

# ADULT SERVICES COMMITTEE AGENDA



**Monday 8 December 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 3 November 2014 (*attached - for information*)

**4. BUDGET AND POLICY FRAMEWORK ITEMS**

No items

**5. KEY DECISIONS**

No items



6. **OTHER ITEMS REQUIRING DECISION**

No items

7. **ITEMS FOR INFORMATION**

- 7.1 Development of a New Centre for Independent Living – Burbank – *Director of Child and Adult Services*
- 7.2 Deprivation of Liberty Safeguards – Update – *Director of Child and Adult Services*
- 7.3 Implementation of the Care Act: Update and Financial Implications – *Director of Child and Adult Services*
- 7.4 Strategic Financial Management Report as at 30 September 2014 – *Director of Child and Adult Services and Chief Finance Officer*
- 7.5 Better Care Fund Update – *Director of Child and Adult Services*

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

**Date of next meeting** – Monday 5 January 2015 at 10.00am in Committee Room B, Civic Centre, Hartlepool.



## **ADULT SERVICES COMMITTEE MINUTES AND DECISION RECORD**

3 November 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, and Stephen Thomas

Also Present: Karen Hawkins, Head of Commissioning and Delivery,  
Hartlepool and Stockton on Tees CCG  
Jean Freund, Executive Nurse, Hartlepool and Stockton on  
Tees CCG  
Maureen Lockwood, Ruby Marshall, Lynne Allison -  
Healthwatch  
Frank Harrison, Years Ahead Forum  
Bill Keen, 50 Plus Forum  
Members of the Public – Stella and Gordon Johnson, Sue  
Little, Evelyn Leck

Officers: Jill Harrison, Assistant Director, Adult Services  
Denise Wimpenny, Principal Democratic Services Officer

### **31. Apologies for Absence**

Apologies for absence were submitted on behalf of Brenda Loynes, Kaylee  
Sirs and George Springer.

### **32. Declarations of Interest**

Councillor Thomas declared a personal interest in Minute 34.

### **33. Minutes of the meeting held on 6 October 2014**

Received.

### **34. Presentation – Nursing Beds in Care Home Settings / Impact on Hospital Discharges** *(Representatives from the Clinical Commissioning Group)*

#### **Type of decision**

For information

#### **Issue(s) for consideration**

The Chair welcomed the representatives from Hartlepool and Stockton on Tees Clinical Commissioning Group (CCG) who had been invited to attend following concerns raised by the Committee at the last meeting in relation to the lack of nursing beds available in care home settings and the impact on hospital discharges.

The representatives provided a detailed and comprehensive presentation regarding commissioning arrangements for permanent residential nursing beds and proposals to address quality of nursing provision in Hartlepool. The presentation focussed on the following issues:-

- Definitions
  - Residential Care Home
  - Residential Nursing Home
  - Differences - Residential Nursing Home includes medical care from qualified nurse

#### Nursing Bed Provision

- Permanent residential nursing bed provision recognised as regional and national issue
- Market provision private sector
- National requirements in relation to quality not attractive
- Local capacity stretched due to recent quality issues identified
- Issues not static – need to review predictive modelling to inform future requirements

#### Commissioning Bed Provision

- Multi-agency Task & Finish Group Established (July 2014)
  - Market Engagement undertaken current providers
  - Market Engagement strategy developed (future provision)
  - Support requirements reviewed (current providers)
  - NTHFT Discharge Policy Review undertaken
  - Clinical audits undertaken
  - Review of clinical quality assurance process

#### Quality Assessment

- 2010 NHS Tees introduced a CQA programme supported by an assessment tool
- Post Francis II
- 2013 – 14 Clinical Quality Assurance visits undertaken
- 2014 – 15 CCG reviews current provision: capacity and capability
- CCG Clinical Quality Team Working with CQC
- Risk assessment based approach to inspection programme until March 2015
- 2015-16 programme will be co-ordinated with CQC programme and LA QSF inspection plans

#### Quality Assessment Process – Information Sharing

- Weekly safeguarding team meeting
- Meetings with CQC/LA as required to discuss concerns (actual or potential)
- Weekly CCG Executive Team (including GP leads) briefing
- Monthly DDTV Executive nurses meeting with CQC
- Monthly Exec nurse – Exec nurse meeting CCG & NHS England (NHSE)
- Bi-monthly Tees CHC interagency working group
- Quarterly NHSE DDTV Area Team Quality Surveillance Adult Safeguarding meeting
- Continued partnership working with Adult Services team in the local authority to ensure services commissioned are;
  - Safe
  - Effective
  - Caring
  - Responsive
  - Well led
- Systems, processes and partnership working have enabled an early warning score approach to identify issues
- CQA visits will further identify any emerging issues or concerns

#### Vision

As agreed with partners our vision is;

**‘To develop outstanding, innovative and equitable health and social care services, ensuring excellence and value in delivery of person centred care working across both Health and Social Care’**

- Our priority is always to secure the best quality of care
- Where quality care is not being provided the priority is to keep people safe

In the lengthy discussion that ensued a number of comments/queries/issues were raised which included the following:-

- (i) In response to clarification sought on the number of patients who had accessed nursing home provision outside of Hartlepool as a result of the lack of nursing beds in the town, the Assistant Director agreed to provide this information following the meeting.
- (ii) A query was raised with regard to the background to the decision taken to close one of the nursing homes in Hartlepool and whether support arrangements were in place to assist homes in achieving the levels expected. The CCG representative outlined the support measures in place as well as the partnership arrangements with the Local Authority and Care Quality Commission in terms of sharing information to deal with issues of this type.
- (iii) Clarification on the number of beds available in Grade 1 care homes as well as nursing homes in Hartlepool was requested to which the Head of Commissioning and Delivery advised that whilst this information was not to hand, information detailing occupancy levels and vacancies was provided by the Local Authority on a weekly basis to enable trends to be examined. Details of the total number of nursing home beds and number of residential beds could be provided under separate cover following the meeting.
- (iv) Whilst the proposals of the recently established Multi-agency Task and Finish Group were welcomed personal experiences/ concerns were shared with the Committee in respect of patients who had remained in hospital longer than necessary due to the lack of nursing beds available in Hartlepool or had been transferred out of town. The impact on individuals as well as potential elderly carers was outlined. In response, the Committee was advised that the purpose of the Multi-Agency Task and Finish Group was to gain a shared level of understanding in relation to future levels of need for nursing provision through information sharing and better modelling. This would take into account the ageing population and a review of delayed hospital discharges, current nursing bed availability in care home settings, the importance of patient choice, educating families on what was available in their communities, the need for transition arrangements to move people out of hospital, nursing and rapid response issues as well as the intention to review the hospital discharge policy operated by North Tees and Hartlepool NHS Foundation Trust.
- (v) The Assistant Director and CCG representatives responded to further issues raised in relation to the presentation. Clarification was provided on the proposals for more intervention and support and nursing care provision in the home whilst acknowledging the circumstances in which provision in the home may not be appropriate. Responses highlighted the importance of early

intervention and ensuring that support was based on patient choice and need, the arrangements around respite care, the hospital discharge policy and process and support arrangements following discharge based on need. The representatives responded to a number of questions raised in relation to rehabilitation services, inspection process, planned and un-announced visits and the role of Health Watch in the inspection process was discussed.

- (vi) Whilst it was noted that the lack of nursing beds did not appear to be a major issue at the present time concerns were raised regarding the impact of the winter months on the health of the elderly and the likely increase in the need for more nursing beds as a result. Reference was made to the problems in December 2013 and the suggestion that a number of people could not be discharged from hospital as a result of the lack of nursing beds available and assurances were sought on the arrangements in place for this year. The Committee was advised that winter resilience plans were in place and monies were available nationally to all CCGs. The Local Authority were partners in the System Resilience Group who agreed the plans.
- (vii) A Member expressed extreme disappointment in relation to the fact that the care of the elderly and vulnerable was seen as a market as a result of Government Policy.
- (viii) With regard to recent changes in one home and closure of another in Hartlepool, a query was raised regarding the impact of the reduction in nursing provision to which the Assistant Director clarified the number of beds that were no longer available. It was indicated that occupancy levels within residential care homes were not at a maximum capacity which had helped to manage the situation.
- (ix) Reference was made to earlier concerns raised that discharges of some patients from hospital had been delayed as the nursing home of their choice was not available and a Member questioned the costs of keeping those patients in a hospital bed during 13/14 and the first six months of the current financial year.
- (x) The issue of patient choice was discussed at length during which concerns were raised regarding the implications of financial pressures and quality standards requirements on standards of care. Given the ageing population the Committee commented on the increase in the number of people requiring a more complex level of care and the general trend of residential care admissions decreasing and nursing care admissions increasing.
- (xi) Whilst Members were pleased to note the robust procedures in place to ensure policies, procedures and professional standards

were being maintained in relation to nursing care emphasis was placed upon the importance of input from residents and family members in assessing patient experiences and determining whether nursing care was delivered to an appropriate standard. Assurances were provided that patient experience was a key component in the assessment process, details of which were outlined.

- (xii) In response to comments made on the importance of up to date training for staff, Members were advised that the issue of additional care and support for care homes was being addressed as part of the proposals in place under the Better Care Fund.
- (xiii) The Assistant Director outlined the arrangements for registering any matters of concern in standards or quality of care, abuse or neglect. It was highlighted that all care homes had policies in place in relation to both complaints and safeguarding. The importance of ensuring information on how to register any areas of concern was publicly available and the benefits of displaying and publicising information of this type on noticeboards in homes were outlined.
- (xiv) A lengthy discussion ensued regarding demographic changes including the number of young adults being inappropriately placed in elderly care homes and the impact on their health and wellbeing as a result. The lack of support for individuals leaving hospital with no permanent residence was also debated. A Member asked how the ongoing needs of individuals leaving hospital with no fixed address were monitored. The Assistant Director advised that Adult Services would not necessarily be involved in such cases unless the individual had an eligible social care need. Support for homeless people was provided through the Neighbourhoods Department and people with substance misuse issues were able to access services commissioned by Public Health. Members were of the view that the various care needs of individuals of all ages needed to be explored given the limited provision available.
- (xv) Following a question and answer session on the health and social care process and support arrangements available, given the complexity of the issue the benefits of providing an information booklet for the public were highlighted. It was noted that provision of a 'directory of services' was a complex issue due to the amount of information available, the relevance to each individual and the difficulties in ensuring that information was up to date and accurately maintained.
- (xvi) A Member commented that one of the biggest problems that Healthwatch representatives identified was that individuals being discharged from hospital found procedures difficult to understand.



The difficulties around the transition between an acute hospital setting and community based health and social care services was also an issue.

In concluding the debate the Chair thanked the representatives for their attendance, informative presentation and comprehensive responses to questions. The Chair went on to thank all attendees for their contributions and was keen to see this level of debate and investigation at future meetings.

### **Decision**

- (i) That the contents of the presentation and comments of the Committee be noted.
- (ii) That details of the number of patients who had accessed nursing home provision outside of Hartlepool as a result of the lack of nursing beds in the town be provided following the meeting.
- (iii) That details of the total number of nursing home beds and number of residential beds be provided by the CCG under separate cover following the meeting.
- (iv) That the care needs of young adults being inappropriately placed in elderly care home settings be further explored.
- (v) That the care needs and support arrangements of all age groups be examined particularly the needs of individuals leaving hospital with no permanent residence.

The meeting concluded at 12.15

**P J DEVLIN**

**CHIEF SOLICITOR**

**PUBLICATION DATE: 10 NOVEMBER 2014**

# ADULT SERVICES COMMITTEE

8 December 2014



**Report of:** Director of Child and Adult Services

**Subject:** DEVELOPMENT OF A NEW CENTRE FOR INDEPENDENT LIVING - BURBANK

## 1. TYPE OF DECISION/APPLICABLE CATEGORY

No decision required; for information.

## 2. PURPOSE OF REPORT

2.1 To provide the Adult Services Committee with an update regarding the development of a new Centre for Independent Living (CIL) in Burbank.

## 3. BACKGROUND

3.1 Work has been undertaken since September 2012 to explore future options for services for adults with learning and physical disabilities who are currently supported at a number of sites (Havelock Centre CIL, Warren Road Day Centre, the Handprints Art Studio and Cromwell Street Resource Centre).

3.2 Disability day services have been traditionally provided for a number of years in buildings that are not able to provide an environment that encourages and promotes positive approaches. The service is often designed around the restrictions of the building, buildings that were at best designed around an industrial and rehabilitative model of community care, and have been added to or adapted in an attempt to meet current standards. These standards fall short of current standards despite investment over many years.

3.3 By bringing services together in a purpose built facility it will be possible to make best use of resources, shift the current focus and model to support people's aspirations and provide structured activities.

3.4 The vision for the new service is to create a range of activities with outcomes that will be developed around Education and Employment, Condition

Management Programs (Health and Wellbeing), Business development, social enterprise and specialist Autism provision.

- 3.5 Leadership and management of staff teams spread across several locations provides its own difficulties and is a daily task that is resource intense which can reduce staff interaction with people who use services. The new facility will offer the opportunity to revise and review staffing structures to reflect the aspirations and outcomes of those people who receive services.
- 3.6 The new CIL will provide an independent living resource designed to support the aspirations of people with a disability, aimed at those looking to live independently, or who may require reablement support to remain at home.
- 3.7 The new CIL will also provide a bistro, meeting spaces; a main hall and sensory garden which can be utilised by the local community and the centre aims to extend its opening times to evening and weekends

#### 4. PROPOSALS

- 4.1 The new Centre for Independent Living will accommodate a range of services that support adults with a disability to live more independently with a focus on promoting health and wellbeing, meaningful activity and access to community facilities and employment.

##### 4.2 Day Opportunities

The existing day services at Havelock Street, Cromwell Street, Warren Road and Handprints will transfer to the new CIL, which will provide a range of support to approximately 150 people, many with complex and multiple disabilities:-

- Hydrotherapy and Rebound Therapy
- Autism accredited sensory support and relaxation suite
- Art studio and craft sessions
- Condition Management Programme (Long term conditions)
- Staff and Office accommodation for a team of 43 staff
- Training Kitchen (Independent living suite)
- Bistro and Catering facilities
- Wheelchair accessible Sensory Garden

##### 4.4 Care Co-ordination

The Learning Disability Social Work Team is co-located with Tees Esk & Wear Valley NHS Foundation Trust allied health professionals at Warren Road and the team provides assessment and care management to around 350 adults with a learning disability.

- 4.5 The existing services at Warren Road will transfer to the new CIL with office accommodation 30-35 staff including social workers, community nurses and allied health professionals.

#### 4.5 Direct Care & Support Service

The Direct Care & Support Service provides personal care, reablement support and a response through its Telecare provision to approximately 1,600 people within Hartlepool, operating a 24 hour response service in partnership with Housing Hartlepool. The existing service operates across 2 sites; the Havelock Centre and Greenbank (Housing Hartlepool).

4.6 The existing services will transfer to the new CIL and the service will provide office accommodation and a Telecare Suite for monitoring and call scheduling (call centre).

#### 4.7 Community Facilities

The new CIL will continue to accommodate a range of local community groups and disability related organisations, through the leasing of rooms and hiring of conference and training facilities.

4.8 Existing services will transfer and capacity in this area will be increased, providing continued support to the local community and encouraging business workforce development.

4.9 The CIL will provide:-

- 2 dedicated training rooms
- A 174sq m conference hall
- Accessible Changing Place facilities
- A Bar and Bistro area
- Hydrotherapy suite
- Sensory Garden

4.10 The new CIL will provide care, support, advice and information to approximately 2,000 of the most vulnerable citizens of Hartlepool. The site will bring a number of services together, improving the existing environment and service provision and leading to better outcomes for Hartlepool citizens. Management structures would be re-aligned and three distinct council services would be rationalised within one building.

4.11 As reported one of the primary drivers for the proposal was to create a purpose built environment, bringing together a number of similar services and making the best use of resources. For example, bringing together Arts at Havelock and Handprints Art Studio will enable the service to reduce its outlay on hiring external facilities. At present there are physical limitations for wheelchair users who are often not able to access Handprint Arts and other community facilities.

4.12 In its present form the Havelock CIL has been very successful in working with local businesses providing both a venue for staff training but also as a venue for public consultation. The new CIL will again build on this success bringing together a number of local disability related organisations in a much improved larger facility.

- 4.13 Support to the recently built accommodation adjacent to the Havelock CIL will be important, new residents will be able to access specialist provision on their doorstep and those with complex health and social care needs will be able to access the specialist teams whose office base will be in the new CIL.
- 4.14 In addition to the cashable benefits of re-aligning services the opportunity to attract new growth and investment to the town could be possible giving the appeal of a new purpose built disability centre for independent living, one of only several purpose built facilities in the country.

## **5. EQUALITY AND DIVERSITY CONSIDERATIONS**

- 5.1 There are no equality or diversity implications as this stage but as the service implications develop an impact assessment will be undertaken.

## **6. RECOMMENDATIONS**

- 6.1 The Adult Services Committee is asked to note progress in relation to the development of a new Centre for Independent Living.

## **7. REASONS FOR RECOMMENDATIONS**

- 7.1 For the Adult Services Committee to be assured that existing services will be maintained and enhanced through the development of a new purpose built facility.

## **8. CONTACT OFFICER**

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# ADULT SERVICES COMMITTEE

8 December 2014



**Report of:** Director of Child & Adult Services

**Subject:** DEPRIVATION OF LIBERTY SAFEGUARDS -  
UPDATE

## 1. TYPE OF DECISION/APPLICABLE CATEGORY

No decision required, for information.

## 2. PURPOSE OF REPORT

2.1 To provide the Adult Services Committee with an update regarding the impact of the March 2014 Supreme Court Judgement on Deprivation of Liberty Safeguards.

## 3. BACKGROUND

3.1 As reported to the Committee in July 2014, there was a Supreme Court judgement in March 2014 which made a significant change to how Deprivation of Liberty Safeguards were implemented, with a new test as to whether a person is deprived of their liberty being introduced. This test is based on two key components which must both be satisfied:

- The person is under continuous supervision and control; and
- The person is not free to leave

3.2 The judgement and the new test set the bar at which a person may be deprived of their liberty much lower than before. This means that the Council, as Supervisory Body, will receive more requests for assessment under the DoLS process. This will put pressure on the DoLS function and on the capacity of Best Interests Assessors as well as generating additional work for the legal team and additional applications to the Court of Protection.

3.3 Further implications include:

- The need to revisit previous decision making within the last 12 months, where it was deemed an individual was not deprived of their liberty and address this matter in a number of cases.
- The need to scope settings outside of residential care homes and hospitals and proceed with those which need to be authorised, such as Supported Living Schemes and individual cases in the community whereby the Local Authority have arranged a support package in such a way that the person who lacks capacity is not free to leave their home and is under constant support and supervision and it is considered that this is in their best interest.
- The need to disseminate factual and helpful material to assist Managing Authorities and other partners to identify when applications are needed.
- The need to provide information for carers of those people who may lack capacity to consent.
- The need to re-write policies and procedures and re-refresh the training for Best Interest Assessors (BIAs) and related professionals.

#### 4. LOCAL APPROACH & PROGRESS MADE

4.1 The table below sets out high level actions and progress made to date:

ACTION	PROGRESS
Work closely with providers to manage and prioritise cases, and to explore least restrictive options within care plans.	<p>Information has been made available to all providers and meetings are scheduled.</p> <p>All provider services have been informed of their legal responsibilities regarding the implementation of Deprivation of Liberty Safeguards.</p> <p>A schedule of work based on risk of litigation has been developed and is being implemented. The backlog of assessments is being addressed and 21 registered facilities affected by this change in legislation have been visited. Existing cases have been completed but new cases are identified on a weekly basis.</p>
Develop additional capacity to manage DoLS activity through seconding experienced staff to form a dedicated team and backfilling with fixed term	Dedicated team established from July 2014 with backfill arrangements in place.

posts.	
Provide refresher training for existing BIAs linked to review of current processes for assessment, care planning and review.	The current processes for assessment, care planning and review have been re-evaluated and changes have been made. The BIA training policy and procedure has been amended and training is being re-commissioned in response to the identified issues.
Provide refresher training for existing DoLS Signatories and train additional staff to undertake this role.	Training commissioned from Bond Solon and delivered in September 2014.
Train additional BIAs and develop a pool of independent BIAs that can be called upon when required.	<p>Training from Bond Solon has been commissioned and a process has been established for identifying future BIAs who require this training.</p> <p>Implementing a system for identifying independent BIAs is progressing well and plans are in situ for identifying potential work that the independent BIAs should focus upon to mitigate operational risks in terms of conflicts of interest.</p>

## 5. CURRENT ACTIVITY

- 5.1 As expected, activity has increased dramatically following the Supreme Court Judgement.
- 5.2 In 2013/14 there were 34 requests for authorisation received and assessed over the twelve month period.
- 5.3 In the first six months of 2014 /15 there have been 207 requests received and assessed, as detailed below:

	2014/15 Q1 (April – June)	2014/15 Q2 (July – Sept)
Standard Referrals	3	98
Urgent Referrals	34	72
<b>Total Referrals</b>	<b>37</b>	<b>170</b>



- 5.4 It is a statutory requirement within the Deprivation of Liberty Safeguards process to have involve a Mental Health Assessor and it is illegal to deprive an individual of their liberty without this involvement. The Council must rely on the North of England Approval Panel to ensure sufficient Mental Health Assessors are available to undertake every assessment alongside a Best Interest Assessor. Whilst the Council can control the availability and quality of the work of a Best Interest Assessor, managing the availability of a Mental Health Assessor is a challenge at times as all Councils require their input and their availability is limited. Influencing the quality of the Mental Health Assessor's work is also a challenge because, irrespective of the quality of the assessment, work is readily available due to the relative shortage of Mental Health Assessors.

The payment for each assessment undertaken by a Mental Health Assessor is currently £175 plus mileage (which is a standard fee) and the Council are responsible for this payment.

- 5.5 The Deprivation of Liberty Safeguards don't apply to adults with learning disabilities living in non CQC (Care Quality Commission) registered provision within the community, such as supported living settings, but the Supreme Court Judgement still has implications in this area, as there is a requirement that Court of Protection applications must be made for individuals in such settings who lack capacity and meet the new 'acid test'. All people with a learning disability within such residential settings in the borough have been reviewed and this has identified 56 people who are supported to live in community settings who will be affected by the new judgement. All of these cases will require applications to the Court of Protection, which has implications in terms of legal team capacity.
- 5.6 An audit of active caseloads within the mental health teams was carried out in July 2014 and all people within residential care in the borough have been reviewed. The audit also highlighted a small number of people who were admitted to hospital informally and a regional project team is looking at the implications of the relationship between the Mental Capacity Act and the Mental Health Act within inpatient settings. Tees Esk & Wear Valley NHS Foundation Trust has changed its admissions protocol to reflect the new 'acid test' and the Supreme Court Judgement.

## **6. FINANCIAL IMPLICATIONS**

- 6.1 It was highlighted to the Committee in July that the financial implications need to be further analysed and the exact costs will not be known until the number of additional referrals can be quantified. Where information is not available, costs were estimated based on the Cheshire West & Chester Council assessment of additional costs which has been shared amongst all Councils.
- 6.2 In July it was anticipated that there would be a financial pressure of up to £448,000 in 2014/15 linked to the creation of a new team to deal with the

additional work, plus additional mental health assessments by s12 doctors and increased costs for legal advice and court applications.

Detail	Cost
Dedicated DoLS team	£178,000
Cost of independent BIA assessments.	£25,000
Costs of MH assessments (s12 Doctors)	£150,000
Court Application Costs	£75,000
Legal Capacity/ Legal Advice	£20,000
<b>TOTAL ESTIMATED COST – YEAR 1</b>	<b>£448,000</b>

- 6.3 It was also anticipated that there would be an ongoing financial pressure once the backlog had been addressed, as there will be an increase in activity levels on an ongoing basis based on demographics and the increasing prevalence of dementia. The ongoing cost was estimated, at this early stage, to be approximately £269,000 as set out below:

Detail	Cost
Dedicated DoLS team (reduced staff numbers)	£84,000
Cost of independent BIA assessments.	£40,000
Costs of MH assessments (s12 Doctors).	£100,000
Court Application Costs	£25,000
Legal Capacity/ Legal Advice	£20,000
<b>TOTAL ESTIMATED COST - ONGOING</b>	<b>£269,000</b>

- 6.4 The ongoing financial pressure will be able to be better quantified after a few more months of operation, and a decision will then be required as to how this pressure is addressed on a permanent basis. At this stage no provision for these additional costs has been included within the Medium Term Financial Strategy forecasts reported to Finance and Policy Committee on 24 November 2014, pending the outcome of this review. This issue will need to be considered as part of the detailed development of the 2016/17 budget.
- 6.5 The Corporate Management Team recommended that costs for 2014/15 should be funded from the use of Child and Adult Services reserves and any under spends within other areas of the Adult Services budget which can be achieved in 2014/15. It is hoped that actual costs can be managed down to a lower level enabling uncommitted reserves to be carried forward to 2015/16 to partly mitigate the pressure in this year. This funding strategy was designed to protect the Council's overall financial position although it was noted that the use of Child and Adult Services reserves reduces the Department's ability to manage potential increases in the costs of demand led services.
- 6.6 As reported in the Strategic Financial Management Report – as at 30 September 2014 elsewhere on this agenda, it is anticipated that the cost of DoLS in 2014/15 will be between £0.2m and £0.3m. This is lower than the original forecast mainly owing to the staffing team being appointed in July 2014 rather than for the full year. The range reflects the fact that court

application and legal costs are only just starting to be incurred and uncertainty remains about the likely level of future assessments and the associated costs.

- 6.7 These unbudgeted DoLS costs will be funded where possible from underspends elsewhere within Adult Services with the balance funded from use of departmental reserves. Depending on the actual outturn position this strategy should enable some of the reserves identified in 2014/15 to be used to fund DoLS in 2015/16. However, this will be closely monitored during the 2015/16 with regular reporting to Members as part of the Strategic Financial Management Reports. Any use of reserves will reduce the ability to manage pressures within Adult Services on an ongoing basis.

## **7. RECOMMENDATIONS**

- 7.1 It is recommended that the Adult Services Committee note the current position regarding Deprivation of Liberty Safeguards and the implications of the Supreme Court Judgement

## **8. REASONS FOR RECOMMENDATIONS**

- 8.1 The Council has the legislative responsibility as Supervisory Body (SB) for the assessment of and the granting, or otherwise, of all Deprivation of Liberty requests for authorisation received from the Managing Authorities (Care Homes and Hospitals) in Hartlepool and for out of area placements for care homes.

## **9. CONTACT OFFICER**

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# ADULT SERVICES COMMITTEE

8 December 2014



**Report of:** Director of Child & Adult Services

**Subject:** IMPLEMENTATION OF THE CARE ACT: UPDATE AND FINANCIAL IMPLICATIONS

## 1. TYPE OF DECISION/APPLICABLE CATEGORY

No decision required; for information.

## 2. PURPOSE OF REPORT

2.1 The purpose of this report is to provide the Adult Services Committee with an update on progress in preparation for implementation of the Care Act and the financial implications in 2015/16.

## 3. BACKGROUND

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

3.2 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 has been undertaken over the summer and final guidance and statutory regulations were published on 23 October 2014.
- 3.7 Changes to care funding, most notably the introduction of a ‘cap’ on liability for care costs, are not covered. The financial elements of the Care Act will be introduced from April 2016 and draft guidance and regulations on these elements are expected to be issued for consultation in December 2014.

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

- 4.1 The Implementation Steering Group continues to meet, supported by three sub groups focused on:
- 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 market position statement and analysing 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.
- 4.2 Following approval by the Adult Services Committee in September 2014 of the planned use of the Care Act Implementation Grant, work is progressing in relation to the agreed priorities. Progress to date includes:
- Appointment of additional staff to provide project management capacity, which will support the development of public information and the review of policies and procedures to accommodate the new requirements of the Care Act; and
  - development of a service specification for a new 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. A tender has been issued and is progressing within the agreed timescales.

#### **5. REGIONAL AND NATIONAL SUPPORT TO IMPLEMENT THE CARE ACT**

- 5.1 Care Act leads continue to meet across the region to share good practice and work collaboratively on areas where a shared approach is practical. The

North East Association of Directors of Adult Social Services (NE ADASS) has appointed a Care Act Lead to co-ordinate this work and a number of work streams with named Local Authority leads.

## 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. The first stocktake at the end of May 2014 indicated that Hartlepool Borough Council was making early progress towards implementing the Care Act in April 2015 and demonstrated a reasonable level of confidence amongst officers that the Council would be able to deliver the care reforms in a timely way. The second stocktake was completed in September 2014 and demonstrated that further progress was being made and that the Council remained confident that the care reforms would be delivered within timescales.
- 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 additional demand;
  - Unknown total implementation costs.

## 7. FINANCIAL IMPLICATIONS

- 7.1 The Council has received a one off allocation of £125,000 in 2014/15 to support implementation of the Care Act, which is being used as agreed by Adult Services Committee in September 2014:

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

- 7.2 Nationally, funding of £470m will be provided for implementing the Care Act in 2015/16. This will be paid through a combination of funding within the Better Care Fund (£175m) and separate specific grants (£295m). Actual funding allocations will be provided in early December, either as part of the Local Government 2015/16 Funding Settlement, or separate grant announcements.

- 7.3 The Government has consulted on the basis for allocating ‘new burdens’ funding (ie. non Better Care Fund allocations) to Councils in 2015/16 towards the additional costs arising from the Care Act. The first element provides funding for additional assessments, including the costs of capacity building and local awareness-raising. The second element relates to the costs of implementing a Universal Deferred Payment Scheme for care costs.
- 7.4 Figures issued by the Government as part of the summer consultation arrangements provided a revised indicative allocation for Hartlepool of between £0.458m and £0.470m, compared to an indicative allocation of £0.595m provided in February 2014. National comparisons are summarised below, which shows a small national reduction in funding, but a significant potential redistribution to shire county councils, with all other areas losing out. The position for North East Councils compared to the English Unitary average changes is also detailed.

#### Summary of proposed funding allocations

	Increase/(decrease) from Feb. 2014 provision allocation – <b>Option 1</b>	Increase/(decrease) from Feb. 2014 provision allocation – <b>Option 2</b>
Hartlepool	(21%) (£125k)	(23%) (£137k)
North East Councils	(18%) (£2.9m)	(20%) (£3.2m)
<b>National figures</b>		
English Unitary	(0.1%) (£0.1m)	(0.4%) (£0.3m)
London Boroughs	(29%) (£12.8m)	(28%) (£12.3m)
Met Districts	(19%) (£13.0m)	(21%) (£14.5m)
Shire County	23% £24.4m	24% £25.6m
Total	(0.5%) (£1.5m)	(0.5%) (£1.5m)

- 7.5 Further national information was issued in late October by the Government which builds upon the consultation stage impact assessment and takes account of evidence gathered through public consultation, additional financial modelling and evidence on uptake of disability and other social security benefits. As a result of this work the Government has revised cost estimates for the Care Act in 2015/16 and key proposed changes are as follows:

- Revised the costs related to new carers’ rights in 2015/16 to £104.6m (an increase of £35.2m), with consequent increases in subsequent years;
- Remove the previously assumed savings arising from legal reform in 2015/16, increasing overall costs by £13.6m;
- Reduce costs related to deferred payment agreements in 2015/16 to £83.5m (a decrease of £25m), reflecting an updated assessment of take up; and
- Reduce costs relating to self-funder assessments in 2015/16 to £116m (a decrease of £29m).

- 7.6 Clearly, this is an extremely complex area and the service and financial impacts will need to be fully assessed once actual 2015/16 funding allocations are known. For 2015/16 planning purposes it is currently anticipated that the changes will be budget neutral. The position in 2016/17 and future years will need to be assessed when funding allocations for these years are known. This will include assessing the impact of the baseline funding for 2015/16 being mainstreamed, which is a potential risk for Hartlepool.
- 7.7 The funding in relation to a Universal Deferred Payments scheme will need to be considered in the context of the impact on the annual departmental budget from any increase in deferred payments. This includes the increased risk that deferred payments are not fully recovered at a future date when an individual's property is sold. The corporate impact on cash flows will also need to be assessed as there will be an unbudgeted interest cost arising from increased deferred payments.
- 7.8 Further details regarding financial implications will be reported as more information is made available and the local impact has been assessed.

## **8. RECOMMENDATIONS**

- 8.1 It is recommended that the Adult Services Committee:
- a) Note progress to date in relation to implementation of the Care Act from April 2015;
  - b) Note the current position in relation to financial implications and receive a further report when the impact for the Council is known.

## **9. REASONS FOR RECOMMENDATIONS**

- 9.1 To provide the Committee with assurance that work is underway to implement the Care Act within the national timescales.
- 9.2 A further update to Committee will provide more information on the financial implications for the Council once allocations are confirmed.

## **10. CONTACT OFFICER**

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# ADULT SERVICES COMMITTEE

8<sup>th</sup> December 2014



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

**Subject:** STRATEGIC FINANCIAL MANAGEMENT REPORT - AS AT 30<sup>th</sup> SEPTEMBER 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 24<sup>th</sup> November 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; and
- careful management of budgets to avoid expenditure where this does not have an adverse impact on services.

3.7 The report on the position at 30<sup>th</sup> September 2014 advised Members that there is currently a net forecast budget under spend at the year-end of between £1.457m and £1.542m. This is significantly higher than previously forecast mainly arising from the early achievement of planned 2015/16 savings where these measures can be implemented in the current year, without impacting on services. These forecasts will be reviewed as the year progresses, particularly in relation to seasonal and demand led budgets.

3.8 A recommended strategy for using this one-off funding along with the funding identified following the review of reserves was reflected in the November 2014 Medium Term Financial Strategy (MTFS) report. The proposals are to:-

- enable a limited number of the 2015/16 proposed savings to be deferred;
- to fund protection costs arising from the Terms and Conditions review; and
- supplement the Budget Support Fund to support the MTFS

**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	September Projected Outturn Adverse/ (Favourable) Worst Case	September Projected Outturn Adverse/ (Favourable) Best Case	Comments
£'000		£'000	£'000	
30,494	Adult Committee - Core Services	76	(164)	The favourable variance mainly relates to underspends within various supplies and services budgets, increased grant income and incremental deficit within pay budgets.
-	Adult Committee - Projected Deprivation of Liberty Safeguard (DoLS) Pressure	300	200	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	(376)	(36)	The unbudgeted DoLS costs are forecast between £200k and £300k 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.
30,494	Sub-Total Adult Committee	0	0	
19,683	Children's Committee	(1,045)	(1,320)	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	<b>Total Child &amp; Adult</b>	<b>(1,045)</b>	<b>(1,320)</b>	
	<b>Creation of Reserves</b>			
-	Children's - Local Welfare Support Grants	375	375	This creation of this reserve was included in the MTFS and approved by full Council on 4th February 2014 to use the balance of grant funding and the existing reserve to continue provision through to 2017/18.
-	Children's - Troubled Families Grant	370	370	Reserve created to continue services in 2015/16
-	Children's - High Needs Risk Reserve	300	300	Reserves created to manage in-year risks of high educational needs placements exceeding base budget, which will avoid an in-year budget pressure in 2015/16.
-	Children's - Looked After Children	0	275	Reserve created to manage increased costs of Looked after Children and to avoid an in-year budget pressure in 2015/16, pending implementation a strategy to reduce costs
-	<b>Creation of Reserves Total</b>	<b>1,045</b>	<b>1,320</b>	
50,177	<b>Total Child &amp; Adult - Net of Reserves</b>	<b>0</b>	<b>0</b>	

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 are the unbudgeted costs relating to Deprivation of Liberty Safeguards (DoLS) which is the subject of a separate report elsewhere on this Agenda. These costs will be funded from a combination of the 2014/15 Adult Services managed budget underspend and the use of departmental reserves. This unexpected additional cost demonstrates the financial risks Councils face in providing services. The 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 30<sup>th</sup> September 2014 for this Committee can be summarised in the following table and further details are provided in **Appendix B.**

Department	2014/15 & Future Years	2014/15	2014/15	2014/15	2014/15	2014/15	2014/15
	Budget	Budget	Actual to 30/09/14	Remaining Expenditure	Re-Phased Expenditure	Total Expenditure	Variance from Budget Adverse/ (Favourable)
	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Adult Services	5,108	126	0	126	0	126	0
<b>Total</b>	<b>5,108</b>	<b>126</b>	<b>0</b>	<b>126</b>	<b>0</b>	<b>126</b>	<b>0</b>

## 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 approved by Council on 4<sup>th</sup> February 2014.

Strategic Financial Management Report as at 30<sup>th</sup> June considered by the Finance and Policy Committee 18<sup>th</sup> August 2014.

Review of Reserves Report considered by the Finance and Policy Committee 15<sup>th</sup> September 2014.

Strategic Financial Management Report as at 30<sup>th</sup> June considered by the Adult Services Committee 1<sup>st</sup> September 2014.

Strategic Financial Management Report as at 30<sup>th</sup> September considered by the Finance and Policy Committee 24<sup>th</sup> November 2014.

## 9. CONTACT OFFICER

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

## Overview:

Approved 2014/2015 Budget £'000	Description of Service Area	September		Director's Explanation of Variance
		Projected Outturn Variance - Adverse/ (Favourable) Worst Case £'000	Projected Outturn Variance - Adverse/ (Favourable) Best Case £'000	
<b>Adult Committee</b>				
(65)	Carers & Assistive Technology		33	
3,901	Commissioning & Adults General	(263)	(284)	This relates to an element of Better Care Fund being transferred in 2014/15 and the one-off Care Act Implementation Grant of £125k being made available in year. This additional one off funding has resulted in underspends in year in areas that will contribute to 2015/16 savings. There are also underspends against various supplies and services budgets and some savings from vacant posts which either have been or are in the process of being filled.
1,263	Commissioning-Mental Health	(70)	(105)	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	453	303	The projected overspend relates to increased demand for services to support older people due to demographic pressures. The range reflects the volatility in this service area and the potential impact of winter on demand for services.
7,723	Commissioning-Working Age Adult	103	103	The projected overspend relates to increased demand for services to support adults with learning disabilities, including those moving from children's services through the transition process.
186	Complaints & Public Information	14	10	
1,144	Departmental Running Costs	(66)	(66)	
1,167	Direct Care & Support Team	(40)	(40)	
376	LD & Transition Social Work	(25)	(25)	
1,925	Locality & Safeguarding Teams	(70)	(70)	This mainly relates to incremental drift within pay budgets and some vacant hours which are currently being filled.
634	Mental Health Services	(51)	(51)	
969	OT & Disability Equipment	70	40	This relates to expenditure arising from increased demand for equipment from the Tees Community Equipment Service.
176	Workforce Planning & Dev	0	0	
1,203	Working Age Adult Day Services	(12)	(12)	
<b>30,494</b>	<b>Sub Total</b>	<b>76</b>	<b>(164)</b>	
0	Deprivation of Liberty Standards (DoLS) - Pressure	300	200	These are the unbudgeted costs of implementing the changes to Deprivation of Liberty Safeguards following the recent Supreme Court judgement.
0	Release of Departmental Reserve for DoLS	(376)	(36)	These unbudgeted costs are forecast between £200k and £300k 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.
<b>30,494</b>	<b>Adult Committee Sub Total</b>	<b>0</b>	<b>0</b>	

## 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
<b>Adult Committee</b>				
90	Demographic Pressures	76	(14)	Based on the worst case scenario this is the value of the reserve that will be required to fund the net deficit within Adult Services which has mainly arisen from the pressure within older people's services. If the outturn position is better than this, the reserve may not be required in-year and will be retained as a contingency reserve to contribute towards these pressures in future years.
27	Supporting People	27	0	
6	Social Care Reform	6	0	
9	Reablement Funding	9	0	
125	Social Inclusion & Lifestyle pathways contract extension	190	65	Latest estimate based on need to extend some contracts for longer than expected while they are re-commissioned.
270	PCT Carers Funding	200	(70)	Balance of reserve to be retained to fund future years carers costs.
22	Community Pool 2014/15	22	22	
0	Deprivation of Liberty Safeguards (DoLS)	300	300	This is an unbudgeted pressure in 2014/15 (based on the worst case scenario) and will be funded where possible from the departmental outturn with the balance funded from departmental reserves.
0	Better Care Fund (BCF) Risk Reserve	19	19	This reserve is being used to fund a post ahead of it being mainstreamed as part of BCF in 15/16
<b>549</b>	<b>Adult Committee Sub Total</b>	<b>849</b>	<b>322</b>	

## CAPITAL MONITORING REPORT PERIOD ENDING 30th SEPTEMBER 2014

Project Code	Scheme Title	BUDGET		EXPENDITURE IN CURRENT YEAR					Type of Financing	2014/15 COMMENTS
		A	B	C	D	E	F	G		
		2014/15 and Future Years Budget £'000	2014/15 Budget £'000	2014/15 Actual as at 30/09/14 £'000	2014/15 Expenditure Remaining £'000	Expenditure Rephased into 2015/16 £'000	(C+D+E) 2014/15 Total Expenditure £'000	(F-B) 2014/15 Variance from Budget £'000		
<b>Adult Committee</b>										
7234	Chronically Sick and Disabled Persons Adaptations	320	55	0	55	0	55	0	MIX	Funding rephased to support future year's expenditure.
8075	Short Break Capital Grants Pool	21	21	0	21	0	21	0	MIX	
NEW	Centre for Independent Living - New Build	4,767	50	0	50	0	50	0	MIX	
<b>Adult Committee Sub Total</b>		<b>5,108</b>	<b>126</b>	<b>0</b>	<b>126</b>	<b>0</b>	<b>126</b>	<b>0</b>		

## 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

# ADULT SERVICES COMMITTEE

8 December 2014



**Report of:** Director of Child & Adult Services

**Subject:** BETTER CARE FUND UPDATE

## 1. TYPE OF DECISION/APPLICABLE CATEGORY

No decision required, for information.

## 2. PURPOSE OF REPORT

2.1 This report provides the Adult Services Committee with an update regarding the assurance process for the Better Care Fund (BCF) and the outcome for Hartlepool, as well as an update on progress in relation to implementation.

## 3. BACKGROUND

3.1 NHS England Local Area Teams (ATs) and Local Government regional leads have worked with local areas to strengthen their BCF plans prior to resubmission on 19 September 2014.

Following resubmission of the BCF plans there was an intensive two week desktop review of plans, focused on:

- Overall review of narrative of plan
- Analytical review of data, trends and targets
- Financial review of calculations and financial projections

The feedback from Area Team and Local Government regional peers, and the outcome of the desktop review, has formed the basis of the assurance process prior to plans being recommended for approval by Ministers.

3.2 The Nationally Consistent Assurance Review (NCAR) process assessed plans as being in one of the following four categories:

**Approved** - the aim is for all plans to have reached this standard by April. Areas whose plans are 'Approved' following the NCAR process at the end of October will receive a letter to notify them of the result of the assurance of their plan and will effectively handover ongoing support and monitoring responsibilities from the Taskforce to NHS England.

**Approved with support** - Areas whose plans are in this category following the NCAR process at the end of October will receive a letter to notify them of the result of the assurance of their plan and explain that there are some items of evidence or information that will need to be submitted to provide full assurance in order to move to the fully approved category. The letter will need to detail handover arrangements from the Taskforce to NHS England, and a relationship manager / point of contact from NHS England will be assigned to manage that process of receiving additional evidence and recommending they move to fully approved. This should be a straightforward and light-touch process and we would aim for all HWBs in this category to be fully approved before December.

**Approved subject to conditions** - Areas whose plans are in this category following the NCAR process at the end of October will receive a letter to notify them of the result of the assurance of their plan and explain that there are various conditions that have been imposed on them because of some substantial issues or risks in their plan without enough demonstration of how these will be mitigated. The letter will state that they will be restricted in implementation in terms of any intention to pool or commit resources now from next year's additional BCF pool through for example contracting for services. The letter will explain the ongoing responsibility of the Taskforce in terms of plan improvement support and final assurance of plans – and they will be assigned a single point of contact for this to help develop an action plan detailing how and by when they expect to meet the conditions, what support they might need, and agree the level of resubmission that will be require. The aim is to have these areas fully approved before January.

**Not approved** - Areas whose plans are in this category following the NCAR process at the end of October will receive a letter to notify them of the result of the assurance of their plan and explain that their plan is not approved and therefore they will not be able to progress to implementation until they address the risk areas highlighted through the NCAR and a revised plan is resubmitted. The letter will state that they will be restricted in implementation in terms of any intention to pool or commit resources now from next year's additional BCF pool through for example contracting for services. The aim is to have the results of the secondary NCAR assurance process in January, so they are approved in time to begin implementation.

#### 4. OUTCOME OF THE ASSURANCE PROCESS

4.1 The outcome of the assurance process was announced on 30 October 2014.

4.2 The national picture was as follows:

- Approved 4%
- Approved with support 61%
- Approved with conditions 32%
- Not approved 3%

4.3 Hartlepool's plan was assessed as 'approved with support'.



## 5. NEXT STEPS

- 5.1 Work is underway to provide the additional evidence required in order to have the plan fully approved. This includes further detail in relation to risk sharing and contingency arrangements, agreement of a patient experience metric and some additional detail demonstrating how the various elements of the plan contribute to the delivery of the agreed outcomes. An action plan has been drafted and information is being gathered for submission to the Area Team by 28 November 2014.
- 5.2 Work has continued in parallel to the assurance process to ensure that the plan can be implemented from April 2015. A number of the developments in relation to low level support and improved dementia pathways have already been progressed. Further work has been undertaken in relation to the intermediate care element of the plan, including a range of clinical audits and a review of community nursing and the outcomes of this work will be considered in detail at a planned event on 27 November 2014 to further develop the model for an integrated intermediate care service.

## 6. RECOMMENDATIONS

- 6.1 It is recommended that the Adult Services Committee:
- Notes the outcome of the assurance process;
  - Notes the further work being undertaken to progress implementation of the plan and receives further updates as detailed plans are developed.

## 7. REASONS FOR RECOMMENDATIONS

- 7.1 It is a requirement of the BCF that plans are jointly agreed between Local Authorities and Clinical Commissioning Groups and approved by Health & Wellbeing Boards, but the focus on services for older people means that the plans are also relevant to the Adult Services Committee.

## 8. CONTACT OFFICERS

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