employment, social and domestic needs and housing. The Care Bill requires Councils to encourage the integration of care and support across health, councils, housing and other social care and community providers to ensure the best outcomes are achieved for people.
2. **The HSCA** covers the following areas:
 - **Improving information**. The Council must provide comprehensive advice and information so that the public have a good knowledge of what services are available in their local area, can access financial advice and know how to raise safeguarding concerns. The Council will provide a commissioning strategy and a "market position statement" setting out what kinds of services are needed in the area and allowing providers to design services geared to local needs.
 - **National Eligibility Criteria**. Regulations (Regs) are currently being drafted for the HSCA and will be published by November 2014; it is expected that this will be set around "substantial". This bench is a subjective judgement and the detail will be clarified through the Regs. It will be difficult to pin down a **national** benchmark unless the detail is clarified through the Regs and further work is currently being done around this issue. **N.B** *All people will have the right to ask the Council to arrange their care irrespective of who is funding the care package and this could be a chargeable service if self-funders wanted their care arranged.*
 - **Personalisation**. Everyone who is assessed and needs services should be provided with a support plan. If they are not eligible for services then they must be given advice and information on how to keep well / prevent further needs from developing. All eligible people have a right to receive a Personal Budget which sets out the full cost of the service(s). The Council has a legal duty to review all support plans if it seems that the circumstances of the person have changed or on a reasonable request from people or their carers.
 - **Financial Assessments**. The new Regs will ensure that everyone has their finances assessed in the same way. The HSCA provides new financial help for people with "modest wealth" and will ensure that people with the least money get the most support. Currently only

people with less than £23,000 in assets and a low income receive help from the state with their residential care costs. The HSCA introduces a new capital threshold of £118,000 (which includes their home) for people to start to receive financial support if they move into a Care Home.

- **Financial Capping Costs.** Currently people pay their own care costs until their savings and assets reduce to a minimum. The HSCA establishes a “cap” on care costs of £72,000 from a suggested date of April 2016. People will be responsible for their care costs, if they can afford it, up to the £72,000 cap after which they pay no more. Who can afford to pay towards their care costs is established, as currently the case, by a “means-test” process. If a person is living in a residential care home they will be expected to pay “hotel costs” of £12,000 a year towards general living costs but again only if they can afford it. People who self-fund their care but who want to start the clock ticking towards their “care cap” can request the Council for an assessment, a support plan and an Independent Personal Budget setting out the cost of their services. A Care Account will then be set up to track spend towards the £72,000. Care Accounts will be reviewed and updated annually. This will result in additional assessments being required in some form.
- **Safeguarding.** There is a clear legal framework to protect adults at risk from abuse or neglect. All Councils must set up a multi-agency Safeguarding Board. This has been in place in Hartlepool for several years.
- **Carers.** The HSCA gives carers the same legal rights as service users. All carers will have their own assessment and they will be entitled to support if they have eligible needs and the person they care for lives in the local Council’s area. This replaces the existing law which says that carers must be providing “a substantial amount of care on a regular basis” in order to qualify for an assessment. Carers should receive a Personal Budget and be offered a Direct Payment in lieu of direct service provision. It is anticipated that this will trigger an additional number of assessments, support plans and reviews.
- **Moving areas.** The HSCA requires Councils to work together to ensure a smooth move with information being supplied to the receiving Council who must continue to deliver services against the current support plan until they have re-assessed the person’s needs. This is known as “portability” of assessments.
- **Transition from Child to Adult Services.** Young people and their carers have the right to an assessment prior to the child turning 18 years. The HSCA requires Councils to continue providing a person with children’s services until adult care and support is in place.

Children who have had long term support needs will not be chargeable as adults i.e. a zero cap. Working age adults will be eligible for a reduced cap with the amount of the cap still to be determined.

- **Provider Failure**. Councils have a clear *temporary* duty to ensure both residential care and care services provided in a person's home continue if the incumbent provider fails. *This duty applies regardless of who is paying for the service.*

 - **Integration**. Councils and the NHS must use the Better Care Fund (BCF) to promote closer working between the NHS and Care and Support Services. The government is committed to integrating Health and Social Care Services so that people receive more seamless support and the resources across both organisations are maximised. The BCF includes existing NHS and Social Care funding which will now be jointly invested to promote Health and Social Care ***working together*** to improve outcomes for people. £1 billion of the BCF will be tied to local performance and areas will be assessed against:
 - ❖ Emergency admissions
 - ❖ Delayed transfers of care
 - ❖ Effectiveness of reablement
 - ❖ Admissions to residential care
 - ❖ Patient and user experience
3. **Next Steps**. A HSCA Implementation Board has been set up with working groups in place to begin work to deliver the changes required over the next two / three years.

5.1 Appendix 2

HSCA 2012: Implementation Communication Plan 2014-2016

Stakeholder	Interest	Key Interest & Issues	Communication Vehicle	Frequency	Comments
Implementation Board	Oversight of the implementation programme.	<ul style="list-style-type: none"> • Monitor progress • Resolve issues. 	Board meets with key internal stakeholders as members. Meeting minutes published.	Bi-monthly	Care Bill resource set up for staff to access on internal IT network drive including minutes.
SMT & DMT	Senior ASC managers and Child senior managers' forums.	Being kept up to date as to progress and any issues as they arise.	Meetings.	Monthly	Update communications will take place in 2016 as the "Dilnott" financial changes are implemented.
Adult services and Finance and Policy Committees & Elected members	Oversight of the implementation process.	Key governance mechanisms and decision making bodies for ASC.	Reports to Committees & Briefing for elected members	6 monthly reports & briefing for members early 2015.	Update communications will take place in 2016 as the "Dilnott" financial changes are implemented.
Health & Wellbeing Board	Awareness raising of the new legislation and implications for organisations.	Brings together key ASC and Health commissioning stakeholders for the local area/	Presentation.	Early 2015 prior to April 2015.	Update communications will take place in 2016 as the "Dilnott" financial changes are implemented.

5.1 Appendix 2

ASC Staff	Delivery of adult social care to the residents of the town.	Need to ensure that all relevant staffs are adequately trained in the new policies and procedures in respect of HSCA 2012 by April 2015.	<ul style="list-style-type: none"> • Team Meetings • Staff newsletter • Internet and intranet. • Training event • E-learning. 	3 months prior to April 2015.	Update communications will take place in 2016 as the "Dilnott" financial changes are implemented.
Wider council staff (including housing)	General awareness raising.	All council staffs are aware of the new legislation and have access to information.	<ul style="list-style-type: none"> • Staff newsletter • Internet and Intranet • Hartbeat Magazine. 	3 months prior to April 2015.	Hartbeat magazine is the magazine published by the Council that goes to every household in the town Update communications will take place in 2016 as the "Dilnott" financial changes are implemented.
Users of services(SU)	In receipt of social care services.	Need to know about changes and how any changes may affect their situation.	<ul style="list-style-type: none"> • SUForums • Letters to all SUs • Internet • Social media and newspaper/radio • Leaflets • Life channel • Hartbeat • Partnership Boards 	3 months prior to April 2015.	Update communications will take place in 2016 as the "Dilnott" financial changes are implemented.

5.1 Appendix 2

			<ul style="list-style-type: none"> • HealthWatch. 		
Carers	Supporting adult people who use ASC services.	Need to know about any changes that will impact them as carers and the people to whom they provide care.	<ul style="list-style-type: none"> • Hartlepool Carers • Carers' Strategy Group Forum • Media outlets as above. 	3 months prior to April 2015.	Update communications will take place in 2016 as the "Dilnott" financial changes are implemented.
HealthWatch	Local consumer champion for health and social care.	Disseminates information to the local community and monitors the quality of local provision.	<ul style="list-style-type: none"> • Written briefing with information on all the websites, leaflets etc • Commissioning Team to arrange meeting with HealthWatch. 	6 months and then again 3 months prior to April 2015.	Update communications will take place in 2016 as the "Dilnott" financial changes are implemented.
HVDA (Voluntary & Community sector)	Supports third sector providers and volunteers.	Works with providers and volunteers who deliver adult social care support.	<ul style="list-style-type: none"> • Written briefing with information on all the websites, leaflets etc. • Internet • Social media and newspaper/radio • Leaflets • Life channel • Hartbeat. 	6 months and then 3 months prior to April 2015.	Hosts HealthWatch. Update communications will take place in 2016 as the "Dilnott" financial changes are implemented.

**5.1
Appendix 2**

Domiciliary and Residential care providers	Provides home care services and residential care services to adults.	Ensure providers are aware of the new legislation and the implications for them from April 2015.	<ul style="list-style-type: none"> • Commissioning team to arrange awareness-raising event • Written briefing with information on all the websites, leaflets etc. • Internet • Social media and newspaper/radio • Leaflets • Life channel. • Heartbeat. 	3 months prior to April 2015	Update communications will take place in 2016 as the “Dilnott” financial changes are implemented.
NHS, Police , CCG etc	Public Sector organisations commissioning and providing ASC.	Ensure that all organisations are aware of the changes from April 2015.	<ul style="list-style-type: none"> • Briefing to be disseminated to external organisations’ communications departments. 	3 months prior to April 2015	Update communications will take place in 2016 as the “Dilnott” financial changes are implemented.

Care Bill Implementation Priority (2014-2016)

CARE BILL CAUSE	REASON FOR PRIORITY RATING	RATING
Well-Being (1)	Embed Priority at all levels:- Strategy, Communications, Staff Training.	Red (2015)
Preventing Needs (2)	Link to Advice and Information. Identify Self- Funders.	Red (2015)
Provision of Advice and Information (4)	Strategy, Website etc, Financial Info/Advice. Significant work Needed.	Red (2015)
Assessments (9-12)	Increase due to Carers, Self-Funders, need to review process and I.T, Proportionate response and Workforce Training.	Red (2015)
Eligibility Criteria (13)	National Criteria for SU's and Carers. Implement and Train Workforce.	Red (2015)
Cap on Care Costs (15-17)	Implement April 2016 potentially before this. Review and refine Financial Modelling Dec 2015 – March 2016. After Regs Published.	Red (2015)
Support Plans (24,25) Reviews (26)	Review Process and Practices to rationalise and Maximise Capacity.	Red (2015)
Independent Personal Budget (28)	Assessments and Reviews for Self-Funders:- RAS. Costs Calculation, Additional Assessments – 2016.	Red (2016)
Care Accounts (29)	DH I.T Solutions to manage accounts from 2016. Administrative resources – Robust and Internal Processes and Annual Statements.	Red (2016)
Direct Payments (31-33)	No major change to status quo. Establish suitable person Scheme. Review current Process and RAS. Maximise Capacity.	Red (2015) ongoing
Integration with Health (3)	Link to Better Care Fund.	Amber ongoing
Promote Diverse, Quality services (5)	Market Position Statement and Commissioning Practices. On-Going.	Amber ongoing
How to Meet Needs (8)	Link to Advice, Information and Prevention/Wellbeing.	Amber (2015)
Charging for Arranged Care (14)	Potential to charge Self-Funders for arranging their care. Review Regs and Charging Policies.	Amber (2015/16)
Deferred Payments (34-36)	Review current process in light of ability to charge interest and charge for setting up agreements. Check Regs.	Amber (2016)
Portability of Assessments (37-39)	Process and Training to be updated. Guidance to be updated.	Amber (2015)
Disputes about Residence and Financial Adjustments (40-41)	Update Procedures and Training if necessary. No significant impact.	Amber (2015)
Safeguarding (42-45)	Agree methodology for SCRs and update Procedures.	Amber (2015)

Removing Person in need of Care from Home (46)	S47 National Assistance Act 1948 (power to remove is abolished). Update Procedures and Training.	Amber (2015)
Provision of Care and Support Services (48)	The Human rights Act applies to all local authorities and other bodies when they are performing 'functions of a public nature'. This clause should be referenced in all Adult Social Care Contracts going forwards from 2015. In situ and compliant.	Green ongoing
Provider Failure (49-54)	<u>Temporary</u> duties on councils to ensure people's needs are met when provider regulated by CQC fails. Commissioning to work with wider market:- Contingency Plans. Update training and procedures.	Amber (2015)
Advocacy:- Involvement in Assessment, Plans etc in specified circumstances (67-68)	Duty to provide an independent advocate where difficulty in understanding or communicating information and have no one to represent them. Commission advocacy specific services for different users groups. Estimate levels of future demand. Update Policies and Procedures.	Amber (2015)
Delegation of Local Authority Functions (78)	Provides power for Local Authority to authorise another person or organisation to deliver <u>any</u> of its functions <u>excluding</u> : providing integration, co-operating with other organisations, charging, making DP's and Safeguarding. SMT and DMT together with Programme Board to determine any delegation of activity in the future.	Amber (2015)
Co-operating Generally (6,7)	Continue to promote cooperation with partners and via Strategy. No impact.	Amber (2015) ongoing
Duty to meet needs for Care and Support (18-20)	Similar to current processes and practises. No Impact.	Green ongoing
Protecting Property (47)	Power to prevent or mitigate loss and damage to a person's property: - protocol in place. No Impact.	Green ongoing
Transition for Children to Adult Service (59)	Process, Practise and Transitions Workforce in place. No Impact.	Green ongoing
Young Carer Assessments (65)	Process and Practises in place. NB Potential for joint assessment with other bodies. No Impact.	Green ongoing
Recovery of Charges (70-71)	Consolidates and replicates existing powers to recover debts. No Impact.	Green ongoing
Five Yearly review of Funding Provisions (72)	Secretary of State must review cap on care costs and amount attributable to an adults living costs. No impact in the short term.	Green (2020)
Register of Sight Impaired Adults, Disabled Adults etc (76)	Local Authorities must maintain a register of sight impaired adults and may maintain a register of disabled adults. No Impact.	Green ongoing

ADULT SERVICES COMMITTEE

1st September 2014



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

Subject: STRATEGIC FINANCIAL MANAGEMENT REPORT – AS AT 30th JUNE, 2014

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 2014/15 Forecast General Fund Outturn, 2014/15 Capital Programme Monitoring and provide details for the specific budget areas that this Committee is responsible for.

3. BACKGROUND AND REPORTING ARRANGEMENTS 2014/15

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 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 Summary of Overall Financial Position

- 3.5 The latest report submitted to the Finance and Policy Committee on 18th August 2014 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 2014/15 budget as these items were not known at the time.
- 3.6 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 2015/16 budget;
 - achieving planned 2015/16 savings earlier;
 - careful management of budgets to avoid expenditure where this does not have an adverse impact on services; and
 - taking advantage of current interest rates structures.
- 3.7 The report on the position at 30th June 2014 will advise Members that there is currently a net forecast uncommitted budget under spend at the year-end of between £0.547m and £0.662m. These forecasts will be reviewed as the year progresses, particularly in relation to demand led and seasonal budgets.
- 3.8 The June 2014 Medium Term Financial Strategy (MTFS) report emphasised the continued importance of having a multi-year financial strategy owing to the impact of continuing grant cuts and financial risks. On this basis the Finance and Policy Committee approved the Corporate Management Team recommendation that any uncommitted resources achieved from the 2014/15 outturn and / or review of reserves should be allocated to address the following priorities to protect the Council's medium term financial position:
- To fund potential one-off protection costs arising from achieving permanent savings from the Terms and Conditions review, which would enable the full saving to be taken within the 2015/16 budget;
 - To continue the use of one-off resources to support the budget and protect services beyond 2016/17 when the existing one-off funding of £1.648m will run out.
- 3.9 The report to the Finance and Policy Committee recommends that the position on the forecast outturn and the above financial commitments is reviewed as part of the 2015/16 MTFS update in October.

4. 2014/15 FORECAST GENERAL FUND OUTTURN – Adult Services Committee

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

Budget	Description of Expenditure	June Projected Outturn Adverse/ (Favourable) Worst Case	June Projected Outturn Adverse/ (Favourable) Best Case	Comments
£'000		£'000	£'000	
30,405	Adult Committee - Core Services	(148)	(222)	The favourable variance mainly relates to underspends within various supplies and services budgets, increased grant income and incremental drift within pay budgets.
-	Adult Committee - Projected Deprivation of Liberty Safeguard (DoLS) Pressure	400	330	These are the unbudgeted costs of implementing the DoLS implications following the recent Supreme Court judgement.
-	Adult Committee - Use of Reserves to Partly Offset DoLS Pressure	(252)	(108)	The unbudgeted DoLS costs are forecast between £330k and £400k this financial year with Members approving a combination of departmental reserves and departmental outturn to fund these costs in 2014/15. This reflects the balance of the costs which are to be funded from departmental reserves.
30,405	Sub-Total Adult Committee	0	0	
19,772	Children's Committee	(375)	(375)	The favourable outturn variance relates to the underspend against the Local Welfare Support Grant. Council agreed as part of the MTFS approved on 4th February 2014 to transfer this to reserves to maintain the scheme until at least 2017/18.
50,177	Total Child & Adult	(375)	(375)	
	Creation of Reserves			
-	Children's - Local Welfare Support Scheme (Reserve already approved - Ring-Fenced Grants)	375	375	
-	Creation of Reserves Total	375	375	
50,177	Total Child & Adult - Net of Reserves	0	0	

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

4.3 The main item to bring to Members attention is the unbudgeted costs relating to Deprivation of Liberty Safeguards (DoLS). It should be noted that the forecast outturn has been reduced as a result of the Council having to fund DoL's costs, forecast to be between £0.330m and £0.4m. These costs will be funded from a combination of the 2014/15 Adult Services managed budget underspend and the use of reserves. These costs were not known about when the 2014/15 budget was set and arise from a recent Supreme Court judgement. This unexpected additional cost demonstrates the financial risks Councils face in providing services. This situation underlines the importance of having a multi-year financial strategy which for 2014/15 has avoided the need to make unplanned cuts to offset these unavoidable additional costs.

5. CAPITAL MONITORING 2014/15

- 5.1 The 2014/15 MTFs set out planned capital expenditure for the period 2014/15 to 2016/17.
- 5.2 Expenditure against budget to the 30th June, 2014 for this Committee can be summarised in the following table and further details are provided in **Appendix B**.

Department	2014/15	2014/15	2014/15	2014/15	2014/15
	Budget	Actual to 30/06/14	Remaining Expenditure	Re-phased Expenditure	Variance from Budget Adverse/ (Favourable)
	£'000	£'000	£'000	£'000	£'000
Adult Services	1,206	5	1,001	200	0
Total	1,206	5	1,001	200	0

6. RECOMMENDATIONS

- 6.1 It is recommended that Members:-

(i) note the report.

7. REASONS FOR RECOMMENDATIONS

- 7.1 To update the Members on the Committees forecast 2014/15 General Fund Revenue budget outturn and provide an update on the Capital Programme for 2014/15.

8. BACKGROUND PAPERS

Medium Term Financial Strategy Report referred to Finance and Policy Committee 4th February, 2014.

Quarter 1 Strategic Financial Management Report 18th August, 2014

9. CONTACT OFFICERS

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REVENUE FINANCIAL MONITORING REPORT FOR FINANCIAL YEAR 2014/15 as at 30th June, 2014

Overview:

Approved 2014/2015 Budget £'000	Description of Service Area	June		Director's Explanation of Variance
		Projected Outturn Variance - Adverse/ (Favourable) Worst Case £'000	Projected Outturn Variance - Adverse/ (Favourable) Best Case £'000	
Adult Committee				
0	Carers & Assistive Technology	33	33	
3,953	Commissioning & Adults General	(278)	(278)	This mainly relates to contract savings within Housing Related Support Services, underspends against various supplies and services budgets, increased grant income and vacant posts.
1,220	Commissioning-Mental Health	47	(27)	The range shown depends on the impact on budgets following the cessation of a third-party contract and subsequent transfer of resources to Direct Payments.
9,892	Commissioning-Older People	105	105	
7,723	Commissioning-Working Age Adult	43	43	This mainly relates to increased demand for Older People services.
186	Complaints & Public Information	0	0	
1,144	Departmental Running Costs	(37)	(37)	
1,101	Direct Care & Support Team	(28)	(28)	
376	LD & Transition Social Work	(15)	(15)	
1,828	Locality & Safeguarding Teams	(40)	(40)	This mainly relates to incremental drift within pay budgets and some vacant hours which are currently being filled.
634	Mental Health Services	(39)	(39)	
969	OT & Disability Equipment	87	87	This mainly relates to expenditure arising from increased demand for equipment from the Tees-wide OT contract.
176	Workforce Planning & Dev	(14)	(14)	
1,203	Working Age Adult Day Services	(12)	(12)	
30,405	Sub Total	(148)	(222)	
0	Deprivation of Liberty Standards (DoLS) - Pressure	400	330	These are the unbudgeted costs of implementing the Deprivation of Liberty Standards following the recent Supreme Court judgement.
0	Release of Departmental Reserve for DoLS	(252)	(108)	These unbudgeted costs are forecast between £330k and £400k this financial year with Members approving a combination of departmental reserves and departmental outturn to fund these costs in 2014/15. This reflects the balance of the costs which are to be funded from departmental reserves.
30,405	Adult Committee Sub Total	0	0	

PLANNED USE OF RESERVES

The above figures include the 2014/2015 approved budget along with the planned use of Departmental Reserves created in previous years. The details below provide a breakdown of these reserves

Approved 2014/2015 Budget £'000	Description of Service Area	Planned Usage 2014/2015 £'000	Variance Over/ (Under) £'000	Director's Explanation of Variance
Adult Committee				
90	Demographic Pressures	0	(90)	Reserve to be retained as a contingency to fund any additional costs arising from increased demand and/or Deprivation of Liberty Standards pressure.
27	Supporting People	27	0	
6	Social Care Reform	6	0	
9	Reablement Funding	9	0	
125	Social Inclusion & Lifestyle pathways contract extension	125	0	
270	PCT Carers Funding	200	(70)	Balance of reserve to be retained to fund future years carers costs.
0	Deprivation of Liberty Safeguards (DoLS)	252	252	This is an unbudgeted pressure in 2014/15 (based on 'Worst' case scenario) and will be funded where possible from the departmental outturn with the balance funded from departmental reserves.
110	Winter Pressures	0	(110)	Reserve to be retained as a contingency to fund any additional costs arising from increased demand over the winter period.
637	Adult Committee Sub Total	619	(18)	

ADULT SERVICES COMMITTEE

APPENDIX B

CAPITAL MONITORING REPORT PERIOD ENDING 30th JUNE 2014

Project Code	A Scheme Title	EXPENDITURE IN CURRENT YEAR							2014/15 COMMENTS
		B	C	D	E	F	G	H	
		2014/15 Budget £'000	2014/15 Actual as at 30/06/14 £'000	2014/15 Expenditure Remaining £'000	Expenditure Rephased 2015/16 £'000	C+D+E 2014/15 Total Expenditure £'000	F-B 2014/15 Variance from budget £'000	Type of financing	
Adult Committee									
7234	Chronically Sick and Disabled Persons Adaptations	320	5	115	200	320	0	MIX	Funding rephased to support future year's expenditure.
8075	Short Break Capital Grants Pool	21	0	21	0	21	0	MIX	
8312	Social Care Transformation Capital Grant	666	0	666	0	666	0	GRANT	
NEW	Havelock Centre for Independent Living	199	0	199	0	199	0	MIX	
Adult Committee Sub Total		1,206	5	1,001	200	1,206	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