

ADULT SERVICES COMMITTEE AGENDA



Monday 7 March 2016

at 10.00 am

in Committee Room B, Civic Centre, Hartlepool

MEMBERS: ADULT SERVICES COMMITTEE

Councillors Atkinson, Beck, Belcher, Loynes, Richardson, Tempest and Thomas

1. APOLOGIES FOR ABSENCE

2. TO RECEIVE ANY DECLARATIONS OF INTEREST BY MEMBERS

3. MINUTES

- 3.1 To receive the Minutes and Decision Record in respect of the meeting held on 15 February 2016 *(for information as previously circulated)*.

4. BUDGET AND POLICY FRAMEWORK ITEMS

No items.

5. KEY DECISIONS

No items.



6. OTHER ITEMS REQUIRING DECISION

- 6.1 The 2015/16 Local Account – *Director of Child and Adult Services*
- 6.2 Supporting People with Hearing Loss – *Director of Child and Adult Services*

7. ITEMS FOR INFORMATION

- 7.1 Hospital Discharge Update – *Director of Child and Adult Services*
- 7.2 Engagement with Older People – *Director of Child and Adult Services*
- 7.3 Independent Living Fund Update – *Director of Child and Adult Services*
- 7.4 Annual Complaints Report – 1 April 2014 – 31 March 2015 – *Director of Child and Adult Services*

8. ANY OTHER BUSINESS WHICH THE CHAIR CONSIDERS URGENT

FOR INFORMATION:

Date of next meeting - Wednesday 23 March 2016 at 10.00 am in the Civic Centre.



ADULT SERVICES COMMITTEE MINUTES AND DECISION RECORD

15 February 2016

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

Present:

Councillor: Carl Richardson (In the Chair)

Councillors: Paul Beck, Sandra Belcher, Brenda Loynes, Sylvia Tempest
and Stephen Thomas

Also Present:

Judith Gray, Maureen Lockwood, Liz Fletcher, Evelyn Leck and
Ruby Marshall - Healthwatch Representatives

Frank Harrison – Years Ahead Forum

Members of the Public – Evelyn Leck, Sue Little, Stella Johnson
and Gordon Johnson

Officers: Sally Robinson, Director of Child and Adult Services
Jill Harrison, Assistant Director, Adult Services
Jeanette Willis, Head of Strategic Commissioning
Kerry Trenchard, Strategy and Performance Officer
Denise Wimpenny, Principal Democratic Services Officer

65. Apologies for Absence

None

66. Declarations of Interest

Councillor Steve Thomas declared a personal interest in Minute 72
as an employee of Healthwatch.

67. Minutes of the meeting held on 18 January 2016

Received

68. Matters Arising from the Minutes

In relation to Minute 61, a Member requested that the thanks and appreciation expressed at the last meeting to Zoe Sherry be placed on record, who was a Healthwatch volunteer, for her hard work and invaluable support on the Mental Health Forum.

Decision

That the Committee's appreciation to Zoe Sherry, Healthwatch volunteer, be placed on record, for her hard work and invaluable support on the Mental Health Forum.

69. Council Plan 2016/17 – Proposals for Consideration *(Director of Child and Adult Services)*

Type of decision

Budget and Policy Framework

Purpose of report

To provide an opportunity for the Adult Services Committee to consider the Child and Adult Services Department's proposals for inclusion in the 2016/17 Council Plan that fell under the remit of the Committee.

Issue(s) for consideration

The Assistant Director, Adult Services reported on the proposals included in the 2016/17 Council Plan that fell under the remit of the Adult Services Committee. As in previous years detailed proposals were being considered by each of the Committees throughout January and February. A further report would be prepared for the Finance and Policy Committee on 14 March 2015 detailing the comments/ observations of each of the Committees along with a full draft of the 2015/16 Council Plan.

A Member commented on key risks identified in the Plan and the serious implications for the elderly and vulnerable in terms of future care provision. Given the current situation, level of cuts in the adult social care budget and the increasing demand on adult social care services due to demographic and financial pressures, the need to continually monitor these risks was emphasised

In relation to the risk of delayed transfers of care from hospital due to

reduced capacity and changing working arrangements, a Member commented that given that the issue had been highlighted on a number of occasions and remained a concern, there was a need for ongoing consideration of this issue by the CCG. The importance of this Committee closely monitoring the long term picture in this regard was also highlighted. Examples of delayed transfers from hospital were shared with the Committee.

Clarification was sought in terms of provision for under 65s requiring nursing care. Members were advised that this information would be requested from the CCG, as commissioner of nursing beds, and presented to a future meeting of this Committee.

With a view to managing the risk in relation to insufficient capacity to meet placement demand, as detailed in the report, it was suggested that an action be included within the Plan to explore in house provision and partnership working. The Assistant Director advised that a report examining future delivery options would be submitted to the next meeting of the Committee.

Decision

- (i) That the proposals reported for inclusion in the Council Plan 2016/17 be supported and the comments of Members be utilised to formulate a response on behalf of the Committee for consideration by the Finance and Policy Committee.
- (ii) That information in relation to nursing care provision for under 65s be presented to a future meeting of this Committee.

70. Care Home Update and Action Plan (*Director of Child and Adult Services*)

Type of decision

No decision required – for information

Purpose of report

To provide the Adult Services Committee with an update in relation to care home provision and actions progressed since December 2015.

Issue(s) for consideration

The Assistant Director, Adult Services reported on the background to the meeting on 12 October 2015, when representatives from the Care Quality Commission (CQC) and Hartlepool and Stockton on

Tees Clinical Commissioning Group had provided a presentation to the Committee in relation to care home provision. Attached as appendices to the report were an update on the care home sector as well as an action plan update, which included actions identified at the Adult Services Committee on 12 October 2015. In response to care home closures in January, a significant level of support was being provided to those homes who had accepted large numbers of new residents at short notice, details of which were provided.

The Care Quality Commission was seeking views on its plans for the next five years as it developed its approach to regulation. The consultation was open until 14 March 2016 and a response would be submitted by the Council. The response would reflect issues raised previously by the Adult Services Committee including consistency, support for providers who required improvement and protection of people who were not receiving good quality care.

Concerns were raised in relation to the impact of care home closures on existing residents as a result of additional residents moving into homes at short notice. Examples of situations where those with dementia were now living alongside individuals without dementia were outlined and the potential impact on the individuals was noted.

Two members of the public, who were invited to speak, shared with the Committee personal experiences of close family members being adversely affected as a result of a large intake of additional residents, some with challenging needs, following urgent care home closures. Whilst thanks were expressed to the management and care staff who were coping well in a difficult situation, in terms of the standard of care, concerns were raised regarding the disproportionate amount of time staff needed to spend with individuals with more complex needs which was having a detrimental impact on the care of others. Thanks were also expressed to the Council for the support they were providing to the homes and their response since the matter was brought to their attention. Clarification was sought as to how situations of this type were managed in other local authority areas. Members were advised of the processes in place to manage the situation and it was noted that the Council was currently working with families and individuals as well as providers to address these concerns.

Discussion ensued on the importance of carefully considering the implications of home closures, the need to ensure sufficient time was available for families and residents to make an informed choice, the importance of places being available in town and in the correct setting and the need to learn from the issues shared with the Committee today was highlighted. Officers responded to further queries raised in relation to the various categories of care provision, CQC ratings and concerns in relation to an individual who was not able to be discharged from hospital due to the lack of availability in

the home of their choice.

With regard to the ongoing CQC consultation, the importance of the authority contributing to the consultation was emphasised and feedback in relation to the authority's contribution was requested at a future meeting of this Committee.

Decision

- (i) That the contents of the report and comments of Members be noted and further update reports be received on a regular basis.
- (ii) That feedback in relation to the authority's contribution to the CQC consultation process, be provided to a future meeting of this Committee.

71. Hartlepool Local Executive Group – 2015/16 Q2 Performance Report *(Director of Child and Adult Services)*

Type of decision

For information

Purpose of report

To present the Hartlepool Local Executive Group (LEG) mid year performance report for 2015/16 and to share a summary of the progress made with the implementation of the Tees-wide Safeguarding Adults Board (TSAB) strategic aims and objectives for the same period.

Issue(s) for consideration

The report provided background information in relation to adult safeguarding arrangements and the significant changes in the Care Act which would affect the protection of vulnerable adults. One of the key changes was the statutory requirement for a Safeguarding Adults Board. To support the work of this Board, Hartlepool had established a Local Executive Group.

Members were referred to the 2015/16 Quarter 2 performance report, attached at Appendix 1, which included information on safeguarding activity, categories of abuse and outcomes as well as Deprivation of Liberty Safeguards (DoLS) activity and local developments/issues.

The report included background information in relation to the

Deprivation of Liberty Safeguards as well as the trends for the reporting period. It was noted that there had been an increase in referrals from 38 in 2013/14 to 648 in 2014/15. Quarter 2 data indicated that the increase in activity was continuing and it was estimated that there would be approximately 900 to 950 referrals in 2015/16 based on activity to date.

In relation to safeguarding vulnerable adults there had been a number of developments to date in 2015/16, details of which were provided as outlined in the report.

In the discussion that followed presentation of the report, concerns were expressed regarding the financial implications for the Local Authority as a result of the Supreme Court Judgement in relation to Deprivation of Liberty Safeguards in terms of both workload/staffing capacity and cost. It was noted that a legal challenge had been submitted by a number of London boroughs regarding national funding for Local Authorities to appropriately implement DoLS, the outcome of which was awaited.

Decision

- (i) That the contents of the report and continued increase in DoLS activity as well as the comments of the Committee be noted.
- (ii) That further updates regarding safeguarding issues be received on a regular basis.

72. Hospital Discharge: Action Plan – Update on Progress *(Director of Child and Adult Services)*

Type of decision

For information

Purpose of report

To update Members of the Adult Services Committee in relation to the action taken following Healthwatch Hartlepool's Hospital Discharge Project.

Issue(s) for consideration

The Assistant Director referred the Committee to the action plan, attached at Appendix 1, in response to the recommendations of Healthwatch following their investigation into hospital discharges.

The action plan outlined the actions being taken to address each recommendation. It was noted that a number of issues raised in relation to hospital discharges were reflected in Hartlepool's Better Care Fund Plan.

In relation to current performance, the 2015/16 Quarter 1 performance report indicated that the overall number of Delayed Transfer of Care for Hartlepool was reducing and meeting the BCF target with 378 'days delayed' reported for Hartlepool residents in April – June 2015 compared to 694 for the same period the previous year. The Quarter 2 performance report again showed an improvement with 591 'days delayed' in April to June 2015 compared to 734 for the same period the previous year, but the increase from Q1 to Q2 meant that the Q2 BCF target had not been achieved and would therefore be closely monitored. The Assistant Director was pleased to report that the latest performance information indicated that there continued to be no delays reported that were attributable to the Local Authority's Adult Social Care arrangements.

A number of concerns were raised in relation to hospital discharges continuing to take place in the early hours of the morning. The potential reasons for the delays were debated including whether the delays were as result of waiting for medication or transport not being available or delays due to patients waiting for letters from consultants. A member of the public raised concerns in relation to the outcome of the Trust's recent CQC inspection which had given the Trust an overall rating of "Requires Improvement".

Reference was made to a recommendation from Healthwatch that "under no circumstances should a patient with a complex package of care and complex needs be discharged back home or into a care facility after 5pm." Given the Trust's indication, in response to this recommendation, that they would aim to work towards earlier in the day discharges, the Committee was keen to receive clarification from the Trust on the hospital discharge process and details of the number of discharges that had taken place after 7.00 pm in the evening.

The Committee requested that the Trust be formally invited to the next meeting of the Committee to provide an update on the current position and to respond to the concerns as detailed above.

Decision

- (i) The Committee noted the progress made to address the recommendations of Healthwatch Hartlepool's Hospital Discharge Project, noting also the links to the Better Care Fund.
- (ii) That the Foundation Trust be formally invited to the next meeting of this Committee to provide an update on the current

position and respond to the concerns, as outlined above, in relation to the hospital discharge process and the number of discharges that had taken place after 7.00 pm in the evening.

The meeting concluded at 11.20 am.

P J DEVLIN

CHIEF SOLICITOR

PUBLICATION DATE: 22 FEBRUARY 2016

ADULT SERVICES COMMITTEE

7 March 2016



Report of: Director of Child & Adult Services

Subject: THE 2015/16 LOCAL ACCOUNT

1. TYPE OF DECISION/APPLICABLE CATEGORY

Non-key decision.

2. PURPOSE OF REPORT

- 2.1 To present to Adult Services Committee for approval the 2015/16 Local Account; a key mechanism for reporting back to citizens on performance in adult social care, and a means of engaging with citizens and consumers of our services around priorities and outcomes.

3. BACKGROUND

- 3.1 With the abolition of the Annual Performance Assessment, the publication of a single data set for local government and the development of an outcomes framework for adult social care, the Local Account is a key mechanism for councils to report back to citizens and consumers in a meaningful about performance. The Local Account is also a practical expression of sector self-regulation and improvement.
- 3.2 The concept of producing a Local Account builds on work that all councils are already doing on local quality assurance frameworks and safeguarding annual reports.
- 3.3 Local Accounts were launched along with the Adult Social Care Outcomes Framework in March 2011 and the first Local Account for Hartlepool was published in December 2012.
- 3.4 The Local Account is a valuable mechanism to hold the Council accountable and responsible for the service it delivers. The Care Quality Commission (CQC) no longer inspects councils' social care department and this document is a means of telling the citizens of Hartlepool about performance, progress, priorities, challenges and plans for future service developments.

4. SUMMARY OF THE 2015/16 LOCAL ACCOUNT

- 4.1 The 2015/16 Local Account is attached at **Appendix 1** and sets out the context of adult services including:
- What we do
 - Our aims
 - Challenges faced
 - How the budget is spent; and
 - Key facts about performance
- 4.2 Following consultation and feedback on the first Local Account, the 2013/14 document was developed to include a focus on particular service areas and some case studies that identify how these services support people within the town. This approach has been continued in the 2015/16 Local Account which focuses on a number of key policy areas including the Care Act, Adult Safeguarding, the Better Care Fund and Mental Health Services.
- 4.4 One of the key requirements of the Local Account is to reporting back to citizens and consumers about performance and the 2015/16 document does this by giving feedback about complaints and summarising the outcomes of the Annual Social Care Survey and the Personal Social Services Survey of Adult Carers in England, both of which were very positive for Hartlepool.
- 4.5 The 2015/16 Local Account also sets out plans for the future which remain focused around the objective of 'ensuring that people who need higher levels of support are offered choice, control and good services so that they can recover as quickly as possible or live a good quality of life'.
- 4.6 The Local Account presents information in an accessible, simple and consistent format using case studies where appropriate to illustrate the contents in a meaningful way. This is a public document which will have a wide-ranging audience and its style reflects the overriding need to make it meaningful, relevant and accessible to the citizens and users of adult services in Hartlepool.

5. RISK IMPLICATIONS

- 5.1 There are no risk implications associated with this report.

6. FINANCIAL CONSIDERATIONS

- 6.1 There are no financial implications associated with this report.

7. LEGAL CONSIDERATIONS

- 7.1 There are no legal considerations associated with this report.

8. CHILD AND FAMILY POVERTY CONSIDERATIONS

- 8.1 There are no child and family poverty considerations associated with this report.

9. EQUALITY AND DIVERSITY CONSIDERATIONS

- 9.1 There are no equality and diversity considerations associated with this report.

10. STAFF CONSIDERATIONS

- 10.1 There are no staff considerations associated with this report.

11. ASSET MANAGEMENT CONSIDERATIONS

- 11.1 There are no asset management considerations associated with this report

12. RECOMMENDATIONS

- 12.1 It is recommended that the Adult Services Committee notes the contents of the 2015/16 Local Account and approves its publication.

13. REASONS FOR RECOMMENDATIONS

- 13.1 Hartlepool Borough Council's Local Account is a key document to evidence the Council's commitment to be transparent with local citizens about the services we deliver. The Local Account showcases where we are doing well and identifies where we need to do better.
- 13.2 The Local Account is an accessible means of engaging with the public about our performance and their views and will provide a useful tool for us to evidence accountability and inform self-improvement activity at a local level.

14. CONTACT OFFICER

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



The Local Account of Adult Social Care Services in Hartlepool 2015/2016

Hartlepool Borough Council
Child and Adult Services



Hartlepool Borough Council
Child and Adult Services department

Local Account
Published February 2016

Photographs © Hartlepool Borough Council and www.careimages.com



Contents

1. Welcome	5
2. About the Local Account	6
3. Adult Social Care in Hartlepool	7
a. What we do	7
b. Our aims	7
c. Our challenges	8
d. Key facts about how we spend your money	9
e. Key facts about our performance 2015/2016	10
4. Focus on: The Care Act	11
5. Focus on: Safeguarding	16
6. Focus on: Hartlepool Now	19
7. Focus on: The Better Care Fund	21
8. Focus on: Mental Health Services	23
9. Focus on: Reablement	27
10. The Quality Standards Framework	29
11. Healthwatch	31
12. Feedback and Consultation	32
13. Our Plans for the Future	37
14. Useful Contacts	39



Welcome and Introduction



As Chair of the Adult Services Committee it is my great pleasure to welcome you to the Local Account for adult services in Hartlepool. The Adult Services Committee is working hard to involve local people in decisions about what is important and how adult services are delivered and wants to hear your views. The Local Account is an important part of the Council's commitment to engage with local residents.

The Local Account highlights areas where we're doing well, areas where there is room for improvement and plans for the future. This is particularly important at the moment because there are some big changes taking place in adult services, including the implementation of new legislation (the Care Act 2014) and the drive to work more closely with health partners through the Better Care Fund. There are also some big challenges and difficult decisions ahead, as funding for adult services continues to be cut.

A handwritten signature of Carl Richardson in blue ink.

Councillor Carl Richardson
Chair of Adult Services Committee



Healthwatch Hartlepool has played a very important part in the development of this Local Account.

Because of our work with Child and Adult Services, the Local Account includes information about how the department has responded to the Care Act 2014 and how the findings of the Mental Health Peer Challenge have helped the department think about its services for people with mental health problems.

We look forward to continue working with the council.

A handwritten signature of Margaret Wrenn in blue ink.

Margaret Wrenn
Chair of Healthwatch Hartlepool

About the Local Account of Adult Social Care Services in Hartlepool

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

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

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

Adult Social Care in Hartlepool

>> What we do

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

We try hard to keep people living independently in their own homes for as long as possible. However, we recognise that for some people, residential or nursing care is the safest and most suitable option. For those people, we provide information on the care homes that are in the town that are operated by private providers or charities and have contracts with the Council.

Our focus will always be on protecting people with care and support needs from abuse or neglect. As a partner of the Teeswide Safeguarding Adults Board we work together with other local agencies to keep people safe.

>> Our aims

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

Our document *Moving Forward Together: The vision for adult social care in Hartlepool 2014 – 2017* sets out the following priorities:

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

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

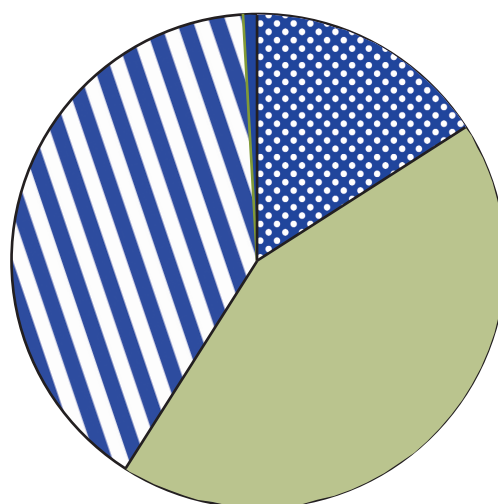
>> Challenges





We have previously highlighted the challenges that the department faces with people living longer, increases in the number of people experiencing dementia and increases in the number of people with disabilities. Ongoing economic constraints continue to challenge us as we work to deliver significant savings from the department's budget while continuing to support local people.

Despite these challenges and pressures on staff delivering services, we continue to build on a strong base of service delivery and have worked hard to ensure that the requirements of the Care Act 2014 have been introduced effectively.

How we spend your money

Of Hartlepool Borough Council's three departments, Child and Adult Services has the largest budget. Last year, we spent over £48 million on providing social care services for adults in Hartlepool. Some of this is paid for by client contributions and income from the NHS. However, the majority is funded by the Council. The graph below shows how we spent that money.



-  Assessment and Care Management
-  Personal Budgets
-  Residential and Nursing Placements
-  Other Adult Services



© Hartlepool Borough Council and www.careimages.com

Key facts about our performance

93% of people who use services feel as though they have control over their daily life



We have provided more than 2,400 pieces of equipment to help people live safely at home



79% of people who use services and carers found it easy to find information about services



2,144 people were referred to us and received an assessment

69% of people who use services feel safe



Over 2,700 carers had an assessment during 2014-15 and received support



Over 98% of those people who would be eligible for a personal budget, had a personal budget to manage their care and support



3,783 people had a review of their service during the year.

15% of people with a Learning Disability were supported in employment during 2014-15



92% of people who used our services were happy with the care and support they received



During 2014-15, no people were kept in hospital due to waiting for social care or support.



There were 160 referrals related to Safeguarding in 2014-15

All information produced for 2014/15 National Statutory Returns

Focus on: The Care Act

>> The Care Act 2014

The Care Act 2014 replaces a range of laws and guidance to provide a joined up legal framework for adult social care in England. The Act aims to modernise the framework of care and support law; it sets out new duties for us as the Local Authority and for our partners. It also sets out new rights for people who use our services and carers.

The Act aims to provide the framework for:

- Clearer, fairer care and support
- An underlying principle of wellbeing
- Prevention and delay of the need for care and support
- Putting people in control of their care

The Act is underpinned by the principle of “wellbeing”.

Wellbeing is a broad concept and it is described as relating to the following areas in particular:

- Personal dignity
- Physical and mental health and emotional wellbeing
- Protection from abuse and neglect
- Control by the individual over day-to-day life
- Participation in work, education, training or recreation
- Social and economic wellbeing
- Domestic, family and personal life
- Suitability of living accommodation, and
- The individual’s contribution to society

It is our responsibility as the Local Authority to promote wellbeing and to seek improvements in people's wellbeing when carrying out a care and support function in relation to an individual at any stage of the process from the provision of information and advice to reviewing a care and support plan. Wellbeing covers an intentionally broad range of the aspects of a person's life and will encompass a wide variety of specific considerations depending on the individual.

Other key provisions of the Care Act 2014 are:

National Eligibility Criteria – The Government has set a National Eligibility Criteria for adult care and support needs and carer support needs which local authorities must meet. All local authorities must comply with this national threshold. It is argued that this eligibility threshold provides more transparency on what level of need is eligible.

An individual's needs meet the eligibility criteria if:

- The person's needs arise from or are related to a physical or mental impairment or illness;
- As a result of the needs, the person is unable to achieve two or more of the outcomes specified below; and,
- As a consequence there is, or is likely to be, a significant impact on the person's wellbeing.

The specified outcomes are:

- Managing and maintaining nutrition;
- Maintaining personal hygiene;
- Managing toilet needs;
- Being appropriately clothed;
- Being able to make use of their home safely;
- Maintaining a habitable home environment;
- Developing and maintaining family or other personal relationships;

- Accessing and engaging in work, training, education or volunteering;
- Making use of necessary facilities or services in the local community including public transport and recreational facilities or services, and
- Carrying out any caring responsibilities you have for a child.

Prevention – the Act places a duty on local authorities to provide or arrange services that reduce needs for support among people and their carers in the local area, and contribute towards preventing or delaying the development of such needs.

Information and advice – the Act places a duty on councils to establish and maintain a service providing information and advice to local people on care and support.

Assessment – anybody including a carer, who appears to need care or support, is entitled to an assessment. The assessment must focus on the outcomes important to the individual. Any needs currently being met by a carer should still be included in the assessment.

Charging and financial assessment – if the type of care being considered is chargeable, then the local authority must carry out a financial assessment. From April 2015, all councils must offer deferred payments. It was planned that from April 2016 all people with eligible needs would have a care account to set out the notional costs accumulated towards their cap on care costs but the government announced in 2015 that this has been put on hold and will not happen until 2020 at the earliest.

>> Responding to the Care Act – assessing where we were.

Hartlepool Borough Council created a Care Act Implementation Group that worked for over a year to look at what the impact of the Act would be and to plan to introduce the changes.

A traffic-light implementation plan was developed which highlighted that Adult Services in Hartlepool Borough Council were already in a good place to tackle some of the fundamental changes that the Act introduced. For example:

>> Requirement

Duty to meet need for care and support – Hartlepool Borough Council have consistently met needs.

Assessment of a carer's needs for support – duty to assess carer irrespective of level of need – little impact was expected as Hartlepool Council had introduced carer's assessments and carers Personal Budgets, although it was anticipated that a Resource Allocation System for carer's personal budgets needed development to ensure transparency and equity.

After Assessment, prepare a support plan that must contain (including a Personal Budget), what information must be provided about Direct Payments and who must be involved in developing the plan – little impact was expected as Hartlepool Borough Council had been offering Direct Payments since the Direct Payment Act of 1996 and personal budgets were already considered an everyday aspect of service delivery.

Personal Budget – all people have a legal entitlement to a Personal Budget which will be included in their support plan to help them understand the options available to them – little impact was expected as Hartlepool Borough Council had been rolling out Personal Budgets since 2005 as a way to maximise people's choice and control. By the time the Care Act was introduced, all individuals who were assessed for services were in receipt of a Personal Budget.

Review of Support Plan – duty to review support plan and sets out how the review should take place, i.e. must include adult and carer – little impact envisaged as the Department already operated an annual review system that routinely included the person who accessed services, their carer and any other individuals relevant to the person's support and/or life.

Safeguarding Adults Board – each Local Authority had to establish a Safeguarding Adults Board (SAB) – Hartlepool Borough Council had been part of a Teeswide Safeguarding Adults Board for some time and it was anticipated that this would be formalised by the Act.

>> Responding to the Care Act – what we needed to do

Despite the assessment that we were in a good position for implementation of the Care Act, with the main elements of the Act already part of everyday practice for adult social care workers, two key areas for practice development were identified:

Firstly, the eligibility criteria – following assessment the needs will be placed against the criteria and where they meet the criteria then plans must be made to meet the needs. If criteria are not met then advice and information must be offered. There was a need to amend paperwork to ensure that the new eligibility criteria was considered, particularly with the need to evidence consideration of the wellbeing principle. In addition, a copy of the assessment and a letter outlining the decision made needed to be sent out as a matter of course.

Secondly, concerns were raised about the management information system used to record services and the need to ensure systematic recording of evidence to ensure that the department could demonstrate Care Act compliance.

A small working group was established that began by mapping the processes used from referral to implementation. This was then reviewed to ensure compliance with the Act. Finally, paperwork was reviewed to ensure that it was fit for purpose, clarified the eligibility criteria and was user friendly.

Work has also taken place with the management information system provider to streamline the process, minimise the paperwork and develop forms that are easily printed and understandable, that are shared with people who access services.

The development of more accessible information has helped us to comply with the Act's requirement to provide people with a copy of their assessment, support plan and a letter clarifying decisions made relating to services.

>> **Market Position Statement**

The Care Act 2014 states that the Local Authority must work to develop markets for care and support and understand the business environment of the providers offering services in the area. To this end the Local Authority must develop a Market Position Statement that talks about the local market for adult social care providers, signals to the market possible increases or decreases in demand and considers how its own activities impacts on the market. A copy of Hartlepool's Market Position Statement is available at www.hartlepool.gov.uk.

Focus on: Safeguarding

The Care Act 2014 has introduced a statutory framework for adult safeguarding. This framework replaces the “No Secrets” guidance and applies to an adult who:

- Has needs for care and support (whether or not the local authority is meeting any of those needs) and;
- Is experiencing, or at risk of, abuse or neglect; and
- As a result of those care and support needs is unable to protect themselves from either the risk of, or the experience of abuse and neglect.

For the first time, local authorities must set up a Safeguarding Adults Board (SAB). The main objective of a SAB is to assure itself that local safeguarding arrangements and partners act to help and protect adults in its area.

The SAB oversees and leads adult safeguarding in the town and has three core duties:

- It must publish a strategic plan for each financial year that sets how it will meet its main objective and what the members will do to achieve this. The plan must be developed with local community involvement, and the SAB must consult the local Healthwatch organisation. The plan should be evidence based and make use of all available evidence and intelligence from partners to form and develop its plan.
- It must publish an annual report detailing what the SAB has done during the year to achieve its main objective and implement its strategic plan, and what each member has done to implement the strategy as well as detailing the findings of any Safeguarding Adults Reviews and subsequent action.
- It must conduct any Safeguarding Adults Review in accordance with Section 44 of the Act.

What this means in Hartlepool

A Teeswide Safeguarding Adults Board operated prior to the Care Act being implemented, and local authorities and partners worked together to promote co-operation and consistency in relation to safeguarding work. This collaborative approach has continued. In April 2014 the Board became the statutory Board for four local authorities: Hartlepool, Middlesbrough, Redcar and Cleveland and Stockton. The Board is chaired by an Independent Chair and has been restructured to ensure it meets statutory requirements. It has a number of subgroups:



- Case Review
- Community and Engagement
- Learning, Training and Development
- Performance, Audit and Quality
- Policies, Procedures and Practice

Hartlepool has representatives on all of the groups.

In addition, a Local Executive Group (LEG) has been established. The LEG plays an important role in delivering the operational activities linked to the Board's Strategic Plan. The LEG membership is drawn from officers from Hartlepool Borough Council and a range of voluntary and statutory organisations including:

- The Hospital of God
- North Tees and Hartlepool NHS Foundation Trust
- Thirteen Group
- Healthwatch Hartlepool
- Cleveland Police

The work of the Hartlepool LEG has focused on involving individuals in the safeguarding process through the "Expert by Experience" and "Making Safeguarding Personal" programmes and on lessons learned from case reviews.

The LEG is committed to sharing information and good practice, learning lessons and most importantly, improving outcomes for vulnerable adults.

The LEG is keen to ensure that Hartlepool's priorities inform and are reflected in Teeswide plans.

From 1 April 2014 to 31 March 2015 there were 415 alerts identifying possible cases of abuse or neglect of adults brought to the attention of Child and Adults Services. Following initial discussions and wider debate, 113 of these met the safeguarding adults threshold guide and therefore led to referrals requiring further investigation and action under safeguarding adult procedures.

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

The Department is committed to involving people and/or their carers in the safeguarding process. Skills for People have been commissioned by the department to speak to people after a safeguarding investigation has taken place to make sure they have been fully involved in the process.

"It means my concerns around my mum were listened to in an appropriate setting and it triggered the support that will need to continue to keep her safe."

"It's good as a relative to know that these processes are in place to help and keep people safe."

For more information on the Teeswide Safeguarding Adults Board visit www.tsab.org.uk.



Focus on: Hartlepool Now

The Care Act said that we must:

- Establish and maintain an information and advice service, which must cover the needs of all of the population, not just for those who have eligible needs.

This must be:

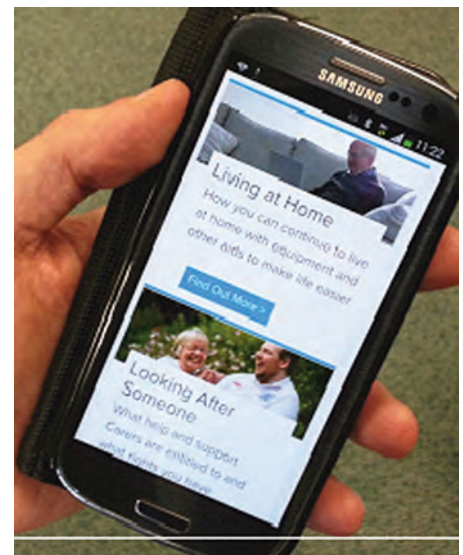
- Accessible to all.
- More than just leaflets and a web site.
- Cover more than a narrow definition of care.
- Provide information on financial aspects of care and making plans for future needs for care and support.
- Recognise the needs of carers, and
- Provide information on raising safeguarding concerns and information on how to make a complaint.



As part of the Council's response to this part of the Care Act, the department has redesigned, expanded and relaunched the website www.hartlepoolnow.co.uk.

The site includes eight main categories: Living at Home; Looking After Someone; Housing Options and Care Homes; Keeping Safe; Getting Out and About and Socialising; Keeping Healthy; Working and Learning and Money Matters, and is designed to allow people to find information that meets their specific needs. People can create their own account and then filter their searches to find information, advice and guidance personalised to their individual need. These searches can then be saved and are available for future use.

The site also has an added feature, the Equipment Finder. The idea of the Equipment Finder is that people can go in to different rooms and find pieces of equipment that can help them in their day-to-day living and tasks. If they want to, they can then click on and buy the equipment they need.



The site is now also home to Follow the Build, information about the building of the new Centre for Independent Living, www.hartlepoolnow.co.uk/pages/home/follow-the-build and Dementia Friendly Hartlepool, www.hartlepoolnow.co.uk/dfhpool



For more information about Hartlepool Now and the Equipment Finder contact CASdevelopmentteam@hartlepool.gov.uk.

>> The Ricochet Project

The Ricochet Project aims to help people with learning or physical disabilities or autism to get online and enjoy the benefits of Hartlepool Now and other internet services.

The project provides free loans of electronic tablets of different sizes. It gives lots of friendly guidance on how to use the tablets and can pre-set them with links to websites so the user can easily find the information they want. All the user needs is Wi-Fi access.

"I found it very good to have the paperwork there so you knew exactly what you were getting and it was all explained about the loan agreement. Also when Sarah came out to show me how to use the tablet because I'm not very technical at all she showed me the links on the tablet and I thought that was very useful because you wouldn't necessarily go to those websites if they weren't already there. Accessing information when you're suddenly a disabled person I think is very very difficult to know where to go and having those on there if you didn't know that those sites existed were very useful, in fact I'm going to be very cheeky and ask if Sarah can help me to put those links on my own laptop!" Donna, Ricochet Project

The service is run on behalf of Hartlepool Council by Incontrol-able – a disabled people user-led organisation based at Hartlepool's Centre for Independent Living.

For more information about Ricochet contact Incontrol-able on 01429 851363 or email projects@incontrol-able.co.uk.

Focus on: The Better Care Fund

The Better Care Fund was announced in June 2013 and aims to drive the transformation of local services to ensure that people receive better and more integrated care and support.

The Better Care Fund is managed as a pooled budget for health and social care services. Each area has been given the powers to create a pooled budget, which is underpinned by a plan agreed between the NHS and local authorities.

With financial pressures on both the NHS and local authorities nationally, along with a growing population of frail and elderly people with a wide range of complex needs, there has never been a more appropriate time for health and social care to review their own systems and processes to understand where the system can work more effectively to benefit the people in Hartlepool.

What this means in Hartlepool

Over the past two years, there has been a lot of progress in Hartlepool on the implementation of the Better Care Fund plan, with key steps being taken to integrate and streamline health and social care systems and processes. Key achievements to date have been:

- Social care piloting a 7 day service to support hospital discharges.
- Re-establishment of the award winning “multilink” model (now known as the Daily Discharge Planning Meeting or DDPM for short). This daily meeting brings professionals together from a range of disciplines (such as nurses, social workers and therapists) to discuss every person requiring discharge from either social care, community services, direct care and support, acute beds or reablement/rehabilitation. This allows for joined up planning to take place, to ensure that the right professionals are working with the right person in the most effective way.
- Social workers, occupational therapists and reablement services are co-located with NHS staff, meaning that they are working alongside a wide range of community based NHS services, such as rapid response nursing, mobile rehabilitation therapy and physio therapists.
- A Dementia Advisory Service has been commissioned to support people with dementia and their families/carers following diagnosis and throughout their journey.

Next steps:

The department continues to work with its partners to bring about changes in health and social care. Key actions for the coming months are:

- Reviews of community based health services to ensure appropriate pathways are in place.
- Working with the Fire Service so that when they visit vulnerable people they can offer advice and information and a joined up approach.
- Further increasing the number of people accessing telecare, which helps people remain within their own homes and retain their independence for longer.
- Additional training and support being offered to care homes in Hartlepool to ensure that residents receive a high standard of care and support.
- Further expansion of the Councils Early Intervention Service to minimise the length of time people are required to wait before an assessment can be carried out and to continue with preventative work in the community to prevent avoidable admissions to hospital.
- Continued engagement with the people directly affected by this plan working closely with Healthwatch and the voluntary sector to understand what services are required for the frail and elderly to help minimise issues such as social isolation.

Focus on: Mental Health Services

Meeting the assessed needs of people with mental health difficulties and/or a learning disability, living and working in Hartlepool, is a shared responsibility between Hartlepool Borough Council, Tees Esk and Wear Valleys NHS Foundation Trust (TEWV), people who use services, carers and the communities they live in.

Services should be designed and delivered to work towards recovery within mental health and improvement of functioning for people with learning disabilities and to minimise risks to both users and the community. Integrated services and joint working help to ensure there is a focus on achieving the best outcomes for people.

What does that mean?

Adult Mental Health Services provided by TEWV encompass inpatient facilities, community services (including crisis and home treatment and liaison psychiatry with acute hospitals), and a range of additional specific services, eg. Eating disorders, offered on a Trust wide basis. Services are provided for adults aged 18 upwards who have mental health problems with an emphasis on recovery and the delivery of a high standard of care to users and carers.

The Council works in partnership with TEWV to provide the necessary health and social care functions for people with mental health needs. The Council has a statutory responsibility to provide an Approved Mental Health Professional Service under the Mental Health Act (1983). The Council has to ensure that there are sufficient numbers of Approved Mental Health Professionals to comply with this statutory role.

In Hartlepool the integrated Mental Health Services are structured as follows:

Crisis Resolution and Home Treatment Team based at Sandwell Park, Hartlepool.

This team provides 24 hour assessment and a range of treatment options to adults experiencing acute mental ill health and/or emotional distress. The team are responsible for assessing all people for admission and facilitating early discharge from in-patient areas and delivering intensive home treatment.

This team act as gatekeepers for all admissions to mental health beds.

Affective Disorder Team based at Sovereign House, Hartlepool.

This team provides first contact point to all mental health services and a range of treatment options to adults experiencing mood disorders.

It provides assessments and/or short term treatment for people with mental health needs that cannot be met within primary care. The aim of these assessments is to determine whether the person would benefit from secondary mental health services and to signpost or refer the person to an appropriate service.

Psychosis Team, including Assertive Outreach Team, based at Stewart House, Hartlepool.

This team provides assessment and a range of treatment options to adults experiencing psychosis.

Peer Challenge

The North East Directors of Adult Social Services (ADASS) have adopted the programme of sector led improvement proposed by the Local Government Association (LGA). As part of that programme a peer challenge of mental health services took place in Hartlepool in November 2014.

The peer challenge took place over a three day period and considered the following:

- The delivery of mental health social care services by the Council within the current partnership arrangement, to ensure that people using mental health services receive high quality, timely and accessible social care.
- Current achievements and any opportunities to improve the design and/or delivery of services.
- Helping the Council ensure that, wherever social workers are managed, the best support is in place to ensure that their roles achieve the best possible social care outcomes for people with mental health problems.

A team of experts from other areas of the country interviewed people including managers, frontline staff, people who use services and carers, service providers, commissioners and representatives from Healthwatch and the voluntary and community sector. They used the evidence from these interviews together with

wider research such as looking in to records to look at three key themes: service delivery, working together and vision, strategy and leadership.

The peer review found that there were a number of strengths in the areas that they looked at. For example, there was evidence that frontline staff worked well together, mental health services made good use of direct payments, there were examples of good multi agency working and there was a willingness to ensure a clear strategic direction of travel for mental health.

Some issues for consideration and development were identified. These included the workload and rota of the Approved Mental Health Professionals, the potential to share more information across services and the opportunities to improve communication across the teams.

Following the peer challenge an action plan was developed with TEWV to address the areas for consideration. Progress has been made in all areas most notably with the appointment of two additional members of staff to increase the capacity of the Approved Mental Health Professionals.

The action plan will continue to be monitored and updates fed back to the Adult Services Committee.

The Beautiful Minds Directory

Most people will experience mental health problems at some point in their life. Hartlepool's Beautiful Minds is a partnership project comprised of a range of organisations working across Hartlepool that deliver mental health services. The project is dedicated to promoting good mental health. This booklet is designed to give residents of Hartlepool knowledge on mental health services that can offer support and advice as well as ways to self help.

For a copy of The Beautiful Mind booklet visit

www.hartlepool.gov.uk/beautifulmindsdirectory

Mental Health Case Study

Mr R suffers with Bipolar Disorder and also has some physical limitation due to joint hyper mobility syndrome and fibromyalgia. Mr R has always enjoyed art and music, caring for and walking his dog, gardening and his allotment where he grows vegetables and keeps chickens. His deteriorating physical health has made these things difficult for Mr R and this has increased his mental health problems.

By focusing on the wellbeing principle of the Care Act 2014, Mr R's social worker has worked with Mr R to identify the outcomes that he wants to achieve whilst acknowledging his increased physical health problems. When working together to develop his support plan, it became evident that the key for Mr R was that he wanted a service which could be fluid due to his changing needs but still allow him to maintain as much independence as possible. Mr R now receives a direct payment and he has found a provider that can offer him the flexibility he needs and so widen his choices.

He now has support in daily living and maintaining a good diet. He is being supported to continue with those activities he has always enjoyed and this has helped his mental health and really improved his confidence levels.

Focus on: Reablement

The Reablement Service supports people to live independently. It is aimed at helping people build confidence and regain skills that may have been lost for a variety of reasons such as illness, dementia etc. Reablement is a time limited service that is offered to people at no cost to them.

The Reablement Team is part of the Council's Early Intervention Service and is based at the University Hospital of Hartlepool. The team is made up of Occupational Therapists, Reablement Assessors, Rehabilitation Officers and Home Care Workers.

People can refer themselves to the Reablement Team through the Early Intervention Team or they can ask their Social Worker for a referral. The only criteria is that the person must;

- Be willing to take part
- Live in Hartlepool
- Have mild to moderate need

The team have helped people stay independent and living at home by;

- Helping with "de-clutters" –helping people get rid of unwanted stuff and clearing their home to make it safer and easier to get around.
- House moves
- Social Inclusion –helping people find clubs and groups that they might be interested in and meeting new people and making friends.
- Basic equipment orders – to help people live safely at home.
- Wheelchair services – helping with minor repairs and maintenance.
- Help with blue badge services, paperwork and getting people benefit checks to make sure they are getting all that they are entitled to.

Case Study

Mr B was 55 when he had a nasty fall and had to be admitted to hospital. During his stay in hospital it became clear that he would not be able to go back to his home. After he had been discharged from hospital he was moved to a local care home. Sue, a Reablement Officer went to visit Mr B and was concerned at how unhappy he was. Mr B was very young compared to the other residents in the home. He felt that 'he did not fit in' and wanted to be able to live more independently and have his 'own space'. He was concerned, upset and frustrated that other residents would just walk into his room at any time. He felt he had no privacy and this impacted on his dignity.

Over a period of time Sue supported Mr B to find alternate living arrangements that would suit him and keep him safe. After looking at the options with Sue, Mr B chose to move to a warden controlled housing complex.

Mr B uses a wheelchair. His new accommodation was totally accessible with his chair and with the intercom system installed at the front entrance, it was safe and easy for Mr B to use. He could come and go as he chose and have friends and family to visit when he wanted. After arranging the installation of some equipment to help with his everyday living, Sue helped Mr B move in.

Mr B is now happy and settled in his new home.

Praise for the Reablement Service was received from a member of public supported by the team when discharged from hospital.

"I would like to express my gratitude for the care I have received over the last six weeks since my discharge from hospital. I certainly would not have managed without the help of carers who came to my home. They were all kind and caring and gave me a great deal of support and encouragement and always asked before they left, if there anything else I needed"

Update on:

>> The Quality Standards Framework

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

To complement the CQC registration process, Hartlepool Borough Council has introduced a Quality Standards Framework (QSF) that rates residential and nursing homes for older people according to their environmental standards and the quality of care provided in each home.

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

The information for the QSF is collected by the Council and involves workers speaking to residents about how well they think the home they live in performs in the following six areas:

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

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

Safeguarding and safety – looks at whether the care home protects residents from abuse and promotes their rights, how clean the home is and how well the care home staff manage medication for residents when it is needed. This section also looks at how well the building and equipment is maintained.

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

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

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

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

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

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

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

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

>> Healthwatch

Healthwatch Hartlepool continues to work across the town making sure that the people's voices are heard in the development and work of health and social services.

The group has completed a number of projects that have been reported to Adult Services Committee and the Health and Wellbeing Board to bring about positive change for people. These have included:

- Hospital Discharge Investigation, that highlighted problems experienced by people leaving hospital.
- Enter and View visits of care homes.
- Active involvement with Dementia Friendly Hartlepool.
- Expert by Experience visits by Voice for You members to GP surgeries.

The work of Healthwatch Hartlepool is recognised in the department:

Healthwatch Hartlepool play an important role in the work of the Adult Services Committee and their investigations continue to influence service developments and future planning. The recent investigation in relation to hospital discharge provided the Committee with valuable information regarding the views and experiences of people receiving services and made recommendations about how services could be improved. The action plan developed in response to the investigation is monitored on an ongoing basis and supports the direction of travel set out in the Better Care Fund plan.

The input provided by Healthwatch Hartlepool is always welcomed and valued by the Adult Services Committee and the Committee will continue to work closely with Healthwatch Hartlepool in the future."

Jill Harrison Assistant Director – Adult Services Hartlepool Borough Council

Full details of the work of Healthwatch is available at homes are available at www.healthwatchhartlepool.co.uk/Feedback and Consultation

Feedback and Consultation

>> Adult Social Care Complaints

We take complaints about our services very seriously and are always concerned about any experiences that fall below people's expectations. The number of complaints received about adult social care from April 2014 to March 2015 was 17.

We always work to resolve any concerns raised about a service as soon as possible. When we receive complaints, we listen and respond in a timely manner. Complaints which are considered either complex or have a number of elements are usually investigated by someone independent of the council. In 2014/15, Independent Investigating Officers were appointed to 11 of the complaints investigated. The remaining 6 complaints were investigated and responded to internally.

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

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

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

- **You said...** that an Independent Mental Capacity Advocate (IMCA) should have been commissioned by the social worker to support a service user.

We... appointed an Independent Investigating Officer to look into your complaint who concluded that the social worker should have ensured an IMCA was made available. A briefing note was sent to all adult social care staff reminding them of the duty to instruct an IMCA where appropriate. The briefing note also explained how social care staff could make sure that an IMCA was appointed.

- **You said...** that there were concerns about the quality of care in a care home. You also said that there were differences in records that were sent with the person when they had been transferred between homes.

We... appointed an Independent Investigating Officer to look into your complaint. The investigator did uphold a number of parts of your complaint

and we wrote to you to apologise for the areas where the department had let your family down. The investigator recommended that guidance to care home providers regarding records which should accompany new residents to a care home or when transferring records between homes was updated and reissued. This has been completed.

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

>> Improving services through consultation

■ *The Annual Social Care Survey 2014-2015*

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

- 92% of people surveyed are satisfied with the care and support they receive (this figure has remained static for the last 2 years).
- 91% of the people surveyed felt that care and support services helped them have a better quality of life.
- 87% of the people surveyed advised that care and support services helped them to feel safe.

■ *Personal Social Services Survey of Adult Carers in England 2014-2015*

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

The Department of Health identifies that there are a considerable number of carers who receive services and support from social services. However, little is known as to whether those services have improved carers ability to care and live a life outside

their caring role. The aim of the survey is to collect information about carers' experiences of social care services and support, that will feed into monitoring of the impact of the national carers strategy.

The results of the survey show that:

- 58% of respondents have been looking after someone for over 5 years with 35% having caring responsibilities for over 10 years.
- The majority of carers provide more than 3 hours of care a day.
- High levels of support are being provided with 69% of the carers advising that they dispense medicines to the person they care for; 60% provide personal care; and 79% help with paperwork and financial matters.

Lots of carers reported that they had their own health issues, with 31% having a long standing illness and 58% having physical or mental problems themselves.

The survey found that:

- 78% of carers were satisfied with the support or services they and the person they care for have received from Social Services in the last 12 months.
- 90% said that they were able to spend some of their time as they wanted; doing some of the things they valued or enjoyed.
- 91% felt that they had some control over their daily life.
- 98% had no worries about their personal safety
- 90% had some social contact with the people they liked
- 87% felt that they had some encouragement and support in their caring role
- 55% had found information and advice about support, services or benefits easy to find in the last 12 months.
- 64% advised that the information and advice received had been helpful.
- 74% felt that they had been involved or consulted in discussions about the support or the services provided to the person they care for.

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

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

We will continue to work with carers and will make sure that carers are kept informed of the changes that are made as a result of the Care Act 2014.



© Hartlepool Borough Council
and www.careimages.com



Our plans for the future



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

Despite the challenges that we continue to face, the feedback received from our two major surveys this year has shown that we do help improve quality of life of local people and it is important to the department and the wider Council that this continues to be a priority in adult social care. The peer challenge of our mental health services was also positive and we will continue to work in partnership with Tees Esk and Wear Valleys NHS Foundation Trust (TEWV) to improve our services and the outcomes for people who access them.

I am particularly pleased with the results from the second bi-annual survey of adult carers that we conducted last year. We had another high response to this survey which shows that carers really do want to have their voices heard. As highlighted previously, the results of the survey show that people in Hartlepool who are caring for an adult have been carrying out their caring role for a long time and usually provide over 3 hours of care a day. Despite this, a high number of those who returned the survey were satisfied with the support or services that they received; were able to spend their time as they wanted; and had some encouragement and support in their caring role.

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

We will also continue to work with our NHS partners to implement the Better Care Fund plan and will do our best to make services for older people more joined up and more focused on prevention and promoting independence.

We know that there are challenging times ahead and are working hard to better

understand the local demand for services and how we can best support people. This includes supporting people to access the right information and advice and supporting people to make use of services that are already available in the community, supported by Hartlepool Now which was formally launched in October 2015, as well as supporting the most vulnerable people to stay safe, and promoting choice and independence.

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

Sally Robinson

Director of Child & Adult Services

Useful contacts

>> Adult Social Care

Our Early Intervention Team acts as the first point of contact for social care in Hartlepool. You can contact the Team by:

- **Telephone:** 01429 523390
- **email:** fcsh@hartlepool.gov.uk

>> Benefits advice

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

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

>> Care Quality Commission (CQC)

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

>> HealthWatch Hartlepool

HealthWatch Hartlepool is based at Hartlepool Voluntary Development Agency.

You can contact Health Watch Hartlepool by:

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

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

We would like to know:

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

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

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



Hartlepool Borough Council
Child and Adult Services department

Local Account
Published February 2016

www.hartlepool.gov.uk/localaccount

ADULT SERVICES COMMITTEE

7 March 2016



Report of: Director of Child & Adult Services

Subject: SUPPORTING PEOPLE WITH HEARING LOSS

1. TYPE OF DECISION/APPLICABLE CATEGORY

Non key decision.

2. PURPOSE OF REPORT

- 2.1 To seek approval from Adult Services Committee for the updated Supporting People with Hearing Loss Strategy 2016-2019.
- 2.2 Subject to approval, to support the revised strategy being presented to the Health & Wellbeing Board for approval and monitoring of the action plan.

3. BACKGROUND

- 3.1 Hearing loss can have a significant impact on an individual's health and wellbeing. For children who are born with a hearing impairment, their language development, educational attainment and life chances can be affected. For adults with sudden or age-acquired hearing loss, there is the risk of loss of employment, social isolation, depression and mental health problems.
- 3.2 Just over 16% of the population suffer hearing loss. This amounts to 1 in 6 people or around 14,700 people in the Hartlepool population.
- 3.3 To better understand the needs of the deaf and hard of hearing in Hartlepool, and to supplement the work of the Joint Strategic Needs Assessment (JSNA), a review was undertaken which considered the current provision of services and used the 'Working Together for Change' methodology to support the development of a co-produced strategy.
- 3.4 The review focused on the wellbeing principles of the Care Act 2014 and formed the basis of a three year action plan.

4. DEVELOPMENT OF THE STRATEGY

- 4.1 Consultation commenced in the summer of 2015 with a presentation to the Hartlepool Deaf Centre. This group was integral to the development of the previous Hearing Loss Strategy (2010 -2015) and provided officers with a forum in which to share progress on the previous strategy and action plan.
- 4.2 Council officers would like to thank members of the Hartlepool Deaf Centre, and its active citizens who supported the consultation process. Special thanks also to the Northern Regional Association for Sensory Support and Healthwatch Hartlepool who provided feedback during the consultation process.
- 4.3 During the summer of 2015 three public events were held at the Centre for Independent Living.
- 4.4 The Working Together for Change methodology was used to consult and engage with the public. The approach works with local people and harnesses their feedback to support strategic planning, commissioning and service development and a methodology for system transformation through co-production.
- 4.5 In addition to the three public events, a number of national policy documents were considered and discussed including the NHS England Action Plan on Hearing Loss (see 14.2).
- 4.6 A draft strategy and action plan were developed and shared with the Hartlepool Deaf Centre and Healthwatch Hartlepool for comments.
- 4.7 Finally a draft of the strategy and a summary of the process used were shared at the Healthwatch Hartlepool 'Sight and Sound' event at the Hartlepool College of Further Education on 11 February 2016
- 4.8 The strategy (attached as **Appendix 1**) and associated action plan (attached as **Appendix 2**) will be used to set the benchmark for improvement over the next four years. It is envisaged that the Hartlepool Deaf Centre will provide the forum to support delivery of the strategy, and monitor progress against the action plan.

5. RISK IMPLICATIONS

- 5.1 There are no risk implications associated with this report.

6. FINANCIAL CONSIDERATIONS

- 6.1 There are no financial considerations directly associated with this report.

- 6.2 A number of the services referenced in the action plan are funded from the Better Care Fund pooled budget and may be affected if arrangements for the pooled budget change.

7. LEGAL CONSIDERATIONS

- 7.1 There are no legal considerations associated with this report.

8. CHILD AND FAMILY POVERTY CONSIDERATIONS

- 8.1 There are no child and family poverty considerations associated with this report.

9. EQUALITY AND DIVERSITY CONSIDERATIONS

- 9.1 The Care Act 2014, and The Care and Support (Eligibility Criteria) Regulations 2014 place a duty on local authorities to support groups in need of information and advice about care and support, who may have particular requirements.

10. STAFF CONSIDERATIONS

- 10.1 There are no staffing considerations associated with this report.

11. ASSET MANAGEMENT CONSIDERATIONS

- 11.1 There are no asset management considerations associated with this report.

12. RECOMMENDATIONS

- 12.1 It is recommended that the Adult Services Committee:
- Approve the updated Supporting People with Hearing Loss Strategy 2016-2109; and
 - Support the presentation of the strategy to the Health & Wellbeing Board for approval and monitoring of the action plan.

13. REASONS FOR RECOMMENDATIONS

- 13.1 The Care Act 2014, and The Care and Support (Eligibility Criteria) Regulations 2014 place a duty on local authorities to support groups in need of information and advice about care and support that may have particular requirements. Local authorities must ensure that their information and

advice services have due regard to the needs of these people. These include, but are not limited to people with sensory impairments, such as visual impairment, deafblind and hearing loss.

- 13.2 The Council, along with partners, is committed to improving the Health & Wellbeing of the local population. It is recognised that hearing loss can have a significant impact on an individual's health and wellbeing and this strategy aims to improve outcomes for people who experience hearing loss.

14. BACKGROUND PAPERS

- 14.1 The Care Act 2014
<http://www.legislation.gov.uk/ukpga/2014/23/contents/enacted>
- 14.2 NHS England & Department of Health: Action Plan on Hearing Loss
<https://www.england.nhs.uk/wp-content/uploads/2015/03/act-plan-hearing-loss-upd.pdf>

15. CONTACT OFFICER

Neil Harrison
Head of Service Child & Adult Services
Hartlepool Borough Council
Civic Centre, Victoria Road
Hartlepool, TS25 8AY
Tel: 01429 284371
Email: neil.harrison_1@hartlepool.gov.uk

Supporting People with Hearing Loss

2016 - 2020



"North Regional Association for Sensory Support"



Contents

1. Welcome	3
2. Introduction and background	4
3. Policy objectives	7
4. Governance	14

Appendices

Appendix 1: Current services

Appendix 2: Action plan

Welcome to our Second Deaf and Hard of Hearing Strategy

This strategy is important to you if you live in Hartlepool and require support and advice on health and social care services.

It will help to shape how we work with local people who are Deaf or Hard of Hearing to ensure they are engaged in securing a healthier future for us all.

We developed this strategy with the support and co-operation of the local Deaf and Hard of Hearing community and as such it reflects what is most important to those who live, work and contribute to Hartlepool's continued success.

We are committed to working with our partners to deliver better services to people who are Deaf or Hard of Hearing and I am proud to announce that Hartlepool was one of the first areas in the country to develop a Deaf and Hard of Hearing Strategy.

Councillor Christopher Akers-Belchers

Leader of the Council

Hartlepool Borough Council

Comments to be added from Chair of the Hartlepool Deaf Centre

Introduction

The aim of this 'Supporting People with Hearing Loss' strategy is to ensure that the needs of people in Hartlepool who are Deaf, Deafened and hard of hearing are included in the planning and development of services in the town, and have their needs met by all agencies including Hartlepool Borough Council, the local NHS Trust and Clinical Commissioning Group (CCG).

The strategy has been developed by Hartlepool Borough Council following a programme of consultation and engagement. The strategy will use the term 'hearing loss' to refer to all of the following groups:

- | | |
|--------------------------|--|
| ■ Hard of Hearing | Those for whom hearing loss is usually acquired in later life. People who are hard of hearing are usually defined as having a deficit of at least 25dB in their better ear. They comprise the largest group of people with hearing loss. |
| ■ Deaf | The use of this term with a capital D is used to define those who communicate predominantly through British Sign Language (BSL). Deaf people see themselves not as being disabled but as belonging to a distinct community with a common language and cultural history. With English being a second language, some Deaf people may have difficulty reading English and have a low reading age. |
| ■ deaf | The use of this term, with a lowercase 'd' is often used as a generic term for those who are both hard of hearing, Deafened or Deaf. |
| ■ Deafened | Deafened people are those who have suffered a profound hearing loss later in life and have usually acquired oral skills, using spoken English as their first language. |
| ■ Deafblind | Those who are Deafblind have dual sensory loss which they may have experienced since birth, or alternatively, as a result of Usher's syndrome which results in hearing loss and blindness in later life. |

» Background

Hearing loss can have a significant impact on an individual's health and wellbeing. For children who are born with a hearing impairment, their language development, educational attainment and life chances can be affected. For adults with sudden or age-acquired hearing loss, there is the risk of loss of employment, social isolation, depression and mental health problems.

Just over 16% of the population suffer a hearing loss. This amounts to 1 in 6 people or around 14,700 people in Hartlepool.

» Consultation and Engagement

The strategy has been co-produced using the 'Working Together for Change' methodology. The vision of co-production can only be realised by empowering people who use services, their carers and families to play a leading role in shaping and driving the changes they want to see.



Hartlepool Borough Council commissioned a review using the 8 step process of 'Working Together for Change' with people in Hartlepool, and as a result, identified a number of recommendations for how services could be improved. The recommendations were grouped into 8 categories to reflect the Care Act 2014 wellbeing principles:

1. [Living at Home](#)
2. [Looking after someone](#)
3. [Housing options and care](#)
4. [Keeping safe](#)
5. [Getting out & about & Socialising](#)
6. [Keeping Healthy](#)
7. [Money matters](#)
8. [Working & Learning](#)

These recommendations were considered by Hartlepool Borough Council's Adult Services Committee and the committee agreed to the development of this strategy, which looks at how support can be offered to the 1 in 6 people, or 14,700 people who are thought to have a hearing loss in Hartlepool.

The strategy has been developed around the key recommendations outlined above and the priorities for actions identified in the consultation. The strategy is structured to outline the policy objectives and what actions will be taken to support each recommendation.

Whilst the development of this strategy has been led by Hartlepool Borough Council, its aim is to work with partners including Hartlepool and Stockton on Tees NHS Clinical Commissioning Group (CCG), private providers and the voluntary and community sector to build on the services that are currently provided (Appendix 1). It will not be achieved in isolation and will work alongside other strategies and policies such as:

- The Joint Strategic Needs Assessment
- Moving Forward Together – the vision for adult social care in Hartlepool
- Hartlepool & Stockton on Tees – 5 year future vision

The strategy is linked to and will be monitored by the Health and Wellbeing Board and will help support the Board's key aim:

"To work in partnership with the people of Hartlepool to promote and ensure the best possible health and wellbeing."

Policy objectives

» Policy objective 1: Living at Home

People said:

A number of people reported having old 'alarm' systems fitted in their home, some reported that these systems were not checked, looked cumbersome or were in a state of disrepair. One lady said her doorbell kept breaking and she'd had someone from the sensory loss team come and check it and give her a new battery, however it still kept breaking down.

Some people reported having to disconnect their smoke detectors or burglar alarms citing complaints from neighbours when they went off and delays in resetting the system as the person was not able to detect (hear) this.

People we consulted felt there was limited information and advice available from the Local Authority. People don't always know who to contact if equipment breaks down.

Our response:

The Care Act 2014 places a duty on local authorities to provide universal access to good quality information; the local authority must ensure that information and advice services established cover more than just basic information about care and support. The service should also address, prevention of care and support needs, finances, health, housing, employment, what to do in cases of abuse or neglect of an adult and other areas where required. In fulfilling this duty, local authorities should consider the people they are communicating with on a case by case basis, and seek to actively encourage them towards the types of information and/or advice that may be particularly relevant to them.

Action on Hearing are just one of several organisations who have alarm options available that have been designed specifically for people who are deaf or hard of hearing.

<http://www.actiononhearingloss.org.uk/shop/alerting/smoke--and--fire-and-carbon-monoxide-detectors.aspx>

Hartlepool Borough Council and its partners will:

- Develop an online web-based service that will be linked to a range of community equipment options for the home, giving local citizens the option to review products from a number of sources.
- Develop a texting service so people can raise an alert in respect of faulty or damaged equipment. Ensure sensory loss equipment is included as part of an annual review.

» Policy Objective 2: Looking after someone

People said:

People found very few care organisations had invested in BSL training for their staff. Carers of deaf people often felt they were being used as unofficial interpreters and this had implications for their relationships and impacted on their day to day lives.

People were unaware of the new duties under the Care Act 2014, the new rights for carers and the new national eligibility criteria.

Our response:

HBC has committed additional resources within the contact centre to increase the uptake of BSL trained staff, a trial of the Sign Video service was unsuccessful although in hindsight this could have been better communicated to members of the public.

The Care Act 2014 places new duties on Local Authorities to ensure carers receive the same recognition, respect and parity of esteem with those they support.

Hartlepool Borough Council and its partners will:

- HBC will continue to offer training to staff within the contact centre and wider public information points.
- HBC will ensure carers are acknowledged and valued as expert partners in care and are offered a carers assessment where the carer appears to have such needs
- HBC will continue to commission the Northern Regional Association for Sensory Support service based at Cafe one 77.

» Policy objective 3: Housing Options and Care

People said:

People we consulted felt in the main they were settled in homes they had invested in over many years. A small group felt that it could be beneficial to develop a small 'deaf friendly housing scheme'. Some people had visited a deaf scheme near Durham and felt that residents had created their own community and were therefore less likely to feel socially isolated.

People said it was very important that care staff providing support in care homes and supported accommodation learn level one BSL, so that they can communicate with their clients – otherwise deaf clients could feel isolated, misunderstood and frustrated

People also felt, care staff should have training in deaf awareness and hearing loss equipment e.g. how to change a hearing aid battery and how doorbells for people with hearing loss work.

Our response:

There are good working links with most of the housing providers in the town and in the main properties are adapted on a case by case basis and fitted with equipment as per individual requirements. However HBC recognised the need to support the local public and would explore further the benefits of a small deaf housing project. HBC will also work on improving the uptake of BSL training in registered care provision.

To do this, Hartlepool Borough Council and its partners will:

- HBC will seek further clarification of the need for a small deaf focused housing scheme.
- HBC will raise the issue of BSL training at a Hartlepool Provider Forum meeting
- HBC will seek to skill up reviewing officers to be proficient in the maintenance of sensory loss equipment.

» Policy objective 4: Keeping safe

People said:

Some people we talked to said they had developed a hearing loss in later life as a result of working in noisy industrialised settings in the past. People in the main were not made aware of noise related hearing loss. Other people said they felt more vulnerable in the community and would not travel far at night, often missing out on events and social outings as transport was an issue.

Our response:

Feeling secure in your home and feeling confident whilst out in your local neighborhood is one of the most important things for any resident living in Hartlepool. The Safer Hartlepool Partnership vision is to work together with local residents to create a safer community for the future of the town

To do this, Hartlepool Borough Council and its partners will:

- Continue to progress the work that commenced in 2011 to support members of the Deaf Centre at Cafe One 77
- We will build on the work of the Safer Hartlepool Partnership and look to ensure the needs of people with hearing loss are considered in local plans.

» Policy objective 5: Getting out & about & socialising

People said:

Deaf attendees said they regularly attended events run by Hartlepool Deaf Centre's Focus on Health Project and that they enjoyed events like the art & crafts sessions, bowling and the Social Club.

Members said the Social Club was going to return to a monthly slot from April – October, but would continue to be held bi-monthly November – March.

One member said he didn't attend evening events because there is no bus service from Seaton Carew to Hartlepool on an evening

Our response:

HBC is pleased the Deaf Centre continues to thrive and support the local community and would like to thank its board for continuing to support the local deaf community. It is encouraging to hear that members continue to attend, support and raise the profile of deaf citizens. Access to good public transport is an area that continues to be a high priority for citizens in Hartlepool.

To do this, Hartlepool Borough Council and its partners will:

- Continue to support members of the Hartlepool Deaf Centre in campaigning for better services for people
- HBC will ensure representation of Deaf and people with hearing loss in local transport plans
- HBC will raise the profile of the 'Safe on the Move in Hartlepool' scheme and the 'Safe Places' scheme

» Policy objective 6: Keeping Healthy

People said:

People we consulted said they were aware of the Focus on Health project and were happy to provide examples of how they had been supported with particular health conditions. One person said he had been diagnosed as being at risk of developing diabetes and was given support to change his diet. He commented on how he had attended an awareness session with a specialist nurse and this had given him more confidence and understanding of the condition. A number of BSL health video clips have been posted on the Deaf Centre's Facebook page following health sessions

Our response:

HBC recognise the benefits of being healthy and well, and it is encouraging that the Focus on Health project continues to support people to understand the risks, signs and symptoms of certain health conditions. The health of people in Hartlepool is generally worse than the England average. Deprivation is higher than average and about 30.6% (5,500) children live in poverty. Life expectancy for both men and women is lower than the England average. Priorities in Hartlepool are: reducing smoking prevalence, reducing alcohol related harm and reducing levels of obesity across the population

To do this, Hartlepool Borough Council and its partners will:

- HBC will continue to support the Focus on Health project and will explore how it can directly contribute to improving the health of people in Hartlepool.
- HBC will work with Public Health and the Focus on Health project to better pool resources when supporting wider public health issues.

» Policy objective 7 : Money Matters

People said:

Deaf people said they needed support with claiming benefits, such as child tax credits, working tax credits and the new Universal Credit, as you usually have to phone up to claim them. Some people said they were already using an online debt counselling service called deafPLUS National and the BSL Money Advice Helpline, which can be accessed via Skype or FaceTime. People talked to us about the NRASS service at Cafe One 77 and how it had supported a lot of people providing advice on welfare changes.

Our response:

HBC will work with the Northern Regional Association for Sensory Support (NRASS) to ensure the service continues in Hartlepool. It will also look to further develop the Hartlepool Now Website and signpost people to support services. The Care Act 2014 places further duties on Councils to ensure they provide information and advice on welfare benefits and other financial information.

To do this, Hartlepool Borough Council and its partners will:

- HBC will continue to provide advice on good money management, help with basic budgeting and debt management.
- HBC will ensure support services are encouraged to sign up to the Hartlepool Now website.

» Policy objective 8: Working & Learning

People said:

People told us that they had been offered support and assistance from the Hartlepool Deaf Centre to support them into employment; however they found they received little extra support from Job Centre Plus. People did not know much about the Access to Work Scheme and the benefits for both employers and employees.

Our response:

HBC will look at creating better links with deaf people. Hartlepool Working Solutions based at the Hartlepool Enterprise Centre can offer tailored support and works in partnership with the Job Centre Plus, Disabled Employment Advisors on a range of back to work programmes.

To do this, Hartlepool Borough Council and its partners will:

- Work with deaf people to raise awareness of the services they offer.
- Hartlepool Working Solutions will engage with businesses on the issues of Hearing loss and reasonable adjustments in the workplace.

Governance

To ensure that our commitment to the Deaf and Hard of Hearing communities is honoured, we will take this strategy forward by embedding it within the Joint Strategic Needs Assessment, making people accountable to the Health and Wellbeing Board for its delivery.

Health and Wellbeing (Chair)

» **The Health and Wellbeing Board voting members (statutory members) are:**

- Executive Members of the Local Authority
- Chief Executive of Local Authority
- Representative of Clinical Commissioning Group
- Director of Public Health
- Director of Child and Adult Services
- Healthwatch Hartlepool Board Member

» **The non-voting members (non-statutory members) are:**

- Director of Regeneration and Neighbourhoods
- North Tees and Hartlepool NHS Foundation Trust
- Tees, Esk and Wear Valley NHS Foundation Trust
- Voluntary Sector representative(s)
- North East Ambulance Service NHS Trust
- Cleveland Fire Authority

6.2 APPENDIX 2

Outcome	Policy Objective	Action	Lead	Date
People have access to the right information and equipment to live independently	Living at Home	<ul style="list-style-type: none"> Develop a texting service to enable deaf people to report faulty equipment 	N Harrison	
		<ul style="list-style-type: none"> Encourage the uptake of the RICOCHET tablet loan service 	M Slimings	
		<ul style="list-style-type: none"> Develop an online equipment web based equipment service 	L Keeble	
Carers and family members are aware of their rights and have access to financial and practicable help	Looking after someone	<ul style="list-style-type: none"> Continue to offer BSL training to all front line Council staff 	Council	
		<ul style="list-style-type: none"> Encourage care and support providers to train their staff in BSL 	J Willis	
		<ul style="list-style-type: none"> Review the information advice and advocacy services based at Cafe One77 	N Harrison	
People are aware of the options available to them should their needs change or they wish to move home.	Housing options and Care.	<ul style="list-style-type: none"> Engage with deaf people on the most appropriate equipment to install into the new Centre for Independent Living. 	C Horn	
		<ul style="list-style-type: none"> Explore the need and demand for a small supported deaf housing scheme. 	N Harrison	
		<ul style="list-style-type: none"> Provide additional training to review officers to enable them to provide advice on sensory equipment. 	S Ward	
People feel safe in their homes and the local community	Keeping Safe	<ul style="list-style-type: none"> Invite Safer Hartlepool Partnership to speak to deaf people on practical tips for staying safe in the community 	S McBride	
		<ul style="list-style-type: none"> Explore the benefits of ringmaster – a community safety texting service 	N Harrison	

Outcome	Policy Objective	Action	Lead	Date
People feel part of their community and are able to contribute as active citizens	Getting out and about & socialising	<ul style="list-style-type: none"> Continue to support members of the Hartlepool Deaf Centre in campaigning for better services for people. 	W Harrison	
		<ul style="list-style-type: none"> HBC will ensure representation of deaf people in local transport plans 	N Harrison	
		<ul style="list-style-type: none"> Promote the 'Safe on the Move in Hartlepool' Scheme 	J Brown	
People remain Physically and Mentally well.	Keeping Healthy	<ul style="list-style-type: none"> Continue to support the Focus on Health project aimed at improving the health of deaf people in Hartlepool 	N Harrison	
		<ul style="list-style-type: none"> Ensure deaf people are actively engaged in Public Health projects. 	C Johnson	
People can access information and advice when making decisions about their care and support costs	Money Matters	<ul style="list-style-type: none"> Continue to commission the NRASS welfare advice service 	N Harrison	
		<ul style="list-style-type: none"> HBC will improve its information advice and guidance support through its online web service (Hartlepool Now) 	N Harrison	
		<ul style="list-style-type: none"> HBC will review the effectiveness of the Tees Advocacy Service in 2017 	N Harrison	
People can access information on Education employment and training	Working & Learning	<ul style="list-style-type: none"> Hartlepool Working Solutions will engage with local businesses on the issues of hearing loss and reasonable adjustments in the workplace. 	P Wilson	
		<ul style="list-style-type: none"> HBC will work with the Waverley Allotment Project to support g the uptake of employment, education, and training for adults with a sensory loss. 	N Harrison	

ADULT SERVICES COMMITTEE

7 March 2016



Report of: Director of Child & Adult Services

Subject: HOSPITAL DISCHARGE UPDATE

1. TYPE OF DECISION/APPLICABLE CATEGORY

1.1 No decision required; for information.

2. PURPOSE OF REPORT

2.1 The purpose of this report is to update members of the Adult Services Committee in relation to North Tees & Hartlepool NHS Foundation Trust hospital discharge processes.

3. BACKGROUND

3.1 HealthWatch Hartlepool (the independent consumer champion for patients and users of health & social care services in Hartlepool) undertook a Hospital Discharge Project in 2014 following concerns raised by patients and partner organisations regarding problematic discharge experiences, particularly in cases where a complex package of care and post discharge support was needed.

3.2 An action plan was developed in response to the recommendations, which was considered by the Adult Services Committee on 8 June 2015 and an update on progress was presented to Adult Services Committee on 15 February 2016.

3.3 A number of issues were raised at Adult Services Committee on 15 February regarding hospital discharges, which members wished to address to representatives of North Tees & Hartlepool NHS Foundation Trust. These included:

- Delays due to waiting for medication and / or transport;
- Delays while waiting for a letter from a consultant; and
- hospital discharges taking place after 7.00pm

4. PROPOSALS

4.1 Representatives of North Tees & Hartlepool NHS Foundation Trust are attending Adult Services committee on 7 March 2016 to give an update on the current position and to respond to the identified concerns.

4.2 It has been confirmed that representatives in attendance will be:

Julie Parkes, Associate Director – Out of Hospital Care
Jill Foreman - Senior Clinical Professional

5. RISK IMPLICATIONS

6.1 There are no risk implications associated with this report.

7. FINANCIAL CONSIDERATIONS

7.1 There are no financial considerations associated with this report.

8. LEGAL CONSIDERATIONS

8.1 There are no legal considerations associated with this report.

9. CHILD AND FAMILY POVERTY CONSIDERATIONS

9.1 There are no child and family poverty considerations associated with this report.

10. EQUALITY AND DIVERSITY CONSIDERATIONS

10.1 There are no equality and diversity considerations associated with this report.

11. STAFF CONSIDERATIONS

11.1 There are no staff considerations associated with this report.

12. ASSET MANAGEMENT CONSIDERATIONS

12.1 There are no asset management considerations associated with this report.

13. RECOMMENDATIONS

- 13.1 It is recommended that members of the Adult Services Committee receive further information regarding the hospital discharge process from representatives of North Tees & Hartlepool NHS Foundation Trust, as requested at the 15 February meeting.

14. REASONS FOR RECOMMENDATIONS

- 14.1 Representatives of North Tees & Hartlepool NHS Foundation Trust are in attendance at the request of members of the Adult Services committee to provide an update on the current position and to respond to the identified concerns

15. CONTACT OFFICER

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

ADULT SERVICES COMMITTEE

7 March 2016



Report of: Director of Child and Adult Services

Subject: ENGAGEMENT WITH OLDER PEOPLE

1. TYPE OF DECISION/APPLICABLE CATEGORY

No decision required; for information.

2. PURPOSE OF REPORT

- 2.1 To update the Adult Services Committee on the outcome of an engagement event with older people and action taken as a result, as well as plans for further engagement.

3. BACKGROUND

- 3.1 During August and September 2015 discussions were held with the 50+ Forum, elected members and officers from Adult Social Care to review the way in which older people are able to contribute their views regarding the issues that affect them. It was agreed that it is important for older people in Hartlepool to be able to influence and contribute to issues being considered by the Council and partnership agencies, to ensure policies and services meet the needs of local people.
- 3.2 Following a paper presented to the Council's Corporate Management Team a commitment was given by the Council to facilitate up to four events per year, and to feedback the outcome from these events to the Adult Services Committee, or other relevant policy committees, for consideration.
- 3.3 As agreed, the first of these events was held in October 2016. The event was well attended and feedback on the day from the older people in attendance was positive regarding the way the event was facilitated. People said they appreciated the time they had to express their views and that they felt they were listened to.

4. EVENT THEMES

4.1 The event held on 23 October 2015 posed the following questions to the older people in attendance:

- **Social Isolation**
Do you feel you have access to your community, your friends and family?
- **GP & Community Health Services**
How do you feel you are supported by your GP and community health services?
- **Accommodation**
Do you feel you can live comfortably in your own home – what help do you need to stay there?
- **Dementia**
Are you aware what support is available in Hartlepool for people with dementia and their families?

4.2 The purpose of these questions was to identify a broad range of issues that might affect older people and also to be able to identify themes for discussion at future events.

5. FEEDBACK

5.1 Social Isolation

Do you feel you have access to your community, your friends and family?

All in attendance understood there were activities available, but were unsure of what and how to access them. They had all felt social isolation at times.

- More awareness on what activities are out there both day and night
- Would like to mix with people sharing similar issues, e.g. social isolation
- What services are available to carers
- Sign posting and advertisement of services
- Would be interested in learning how to use technology such as ipad, if it meant keeping in touch with relatives who live far away.
- Low level support meal delivery service is missed. Is there anything in its place?

HBC Response

Social isolation is a priority for Hartlepool Borough Council as it is recognised that it can impact significantly on an older person's emotional and physical well being, and can contribute to a decline in a person's health. This may

ultimately lead to hospitalisation or a reduction in independence, leading to a requirement for residential or nursing input.

The Council is committed to offering as many opportunities as possible for older people to come together within the community and feel they still hold a place and a purpose within Hartlepool.

There are a number of activities which run weekly in the community which are specifically designed for older people and a helpful calendar of events and activities is available on the Hartlepool Now site so people are able to see, at a glance, what is available within their own area on a day to day basis. Through Hartlepool Now, and other sources, the Council is committed to making it as easy as possible for people to have access to easy to read, relevant information to decrease the risk of social isolation.

As part of the Better Care Fund plan, the Council is working with NHS partners to better understand the impact of social isolation and how this can best be tackled, and will be holding further engagement events later in the year in a bid to seek views on this. Options are being explored with Age UK, Silverline and the British Red Cross who have expertise in these areas and are able to demonstrate how they have helped reduce isolation in other parts of the country.

There are a number of luncheon clubs available in the town for older people held at various venues. Here individuals can meet friends, participate in activities whilst enjoying a midday meal. There are a variety of providers who supply frozen meals directly to people's homes to allow them to be heated at the person's convenience.

5.2 **GP & Community Health Services**

How do you feel you are supported by your GP and community health services?

The majority of older people expressed that they have experienced excellent care from services when it was needed, however older people expressed many issues relating to the care they had received from GPs. They wanted clarification on the services that were available to them from their GPs and community health services.

- Do they do home calls?
- Do they provide an out of hour's service?
- More social interaction and personalised service from doctors, for example receiving any mail addressed from their designated doctor to prevent any confusion.
- Would benefit from someone designated to the GP practice to inform older people of outside services and transport links
- Long wait for appointments (GPs podiatry & chiropody)

HBC Response

Hartlepool Borough Council has been working closely with health colleagues, (GPs, Clinical Commissioning Group and NHS Foundation Trusts) through Better Care Fund implementation, to move towards a more integrated system for health and social care to ensure people have access to a joined up approach that aims to enhance social, emotional and physical well being.

Representatives from the CCG attended the engagement event and this feedback has been shared within the wider CCG to ensure pathways are reviewed to improve services and access, and ensure people receive the best service possible.

Out of Hours services are commissioned by the CCG from Northern Doctors, the service runs Monday to Friday 6pm – 8pm and all day and night Saturdays and Sundays.

The CCG also commissions specific GP support into residential care homes to support the most vulnerable older people in the town. This scheme requires that GPs undertake regular visits to all Nursing and Residential Care Home where the practice has patients, GPs provide general care, discussions regarding clinical strategies, personalised care planning, offer of flu vaccinations, training and education to care staff.

All GP practices will have the option to access Hartlepool Now on their desktops. The Council is working to promote the site and how GPs and practice nurses can use this resource to easily access information for their patients as they sit in front of them. All information can be printed and handed to the patient at the appointment if required.

5.3 Accommodation

Do you feel you can live comfortably in your own home – what help do you need to stay there?

People expressed concern about everyday tasks such as changing a light bulb etc. There were also concerns expressed about how to downsize and move premises.

- Need ways of accessing approved handy men to do odd jobs and move furniture as it is difficult for older people to trust
- Need to know how to apply for living aids such as stair lifts, as many people want to stay in their own home.
- Often difficult to get a wheelchair. Need more information of the fastest and most reliable ways to do this
- Help with downsizing, and the logistics of moving – can be very intimidating (pack and unpack service would be helpful, is there one available?)
- Information on flats and specialised areas for over 50s and supported living

- Many people wondered why flats and bungalows were given to able bodied people

HBC Response

For those who are in need of more support or extra care, Hartlepool offers a variety of accommodation options and specialist support and advice is available, for those who require it, via Hartlepool Borough Council Adult Services. Hartlepool Now holds lots of information and handy factsheets about all types of accommodation for older people in Hartlepool including extra care and sheltered housing.

There is a HandyPerson service commissioned by Adult Services and provided by Hartlepool MIND, which can be accessed at any time without any involvement with Adult Services. Hartlepool MIND is also commissioned to provide an information and advice service and can signpost to other services and facilities.

The Equipment Finder page on Hartlepool Now can help people to stay safe and independent in their own homes through small pieces of equipment that help with daily living skills.

A piece of work is underway with Public Health to redesign the current falls service which will be closely linked to low level services, and designed to keep people and their homes safe, reducing the likelihood of slips, trips and falls.

There are allocation processes within the housing framework to ensure that vulnerable people with care needs have access to the necessary housing options.

5.4 Dementia

Are you aware what support is available in Hartlepool for people with dementia and their families?

Although many people attending had not experienced the impact of dementia, they acknowledged they are aware of the illness; there were many misconceptions of its symptoms.

- Would like to know more about Dementia Friendly Hartlepool
- What services are available for those with dementia, or family members with dementia?
- Help for carers of family members, or partners who have dementia
- Ways to spot symptoms

HBC Response

The Dementia Friendly Hartlepool project aims to develop Hartlepool as a nationally recognised dementia friendly community. It works to ensure that people living with dementia are able to remain active and involved in their communities. The local community will be aware of and understand more

about dementia and people living with dementia and their carers will be encouraged to seek help and support.

There are significant numbers of local organisations who are part of Dementia Friendly Hartlepool. Some of the practical ways they can help make their premises more accessible are:

Signage

- Signs should be clear, in bold face with good contrast between text and background.
- There should be a contrast between the sign and the surface it is mounted on.
- Signs should be fixed to the doors they refer to – not on adjacent surfaces.
- Signs should be at eye level and well-lit.
- The use of highly stylized or abstract images or icons as representations on signage should be avoided.
- Think about placing signs at key decision points for someone who is trying to navigate your premises for the first time.
- Signs for toilets and Exits are particularly important.
- Ensure that glass doors are clearly marked

Lighting

- Entrances should be well-lit and makes as much use of natural light as possible
- Pools of bright light and deep shadows should be avoided.

Flooring

- Avoid highly reflective and slippery floor surfaces
- Changes in floor finish should be flush

Seating

- In larger premises – a seating area especially in areas where people are waiting can be a big help
- People with dementia prefer seating that looks like seating – so for example a wooden bench rather than an abstract metal Z-shaped bench.

Navigation

- Research shows that people with dementia use “landmarks” to navigate their way around, both inside and outside. The more attractive and interesting the landmark (which could be a painting, or a plant) the easier it is to use as a landmark.

There are a variety of services available for anyone in Hartlepool who is affected by dementia. At the earliest stages people are able to access advice and information at The Bridge, a town centre hub run by the Hospital of God. The Dementia Advisory Service, commissioned by Adult Services, operates from this building and provides advice, information and support to enable people to live well with dementia as well as support to carers, families and

friends. Signposting to other services is available as well as practical and emotional support and IT access to services and advice.

People living with dementia at all levels are supported through day time opportunities, community support, domiciliary care services, extra care housing and residential and nursing care. The services are provided by a variety of organisations. Individuals can also access a Direct Payment through Adult Services to direct their own care.

The Council is working closely with Tees, Esk & Wear Valleys NHS Foundation Trust, along with the CCG, to ensure people living with dementia have robust plans to help keep them safe. There is recognition that support is often required to manage behavioural issues which may see a person living with dementia being at risk of hospitalisation or a breakdown in the home situation.

6. FUTURE ENGAGEMENT EVENTS

- 6.1 The next engagement event is planned for 14 March; the topics for discussion prompted by some of the issues raised at the first event are as follows:
- **Transport** – presentation by Regenerations & Neighbourhoods Integrated Transport Unit
 - **Community Safety** – presentation by Regeneration & Neighbourhoods
 - **Hartlepool Now** – demonstration of website with handy tips on how to get the best information
 - **Ipads: Is this the future?** – presentation by In-controllable
- 6.2 The event will be publicised in the local press and on the Hartlepool Now website, and local groups will be contacted to encourage a wide range of people to attend and contribute. Any issues linked to mobility for attendance will be supported by Adult Services.

7. RISK IMPLICATIONS

- 7.1 There are no risk implications associated with this report.

8. FINANCIAL CONSIDERATIONS

- 8.1 There are no financial considerations associated with this report.

9. LEGAL CONSIDERATIONS

- 9.1 There are no legal considerations associated with this report.

10. CHILD AND FAMILY POVERTY CONSIDERATIONS

- 10.1 There are no child and family poverty considerations associated with this report.

11. EQUALITY AND DIVERSITY CONSIDERATIONS

- 11.1 There are no equality and diversity considerations associated with this report.

12. STAFF CONSIDERATIONS

- 12.1 There are no staff considerations associated with this report.

13. ASSET MANAGEMENT CONSIDERATIONS

- 13.1 There are no asset management considerations with this report.

14. RECOMMENDATIONS

- 14.1 It is recommended that the Adult Services Committee:
- note the feedback from the initial engagement event and the responses provided by Adult Services.
 - note plans for a second event, which Members are welcome to attend; and
 - encourage older people from their wards to attend and make a contribution.

15. REASONS FOR RECOMMENDATIONS

- 15.1 To assure the Adult Services Committee that older people are being given opportunities to engage with the Council about issues that affect them and having the opportunity to contribute and shape their communities and how they are supported within them.

16. CONTACT OFFICER

Jeanette Willis
Head of Strategic Commissioning – Adult Services
E-mail: Jeanette.Willis@hartlepool.gov.uk
Tel: 01429 523744

ADULT SERVICES COMMITTEE

7 March 2016



Report of: Director of Child & Adult Services

Subject: INDEPENDENT LIVING FUND UPDATE

1. TYPE OF DECISION/APPLICABLE CATEGORY

No decision required; for information.

2. PURPOSE OF REPORT

- 2.1 The purpose of the report is to provide the Adult Services Committee with an update regarding the transfer of funding and responsibilities relating to the Independent Living Fund (ILF) from July 2015.

3. BACKGROUND

- 3.1 The Independent Living Fund (ILF) was originally established in 1988 and provided financial support to disabled people so they could choose to live in their communities rather than in residential care. It was a directly funded government scheme that provided discretionary cash payments directly to disabled people allowing them to purchase care from an agency or pay the wages of a privately employed personal assistant.
- 3.2 To qualify for ILF an individual had to fulfil the following conditions:
- get social services support worth at least £340 a week or £17,680 a year. This could include direct payments or services from the local council, like going to a day centre;
 - be living in the UK for at least 26 weeks a year;
 - have less than £23,250 in savings or capital. This included any money their partner has, if they had a partner;
 - get or be entitled to the highest rate care component of Disability Living Allowance.

An additional eligibility criteria was introduced from May 2010 restricting applications to those in work.

- 3.3 ILF funding was used by people with a wide range of physical and / or learning disabilities, some of whom had very complex needs and required significant levels of support to live in the community. Support funded by the ILF included help with personal care tasks that enabled a person to remain independent and support to access the local community. Most people who received ILF support also used it to access or remain in education or employment or to undertake voluntary work.
- 3.4 In December 2010, the Minister for Disabled People announced that the ILF was permanently closed to new applications.
- 3.5 In March 2014 the Minister for Disabled People announced that the ILF would close on 30 June 2015 and from 1 July 2015, the funding and responsibility of ILF care and support needs transferred to local authorities in England.
- 3.6 There was extensive consultation with the 43 people in Hartlepool who received support from the ILF at the point of transfer, from both ILF staff and Adult Services staff. All received a review where ILF closure and future plans were discussed and an ILF support plan was provided.
- 3.7 All relevant social workers were informed about the changes and were supported to update assessments and support plans.

4. MANAGEMENT OF THE NEW RESPONSIBILITIES

- 4.1 An approach was agreed in Hartlepool that resulted in no impact on existing ILF users in 2015/16, through maintaining the status quo in terms of both expenditure and contributions.
- 4.2 ILF users were required to pay a minimum of 50% of the care component of their Disability Living Allowance (DLA) plus, if they lived on their own, 100% of the Severe Disablement Premium Allowance. Individuals were then means-tested for any contribution in addition to this.
- 4.3 By definition, ILF users also received services from the Council, for which they are means-tested and any contributions towards ILF are not taken into account.
- 4.4 Following the transfer on 1 July 2015, former ILF users have received the same level of funding and contributed the same amount towards their ILF package as they did before the transfer of responsibility to the Council.
- 4.5 It is proposed that this approach is maintained as it protects adults with disabilities and supports them to remain living in the community. Any change to the current approach would result in a loss of ILF contributions and additional costs having to be met by the Council.

5. RISK IMPLICATIONS

- 5.1 There is a risk that the rate of reduction in funding from estimated attrition levels is greater than the actual reduction through attrition. This could result in insufficient grant funding being received to cover the cost of former ILF packages.
- 5.2 As referenced in 4.5 there is also a risk that any change to the current approach would result in additional demands on adult social care and income being lost, which would create a budget pressure for Adult Services.

6. FINANCIAL CONSIDERATIONS

- 6.1 From 1 July 2015, all local authorities received a Section 31 non-ringfenced grant (pro-rata for 9 months of the financial year) which was paid as one lump-sum by the Department for Communities and Local Government (DCLG).
- 6.2 The amount transferred was calculated by the DCLG based on the number of ILF users at 30 June 2015 and the amount of ILF funding they received as at that date. 43 people in Hartlepool were in receipt of ILF at the point of transfer, receiving annual funding of £670,000. The amount transferred by DCLG in 2015/16 (pro-rata for 9 months) was £507,000.
- 6.3 As the ILF was no longer open to new users this number cannot increase and it was anticipated that numbers would reduce over time owing to mortality, people requiring residential care or needs changing so that people become eligible for fully funded NHS Continuing Health Care. This was the basis for the proposal that the allocation would be subject to a reduction of 5% due to 'attrition'.
- 6.4 No additional funding was allocated for administration costs or to cover any overspends and there will be no claw back of unspent funds.
- 6.5 The DCLG recently issued a Consultation Document on 'Funding Local Authorities to support former Independent Living Fund recipients: The Former ILF Recipient Grant' (web link included in Background Papers). This document provides proposed local authority funding allocations for the new 'Former ILF Recipient Grant' for the four year period 2016/17 to 2019/20.
- 6.6 The proposals correspond with the expected funding allocations for each year and are based on the 2015/16 annual allocation less 5% 'attrition', but with protection for inflation. The proposed allocations for Hartlepool are as shown below:

Table 1: Proposed 'Former ILF Recipient Grant'					
	2015/16 *	2016/17	2017/18	2018/19	2019/20
	£'000	£'000	£'000	£'000	£'000
Grant	670	641	620	601	582
% reduction	n/a	(4.3)	(3.3)	(3.1)	(3.2)
* - actual annual allocation; only 9 months received					

- 6.7 The current position in Hartlepool is that, since 1 July 2015, three people who previously received ILF no longer require this support as their needs have changed and they are supported in alternative settings such as extra care or residential care. These individuals have not been disadvantaged in any way as they continue to have their assessed needs met in an appropriate environment, and will no longer have to make contributions towards their ILF.
- 6.8 This resulted in £66,000 of the 2015/16 annual £670,000 allocation being freed up. This will enable the 'attrition' reduction to be managed, with the balance (£37,000) used to offset pressures elsewhere within the Adult Services budget.
- 6.9 The allocations in Table 1 above are currently unconfirmed until the results of the consultation are announced. The consultation period ends on 22 March 2016 and a response has been prepared on behalf of the Council (attached as **Appendix 1**).
- 6.10 In considering the issues outlined in this report Members are reminded that significant additional Government Grant cuts will be made over the period 2016/17 to 2018/19. As a result the Council faces a budget deficit for the next three years of between £16.3m and £18.3m, depending on the level of Council Tax increases approved by Members over this period. The recommended strategy for managing the 2016/17 budget position is predicated on the use of significant one-off resources to provide a longer lead time to make permanent budget reductions and the following table summarises the annual budget deficits. Detailed proposals for achieving 2017/18 and 2018/19 budget reductions will need to be developed. Any additional budget pressures will increase the budget cuts which will need to be made and will need to be referred to the Finance and Policy Committee for consideration.

	Revised Forecast based on actual grant cut and 1.9% Council Tax increase £'m	Revised Forecast based on actual grant cut and 1.9% Council Tax increase and 2% Social Care Precept £'m
2016/17	4.749	4.179
2017/18	9.638	8.663
2018/19	3.945	3.443
Total	18.332	16.285
Cut as %age 15/16 budget	21%	19%

7. LEGAL CONSIDERATIONS

- 7.1 There are no legal considerations identified.

8. CHILD AND FAMILY POVERTY CONSIDERATIONS

- 8.1 There are no child and family poverty considerations identified. ILF funding aimed to support people with disabilities (including those who are parents) to remain living in the community, and also to access or remain in education or employment or to undertake voluntary work.

9. EQUALITY AND DIVERSITY CONSIDERATIONS

- 9.1 There are no equality and diversity considerations identified. The aim of ILF was to improve equity for people with disabilities by supporting them to live active, independent lives in the community.

10. STAFF CONSIDERATIONS

- 10.1 There are no staff considerations in relation to this issue.

11. ASSET MANAGEMENT CONSIDERATIONS

- 11.1 There are no asset management considerations in relation to this issue.

12. RECOMMENDATIONS

- 12.1 It is recommended that Members:-
- Note the anticipated ILF funding allocations for the period 2016/17 to 2019/20, which are not yet confirmed.
 - Note that, if the anticipated allocation is confirmed, ILF contributions will remain unchanged.
 - Note, and provide any additional comments on, the proposed response to the DCLG consultation.
 - Receive further reports on this issue if there are significant changes to the funding allocation for future years, that result in budget pressures.

13. REASONS FOR RECOMMENDATIONS

- 13.1 To ensure continuity of service provision for former ILF recipients.

14. BACKGROUND PAPERS

DCLG Consultation Document: 'Funding Local Authorities to support former Independent Living Fund recipients: The Former ILF Recipient Grant'.

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/499151/Former_ILF_Recipient_Grant_Consultation.pdf

15. CONTACT OFFICERS

Sarah Ward
Principal Social Worker
sarah.ward@hartlepool.gov.uk
01429 523944

David Ward
Head of Finance – Child & Adults
david.ward@hartlepool.gov.uk
01429 523902

Appendix 1

FUNDING LOCAL AUTHORITIES TO SUPPORT FORMER INDEPENDENT LIVING FUND RECIPIENTS: THE FORMER ILF RECIPIENT GRANT – TECHNICAL CONSULTATION BY DEPARTMENT FOR COMMUNITIES AND LOCAL GOVERNMENT: CLOSING DATE TUESDAY 22 MARCH 2016

Q1. Do you have any comments on the proposal to use the ILF model to calculate the value of the Former ILF Recipient Grant?

Q2. Do you have any comments or suggestions about the proposal to continue to maintain the link between historic ILF client numbers and the distribution of the Former ILF Recipient Grant?

The response below deals with both questions together:

As the ILF has been closed to new applications since 2010, it seems logical to continue to use the historic ILF model to allocate future funding. This ensures consistency between the value of funding being paid to an individual and the funding that authorities receive.

If another methodology was used it would be arbitrary and bear no relation to historic commitments, and could significantly adversely impact on individuals currently receiving the former ILF funding.

Hartlepool Borough Council continues to support the former ILF recipients to the same level as received under ILF. This should be able to continue based on the proposal outlined, which is effectively a continuation of the existing funding, by maintaining a direct link between historic ILF clients and commitments and the grant funding available. However, if the funding methodology was changed from that proposed, any reduction in funding would need to be passed on to the individual, adversely affecting their care and support.

Hartlepool Borough Council therefore supports the proposals to use the ILF model to calculate the value of the Former ILF Recipient Grant and to continue to maintain the link between historic ILF client numbers and the distribution of the new grant.

Q3. Do you have any comments on the draft equalities statement?

The draft statement covers all of the relevant issues so we have no further comments to add.

ADULT SERVICES COMMITTEE

7 March 2016



Report of: Director of Child and Adult Services

Subject: ANNUAL COMPLAINTS REPORT
1 April 2014 – 31 March 2015

1. TYPE OF DECISION/APPLICABLE CATEGORY

No decision required; for information.

2. PURPOSE OF REPORT

- 2.1 To present the Annual Complaints Report of the Child and Adult Services Department for the period 1 April 2014 to 31 March 2015.

3. BACKGROUND

- 3.1 The Annual Report provides information on the complaints and representation frameworks operated within in the department and draws together information in relation to complaints that have been received and dealt with during the reporting period.

4. 2014/15 ANNUAL REPORT

- 4.1 The Annual Report (attached as **Appendix 1**) summarises the complaints and compliments received within 2014/15 and provides information to demonstrate the learning that has arisen from complaints, and the actions implemented as a result.
- 4.2 The report includes:
- Complaints and compliments received 2014/15
 - Outcomes of complaints
 - Client group data
 - Learning lessons and service improvement

4.3 In 2014/15, 56 compliments were received in relation to adult services and examples of these are included in Appendix 1 of the annual report.

4.4 17 complaints were received in 2014/15, which is a slight increase on the previous year, when 15 complaints were received.

5. RISK IMPLICATIONS

5.1 None identified.

6. FINANCIAL CONSIDERATIONS

6.1 None identified.

7. LEGAL CONSIDERATIONS

7.1 None identified.

8. CHILD AND FAMILY POVERTY CONSIDERATIONS

8.1 None identified.

9. EQUALITY AND DIVERSITY CONSIDERATIONS

9.1 None identified.

10. STAFF CONSIDERATIONS

10.1 None identified.

11. ASSET MANAGEMENT CONSIDERATIONS

11.1 None identified.

12. RECOMMENDATIONS

12.1 It is recommended that the Adult Services Committee note the contents of the Annual Complaints report for 2014/15, which will be published online.

13. REASONS FOR RECOMMENDATIONS

- 13.1 It is a requirement that an Annual Report be published on complaints which is presented to the relevant Policy Committee(s) and made available to staff, the Care Quality Commission (CQC) and the general public.

14. CONTACT OFFICER

Sarah Ward
Principal Social Worker, Child and Adult Services
Email: Sarah.Ward@hartlepool.gov.uk



Complaints, Compliments and Representations Report 1 April 2014 - 31 March 2015

Hartlepool Borough Council
Child and Adult Services



Contents

1. Introduction	4
2. Background	4
2.1 What is a complaint?	4
2.2 Who can complain?	4
3. Child and Adult Services Complaints Frameworks	5
3.1 Adult Social Care Complaints Framework	5
3.1.1 Timescale for the resolution of complaints	6
3.2 Children's Social Care Complaints Framework	6
3.3 Public Health Complaints	7
3.4 Corporate Complaints	8
3.5 Referral to the Local Government Ombudsman (LGO)	8
4. Principles and Outcomes	8
5. Public Information	9
6. Summary of Representations	9
6.1 Adult Social Care	9
6.1.1 Compliments	9
6.1.2 Complaints received in 2014/15	9
6.1.3 Client groups	10
6.1.4 Advocacy services	10
6.1.5 Timescales and grading of complaints	10
6.1.6 Complaints carried forward to 2015/16	11
6.1.7 Complaints considered by the LGO in 2014/15	11
6.2 Children's Social Care	11
6.2.1 Compliments	11
6.2.2 Complaints received in 2014/15	11
6.2.3 Advocacy services	12
6.2.4 Complaints considered by the LGO in 2014/15	12
6.3 Public Health	12
7. Lessons Learned	12
8. Conclusions and Way Forward	12
8.1 Going forward	12
8.2 Action plan	13

Appendices

- 1:** Examples of compliments received within Child and Adult Services _____14
- 2:** Details of complaints and lessons learned within Child and Adult Services _____16

Cover photograph courtesy of www.careimages.com

1. Introduction

Welcome to Hartlepool Borough Council's Child and Adult Services Department's Complaints, Compliments and Representations Annual Report. The report covers the period 1 April 2014 to 31 March 2015 and is for adult services, children's services and public health.

The report outlines:

- Details of the complaints and compliments received over the reporting period;
- Lessons learned and resulting improvements following enquiry into complaints;
- Performance in relation to handling of complaints.

2. Background

Complaints and compliments are valued as an important source of feedback on the quality of services. Each complaint is investigated and, where appropriate, redress made. Equally important is the work to learn lessons to prevent a repeat of failure in service quality and continually improve services.

2.1. What is a complaint?

A complaint is any expression of dissatisfaction about a service that is being delivered, or the failure to deliver a service. The Local Government Ombudsman defines a complaint as *"an expression of dissatisfaction about a council service (whether that service is provided directly by the council or on its behalf by a contractor or partner) that requires a response."*

A complaint can be made in person, in writing, by telephone or email or through the council's website. It can be made at any office. Every effort is made to assist people in making their complaint and any member of staff can take a complaint.

2.2. Who can complain?

A complaint can be made by:

- A person who uses services
- A carer on their own behalf
- Someone who has been refused a service for which they think they are eligible
- The representative of someone who uses services or a carer acting on their behalf. This could be with the consent of the service user or carer or in the case of someone who does not have the capacity to give consent, where they are seen to be acting in the best interests of that person.
- Anyone who is or is likely to be affected by the actions, decisions or omissions of the service that is subject to a complaint.

3. Child and Adult Services Complaints Frameworks

Hartlepool Borough Council's Adult and Children's Social Care, Children's Services and Public Health Complaints Framework is derived from the statutory procedure for complaints relating to Adults and Children's social care, the Public Health Complaints, Compliments and Comments Procedure (June 2014) and the corporate complaints procedure. The overall responsibility for the three areas rests with the Department's Complaints Manager (Social Care Development Manager). The remit of the Complaints Manager is:

- Managing, developing and administering the complaints procedures.
- Providing assistance and advice to those who wish to complain.
- Overseeing the investigation of complaints that cannot be managed at source.
- Supporting and training staff.
- Monitoring and reporting on complaints activity.

The framework covers situations where there is dissatisfaction about actions, decisions or apparent failings of services within the department.

3.1. Adult Social Care Complaints Framework

A single level integrated complaints process was introduced on 1 April 2009 with the implementation of the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009.

These regulations place a duty on NHS bodies and adult social care organisations to coordinate handling of complaints and to advise and support complainants through the procedure.

A joint protocol for the handling of complaints that span more than one health or social care organisation had been developed to ensure a comprehensive response is provided to complaints that cross more than one organisation.

The complaints procedure aims to be as accessible as possible. The policy is flexible to ensure that the needs of the complainant are paramount and allows the Department and the complainant to agree on the best way to reach a satisfactory outcome. Full details of the complaints policy and procedure are available on the council's website. Briefly, on receipt of a complaint the level of impact is determined and complaints screened according to their content as being red (high impact), amber (moderate impact) or green (low impact). The process for handling the complaint is dependent on the impact.

3.1.1. Timescales for the resolution of complaints

Staff will always try to resolve problems or concerns before they escalate into complaints and this ensures that, wherever possible, complaints are kept to a minimum.

Since the introduction of the 2009 regulations the only mandatory timescale is that the complainant receives an acknowledgement within 3 working days. The legislation allows for a more flexible approach to the amount of time in which complaints should be dealt with. In our policy, we aim for even the most complex of complaints to be completed within 65 working days. If timescales cannot be met, a new timescale should be discussed with the complainant. Locally, timescales have been introduced for amber and green complaints of 40 and 20 working days respectively.

There is a time limit of 12 months from when the matter being complained about occurred to when a complaint may be made. After this time, a complaint will not normally be considered. However, the 12 month time limit does not apply where the local authority is satisfied that the complainant had good reasons for not making the complaint within that time and where it is still possible to investigate the complaint effectively and fairly.

3.2. Children's Social Care complaints framework

The Children Act 1989 Representations Procedure (England) Regulations 2006 came into force from 1 September 2006. This procedure is for all representations received from children and young people, their parents, foster carers or other qualifying adults about social care services provided or commissioned by children's social care.

The Regulations are now fully embedded into the children's social care complaints system and information derived from complaints is included in the annual monitoring of children's social care and reported to Ofsted.

All children, young people or their families who make a representation are offered the services of an Advocate to enable their views to be effectively promoted.

There are three stages to the procedure.

» Stage 1

Local Resolution: The aim of stage 1 is to sort out the matter as quickly as possible. The complaint will be allocated to a manager who will contact the complainant to discuss the complaint. Stage 1 of the complaints procedure should be completed within 10 working days but if there are a number of issues to look into, this can be extended up to 20 working days. The complainant will receive a response to the complaint in writing.

» Stage 2

Investigation: This part of the procedure is used when the complainant remains unhappy after their complaint has been responded to at Stage 1 or the

complaint is sufficiently serious enough to warrant a more formal investigation. Investigations are conducted by an Investigating Officer who must be independent of the service area being complained about. An Independent Person is also appointed at Stage 2. This is a statutory role and the Independent Person (who is external to the council) works alongside the Investigating Officer with a remit to ensure that the process is open, transparent and fair.

Reports completed by the Investigating Officer and Independent Person are submitted to an Adjudicating Officer (usually the Assistant Director).

The investigation and adjudication process should be concluded within 65 working days.

» Stage 3

Independent Complaint Review Panel: If the complainant is dissatisfied with the outcome at Stage 2, they may request that the issues are taken to a Complaint Review Panel (Stage 3). The Panel consists of an Independent Chair and two independent panel members. The Panel considers the complaint and can make recommendations to the Director of Child and Adult Services.

The Director is required to make a formal response to any findings and recommendations of the Review Panel within 15 working days of receiving the Panel's report.

3.3. Public Health Complaints

When complaints are received into the department relating to a Public Health function the Public Health Complaints, Compliments and Comments Procedure provides the framework for resolution.

Where a person is dissatisfied with a public health function they have received, they have a right to complain. The complaint will be acknowledged within 3 working days. The complaint would usually be investigated by a senior officer. The regulations allow a maximum of 6 months to respond to a complaint (NHS Bodies and Local Authorities Partnership Arrangements, Care Trust, Public Health and Local Healthwatch Regulations 2012). We will however endeavour to respond as quickly as possible.

3.4. Corporate complaints

Where complaints are received in to the Department that do not come under the jurisdiction of the statutory social care or Public Health complaints procedures, the Corporate Complaints Policy provides the framework for resolution. This includes complaints in relation to services such as: sport and recreation, special educational needs and the integrated youth service. Complaints in relation to schools are dealt with by individual schools and their governing bodies. Local authorities have no legal obligation to investigate the substance of a complaint regarding an individual child and have no powers of direction in this regard.

» Pre-formal Complaint Stage

An initial attempt should be made to resolve a complaint as quickly as possible. A complaint at this stage should be responded to within 5 working days.

» Formal Complaint

Where a person remains dissatisfied with a service they have received, they have a right to proceed to a formal complaint. The complaint should be completed within 20 working days.

» Chief Executive Review

If a person remains dissatisfied with the response to the formal complaint, they have the right to request the complaint to be reviewed by the Chief Executive.

3.5. Referral to the Local Government Ombudsman

If, at the end of the relevant complaints procedure, the complainant remains dissatisfied with the outcome or the way in which their complaint has been handled under any of the procedures, they may ask the Local Government Ombudsman (LGO) to investigate their complaint. Complainants may also approach the LGO directly without accessing the complaints process. In those cases it is usual for the LGO to refer them back to the council for their complaint to be examined through the relevant complaints process before they intervene.

4. Principles and outcomes

Good handling of complaints and representations involves:

- Keeping the complainant at the centre of the complaints process;
- Being open and accountable;
- Responding to complainants in a way that is fair;
- Being committed to try to get things right when they go wrong;
- Seeking to continually improve services.

Statutory complaints are underpinned by the following:

- A procedure that aims to be fair, clear, robust and accessible;
- Support being available to those wishing to make a complaint;
- Timely resolution following enquiry into complaints/representations;
- Lessons learnt following complaints and services improved;
- Monitoring being used as a means of improving performance.

5. Public information

Information about the complaints and representations framework is accessible via the council's public access points and also the council's website. Carers and service users of children's and adults social care are provided with leaflets explaining the procedure when they take up a new service and when care plans are agreed and reviewed.

Information in other formats such as large print or Braille or translation in languages other than English are made available upon request.

6. Summary of representations

6.1. Adult Social Care

6.1.1. Compliments

Compliments are generally recognised to be an indicator of good outcomes for service user and carers. They also serve to provide wider lessons regarding the quality of services.

During 2014/15, 56 compliments have been received relating to Adult Social Care. Appendix 1 provides some examples of compliments received during the period.

6.1.2. Complaints received in 2014/15

A total of 17 complaints were received. One complaint was withdrawn by the complainant leaving 16 complaints investigated. The number of complaints received has increased by 2 from last year.

However, there was one complaint received in 2013/14 where the investigation was suspended as the substance of the complaint was intended to be considered by the Court of Protection. Following a change of circumstances, the Court of Protection did not consider the application and the complaint investigation was reinstated. Therefore, the number of complaints investigated in 2014/15 rose to 17.

Of the 17 complaints investigated, 14 of these have been concluded and 3 remain ongoing. Of the 14 concluded complaints:

- 1 complaint was upheld
- 7 complaints were partly upheld
- 5 complaints were not upheld
- and a finding could not be reached one way or the other in the remaining complaint

Examples of the complaints received and lessons learned are outlined in Appendix 2.

6.1.3. Client groups

Adult Social Care			
Client group	2014/15	2013/14	2012/13
Older Persons	4	10	9
Learning Disabilities	1	2	0
Physical Disabilities and Sensory Loss	2	2	4
Adult Mental Health (Integrated Service) or AMHP function	4	1	1
HIV/Aids	0	0	0
Substance misuse	0	0	0
Carers	0	0	0
Commissioned Services	6	1	0
Total number of complaints received	17	15	14

The service users who were the focus of the complaints were 7 males and 9 females. The remaining complaint which was submitted by a female did not relate to a service user.

Complaints which are considered either complex or have a number of elements are usually investigated by someone independent of the council. In 2014/15, Independent Investigating Officers were appointed to 11 of the 17 complaints investigated. The remaining 6 complaints were investigated and responded to internally. Of the 17 complaints investigate

6.1.4. Advocacy services

Of the 17 complaints investigated, none of the complainants chose to have an advocate to assist them with their complaints. However, one complainant chose to have a support worker from a mental health charity to assist them during the complaint investigation.

6.1.5. Timescales and the Grading of Complaints

There is no statutory timescale for investigating and responding to a complaint relating to adult social care. However, the overall aim is to respond to complaints in a timely manner. The likely timescales for investigation are discussed with the complainant at the outset of a complaint investigation and updates on progress of the investigation are provided by the Investigating Officer at regular intervals. There are a range of factors that can impact upon timescales such as:

- Whether the complaint has been considered low, moderate or high impact;
- The number of points of complaint for investigation;
- The availability of the complainant and other key people the Investigating Officer needs to interview;

- The time taken to conduct interviews with key people which can range from complaint to complaint;
- Seeking appropriate consent for obtaining information from partner agencies and awaiting the necessary information to inform the complaint investigation;
- Reading case files and records and obtaining copies of local policies and procedures;
- Consideration all available information and the drafting of a complaint investigation report;
- Carrying out factual accuracy checks on the draft report and providing feedback to the complainant before finalising and submitting the final report.

6.1.6. Complaints carried forward to 2015/16

Of the 17 complaints investigated in 2014/15, 4 have been carried forward to 2015/16.

6.1.7. Complaints considered by the Local Government Ombudsman in 2014/15

There were no complainants who approached the Local Government Ombudsman (LGO) in 2014/15 for their complaint to be considered.

6.2. Children's Social Care

6.2.1. Compliments

During 2014/15, 7 compliments have been received relating to Children's Social Care. Appendix 1 provides some examples of compliments received during the period.

6.2.2. Complaints received in 2014/15

A total of 37 complaints were received. Five complaints were withdrawn by the complainants and the Council determined one was not eligible to complain. A total of 31 complaints were investigated. The number of complaints received has increased by 10 from 2013/14. An example of the complaints concluded are outlined in appendix 2.

- Of the 31 complaints investigated, 29 of these have been concluded and 2 remain ongoing.
- 30 of the 31 complaints were responded to at Stage 1 in the first instance. Of these, 29 complaints were concluded at Stage 1. The one complaint that progressed from Stage 1 to Stage 2 remains ongoing.
- One of the 31 complaints was not considered at Stage 1 and proceeded directly to Stage 2. This complaint progressed to Stage 3 Independent Complaint Review Panel and it is not known whether the complainant will progress matters onto the LGO.
- A complaint, received in 2013/14, which was being investigated at Stage 2 was carried forward into 2014/15. This complaint progressed to Stage 3

Independent Complaint Review Panel and it is not known whether the complainant will progress matters onto the LGO.

6.2.3. Advocacy services

Of the 31 complaints investigated, one complainant chose to have an advocate to assist them with their complaint and one was assisted by a Support Worker.

6.2.4. Complaints considered by the Local Government Ombudsman in 2014/15

There were no complaints in relation to children's social care that progressed to the Local Government Ombudsman in 2014/15.

6.3. Public Health

There were no complaints received in relation to Public Health. Statistical comparisons were made with regional Local Authorities which confirmed the number of complaints received in this area were extremely low or non-existent.

7. Lessons learned

Lessons learned are an important aspect of the complaints framework. Appendix 2 outlines the context of some improvements that have been put in place as a direct result of complaints and representations received in adult social care and children's social care.

8. Conclusions and way forward

8.1. Going forward

We continue to ensure that a person-centred approach is adopted for the handling and investigation of each complaint. We will continue to focus on ensuring that we monitor that: complainants receive appropriate and timely feedback on complaints; appropriate apologies are offered; and any service improvement recommendations are delivered.

8.2. Action plan

- We will continue to promote the complaints procedure for children's social care services to a range of networks to ensure that children and young people feel confident and able to approach the department with any particular concerns.
- We will continue to raise awareness of and promote the complaints procedure for adult social care and public health.

- We will liaise with Independent Complaints Advocacy (ICA), the organisation commissioned by the Council to deliver an advocacy service for NHS complaints, to ensure that the service is meeting the needs of the local population.
 - We will continue to raise awareness of lessons learnt from complaints and ensure they are fed into policies, procedures and practice.
-

Appendix 1: Examples of compliments received across Child Adult Social Care services

Adult Social Care

"I wanted to send this email to represent family members and thank your team for the care, support and empathy while she was one of your clients, as she regularly commented on how your staff considered all of her needs, and moved swiftly to ensure things were put in place as quickly as possible to keep her safe and comfortable."

From a family member about a Social Worker

"Thank you so much for being so thoughtful and kind. The moment you walked into our lives my mam and dad were safe."

From a family member about a Social Worker

"I would like to express my gratitude for the care I have received over the last six weeks, since my discharge from hospital. I certainly would not have managed without the help of the carers who came to my home. They were all kind and caring and gave me a great deal of support and encouragement and always asked before they left, if there was anything else I needed."

From a service user about the Reablement Team

"You were professional, knowledgeable and efficient, but managed to be warm and caring and make my sister feel that you listened and understood her. You also dealt with some challenging interpersonal issues, with the management of the care package. Yet, despite the dilemmas you were presented with, you were respectful and considerate to all concerned, at all times."

From a family member about a Social Worker

Children's Social Care

"I'm very happy that you were my Social Worker and I hope you do well in your next family and work the magic you always do. I will really miss you."

From a Young Person about a Social Worker

"K deserves the praise and recognition for her outstanding work and I would hope that on the basis of this letter that you will personally make contact with her to offer your commendations to her for the work she undertakes with young challenging children."

From a Parent about a Family Support Worker

"A has a natural aptitude in combining professionalism with a personal and sensitive consideration for others. She is never rushed and always gives as much time to the children as they need. In our opinion A is a credit to her profession and to Hartlepool Child Services."

From a Foster Carer about a Social Worker

Appendix 2: Sample of complaints and lessons learned in Child and Adult Social Care Services

Adult Social Care	
Details of complaint	Lessons learned and where appropriate, actions taken
The complaint related to when an Independent Mental Capacity Advocate (IMCA) should have been commissioned for a service user.	A briefing note was disseminated to all adult social care staff reminding them of the duty to instruct an IMCA where appropriate as well as confirmation of the process for accessing an IMCA.
The complaint, which referred to the quality of care of a commissioned service, highlighted variations in the records which accompanied an individual when moving care home placements.	Guidance to care home providers regarding the records which should accompany new residents to a care home as well as those which should accompany residents when transferring between care homes was updated and reissued.
The complaint, which related to a commissioned service, related to a failure to notify family members about a change in the needs of the person being cared for.	The commissioned provider concerned should consider reviewing both its induction and communicating with families procedures. This was communicated with the care home concerned and monitored by the Commissioned Services Team.
The complainant believed she should have been allowed a direct payment and was dissatisfied that the Department failed to review its decision in this regard.	Social Workers and Occupational Therapists were reminded about the Department's direct payments procedure, guidance and eligibility criteria. The Department reviewed its direct payments procedure and guidance as part of a wider review of policies and procedures.

<p>The complainant had lost confidence with his allocated worker and requested a new worker.</p>	<p>As the Department was about to conduct interviews, to demonstrate the Department's commitment to ensuring a new worker would be compatible, the complainant was invited to be part of the interview panel. The complainant did not take up this opportunity but was satisfied with the new worker that was appointed.</p>
<p>The complainant, a relative of the service user, voiced concern that checks were not carried out to ensure the appropriate records accompanied a service user to hospital.</p>	<p>An explanation was provided in relation to the events that surrounded the service user's admission to hospital and an apology was made. Workers were reminded of the need to carry out appropriate checks.</p>
<p>The complainant, the relative of a service user, was dissatisfied with the care provided to her relative. She was of the view that there was no consistency with care provision.</p>	<p>It was noted that care charts were not routinely reviewed or analysed and a recommendation was made that care charts are routinely considered at reviews to enable analysis to appropriately inform the person's care. This recommendation was accepted and implemented.</p>

Children's Social Care Details of complaint/Outcomes	Lessons learned and where appropriate, actions taken
This complaint referred to the handling of a request for statutory checks for prospective foster carers from an independent fostering agency.	The procedure for responding to such requests was reviewed and a revised procedure implemented. The revised procedure included timescales as well as guidance to staff about redirecting any enquiries arising from the statutory checks to the team responsible for dealing with such.