

ADULT SERVICES COMMITTEE AGENDA



Thursday 3 November 2016

at 10.00 am

**in Committee Room B,
Civic Centre, Hartlepool**

MEMBERS: ADULT SERVICES COMMITTEE

Councillors Hamilton, Morris, Richardson, Sirs, Tempest, Tennant 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 6 October 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 Scrutiny Investigation into Access to Transport for People with a Disability – Final Report – *Audit and Governance Committee*



7. ITEMS FOR INFORMATION

- 7.1 Hospital Discharge Update and Discharge to Assess: Presentation – *Director of Child and Adult Services*
- 7.2 Annual Complaints, Compliments and Representations Report 2015/16 – *Director of Child and Adult Services*
- 7.3 Personal Budget Framework: Presentation – *Director of Child and Adult Services*
- 7.4 Stakeholder Engagement Proposals: Transforming Care – Respite Services Review – *Director of Child and Adult Services*
- 7.5 Housing and Technology Capital Fund for People with Learning Disabilities – *Director of Child and Adult Services*

8. ANY OTHER BUSINESS WHICH THE CHAIR CONSIDERS URGENT

FOR INFORMATION: -

Date of next meeting – Thursday 1 December at 10.00 am, Committee Room B, Civic Centre, Hartlepool



ADULT SERVICES COMMITTEE MINUTES AND DECISION RECORD

6 OCTOBER 2016

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

Present:

Councillor Stephen Thomas (In the Chair);

Councillors: Lesley Hamilton, Dr George Morris, Carl Richardson, Sylvia Tempest and John Tennant.

Also present: Emma Joyeux, Hartlepool and Stockton on Tees Clinical
Commissioning Group
Judy Gray, Stella and Gordon Johnson - Healthwatch Representatives
Frank Harrison – Years Ahead Forum
Members of the Public – Sue Little and Evelyn Leck

Officers: Jill Harrison, Assistant Director, Adult Services
John Lovatt, Head of Service, Adults
David Ward, Head of Finance, Child and Adult Services
David Cosgrove, Principal Democratic Services Officer

30. Apologies for Absence

Councillor Kaylee Sirs.

31. Declarations of Interest

Councillor Morris declared a personal interest.
Councillor Thomas declared personal interests as an employee of Hartlepool Healthwatch and as the Council's representative on the Tees-wide Adult Safeguarding Board.

32. Minutes of the meeting held on 15 September 2016

Minutes confirmed.

Minutes No. 23 – the Assistant Director informed Members that a site visit to the new Centre for Independent Living would be held on 29 November at 4.00 pm and would be open to Members and regular

attendees. In relation to the name for the new building, the Assistant Director confirmed that, following consultation with service users, carers and staff, it had been agreed to name the new building Hartlepool Centre for Independent Living.

Minute 25 – the Chair indicated that he would wish to write to the CCG on behalf of the Committee seeking details of how they intended to address the lack of nursing care beds available in Hartlepool. The Chair indicated that he would also invite the CCG to attend a future meeting to discuss the issue further with the Committee. This proposal was supported by the Members present.

33. Strategic Financial Management Report – as at 31st July 2016 *(Director of Child and Adult Services and Chief Finance Officer)*

Type of decision

For Information.

Purpose of report

The purpose of the report was to inform Members of the 2016/17 Forecast General Fund Outturn, 2016/17 Capital Programme Monitoring and to provide details for the specific budget areas that this Committee is responsible for.

Issue(s) for consideration

The Head of Finance, Child and Adult Services reported that the Council's overall financial position for the first quarter had been reported to the Finance and Policy Committee on 5 September 2016. In relation to the services managed by this Committee the projected outturn figures were a worst case overspend of £312,000 and a best case overspend of £102,000. It was, therefore, anticipated that the specific reserve of £337,000 for DoLS (Deprivation of Liberty Safeguards) would need to be utilised to cover the additional expenditure in this area. Officers would look to covering the additional DoLS expenditure through in-year savings in order to protect as much of the reserve as possible. Further details would be included in the budget report being submitted to the December meeting.

The Head of Finance also drew attention to the Capital Budget update set out in an appendix to the report.

A Member of the public questioned if the Council was under-charging for day services in comparison to private sector providers. The

Assistant Director indicated that the Council only provided day services for adults with learning and physical disabilities and commented that the recently implemented Fairer Charging Policy had been bench-marked against other authorities in the North East. It was noted that the majority of service users paid for their day services from their personal budgets. The Chair added that there was to be a presentation on personal budgets to the next meeting which would be useful for Members ahead of the budget considerations in December.

Decision

That the report be noted.

34. Adult Safeguarding Performance Report (*Director of Child and Adult Services*)

Type of decision

For Information.

Purpose of report

The purpose of the report was to present adult safeguarding performance information for 2015/16 and Quarter 1 of 2016/17, and to provide a progress update regarding implementation of the Tees-wide Safeguarding Adults Board (TSAB) strategic aims and objectives for the same period.

Issue(s) for consideration

The Head of Service reported that throughout 2015/16, the main focus of the TSAB had been on the implementation of the statutory safeguarding framework introduced under the Care Act 2014. Working with the TSAB, HBC implemented a wide range of activities to ensure local arrangements were fit for purpose and compatible with the new statutory safeguarding arrangements. Hartlepool's Local Executive Group for safeguarding had been responsible for coordinating and providing effective inter-agency working to safeguard local people whose circumstances made them vulnerable, and who were at risk of abuse and neglect.

Linked to safeguarding and protecting adults from abuse or significant harm are Deprivation of Liberty Safeguards (DoLS). The Local Authority continued to be the lead agency and Supervisory Body for ensuring that people, who, for their own safety and in their own best interests, need to be accommodated under care and treatment regimes

that may have the effect of depriving them of their liberty, but who lack capacity to consent, are only 'deprived' following the due legal process.

The Year End Performance Report for 2015/16 was submitted as an appendix to the report and included information on safeguarding activity, categories of abuse and outcomes as well as DoLS activity and local developments / issues.

In 2015/16 there had been a significant increase in safeguarding concerns identifying possible cases of abuse of adults, but a reduction in the number of enquiries that then led to further investigation and action under safeguarding adult procedures when compared to 2014/15. The Head of Service highlighted that although 538 concerns (compared to 430 in the previous year, an increase of 25%) required no specific further action in terms of safeguarding procedures, these concerns were genuine and reported to the Department and, therefore, each was examined and appropriately risk managed.

The report also highlighted the impact of the changes in relation to DoLS, with referrals increasing from 38 in 2013/14, to 648 in 2014/15 and to 1006 in 2015/16 (a further increase of 58% in 2015/16). This had created a significant pressure for Adult Services in relation to staffing, with a new team created to manage the additional work, and budgets, as the costs for legal advice, additional applications to the Court of Protection and access to Section 12 Mental Health Assessments were all borne by the Local Authority. The same issues were being experienced by all Local Authorities in relation to DoLS, as the increased activity was due to the change in legislation.

Performance information for Quarter 1 of 2016/17 was also reported and summarises safeguarding activity from April to June 2016 and highlighted local issues and trends.

The Head of Service went on to outline the developments within the TSAB including the development of a series of sub groups with work plans linking into the overall strategic plan with clear actions and timescales for completion.

The Head of Service reported that since the launch of the Hartlepool Now website in October 2015, there was information available to the public on how to access local help and support with information on over 100 providers. There was also a direct link to the TSAB website, which would assist in raising awareness of the TSAB among the general public and other users. The new Hartlepool Borough Council Website also has a more user friendly interface and easier function navigation. All policies and procedures in relation to Safeguarding and Deprivation of Liberty Safeguards were accessible on the website and had been updated in line with the Care Act 2014 and there was also another direct link to the TSAB website.

The Chair declared a personal interest as the Council's representative on the Tees-wide Adult Safeguarding Board.

The Chair asked if officers expected to see an increase in the number of DoLS referrals through into 2017 and commented on the funding that had come forward from central government. The Head of Service indicated that the numbers were expected to increase. The Government had allocated some funds to support this work in 2015/16 but this had not been sufficient to meet the costs to the Council and had only been one off money. The Vice-Chair commented that this was yet another government change in legislation that, however positive, local authorities had to meet the costs of providing, and which was placing further pressure on service budgets.

A Member questioned what action was taken if after a report, investigation and recommendations, the provider failed to implement those recommendations. The Head of Service indicated that the initial safeguarding meeting will have involved all appropriate agencies such as the home, the department, Police, health service etc, and an action plan developed to resolve the issues. This would include monitoring with appropriate points for review and further sanction should it be needed. Over the last twelve months this has necessitated the use of the Serious Concerns Protocol and new admissions to some care homes have been embargoed until concerns have been addressed. The Care Quality Commission, as the regulator of services, is also involved and takes action if required.

A Member questioned if the department had sufficient staff to cover all the issues around DoLS referrals. The Head of Service indicated that there was only a small team dedicated to this function but there were no waiting lists of cases. Another Member commented that while there had been an increase in reports, which in itself was not bad, action was needed to move towards reducing the number of safeguarding concerns. The Head of Service commented that while wanting to encourage the reporting of any concerns, the first duty of staff was to keep people safe. The department was utilising the Better Care Fund to engage earlier with colleagues in the care sector and to take a more proactive approach. Many of the reports were not of deliberate neglect but had occurred through lack of training or experience. Whenever a review was undertaken, the team would drill down to find the root cause and recommend measures to resolve that.

A member of the public expressed her concern at the potential risk for vulnerable adults being accompanied by carers to withdraw money. The Head of Service advised that the department was working with officers in Trading Standards on issues around financial abuse and officers had met with representatives of the banks and building societies to instigate procedures where they could highlight concerns which could be quickly investigated; Hartlepool was thought to be the only authority in the North East doing this. The Head of Service added that while

prosecutions on financial abuse were extremely difficult, a successful prosecution had been brought by the local authority in the past eighteen months and this remained an area of focus for officers. The Chair and Members expressed their confidence in local authority staff working with vulnerable adults in this regard.

A Member questioned how staff were being supported to meet these new care issues and responsibilities. The Head of Service indicated that staff were having to adapt as people in care were living longer, often with complex needs. The approach was to assure those needs were being met through identifying where there were gaps and putting training in place to fill those gaps. A member questioned if there were issues with retention of staff in homes. The Head of Service commented that, as many staff were on minimum/living wage, there were competing industries offering similar wages often with less personal responsibilities but for many staff in the sector it was a vocation rather than a job. Overall staff retention was not a significant issue for carers, but the Assistant Director stated that there was an issue for nursing homes appointing and retaining qualified nursing staff. It was noted that this was a national issue rather than just a local one.

The Chair commented that there was some concern in relation to the TSAB decision to disband the Local Executive Groups for Safeguarding which had been a useful means of feeding in concerns and issues. The Head of Service advised that alternative mechanisms to involve people were being explored. It was also highlighted that the independent Chair of the TSAB had been invited to attend the January meeting to discuss the work of the Board.

The Chair also commented that in relation to Deprivation of Liberty Safeguards, while the new legislation was to be commended as it placed a spotlight on these very important care issues, it also placed local authorities at a further financial disadvantage when additional financial support was not being provided. The Chair proposed that, following the work of ADASS, and in conjunction with the Leader of the Council, a letter from all North East local authorities be sent to the Secretary of State highlighting these concerns and seeking appropriate ongoing financial support for this very important work. If the support of the other North East authorities was not forthcoming, then a letter would be sent from this Council alone.

Decision

1. That the report be noted.
2. That the ongoing impact of the Supreme Court judgment in relation to Deprivation of Liberty Safeguards and the associated pressures for the department be noted.
3. That the Tees-wide Safeguarding Board Annual Report for 2015/16 be submitted to the Committee, once finalised.
4. That a letter be sent to the Secretary of State seeking appropriate

ongoing financial support to support the local authority role in relation to Deprivation of Liberty Safeguards as proposed above.

35. Adult Social Care User Survey Results *(Director of Child and Adult Services)*

Type of decision

For Information.

Purpose of report

The purpose of the report was to provide the Adult Services Committee with a summary of the results from the 2015/16 Adult Social Care Survey, which contributed to the Adult Social Care Outcomes Framework, identifying how performance compared with previous years and showing comparison data from other Councils in the North East.

Issue(s) for consideration

The Assistant Director, Adult Services reported on the performance and comparison data from the Adult Social Care Survey (for users of social care services) which was submitted as an appendix to the report.

The data showed that Hartlepool's performance was above the national average and above the North East average in all seven indicators. Further analysis of the national position indicated that Hartlepool's performance was second highest in the country for two measures, fourth highest in the country for a further two measures and sixth highest in the country for a fifth measure.

Hartlepool was the best performing authority in the region for four of the seven measures:

- 1A Social care related quality of life;
- 1B Proportion of people who use services who have control over their daily life;
- 1L Proportion of people who use services who have as much social contact as they would like; and
- 3D Proportion of people who use services who find it easy to find information about services (%).

Performance had improved in each of the three remaining measures:

- 3A Overall Satisfaction of people who use service with their care and support (%) – increased from 64.6% in 2014/15 to 67.9% in 2015/16.
- 4A Proportion of people who use services who feel safe (%) –

- improved from 68.8% in 2014/15 to 72.7% in 2015/16
- 4B Proportion of people who use services who say that those services have made them feel safe and secure (%) – improved from 87.9% in 2014/15 to 94.1% in 2015/16 (second best performance in the region).

The Assistant Director commented that this was a very pleasing set of results and confirmed that the results had been shared with front line staff together with a 'thank you' from the Assistant Director. The Chair and Members welcomed the report and requested that a message also be sent from the Committee to staff thanking them for their hard work which was reflected in the survey results. The Chair noted that there had already been some positive press coverage of the survey and requested that there should be similar coverage in the next issue of Hartbeat.

Decision

That the report be noted and that a message be sent on behalf of the Committee to staff in the division congratulating them on the positive results reflected in the survey.

36. Any Other Items which the Chairman Considers are Urgent

None.

The Committee noted that the next meeting would be held on Thursday 3rd November 2016 at 10.00 am in the Civic Centre, Hartlepool.

The meeting concluded at 10.45 am.

P J DEVLIN

CHIEF SOLICITOR

PUBLICATION DATE: 13 OCTOBER 2016

ADULT SERVICES COMMITTEE

3 November 2016



Report of: **Audit and Governance Committee**

Subject: **SCRUTINY INVESTIGATION INTO ACCESS TO
TRANSPORT FOR PEOPLE WITH A DISABILITY –
FINAL REPORT**

1. PURPOSE OF REPORT

- 1.1 To agree the recommendations of the Audit and Governance Committee's Investigation into Access to Transport for People with a Disability.

2. BACKGROUND

- 2.1 The Adult Services Committee, on 7 July 2016, referred 'Access to Transport for People with a Disability' to the Audit and Governance Committee to investigate. On 14 July 2016, the Audit and Governance Committee accepted the referral and agreed to undertake it within the 10 week prescribed timescale.
- 2.2 The Final Report which includes the findings, conclusions and recommendations is attached as **Appendix 1**.
- 2.3 Following today's meeting an Action Plan will be produced in response to the recommendations and reported to a future meeting of this Committee.

3. PROPOSALS

- 3.1 No options submitted for consideration other than the recommendation(s).

4. IMPLICATIONS OF RECOMMENDATIONS

- 4.1 Details of any financial or other considerations / implications will be included in the Action Plan, which will be presented at a future meeting.

5. RECOMMENDATIONS

- 5.1 The Adult Services Committee is requested to approve the proposed recommendations in response to the Audit and Governance Committee's investigation into Access to Transport for People with a Disability.

6. REASONS FOR RECOMMENDATIONS

- 6.1 The aim of the investigation was to review the transport provision provided in Hartlepool for people with a disability to ensure that Hartlepool Borough Council is working within the principles of the Equality Act 2010.

7. BACKGROUND PAPERS

The following background paper was used in the preparation of this report:-

Final Report of the Audit and Governance Committee into Access to Transport for People with a Disability.

8. CONTACT OFFICER

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ADULT SERVICES COMMITTEE

3 November 2016



Report of: AUDIT AND GOVERNANCE COMMITTEE

Subject: INVESTIGATION INTO ACCESS TO TRANSPORT
FOR PEOPLE WITH A DISABILITY – FINAL
REPORT

1. PURPOSE OF REPORT

- 1.1 To present the findings of the Audit and Governance Committee following its investigation into Access to Transport for People with a Disability.

2. SETTING THE SCENE

- 2.1 On 7 July 2016, a referral regarding 'Access to Transport for People with a Disability' was received from the Adult Services Committee. The detail of the referral is attached as **Appendix A**. The Audit and Governance Committee, at its meeting on 14 July 2016 accepted the referral and agreed to undertake it within the 10 week prescribed timescale.
- 2.2 The Disabled Persons Transport Advisory Committee (DPTAC) advises the government on transport legislation, regulations and guidance and on the transport needs of disabled people, ensuring disabled people have the same access to transport as everyone else. Transport should be accessible for everyone. Accessible buses, coaches, trains and taxis make it easier for people to visit friends, get to the shops or to work. DPTAC advocate the promotion of an accessible transport system in the advice given to government. An accessible transport system is one that recognises the need for every stage in the journey to be accessible to disabled people.¹
- 2.3 The Equality Act 2010 came into force on 1st October 2010; most land transport is covered by the rules on services to the public in Equality Act Part 3. There are greater exceptions for ships and aircraft. The Disability Rights Commission (DRC) issued a statutory Code of Practice Provision and use of transport vehicles in 2006. This sets out in some detail how the DRC saw the transport rules working under the former Disability Discrimination Act 1995 (DDA).

¹ <https://www.gov.uk/government/organisations/disabled-persons-transport-advisory-committee>

- 2.4 Even though the DDA has now been superseded by the Equality Act 2010, it has been referred to in past cases and is still helpful. It is likely to be taken into account by the courts where relevant.
- 2.5 Hartlepool Borough Council is committed to supporting local citizens through effective consultation. Transport and access to transport within the Borough is regarded as one of the top three priorities when consulting with adults with a Disability. Consultation with community groups in recent years has highlighted a decline in the number of wheelchair accessible vehicles, a decline in the frequency and equality of access to private hire vehicles and bus journeys; and difficulties in access and conveyance. Following discussions with local citizens they are concerned at seeing a reduction in the number of opportunities for people to remain independent.

3. OVERALL AIM OF THE SCRUTINY INVESTIGATION

- 3.1 The overall aim of the Scrutiny investigation was to review the transport provision provided in Hartlepool for people with a disability to ensure that Hartlepool Borough Council is working within the principles of the Equality Act 2010.

4. TERMS OF REFERENCE FOR THE SCRUTINY INVESTIGATION

- 4.1 The Terms of Reference for the Scrutiny investigation were as outlined below:-
- (a) To identify whether the transport provisions available in Hartlepool, including licensed taxis and private hire vehicles; buses (including the hospital shuttle bus); trains; and buses are accessible for people with a disability;
 - (b) To examine whether the transport provisions identified in (a) are compliant with the Equality Act 2010 and the DRC Code of Practice;
 - (c) To identify the number of wheelchair accessible vehicles available for use within Hartlepool and examine:-
 - if there has been a decline in the numbers of wheelchair accessible vehicles and the reasons why; and
 - barriers and exclusions faced by people with a disability if wheelchair accessible vehicles are not available
 - (d) To examine good practice from Local Authorities that face similar issues and look at any solutions/improvements that have been implemented;
 - (e) To explore how access to transport for people with a disability can be developed, maintained and improved, now and in the future, to ensure

that transport provision is continually accessible to people with a disability; and

- (f) To take evidence from a wide a range of stakeholders and service users to identify the barriers people with a disability face without access to good transport links

5. MEMBERSHIP OF THE AUDIT AND GOVERNANCE COMMITTEE

- 5.1 The membership of the Committee was as detailed below:-

Councillors Akers-Belcher, Belcher, Cook, Hamilton, Harrison, Martin-Wells and Tennant

6. METHODS OF INVESTIGATION

- 6.1 Members of the Audit and Governance Committee met formally from 28 July 2016 onwards to discuss and receive evidence relating to this investigation. A detailed record of the issues raised during these meetings is available from the Council's Democratic Services.

- 6.2 A brief summary of the methods of investigation are outlined below:-

- (a) Working Group – Meeting 1 – Current accessible transport provision in Hartlepool:-

- Verbal evidence received from Council Officers; Stagecoach representatives; Northern Rail representatives, Taxi Driver representatives and the Multiple Sclerosis (MS) Support Group

- (b) Working Group - Meeting 2 - To seek the views of service users and their families and interested stakeholders to identify current issues / problems with the transport provision in Hartlepool:-

- Verbal evidence received from members of the public, service users and their families, community groups and interested parties

- (c) Working Group - Meeting 3 – Good practice and future access to transport provision:-

- Verbal and written evidence from Hartlepool and Stockton-on-Tees Clinical Commissioning Group (CCG), other local authorities, community groups and interested parties.

FINDINGS**7. CURRENT ACCESSIBLE TRANSPORT PROVISION IN HARTLEPOOL**

- 7.1 The Working Group, at their first meeting held on 8 August 2016 welcomed evidence from Council Officers, Stagecoach representatives, Northern Rail representatives, Taxi Driver representatives and the Multiple Sclerosis (MS) Support Group.
- 7.2 The Council's Head of Service informed Members that the Care Act 2014 introduced a new national eligibility criterion for people with a social care need requiring the provision of transport. It was noted by the Working Group that the Disability Rights Commission estimated that around 60% of people with a disability do not own a car, with 20% more likely to use public transport. Members were informed about the qualifying criteria for the Personal Independent Payment, which helps with some of the extra costs caused by long-term ill-health or a disability for people aged between 16 and 64.
- 7.3 Representatives from Stagecoach confirmed that their vehicles were wheelchair accessible and fully compliant with the Disabilities Discrimination Act (DDA). However, it was highlighted that bus drivers had experienced problems accessing bus stops due to indiscriminate parking which caused congestion and delays. Concern was expressed about the lack of turning space on buses for electric wheelchairs. This was recognised as an issue but there were limitations on the size of vehicles used to enable fuller access to smaller routes. Stagecoach operate a system where drivers are able to reserve a wheelchair accessible space on the next bus in the timetable, where it is a frequent service, if a passenger was unable to access their bus as the space was already occupied. On occasions where the bus service was less frequent, the driver would telephone a local taxi service to provide transport if an accessible space was not available on that bus.
- 7.4 The Working Group questioned whether the buses owned by the Local Authority were accessible to wheelchair users, and it was confirmed that they were. In 2010, a Community Travel Scheme was set up to utilise the fleet of buses. However, the full cost of the travel had to be met by the passengers accessing the service; hence the cost was based on the passengers accessing the service, for example, the more people, the less it would cost. As this was not a regulated bus service, concessionary passes could not be used. It was recognised that there was a gap in transport provision for impromptu transport for people with disabilities.
- 7.5 In relation to the Dial-a-Ride service that was operated by the Council, the Working Group was informed that as part of the considerations for the Medium Term Financial Strategy and in view of the budget restraints the Council face, the operation of this service ceased due to the level of subsidy required to run the service, which was approximately £238k per annum.

- 7.6 The Council's Trading Standards and Licensing Manager noted that the Licensing Committee had considered the gap in transport provision a number of times in the last 18 months as it had been noted that since 2008 the number of wheelchair accessible taxis had reduced. Members noted that the cost of a wheelchair accessible vehicle was significantly more expensive than a saloon car; however, drivers can not charge people an increased rate for using a wheelchair accessible vehicle. The Working Group was informed that the Council's Licensing Committee had considered a number of options, including a financial incentive for drivers to undertake journeys for wheelchair users, however, this would have required additional funding of around £80k over five years.
- 7.7 A taxi driver representative commented that additional time was required for wheelchair journeys in order to help with access into the vehicle, which results in no additional income. It was highlighted to Members, by the Trading Standards and Licensing Manager, that there was a section within the DDA that included the intention for all taxis to be wheelchair accessible but this was never implemented as a cost benefit analysis had indicated that the cost of this was prohibitive.
- 7.8 It was highlighted by a representative from the MS Support Group that a Hartlepool taxi company did have a vehicle with the capacity to transport wheelchairs but the vehicle was tied up delivering the NHS contract to transport discharged patients from local hospitals.
- 7.9 Members were informed that the hospital shuttle bus was not wheelchair accessible but a taxi alternative was offered. Members were of the view that this was unacceptable and expressed concerns regarding equality.
- 7.10 Concern was also expressed regarding pre-bookable appointments on the hospital shuttle bus and how people found it difficult to book a seat due to demand. The Committee expressed strong views that a solution must be found to ensure all patient needs were met at all times including peak periods. Members expressed views in terms of equality related issues. A taxi company advised that they carried out three jobs for the hospital in August which required a wheelchair adapted taxi.
- 7.11 The Working Group was informed that North Tees and Hartlepool NHS Foundation Trust (NTHFT) would be reviewing the current transport services. Currently, there were no plans for a wheelchair accessible shuttle bus as the Trust does not think there would be demand based on previous evidence of when they had a wheelchair accessible transport bus.
- 7.12 The representatives from Northern Rail indicated that an hourly service operated from Hartlepool to Middlesbrough and to Newcastle with both services being accessible for wheelchair users through the use of portable raps within the stations. The Working Group were informed that within the next 41 months, a new specification of train would be introduced that would include two designated wheelchair spaces within the carriages. Concerns were raised regarding the space available in the carriages when they were

full, as it was difficult to manoeuvre a wheelchair in these circumstances. It was questioned whether there was any feasibility to increase the number of carriages in order to increase capacity. The representative from Northern Rail indicated that the planned expansion of the current fleet would release carriages to provide more flexibility to increase capacity where required and in addition there were proposals to increase the timetable to Middlesbrough and to Newcastle to half hourly.

- 7.13 A Healthwatch representative highlighted to the Working Group that the key concerns raised in relation to the lack of transport provision for people with a disability was social isolation and reduced opportunities to engage within the community.

8. VIEWS OF SERVICE USERS AND THEIR FAMILIES AND INTERESTED STAKEHOLDERS TO IDENTIFY CURRENT ISSUES / PROBLEMS WITH THE TRANSPORT PROVISION IN HARTLEPOOL

- 8.1 A focus group was held on 18 August 2016 to seek the views of service users and their families, interested stakeholders, community groups and members of the public.

- 8.2 Discussion was based on the following questions:-

- 1) Can you access a wheelchair accessible vehicle when needed? (this could be a bus, train or taxi)
If no, can you explain why?
- 2) What happens if you cannot access a wheelchair accessible vehicle?
- 3) Which type of transport provision do you find is the most difficult to access? (for example, a bus, taxi, train)
- 4) What are the barriers/problems that people with a disability face without access to good transport links?
- 5) Do you have any ideas to improve access to transport for people with a disability?

- 8.3 A number of concerns were raised at the necessity to pre-book transport, with weekends being particular difficulty. It was noted that one of the taxi firms with a wheelchair accessible vehicle was regularly utilised for hospital discharges through a contract with NTHFT. It was highlighted that taxi companies had a pricing structure with the Trust but cannot charge a premium.

- 8.4 As mentioned at the Working Group held on 8th August 2016, Members were informed that it was not economically viable for taxi companies to purchase wheelchair accessible vehicles, as by law, they were unable to charge more for transporting people with a disability but the journeys often took longer due to the assistance required by the person travelling. A taxi driver

commented that, although some jobs took longer, it was only a few minutes more to load or unload wheelchairs if the customer was ready and waiting to board the vehicle. However, if customers were late, this had a knock on effect on the next journey.

- 8.5 A taxi driver highlighted the main issue as being lack of drivers and lack of vehicles due to purchasing costs and licensing fees for badges and plates. Special needs contracts, whether to schools or hospitals were still a requirement, and were a guaranteed income, which allowed some drivers to continue a taxi service, i.e. licensing fees and maintenance of vehicle.
- 8.6 It was highlighted that taxi companies and drivers need to be incentivised to ensure that transport was available for people with disabilities for both pre-bookable and ad-hoc journeys. The need for drivers to be appropriately trained was highlighted; an NVQ in passenger transport was mentioned as an option, which included loading/unloading of wheelchairs. It was estimated that 16k extra per year would be needed to make a disabled taxi service viable, and there would need to be an assurance that these funds would be available to support the initial cost of buying vehicles.
- 8.7 It was suggested, by the Chair of the Working Group, that the creation of a travel club through a service level agreement for the provision of transport for people with disabilities could be explored with a cost to users who were registered as members of the club. In order to supplement the cost, financial contributions from NHS colleagues and Members' Ward Budgets could be utilised.
- 8.8 A taxi driver highlighted that the drop off/pick up points at the supermarkets and shopmobility had no raised areas for loading/unloading wheelchairs, therefore making the access ramp to the vehicle too steep.
- 8.9 It was suggested by a Member that further discussions be undertaken with Arriva in view of the forthcoming new rail contract and the expectation of pre-bookable and ad-hoc travel for people with disabilities.

9. GOOD PRACTICE AND FUTURE ACCESS TO TRANSPORT PROVISION

- 9.1 The Working Group, at their meeting held on 22 August welcomed evidence from the CCG, Public Health Comparators and Neighbouring Local Authorities (questions posed and written responses attached as **Appendix B**).
- 9.2 The CCG confirmed that there are 3,709 adults registered with the wheelchair service and 452 children, however, the Working Group highlighted that this included figures included those who were not completely reliant on their wheelchairs. As such, it was difficult to identify the actual number of people affected by this issue.

- 9.3 The lack of wheelchair accessible vehicles had proven to be an issue across the board with the number of vehicles gradually reducing due to the cost and financial viability. A number of options had been introduced including a policy to ensure any licences returned to the Council must be allocated back to a vehicle capable of wheelchair access. Due to the cost of supplying such a vehicle, allocating a licence could take a considerable length of time due to the lack of interest by the trade in the supply of such a vehicle. In addition, one local authority had identified the need for a community bus to serve sheltered accommodation and elderly residents in areas where there were no public services; however, sustainable funding remained an issue. Another option, implemented in the Thornaby area was a shuttle service, utilising in-house Council vehicles, for those people who were not able to access public transport services. It was, however, highlighted that another local authority had tried operating services similar to the Hartlepool Dial a Ride service and had also found it to be unsustainable. This service had now also been ceased.
- 9.4 It was suggested that the introduction of a policy to ensure the licences that are returned to the Council be allocated back to vehicles capable of wheelchair access be explored by the Licensing Committee. Members were advised that this was already the Council's policy.
- 9.5 In relation to Patient Transport Services, members of the public raised concerns regarding negative experiences, including instances where carers could not accompany the user due to capacity issues and information provided at the time of booking not being passed onto the driver. In response to this, the representative from the CCG was distressed to hear the issues experienced and suggested that any future issues should be reported through the appropriate channels to ensure they were addressed. Comments were made in relation to the complaints procedure and how it needs to be made easier to complain, and also, often patients were too distressed to complain. Comments were made regarding patients having to leave appointments early, as drivers said they had to leave, along with negative attitudes of some drivers.
- 9.6 A representative from a charitable organisation² informed Members that they provide a range of home care and support services including a transport service across the Durham and Dales area as a 'not for profit organisation'. This included a hospital transport service and a volunteer driver's service and it was suggested that there may be an opportunity to extend these service to include Hartlepool.
- 9.7 The group expressed interest in this as an option for officers to explore further, alongside the potential to access potential lottery funding. Officers indicated that they would be delighted to support the organisation, and indeed any other organisation, in the submission of a potential bid for lottery funding to assist in the provision of transport services for people with disabilities in Hartlepool.

² Supportive SRC Limited

10. CONCLUSIONS

10.1 The Audit and Governance Committee concluded:-

- (a) That there are too few taxi's with access for people with disabilities and too few drivers appropriately trained;
- (b) That it is not cost effective for taxi drivers / companies to either buy or adapt vehicles for wheelchair use, therefore one of the key issues is to look at ways to encourage providers to buy accessible vehicles if provision is to be increased;
- (c) That a multi-agency approach is required to improve the transport provision for people with disabilities;
- (d) That space needs to be available to enable carers to travel with patients when using accessible transport services and patients should not be forced to leave appointments early if the driver needs to attend the next appointment;
- (e) It is difficult to identify the actual number of people affected by the lack of transport provision for people with disabilities therefore a process needs to be put in place to enable data to be collected to accurately assess need;
- (f) Lack of transport for people with disabilities results in social isolation and a reduction of opportunities to engage within the community;
- (g) Transport to hospital/GP appointments is limited because transport is already booked in advance therefore this prevents people from travelling at short notice; and
- (h) The hospital shuttle bus is not wheelchair accessible and this is unacceptable. Members expressed views in terms of equality related issues. Often the bus is booked in advance therefore places are not available when needed.

11. RECOMMENDATIONS

10.1 The Audit and Governance Committee has taken evidence from a wide range of sources to assist in the formulation of a balanced range of recommendations. The Committee's key recommendations to the Adult Services Committee are as outlined below:-

Travel Club

- (a) That a mapping exercise be undertaken to explore the viability of a travel membership club for people with disabilities to access, as and when required, with a detailed exploration of the following areas:-

- (i) Identification of the actual number of people affected;
 - (ii) Membership fees for those wishing to access the service (exploring whether it could be funded from direct payments, independent living / mobility payments);
 - (iii) Funding from Ward Member Budgets, the CCG and NTHFT to help towards the running of the service; and
 - (iv) The use of volunteer drivers
- (b) That the potential of accessing / expanding existing Charity run schemes in the region be explored

Health Services

- (c) As part of the review of transport services at NTHFT:-
- (i) A request is made to provide a hospital shuttle bus that is wheelchair accessible and can be used at all times including peak periods; and
 - (ii) Explore whether this service could be included in a wider partnership scheme, such as the travel club
- (d) Examine whether a pre-bookable service could be put in place to provide transport to GP / hospital / dental appointments which is co-ordinated and booked by the health service, when appointments are made;
- (e) In relation to the Patient Transport Service, ensure that the assessment criteria includes arrangements for carers to travel with patients and that this is implemented on all journeys when needed;

Licensing

- (f) Explore the potential of any financially viable options for drivers and taxi companies to provide wheelchair accessible transport along with the potential of any available funding streams

ACKNOWLEDGEMENTS

The Committee is grateful to all those who have presented evidence during the course of our investigation. We would like to place on record our appreciation, in particular of the willingness and co-operation we have received from the below named:-

Hartlepool Borough Council:

Neil Harrison, Head of Service

Ian Harrison, Trading Standards and Licensing Manager
Jayne Brown, Passenger Transport Services Team Leader
Debbie Butler, Benefits Liaison Officer

External Representatives:

Healthwatch representatives
Stagecoach representatives
Taxi driver representatives
Northern Rail representatives
MS Support Group
Hartlepool and Stockton-on-Tees Clinical Commissioning Group
Members of the Public
Redcar and Cleveland Council
North East Lincolnshire Council
South Tyneside Council
Stockton Council

COUNCILLOR RAY MARTIN-WELLS
CHAIR OF THE AUDIT AND GOVERNANCE COMMITTEE

September 2016

Contact Officer: Joan Stevens – Scrutiny Manager
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BACKGROUND PAPERS

The following background paper was consulted or referred to in the preparation of this report:-

- (a) Disabled Persons Transport Advisory Committee -
<https://www.gov.uk/government/organisations/disabled-persons-transport-advisory-committee/about#priorities>

Evidence provided to the Working Group

The following evidence was presented throughout the course of the investigation into Access to Transport for People with a Disability:-

Date of Meeting	Evidence Received
8 August 2016	Verbal evidence received from:- <ul style="list-style-type: none"> - Council Officers - Stagecoach representatives - Northern Rail representatives - Taxi Driver representatives - MS Support Group
18 August 2016	Verbal evidence received from:- <ul style="list-style-type: none"> - members of the public - service users and their families - community groups - interested parties
22 August 2016	Verbal and written evidence from:- <ul style="list-style-type: none"> - Hartlepool and Stockton-on-Tees Clinical Commissioning Group - other local authorities - community groups - interested parties.

Audit & Governance- Access to Transport for People with a disability

Referral from: Cllr Stephen Thomas
Chair of Adult Services Committee

Background

Hartlepool Borough Council is committed to supporting local citizens through effective consultation. Transport and access to transport within the Borough is regarded as one of the top three priorities when consulting with adults with a Disability. Consultation with community groups in recent years has highlighted a decline in the number of wheelchair accessible vehicles, a decline in the frequency and equality of access to private hire vehicles and bus journeys; and difficulties in access and conveyance.

Statutory requirements

The Equality Act 2010 came into force on 1st October 2010, most land transport is covered by the rules on services to the public in Equality Act Part 3. There are greater exceptions for ships and aircraft.

The Disability Rights Commission(DRC) issued a statutory Code of Practice Provision and use of transport vehicles in 2006. This sets out in some detail how the DRC saw the transport rules working under the former Disability Discrimination Act 1995 (DDA).

Even though the DDA has now been superseded by the Equality Act 2010, it has been referred to in past cases and is still helpful. It is likely to be taken into account by the courts where relevant

Disabled Persons Transport Advisory Committee

The Disabled Persons Transport Advisory Committee (DPTAC) advises the government on transport legislation, regulations and guidance and on the transport needs of disabled people, ensuring disabled people have the same access to transport as everyone else. On 12 June 2013, it was decided to retain DPTAC to advise Department for Transport on accessibility issues relating to disabled people.

The reasons for referring the issue

Transport should be accessible for everyone. Accessible buses, coaches, trains and taxis make it easier for people to visit friends, get to the shops or to work.

Following discussions with local citizens they are concerned at seeing a reduction in the number of opportunities for people to remain independent.

Without access to good transport links people remain at risk of social isolation and are unlikely to be able to remain active citizens without the opportunity to access education training and employment, sport and recreation.

The objectives of statutory scrutiny process

Hartlepool Borough Council is required to work within the principles of the Equality Act and where it procures, provides or promotes transportation within the Borough it must consider the impact of its services for people with a Disability ensuring equality of access to transport as prescribed within the DRC code of practice.

Useful links

www.gov.uk/transport-disabled/cars-buses-and-coaches

www.drc.org.uk/services_and_transport.aspx

Timescales for reporting back to the referring body

The referrer respectfully requests that Audit and Governance consider this referral and if successful would suggest a report back within 10 weeks to enable sufficient time for members to consider the local position in relation to our statutory duties under the Equality Act 2010.

This issue is not being dealt with by another committee.

Questions Posed:

- What is the position in your authority in terms of the number of DDA (WVA) accessible vehicles?
- What challenges do you face in the provision of access to Transport for People with a Disability?
- What solutions have been explored / implemented?
- How do you think access to transport for people with a disability could be developed and maintained, now and in the future?

Public Health Comparators

i) Redcar and Cleveland

10 wheelchair accessible vehicles out of a total 389 licensed vehicles. We also have 72 hackney carriage vehicles that have rotating seats.

We have tried reducing application fees and relaxing our age policy for wheelchair accessible vehicles but this has not helped increase the numbers.

ii) North East Lincolnshire

We have just under 40% of the Hackney Carriage (HC) fleet as WAV (DDA) (**about 80 vehicles**). In 2004 NELC introduced a new HC spec and the intention was that overtime all HC vehicles be WAV. The spec was deliberately broad and allowed a variety of vehicles but all were WAV. The trade campaigned against this and used the DFT guidance to move to a mixed fleet and Committee also made a decision to allow drivers with medical exemptions to change from WAV to non WAV and keep licensing a non WAV. From an officer perspective we would have preferred to move towards 100% WAV because we knew if that was not the ruling ways would be found to reduce the number. Obviously the lack of legislation being introduced has also not helped.

To put the medical exemption position in context, before the committee decision to allow change of vehicles we had 5 and now we have nearly 40 and the WAV numbers have therefore reduced.

We have a limit of 220 HCVs and if any new ones are licensed due to surrender of existing licences those vehicles have to WAV but this is not common so numbers of WAV have continued to fall.

All this said in a survey we did a couple of years ago, which included disabled representation, the WA provision was regarded as satisfactory.

Neighbouring Local Authorities

South Tyneside

- **What is the position in your authority in terms of the number of DDA accessible vehicles?**
The authority has **36 WA** vehicles. The Council caps the number of hackney carriages and has a policy that if/when any new licences are issued they will be in respect of WA vehicles. The majority of work for wheelchair access tends to be by pre booking and therefore we have a large number of private hire operators with suitable vehicles to cater for this demand. Complaints about the lack of wheelchair accessible vehicle (in particular hackney carriage) are few and far between.
- **What challenges do you face in the provision of access to Transport for People with a Disability?**
Any licences returned to the Council must be allocated back to a vehicle capable of wheelchair access. Due to the cost of supplying such a vehicle allocating a licence takes considerable time due to lack of interest by the trade in the supply of such a vehicle due to cost.
- **What solutions have been explored / implemented?**
Policy to require the supply of such vehicles when licences become available.
- **How do you think access to transport for people with a disability could be developed and maintained, now and in the future?**
The government would need to impose/requirements to require the trade to provide such vehicles. This process is largely left to Council's to impose. Some have done so but others have not depending upon local needs.

Stockton

They operate **40 accessible mini buses** for those with disabilities to access Schools/college and day services where they have an assessed need. They have in the last couple of weeks stopped the operation of their Dial A ride service, as a non Statutory.

A number of public service buses in the area operate low suspension buses which are accessible to passengers. A shuttle service is provided in the Thornaby area, utilising in house vehicles, for those who are not able to access public services. Schools buy back the use of our vehicles during the School day which are accessible.

We have identified the need for a Community bus to serve sheltered accommodation and elderly residents in areas where there are no public services however sustainable funding remains the issue.

ADULT SERVICES COMMITTEE

3 November 2016



Report of: Director of Child & Adult Services

Subject: HOSPITAL DISCHARGE UPDATE AND DISCHARGE TO ASSESS: PRESENTATION

1. TYPE OF DECISION/APPLICABLE CATEGORY

No decision required, for information.

2. PURPOSE OF REPORT

- 2.1 The purpose of this presentation is to provide the Adult Services Committee with an update in relation to hospital discharges and delayed transfers of care, and to make members aware of developments in relation to 'Discharge to Assess'.

3. BACKGROUND

- 3.1 A report to Adult Services Committee in February 2016 provided an update in relation to hospital discharge arrangements and actions that had been taken following Healthwatch Hartlepool's Hospital Discharge Project. This report confirmed that actions had been implemented, or were being taken forward through Better Care Fund planning. The report also indicated that performance had improved when compared to the same period the previous year.
- 3.2 In the period since the report to Adult Services Committee in February 2016, there has been increased national focus on hospital discharges due to increase in delayed transfers and there has been a national mandate to introduce 'Discharge to Assess' models.

4. HOSPITAL DISCHARGE / DISCHARGE TO ASSESS IN HARTLEPOOL

- 4.1 Officers will provide a presentation outlining the situation in Hartlepool and the development of plans in relation to 'Discharge to Assess'.

5. RISK IMPLICATIONS

- 5.1 There are risk implications associated with this issue which will be highlighted in the presentation.

6. FINANCIAL CONSIDERATIONS

- 6.1 There are financial implications associated with this issue which will be highlighted in the presentation.

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 implications associated with this report. Any changes that are introduced will primarily impact on people aged 65 and over as this age group is the focus of the Better Care Fund plan and represents the majority of people who are discharged from hospital with identified social care needs.

10. STAFF CONSIDERATIONS

- 10.1 There are potential staffing considerations associated with this report which will be highlighted in the presentation.

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 note the contents of the presentation and the potential implications for the Council.

13. REASONS FOR RECOMMENDATIONS

- 13.1 Delayed transfers of care are monitored as a Better Care Fund performance indicator, and delays attributable to social care are monitored within the Adult Social Care Outcome Framework.
- 13.2 Improving the hospital discharge process will potentially deliver significant benefits linked to the Better Care Fund outcomes, including a reduction in readmissions following a hospital stay, reduced duplication through integrated working and a better experience for people using services and their families / carers.

14. CONTACT OFFICER

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ADULT SERVICES COMMITTEE

3 November 2016



Report of: Director of Child & Adult Services

Subject: ANNUAL COMPLAINTS, COMPLIMENTS AND REPRESENTATIONS REPORT: 2015/16

1. TYPE OF DECISION/APPLICABLE CATEGORY

No decision required; for information.

2. PURPOSE OF REPORT

- 2.1 To present the Annual Complaints, Compliments and Representations Report for the Child and Adult Services Department for the period 1 April 2015 to 31 March 2016.
- 2.2 The Annual Report is attached as **APPENDIX A** to this report.

3. BACKGROUND

- 3.1 The Annual Report provides information on the complaints and representation frameworks appropriate to the department and draws together information in relation to complaints that have been received and dealt with during the reporting period, as well as summarising compliments received during the same period.

4. PROPOSALS

- 4.1 The report offers an opportunity to demonstrate learning that has occurred from complaints and actions implemented as a result.
- 4.2 The content of the report includes:
 - Complaints and compliments received in 2015/16
 - Outcomes of complaints

- Client group data
- Learning lessons and service improvement
- Complaint comparisons between north east regional local authorities 2015/16
- Complaints considered by the Local Government Ombudsman in 2015/16

4.3 The report provides an analysis of complaints and compliments and draws comparisons with the previous year. Performance is highlighted in a range of areas so that practice issues may be considered.

5. RISK IMPLICATIONS

5.1 No risk implications have been identified associated with this report.

6. FINANCIAL CONSIDERATIONS

6.1 There are no financial considerations 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. The framework for dealing with complaints ensures that all complaints are dealt with in a fair and consistent manner.

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. RECOMMENDATION

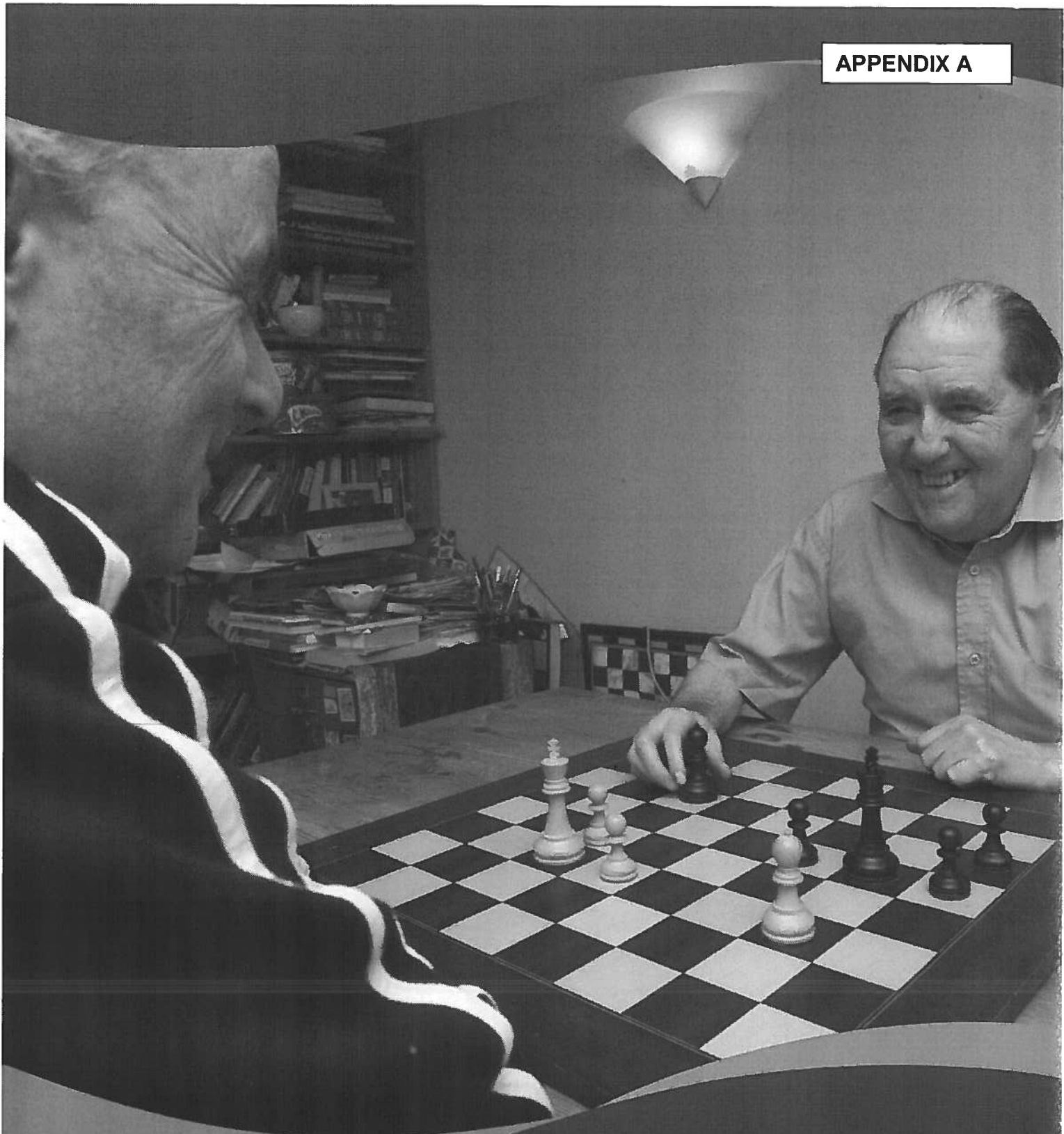
- 12.1 It is recommended that the Adult Services Committee note the contents of the Annual Complaints report for 2015/16, which will be published online.

13. REASONS FOR RECOMMENDATION

- 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

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Complaints, Compliments and Representations Report 1 April 2015 - 31 March 2016

Hartlepool Borough Council
Child and Adult Services



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1. Introduction

Welcome to Hartlepool Borough Council's Child and Adult Services Department's Complaints, Compliments and Representations Annual Report. The report covers statutory complaints for adult services, children's services and public health for the period 1 April 2015 to 31 March 2016.

The report outlines:

- Details of the complaints and compliments received over the reporting period;
- Actions implemented, any 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 Social Care, Children's Social Care and Public Health complaint handling is derived from separate statutory complaint procedures. Complaints which fall outside of statutory complaint regulations are handled under the corporate complaints procedure. The overall responsibility for Adult Social Care, Children's Social Care and Children's Services areas rest 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. The full detail of the complaints procedure is 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 maximum 6 month timescale to investigate and respond to a complaint. This offers 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 full detail of the complaints procedure is available on the Council's website.

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 within 5 working days of the Panel meeting.

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. The full detail of the complaints procedure is available on the Council's website.

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 Procedure provides the framework for resolution. A mechanism exists for those complaints which are considered by the Department under the Council's Corporate Complaints Procedure to be reported via corporate arrangements within the Chief Executive's Department. 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 factsheets 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 2015/16, 66 compliments have been received relating to Adult Social Care. These range from an expression of thanks and appreciation in the form of a thank-you card to written letters where the benefit of social work or care interventions can be seen to have improved a person's quality of life. Appendix 1 provides some examples of compliments received during the period.

6.1.2. Complaints received in 2015/16

A total of 16 complaints were received. One complainant withdrew their complaint and one was withdrawn when the complainant did not engage with the process leaving 14 complaints investigated. The number of complaints received has decreased by one from last year.

All of the 14 complaints investigated have concluded local statutory complaints processes. To date, one of the 14 complainants have progressed their complaint on to the Local Government Ombudsman (LGO).

Three of the 17 complaints received in 2014/15 were carried forward to 2015/16. Two of these were resolved locally whilst one progressed to the LGO.

Complaints that were either partly upheld or upheld are outlined in Appendix 2.

6.1.3. Client groups

Adult Social Care			
Client group	2015/16	2014/15	2013/14
Older Persons	6	4	10
Learning Disabilities	1	1	2
Physical Disabilities and Sensory Loss	1	2	2
Adult Mental Health (Integrated Service) or AMHP function	1	4	1
Contracted Services	7	6	1
Total number of complaints received	16	17	15

The service users who were the focus of the complaints were 5 males and 11 females.

Complaints which are considered either complex or have a number of elements are usually investigated by someone independent of the council. In 2015/16, Independent Investigating Officers were appointed to 10 of the 14 complaints investigated. The remaining 4 complaints were investigated and responded to internally.

6.1.4. Advocacy services

Of the 14 complaints investigated, 2 of the complainants chose to have an advocate assist them with their complaints. However, one complainant chose to be supported by a family member during the complaint investigation.

6.1.5. Timescales and the Grading of Complaints

There is a maximum 6 month 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 2016/17

All of the 14 complaints concluded investigation in 2015/16 and there are no complaints to carry forward to 2016/17.

6.1.7. Complaints considered by the Local Government Ombudsman in 2015/16

There were 2 complainants who approached the LGO in 2015/16 for consideration of their complaint.

One related to a complaint that was investigated in 2014/15 where the LGO concluded that *"The Council completed assessments and made adult social care provision according to the relevant legislation at the time and in accordance with the Mental Capacity Act."*

The other was a complaint received and investigated by Adult Social Care in 2015/16 where the LGO concluded that *"There is no evidence the care Mrs Y received at a care home was inadequate. The Council is not at fault."*

6.1.8. Complaints relating to north east regional local authorities 2015/16

It should be noted that each local authority has their own unique systems for gathering and reporting data. For example, some local authorities record concerns raised as 'pre complaints' or 'informally resolved complaints' and these type of representations may or may not be included in the table below.

Local Authority	Total Number of Complaints Investigated	Rate of Complaints (per 1000 18+ Population**)
A - Redcar & Cleveland	11	0.10
B – Durham	73	0.18
Hartlepool	14	0.21
C – Middlesbrough	23	0.21
D – Stockton	37	0.25
E - North Tyneside	47	0.29
F – Newcastle	73	0.32
G - South Tyneside	40	0.34
H – Gateshead	62	0.39
I – Sunderland	87	0.39
J – Darlington	49	0.59
K - Northumberland	No information	-

** ONS Mid-2013 estimates, Office for National Statistics

6.2. Children's Social Care

6.2.1. 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 2015/16, 10 compliments have been received relating to children's social care. These range from an expression of thanks and appreciation in the form of a thank-you card to written communication. Appendix 1 provides some examples of compliments received during the period.

6.2.2. Complaints received in 2015/16

A total of 26 complaints were received. One complainant withdrew their complaint and one was withdrawn when the complainant did not engage with the process leaving 24 complaints investigated. The number of complaints received has decreased by 11 from last year. Complaints that were either partly upheld or upheld are outlined in Appendix 2.

There were no complaints received from children or young persons. All complaints received in 2015/16 were from parents or carers.

Of the 24 complaints investigated, 22 of these have been concluded and 2 remain ongoing. Of these:

- 22 of the 24 complaints were responded to at Stage 1 in the first instance. Of these:
 - 19 complaints were concluded at Stage 1;
 - 3 complaints progressed from Stage 1 to Stage 2.
- 2 of the 24 complaints were not first considered at Stage 1 and proceeded directly to Stage 2.
- 3 of the 5 complaints investigated at Stage 2 were resolved at the conclusion of the Stage 2 process. The 2 remaining complaints are still being investigated at Stage 2.

There were 3 complaints carried forward to 2015/16 from previous reporting periods. All 3 complaints progressed to Stage 3 and were heard by an Independent Complaint Review Panel at the final stage of the local statutory complaints process. All 3 complainants have approached the LGO for consideration of their complaint.

6.2.3. Advocacy services

Of the 24 complaints investigated, one complainant chose to be represented by a Solicitor.

6.2.4. Complaints considered by the Local Government Ombudsman in 2015/16

There were 3 complainants who approached the LGO in 2015/16 for consideration of their complaint. Of these:

- One related to a complaint that was investigated in 2013/14 where the LGO concluded that *"The Ombudsman cannot consider Ms B's complaint about the welfare report the Council prepared for private family proceedings in respect of her son, C. The law prevents her from considering complaints about court action."*
- One related to a complaint that was investigated in 2014/15 where the LGO concluded that *"The complaint investigation into Mr G's complaint about children's services was generally sound but it went beyond statutory timescale. The Council was at fault for the delay in sharing information with Mr G but this does not cause him significant injustice."*
- The remaining complaint from 2014/15 is still being investigated by the LGO and will be carried forward for reporting in 2016/17.

6.2.5. Complaints carried forward to 2016/17

Of the 24 complaints investigated in 2015/16, 2 complaints which are currently being investigated at Stage 2, will be carried forward to 2016/17.

6.2.6. Complaints relating to north east regional local authorities 2015/16

It should be noted that each local authority has their own unique systems for gathering and reporting data. For example, some local authorities record concerns raised as 'pre complaints' or 'informally resolved complaints' and these type of representations may or may not be included in the table below.

Local Authority	Total Number of Stage 1 Complaints	Rate of Complaints (per 1000 0-19 Population*)	Total Number of Stage 2 complaints**	Stage 2 complaints actioned in 2015/16 as a % of Total stage 1 Complaints 2015/16**
A – Gateshead	37	0.82	4	10.8%
B - Redcar & Cleveland	26	0.85	4	15.4%
Hartlepool	22	1.11	5	22.7%
C - North Tyneside	50	1.12	1	2.0%
D – Durham	132	1.16	8	6.1%
E – Newcastle	81	1.20	11	13.6%
F – Stockton	56	1.19	8	14.3%
G - South Tyneside	45	1.36	4	8.9%
H – Middlesbrough	67	1.86	16	23.9%
I – Darlington	54	2.15	14	25.9%
J – Sunderland	176	2.86	23	13.1%
K – Northumberland	No	-	No information	-

* ONS Mid-2013 population estimates, Office for National Statistics

** Note: some complaints investigated at Stage 2 in 2015/16 may have been investigated initially at Stage 1 and some may have been investigated directly at Stage 2 without first being considered at Stage 1.

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

Actions for 2016/17 are as follows:

- Continuing to raise awareness of and promote the complaints procedure for adult social care, children's social care and public health.
 - Continuing to remind and encourage the workforce to inform the Standards, Engagement and Development Team when expressions of thanks have been received. These provide an indication of satisfaction with services and should be recorded and reported.
 - Continuing to raise awareness of lessons learnt from complaints and ensure they are fed into policies, procedures and practice. There is an established Continuous Improvement Group in children's social care which is used as a forum to receive complaints statistical data and any learning from complaints is used as a driver for improvements.
-
- Commissioning the LGO to deliver their 'Effective Complaints Handling Training in Children's Social Care' to those managers and Heads of Service who investigate complaints.
 - Liaising 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.

- Engaging with neighbouring local authorities and partner agencies to review the joint protocol devised in 2009 for the handling of complaints that span more than one agency to ensure it remains fit for purpose.

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

Adult Social Care

"I was very impressed (again) at the manner in which you conducted the review – and I do think mam is lucky to have you battling for her you do really come across as being both thoroughly professional and genuinely concerned. I would therefore like to formally thank you for that."

From a family member about a Social Care Officer

"The family have asked that I write to you to thank the Council for their prompt and exemplary response ... my cousins and aunt have asked that I mention 'X's social worker who appears to exemplify the attitude of Council staff by being an efficient social worker but also a caring person who has immediately gained the confidence of 'X'."

From family members about a Social Worker

"I would like to express my gratitude for the very professional way that the personnel in the Adult Services Team have helped my mother and father all the people they have seen have exceeded their duty to just do their job but have also shown genuine concern for my parents' situation. I have also felt tremendously supported and I can't praise the team highly enough."

From a family member about Adult Social Care

"Am very satisfied with all aspects to this service. Complete customer service, including assessment of needs and supplying all equipment needed. Good communication throughout. Words don't seem enough to describe the difference it's made to our lives. Thank you and keep up the good work."

From a service user about an Occupational Therapist

"Many thanks for all your help, you will never know how my grab rails, chair, trolley etc have made my life so much easier I've never come across anyone so caring."

From a service user about an Occupational Therapy Assistant

".... to express our sincere gratitude for your kind and sensitive handling of 'X's affairs and funeral arrangements. Your time and patience – it has been very helpful and much appreciated at this time."

From a family member about a User Property and Finance Officer

Children's Social Care

"Thank you for all your help and for getting us this far."

From parents about a Social Worker

"I had a meeting with D and she explained that she would try and get the best support for me and my family. D was very understanding about what I believed I needed and she was really able to help me in an effective way. In my opinion she did her job incredibly well and helped me a lot."

From a parent about a Social Worker

"I thoroughly enjoyed working with D as it really helped knowing she was someone to talk to. She always listened when we talked and never stopped me from talking and always thought about my feelings."

From a parent about a Social Worker

"Due to previous history with social services I was dreading this situation but thanks to D taking some time listening and advising I have some faith restored. A true credit to the service."

From a parent about a Social Worker

"R sat down with me and J and explained why she was involved. She took mine and J's feelings into account. R was fantastic and working with her is fantastic."

From parents about a Social Worker

"Working with V has been good so far as there is honesty and I know now I am getting back on my feet. I can talk to her and trust her."

From a parent about a Social Worker

"C helped me and my children move to a new house that was away from my partner. I feel much happier and safer now."

From parents about a Social Worker

"I appreciate you going out your way to help me."

From a member of the public about a Children's HUB Worker

Appendix 2: Partly upheld or upheld complaints and lessons learned in Children and Adult Social Care Services

Adult Social Care	Lessons learned and where appropriate, actions taken
<p>Details of complaint/Outcomes</p> <p>The complainant (the wife of a service user) was dissatisfied with her husband's discharge from hospital. The complainant alleged that her husband's discharge was delayed by adult social care and that she received a poor quality service from adult social care both within the hospital and later at home.</p>	<p>There were 5 separate elements of complaint investigated. The independent complaint investigator concluded that there was no delay caused by adult social care and that the Council had acted in accordance with the Hospital Discharge Policy.</p> <p>Council staff engaged in hospital discharge processes have been reminded of the need to provide patients and family members with relevant information in an appropriate format. This will include use of the Hartlepool Now website and information factsheets that have been developed.</p> <p>Learning from the complaint investigation was shared with the NHS Care Transitions Team.</p>
<p>The complainant (the daughter of a service user who had sadly passed away) alleged that despite several requests over two months to the manager of the residential care home, no OT assessment of her late mother's needs was undertaken. Further, the complainant alleged that no risk assessments were carried out.</p>	<p>The independent complaint investigator concluded that the residential care home had initiated a referral for an OT assessment but did not chase this up proactively. There was no evidence to indicate that risk assessments had been completed.</p> <p>There was an apology made to the complainant and a commitment made to cascade the findings and learning from the complaint investigation report to other care home providers to ensure lessons were shared more widely. There was also dialogue with health partners about visiting professionals writing up their interventions with regard to residents.</p>

<p>The complainant (a service user) was dissatisfied with the standard of respite care she had received in a residential care home. This related to 'prn' mediation, lack of food choice, weight loss, missing personal items and personal hygiene.</p>	<p>The complaint investigation concluded that some elements of the service delivered could have been better.</p> <p>The complainant was provided with a payment to ameliorate the loss of personal items and the adult social care workforce was reminded that someone can complain to the Council directly about a service the Council has arranged on the service user's behalf. The Commissioned Services Team cascaded the recommendations arising from the complaint to other care home providers to enable learning to be shared more widely.</p>
<p>The complainant (the son of a service user who had sadly passed away) alleged that the residential care home did not look after his father properly. The complainant alleged his father was not checked on often enough, he was not regarded as an equal partner in his late father's care, he was not informed about psychiatric assessments and raised concerns about care provided in the lead up to his late father's hospital admission.</p>	<p>The independent complaint investigator concluded that some elements of the complaints were upheld or partly upheld. The complainant was provided with an apology for not being informed about proposed assessments or being fully involved in this regard.</p> <p>The complaint highlighted areas that were worthy of appropriate consideration as part of adult social care's review and update of practice standards. The residential care home was encouraged to formulate a template to record when care staff communicated with a family member or carer with respect to the wellbeing of the resident. The provider was also reminded to ensure that any notes or comments added to care plans are signed and dated to ensure greater consistency in recording of medical advice and interventions.</p>
<p>The complainant (a relative of a service user who lacked mental capacity) alleged that the care home failed to implement the agreed care plan and was not appropriately attentive to her relative's physical and emotional needs.</p>	<p>The independent complaint investigator upheld the complaints made.</p> <p>The Council agreed to share the findings from the complaint investigation report with the Care Quality Commission as part their regular information sharing meetings. In addition, the particular issues highlighted were addressed with the care home and assurances sought that action had been taken to address the areas the complaint raised.</p>

<p>The complainant (the granddaughter of a service user who provided her consent for her granddaughter to act on her behalf) alleged that the contracted home care provider neglected her grandmother's care needs.</p>	<p>The independent complaint investigator partly upheld this element of complaint and found that not all of the home care provider's staff were appropriately familiar with the organisation's policies and procedures. The home care provider has taken steps to address this and apologised to the complainant.</p>
<p>Children's Social Care</p> <p>Details of complaint/Outcomes</p> <p>The complainant (the mother of the children) was unhappy that it took over two weeks before she was informed of the outcome as to whether the children's grandmother could have unsupervised contact with her grandchildren. The complainant alleged that her children were unsettled wondering if they could go to their grandmother's during the summer holidays whilst awaiting the outcome.</p> <p>Concluded at Stage 1</p> <p>The complainants (the parents of a child) alleged that the Council failed to take action when they raised concerns about the welfare of their children, made decisions based on assumptions and provided confusing and conflicting advice regarding benefit entitlement following the children going to live with their grandparents.</p> <p>Concluded at Stage 2</p>	<p>Lessons learned and where appropriate, actions taken</p> <p>The Team Manager concluded that the relevant checks took too long which constituted a delay. An apology was provided to the complainant.</p> <p>Five elements of complaint were investigated where one element was upheld. This related to the confusing and conflicting advice regarding benefit entitlement. An apology was provided and clear guidance issued to the workforce with regard to what advice should be given to family members when children move away from their parents to live with extended family members.</p>

<p>The complainant (the mother of a young person) was dissatisfied that despite planned contact arrangements, her daughter was away with her foster carers. Further, she was not notified of this until she arrived for the planned supervised contact session.</p> <p>Concluded at Stage 1</p>	<p>An explanation was provided to the complainant that a worker had tried to reach the complainant by telephone and letter to inform her. An apology was provided a subsequent contact session was arranged.</p>
<p>The complainants (the parents of a child) expressed their dissatisfaction that the father of the child was not informed or contacted for his views and wishes about a proposed plan for his son to reside with extended family members.</p> <p>Concluded at Stage 1</p>	<p>An explanation of the events that happened was outlined in the Team Manager's response to the parents. It was acknowledged that the father was not contacted and an apology was provided.</p>
<p>The complainant (the grandparent of a young person) raised concerns about his granddaughter's care. He alleged there was a lack of social work visits and appropriate interventions in relation his granddaughter, confusion about contact arrangements, he believed his granddaughter was exposed to danger and not sufficiently protected as well as a failure to carry out an assessment of his and his wife as carers for his granddaughter.</p> <p>Concluded at Stage 2</p>	<p>From the 16 elements of complaint that were investigated, one was partly upheld which related to overnight stays outside of the foster placement.</p> <p>However, although the complaint was in the main not upheld, there was some learning points that emerged from the complaint investigation that have been made in practice. These include:</p> <ul style="list-style-type: none"> • Development of best practice guidance in relation to delegated authority; • Guidance to foster carers in relation to overnight stays; • Reminding workers of the need to complete running and missing interviews in a timely manner; • Development and implementation of communication plans in complex cases where family dynamics exist; • Amendments made to IT systems so dates of running and missing interviews are captured.

<p>The complainant (the father of a child) was dissatisfied with a number of aspects of his child's respite care provision.</p> <p>Concluded at Stage 1</p>	<p>The Head of Service looked into the complainant's concerns and there was one element which was upheld. This related to miscommunication about cancellation of service provision. An apology was provided to the complainant.</p>
<p>The complainant (the mother of a young person) expressed her unhappiness that information was shared with daughter that she believed should not been.</p> <p>Concluded at Stage 1</p>	<p>The Head of Service discussed with the complainant the dilemmas around how sensitive and difficult information is shared with young people to understand the reasons why they have become looked after and details of their family history and background. There was also discussion about whether withholding information is in a young person's best interests.</p> <p>The Head of Service found that the young person's life story work was not up to date and addressed the situation.</p>
<p>The complainants (the parents of young children) alleged that they were provided with conflicting advice, unreasonable judgments being made about them and a failure to adhere to policies and procedures.</p> <p>Concluded at Stage 2</p>	<p>The investigation concluded that elements of the complaint were either upheld or partly upheld. A number of actions and learning improvements were identified as a result including:</p> <ul style="list-style-type: none"> • An apology provided for those elements of complaint upheld or partly upheld; • A communication plan devised and implemented; • A review of the direct work undertaken with the children was carried out to identify if any further work was needed; • A reminder about the importance of the children's voice within assessments and interventions. • Wider learning points from the complaint being shared with Independent Reviewing Officers.

ADULT SERVICES COMMITTEE

3 November 2016



Report of: Director of Child & Adult Services

Subject: PERSONAL BUDGET FRAMEWORK:
PRESENTATION

1. TYPE OF DECISION/APPLICABLE CATEGORY

No decision required, for information.

2. PURPOSE OF REPORT

- 2.1 The purpose of this presentation is to provide the Adult Services Committee with a summary of the personal budget framework that operates within adult services.

3. BACKGROUND

- 3.1 A personal budget is an allocation of funding given to a person with social care needs after an assessment, which should be sufficient to meet their assessed needs. Individuals can either take their personal budget as a direct payment or, while still choosing how their care needs are met and by whom, leave councils with the responsibility to commission the services, or have some combination of the two.
- 3.2 Personal budgets were introduced in Hartlepool in 2007 and rolled out across England in 2008 as part of the Putting People First agenda. The Care Act requires councils to offer people eligible for social care support a personal budget with the option of a direct payment, services commissioned by the council or a combination of the two. There is also the third option of an Individual Service Fund (ISF) where a trusted provider accredited by the Council manages the whole budget on behalf of the individual.

4. PERSONAL BUDGET FRAMEWORK IN HARTLEPOOL

- 4.1 Officers will provide a presentation outlining the current personal budget framework that operates within 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 specifically associated with this report. The presentation will provide a summary of the financial implications associated with personal budgets.

7. LEGAL CONSIDERATIONS

- 7.1 There are no legal considerations associated with this report. There is a legal requirement within the Care Act (2014) for Councils to provide personal budgets.

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 implications associated with this report. The personal budget framework provides a fair and equitable system for the allocation of resources.

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 note the contents of the presentation.

13. REASONS FOR RECOMMENDATIONS

- 13.1 The personal budget framework informs the allocation of resources for adults with social care needs.

14. CONTACT OFFICER

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ADULT SERVICES COMMITTEE

3 November 2016



Report of: Director of Child & Adults Services

Subject: STAKEHOLDER ENGAGEMENT PROPOSAL:
TRANSFORMING CARE - RESPITE SERVICES
REVIEW

1. TYPE OF DECISION/APPLICABLE CATEGORY

1.1 No decision required, for information.

2. PURPOSE OF REPORT

2.1 To inform the Adult Services Committee about the proposed engagement with stakeholders in relation to a review of health funded respite care for adults with a learning disability and complex needs, linked to the wider Transforming Care agenda.

3. BACKGROUND

3.1 Transforming Care and the NHS Five Year Forward View include a strong emphasis on personalised care and support planning, personal budgets and personal health budgets to put people at the centre of their care to enable maximum choice and control about how needs are met.

3.2 There is a need to co-design and implement an effective, resilient and flexible community model of services and support to facilitate timely discharge from inpatient setting and to prevent admissions to such facilities.

3.3 The NHS Five Year Forward View focusses on breaking down the barriers in how care is provided between family doctors and hospitals, between physical and mental health and also between health and social care.

3.4 The Care Act 2014 and the requirement in Better Care Fund plans to dedicate resources to carer-specific support, including carers' breaks, strengthens the obligations of Local Authorities and Clinical Commissioning Groups to ensure that carers are supported in their roles.

- 3.5 North of England Commissioning Support (NECS) on behalf of Hartlepool and Stockton-on-Tees Clinical Commissioning Group and South Tees Clinical Commissioning Group (the CCGs) has been requested to review existing respite care services for adults with a learning disability in relation to the intentions of the national Transforming Care agenda.
- 3.6 The review will focus on health respite services for people with learning disabilities and complex needs in the CCG areas. This is to ensure that these services appropriately meet the needs of the population now and in the future.
- 3.7 The CCGs are working in partnership with the four Local Authorities across the CCG areas to ensure that the review considers the services available for people with complex health and social care needs. A Respite Task and Finish Group with membership from CCGs, NECS and Local Authorities has been established.
- 3.8 The NHS Act 2006 (including as amended by the Health and Social Care Act 2012) and S.3a of the NHS Constitution set out a range of general duties on CCGs and NHS England which include requirements around involvement and engagement of users of health services at different stages of the commissioning process. NECS has a role in supporting the CCG to deliver on these obligations.
- 3.9 Work will commence over the next few months to seek the views of people using services, their carers, providers and commissioners with a view to determining future health respite care arrangements.
- 3.10 The Hartlepool Learning Disability Partnership Board will be one of the vehicles used to seek the views of local citizens and stakeholders and will feed into an overall Tees project.

4. PROPOSALS

- 4.1 A period of informal engagement will be conducted to help the CCGs to understand what respite services actually are provided to people with learning disabilities, their families and carers, what benefits are brought and what they feel works well and not so well with services at the moment, as well as what could be done to improve services for the future and how this will measure up to the intended outcomes of the Transforming Care agenda.
- 4.2 Engagement activities may include, but not be limited to the following mechanisms:
- Potential employment of a person with lived experience to support with the facilitation of engagement
 - Surveys for families and carers
 - Facilitated discussion groups
 - 'My Experience' stories

- Co-production sessions
- 4.3 Information about current service provision, capacity and activity is being gathered from a range of sources including Local Authorities and NHS providers to provide detailed evidence about local needs and services available.
- 4.4 The information and informal engagement will help the CCGs to develop a number of possible 'scenarios' for the provision of respite services for people with learning disabilities and complex needs in the future. These scenarios will be ideas about how learning disability respite services could be further developed or potentially delivered differently to best meet the needs of the local population and to support with delivery of collective commitments under the Transforming Care agenda.
- 4.5 Following the review, scenarios that are viable and sustainable in the longer term may be taken forward as proposals for change to improve respite services for people with learning disabilities and complex needs.
- 4.6 If any proposals for change are taken forward that would mean a significant change to the way that respite services for people with learning disabilities and complex needs are provided, these proposals will be subject to formal consultation with the public. Proposals that are not significant will be subject to a further period of informal engagement.
- 4.7 The CCGs will work with a Tees Valley Joint Overview and Scrutiny Committee, and with members of the four Tees Local Authorities throughout the review. The Overview and Scrutiny Committee will be kept informed on progress and feedback.

5. COMMUNICATION AND ENGAGEMENT OBJECTIVES

- 5.1 The objectives of the communication and engagement exercise are:
- To develop effective engagement mechanisms and activities that are accessible to people with learning disabilities, their families and carers.
 - To actively listen to and understand the experience of respite for people with learning disabilities, their families and carers across the engagement activity period.
 - To collate, analyse and report feedback from those taking part in the engagement activity, in order to understand relevant themes, priorities, challenges and issues identified.
 - To use feedback to inform any proposals for future services and to make recommendations for further engagement activity.

6. RISK IMPLICATIONS

- 6.1 The Respite Task and Finish Group will be responsible for the identification and mitigation of risk.

6.2 Current risk and mitigating actions have been identified as follows:

Risk	Mitigating Action
Failure to engage with relevant stakeholders or stakeholders feel that they have not been fully involved	<ul style="list-style-type: none"> • Stakeholder mapping to be undertaken • Update and feedback to be shared • Clear communication
Failure to engage with marginalised, disadvantaged or protected groups	<ul style="list-style-type: none"> • Communications plan identifies relevant groups • Equality Impact Assessment in place and under ongoing review
Lack of response/buy in	<ul style="list-style-type: none"> • Ensure appropriately publicised and supported
In accessible activities and feedback mechanisms to those taking part	<ul style="list-style-type: none"> • Ensure availability of easy read, translation, interpretation and alternative formats • Information will be written in language that can be understood by members of the public
Review becomes subject to challenge	<ul style="list-style-type: none"> • Develop appropriate governance policies and standards • Correct procedures to be followed • Equality analysis maintained and reviewed throughout

7. EQUALITY AND DIVERSITY

- 7.1 Any project undertaken on behalf of the CCGs is subject to compliance with S.149 of the Equality Act 2010 and measures are in place to ensure the public sector equality duty is met.
- 7.2 An Equality Impact Assessment has been produced and will be subject to ongoing review and update as the project and engagement progresses.

8. RECOMMENDATIONS

- 8.1 The recommendation is that the Adult Services Committee notes the proposal to engage with stakeholders in relation to a review of health funded respite care for adults with a learning disability and complex needs.

9. CONTACT OFFICER

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ADULT SERVICES COMMITTEE

3 November 2016



Report of: Director of Child & Adult Services

Subject: HOUSING & TECHNOLOGY CAPITAL FUND FOR PEOPLE WITH LEARNING DISABILITIES

1. TYPE OF DECISION/APPLICABLE CATEGORY

No decision required, for information.

2. PURPOSE OF REPORT

- 2.1 The purpose of this presentation is to make the Adult Services Committee aware of the Housing & Technology Capital Fund for People with Learning Disabilities which was announced by the Department of health in September 2016.

3. BACKGROUND

- 3.1 The aim of the Housing & Technology Capital Fund for People with Learning Disabilities is to encourage sustainable expansion in suitable housing provision for people with learning disabilities.
- 3.2 The Department of Health has invited local authorities, working with their local partners, to apply for funds from a capital fund of up to £25m capital split across the next two financial years for housing and technology to help drive sustainable housing solutions for people with learning disability in their area.
- 3.3 The intention is to use the funding to achieve the following outcomes:
- Stimulate systemic change towards community-based solutions which promote independence and choice over housing.
 - Improve community housing provision helping to prevent people becoming inpatients.
 - Utilise adaptations to existing accommodation using new technologies and other individualised solutions to enable people to remain living independently.

- 3.4 Applications are welcomed that demonstrate how they can pull down other sources of funding including
- Social investment
 - Other grants e.g. HCA
 - Match funding from health or social care
- 3.5 Proposals will be judged on:
- How they promote independence, choice and control for the individuals they benefit
 - Innovation and partnerships
 - Value for money
 - Sustainability
- 3.6 The Department of Health guidance regarding applications to the Capital fund is attached as **Appendix 1**.

4. PROPOSAL

- 4.1 There is an identified need for sustainable housing solutions for people with learning disabilities in Hartlepool, primarily focused on young people moving in to adult services and older adults with learning disabilities.
- 4.2 Providers who are currently working with the Council either through contracts to provide services or inclusion in framework contracts for specialist provision, have been contacted and asked to put forward proposals.
- 4.3 A proposal will be submitted by the Council, in partnership with a preferred provider, by the deadline of 24 October 2016.

5. RISK IMPLICATIONS

- 5.1 There may be risk implications associated with this issue, which will be explored further if the Hartlepool bid is successful.

6. FINANCIAL CONSIDERATIONS

- 6.1 There are financial implications associated with this issue, which will be explored further if the Hartlepool bid is successful.

7. LEGAL CONSIDERATIONS

- 7.1 There may be legal considerations associated with this issue, which will be explored further if the Hartlepool bid is successful.

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 implications associated with this report. The aim of this funding is to help drive sustainable housing solutions for people with learning disability in their area, improving equity of access to suitable accommodation for vulnerable adults with disabilities.

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.

13. RECOMMENDATIONS

- 13.1 It is recommended that the Adult Services Committee note the contents of the presentation and receive an update regarding the outcome of the bid in due course.

14. REASONS FOR RECOMMENDATIONS

- 14.1 There is an identified need for sustainable housing solutions for people with learning disability in Hartlepool, which this funding could support.

15. CONTACT OFFICER

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Department
of Health

Housing & Technology for People with Learning Disabilities Local Authority Capital Fund

Application pack: guidance notes

DH ID box
Title: Housing & Technology for People with Learning Disabilities Local Authority Capital Fund
Author: Directorate/ Division/ Branch acronym / cost centre CC-SCAD-LD&AP 20007
Document Purpose: Guidance
Publication date: September 2016
Target audience: Local authorities
Contact details: H&TC-Fund@dh.gsi.gov.uk

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Housing & Technology Capital Fund for People with Learning Disabilities - Overview

Aim:

To encourage sustainable expansion in suitable housing provision for people with learning disabilities.

Outline:

The Department of Health (DH) is inviting local authorities (LAs), working with their local partners, to apply for funds from a capital fund of up to £25m capital fund split across the next two financial years for housing and technology to help drive sustainable housing solutions for people with learning disability in their area.

The intention is to use the funding to achieve the following outcomes:

- Stimulate systemic change towards community-based solutions which promote independence and choice over housing.
- Improve community housing provision helping to prevent people becoming inpatients.
- Utilise adaptations to existing accommodation using new technologies and other individualised solutions to enable people to remain living independently.

We welcome applications that demonstrate how they can pull down other sources of funding including:

- Social investment
- Other grants e.g. HCA
- Match funding from health or social care

Proposals will be judged on:

- How they promote independence, choice and control for the individuals they benefit
- Innovation and partnerships
- Value for money
- Sustainability

The full criteria are set out in section 3.6

What DH might fund:

Within the parameters at para 2.9, LAs will have flexibility about what they do with this capital funding. We are confident that the fund would provide for a broad range of benefits and opportunities including:

- Social Enterprise models, backed by social investment
- Adaptations to existing accommodation – including the use of new technologies and other individualised solutions to enable people to remain living independently.
- Shared ownership (HOLD)

1. Introduction

- 1.1. The Department of Health is pleased to announce the Housing & Technology Fund for People with Learning Disabilities, a capital funding programme of up to £25m (across the next two financial year) designed to support Local Authorities (LAs), in conjunction with their community partners, to deliver sustainable housing solutions for people with learning disability in their areas.
- 1.2. Half of the population of adults with learning disabilities in England live with their families, most of the remainder (33%) live in residential care. Only 15% of adults with learning disabilities have a secure long-term tenancy or their own home.
- 1.3. Having a home guarantees a place in the community and is part of how people are accepted as equal citizens. People with learning disabilities are one of the most socially excluded groups in our society with limited life chances. Investment in technology and housing to support independent living provides the opportunity to make a reality of extending rights for people with learning disabilities.
- 1.4. The availability of appropriate housing is integral to the Transforming Care programme which aims to move people out of inpatient care into the community. The DH capital funding is intended to have a broader focus aimed at those receiving support for their learning disability and is not restricted to those who are currently inpatients.
- 1.5. We are not looking to identify a single 'winning' approach. We expect innovation and impetus to come from local authorities, working closely with people with learning disabilities and family carers.
- 1.6. We will be looking for proposals that increase the capacity to deliver assistive technology and housing arrangements that provide innovative, person centred and flexible approaches to supporting independent living and maximising individual rights.
- 1.7. This capital funding will be deployed to enable local authorities to lead the way in bringing about a real change in how assistive technology and housing for people with learning disabilities can improve quality of life and outcomes for individuals and their families.
- 1.8. Proposals are invited from LAs, or consortia of authorities, for bids of a minimum of £10k up to £3m to enable a range of individualised solutions that may include assistive technology, extension and adaptation of existing property, property refurbishment, home ownership models as well as supported housing and Extra Care. DH reserves the right to increase the funds available if individual bids have special merit.
- 1.9. For 2016-17, applications may be submitted from 15 September up to 28 October 2016. Bids should be submitted electronically (using the application form on GOV.UK <https://www.gov.uk/government/publications/housing-and-technology-fund-for-people-with-learning-disabilities>) to:
H&TC-Fund@dh.gsi.gov.uk Details on the bidding process are set out in section 3.
- 1.10. All the funding for projects should be allocated by 30 November 2016 through grants to the LA under s31 of the Local Government Act 2003. However, delivery of projects may take place over the next year with capital transferred to housing providers ideally by March 2017.

Introduction

- 1.11. Once bids have been approved, a Memorandum of Understanding (MoU) between DH and the LA will be agreed. Full payment of the grant funding (subject to s31 of the Local Government Act 2003) will be made on receipt by DH of the signed MoU.
- 1.12. Following the successful allocation of funding, DH would be very keen to work with successful LAs on communication plans relating to their housing projects to assist in maximising their impact both regionally and nationally.
- 1.13. Enquiries
Any enquiries should be addressed in the first instance to:
H&TC-Fund@dh.gsi.gov.uk
- 1.14. Please note: All proposals must reflect the 'Principles for housing for people with a learning disability: I have a choice about where I live and who I live with' (attached at Annex A: Principles of housing for people with a learning disability).

2. Guidance notes

Aim and objectives of Housing & Technology Capital Fund

- 2.1. The primary aim of the programme is to encourage sustainable expansion in suitable housing for people with learning disabilities.
- 2.2. The key objectives of the programme are to:
 - Stimulate systemic change towards community-based solutions which promote independence and choice over housing.
 - Improve community housing provision helping to prevent people becoming inpatients.
 - Utilise adaptations to existing accommodation using new technologies and other individualised solutions to enable people to remain living independently.
- 2.3. The capital fund is open to LAs, or consortia of LAs, working with local community partners such as voluntary organisations, housing associations and care providers. For funding purposes a lead LA will be required.
- 2.4. Funding is being offered through LAs as, working with local partners, they are well placed to ensure that any proposals link with and enhance key local priorities such as regeneration, economic development and health.
- 2.5. To demonstrate the range of projects that are being encouraged under the Housing and Technology Capital Fund programme bids from LAs must be from a minimum of £10,000 up to £3 million, although we are open to discussion of potentially larger bids.

What Housing & Technology capital funding might cover

- 2.6. Bids should be developed from evidence of local housing need of adults and children with learning disabilities in Local Housing Strategies, Joint Strategic Needs Assessments, Joint Health and Wellbeing Strategies and Transforming Care Partnerships. This could include:
 - Ordinary street properties including for ownership/shared ownership
 - Supported housing
 - Extra care housing
 - Community Living Networks (network of houses and flats in one area)
 - Assistive technology that enables people to live more independently, more safely and to maintain dignity and privacy
 - Home adaptations and extensions for supported housing/family homes/shared lives
 - Mixed tenure developments
 - Mixed housing developments that also address the housing needs of other groups such as students, young people, first time buyers

- 2.7. With limited capital, health and social care funding, proposals will need to maximise a range of funding streams that increase the capacity to deliver housing nationally. Proposals should also include housing arrangements that enable support providers to innovate and provide person-centred and flexible approaches to care and support and enable tenants to use Personal Budgets and Individual Service Funds. Proposals should also encourage housing and support practices that maximise individual rights, freedoms and independence.
- 2.8. Grants will be awarded in 2016-17 for programmes who can commit to the final creation of capital assets with the full funding value by 31 March 2017. Should work span financial years, your application will need to make clear the amount of grant funding which you expect to have utilised by March 2017 and how much will be required in 2017/18. Note that there will be no ability to roll funding beyond the end of March 2018.

Parameters for Housing & Technology Fund capital bids

- 2.9. This is capital funding and must therefore be used for expenditure in line with definitions below.
- For the purpose of this programme capital is classified as work that generates a physical asset, with an expected life of more than one year. Department of Health capital resources may only be used to finance the delivery of what, under International Financial Reporting Standards (IFRS), are regarded as non-current assets (tangible, intangible or investments).
 - A key requirement of non-current assets is that there is a reasonable probability that they will deliver future economic benefit (i.e. valuable service) over more than one year (in most cases many years). A non-current asset can be bought or enhanced (e.g. by building an extension to a house) with capital funds. Expenditure to maintain an asset at its current state (e.g. repainting the walls in a house) is not normally regarded as capital expenditure and cannot be funded with Department of Health capital.
 - A threshold value of £5,000 per item inclusive of VAT must generally be reached before expenditure can be funded with capital. Exceptions may be allowed, where the assets form part of a group of assets that aggregates to more than £5,000. The most common example of this is in the initial equipping of a building. To qualify as a group, the assets must meet all of the following criteria:
 - Functionally interdependent (e.g. an equipment network)
 - Acquired at same date and likely to be disposed of at about the same date
 - Under single managerial control
 - Each component asset of the group must cost £250 or more
- 2.10. Only costs that are directly attributable to bringing a non-current asset into being and into appropriate condition for their intended use can be capitalised and funded with Department of Health capital. For example, professional fees associated with acquiring the asset, delivery costs, installation costs, site clearance and stamp duty are capital expenditure. In-house costs, e.g. staff time that is directly identifiable to bringing a fixed asset into being, may be capitalised but not general administration and wasted costs.

- 2.11. Local Authorities should also ensure that any expenditure complies with their own accounting and budgeting practices in relation to capital expenditure.
- 2.12. In relation to the programme there are certain things the capital funding cannot be used for:
- Staff training or any other revenue-funded activity.
 - Information technology except where such technology can be shown to provide improvement to supported living environments for people with learning disability.
 - Routine building maintenance and statutory compliance upgrades which fall into planned maintenance schedules. Safety compliance or enforcement issues which should be part of the Local Authority (LA)'s budgeted costs for delivering care.
 - The VAT on professional fees such as architects or externally appointed project managers, although the fee itself is an eligible cost. Other non-recoverable VAT on project costs can be included in the budget.
 - Projects which generate ongoing revenue demands for the NHS and social care, unless it is clearly demonstrated how this will be managed.
 - Recently completed projects for which additional funding is being sought, but no new works are being planned.
 - Projects or initiatives that would constitute state aid.

3. Assessing bids and assessment criteria

The bidding process

- 3.1. Bids for the Housing & Technology Capital Fund can be submitted to DH for consideration up to 28 October 2016. To ensure transparency in the process DH will publish a list of the successful bids and amounts of funding awarded on its web pages at gov.uk when the evaluation and selection process is complete.
- 3.2. All of the information requested in this application form must be provided to enable your application to be considered.
- 3.3. In this competitive process, only the highest scoring proposals will be awarded grants within the available funding. The Department of Health reserves the right to determine the number of applications that are successful based on the quality of the bids received. Your application is not an agreement or contract. Meeting the selection criteria does not guarantee funding. Funding is limited and applications will be assessed and prioritised by an expert panel (comprising policy, housing and community development experts) according to the extent to which they meet the assessment criteria described in this form. Only high quality applications are likely to be considered for funding.
- 3.4. If the bid meets the criteria and DH and the relevant LA are content, a Memorandum of Understanding will then be agreed between both parties. Once this is signed then the funding for the project will be awarded to the LA as:
 - one single grant payment for bids where the work concludes before the end of March 2017. In this situation the LA will need to agree the payment schedule with the housing provider and will need to provide evidence that work has been delivered in line with local agreements by the end March 2017
 - two separate grants payments, one for 16/17 and one for 17/18 where the work will not have concluded by the end of March 2017. Again the LA will need to ensure that they are able to account for the amount of funding actually utilised (in terms of work delivered) by March 2017 and confirming full delivery by March 2018

Assessing bids & criteria

- 3.5. Proposals for funding will be judged by the DH steering group against the criteria using the scoring matrix set out below to ensure a consistent approach is taken when scoring applications.

Score Description

- 0 - No evidence/response.
- 1 - Poor response: Very little evidence of appropriate knowledge skills or experience.
- 2 - Unsatisfactory: Meets requirements in some areas but with important omissions.
- 3 - Satisfactory: Meets requirements in many areas but not all.
- 4 - Very Good: Have confidence in their ability to deliver the required project.
- 5 - Excellent: Meets all requirements outlined in the grant document.

Criteria and evidence that should be included in bids

Promoting independence, choice and control for individuals

- 3.6. We will also be looking for proposals that increase flexibility and choice and control in Care and support, use the principle of 'just enough support' and ensure that tenants/homeowners are active members of their communities. We will favourably consider bids that:
- provide evidence of need from Local Housing Strategies, Joint Strategic Needs Assessments, Joint Health and Wellbeing Strategies and Transforming Care Partnerships
 - enable take up of Direct Payments, Personal Budgets and Individual Service Funds
 - enable the use of support tenants, community living networks, good neighbour schemes and shared lives
 - maximise the use of assistive technology that increases independence, dignity and safety
 - take account of the need for people to live alone or choose who they live with
 - enable tenants/homeowners to be active and welcome members of their communities and are leading in making their communities better places.
 - enable care and support providers to work in partnership to meet the needs of their local community and operate more efficiently and effectively.
 - are aimed at security of tenure for the individuals so that people have long-term security.

Innovative approaches with strong local partnerships in place

- 3.7. To demonstrate this, bids will need to set out:
- how the proposal will deliver innovative and creative solution for local housing for people with learning disabilities that promotes independent living
 - how individuals with learning disabilities, families and carers will be involved in the design and delivery of the proposal
 - which local groups/partners have been involved in developing the bid
 - which local groups/partners will be involved in delivering the bid and how

Value for money

3.8. Bids need to demonstrate how the proposal will drive value for money, both within the health and social care system and wider society. The bids do not require a full quantitative assessment of financial savings driven by the proposal but should where possible outline quantitative and qualitative benefits which will accrue from the investment. To maximise value for money, proposals that include one or more of the following will be prioritised:

- housing provider borrowing
- social investment funding
- capital receipts from public land or property
- redevelopment of public land or property
- redevelopment of housing or land owned by Registered Providers of HCA or charities such as extra care, residential care and supported housing
- shared ownership
- Disabled Facilities Grant
- furniture schemes and grants to provide furniture
- use of family funding and property

Sustainability

3.9. To demonstrate this, bids will need to set out:

- measures taken to engage with commissioners and/or national bodies to ensure that successful services will be funded in the long-term
- how the work of the project will be sustained/supported going forward
- how the proposal will meet future changing housing and economic needs in the local area

Providing learning

3.10. Successful projects will be expected to:

- share learning from the project, including delivering completed case studies showing before, during and after progress of work
- provide DH with an evaluation at the end of the project

Timetable

3.11. The proposed timetable is set out below. This is a guide and, subject to the quantity and quality of the proposals the Department receives, it may be subject to change.

Activity	Date
The Housing & Technology Capital Fund application pack is published on gov.uk website	15 September 2016
Deadline for you to submit your application/s to the Department	28 October 2016
Notification of the outcome of the process	Early November 2016
Grant Funding Agreements signed between you and the Department	30 November 2016
Confirmation that the grant had been fully utilised in line with the MOU. Note – there is no ability for Local Authorities to roll funding forwards without prior approval from DH	By 31 March 2017

3.12. DH will not be able to consider applications that miss the deadline as to do so would be to unfairly discriminate against those applicants who submitted their application within the allowed timescale.

Further information

State Aid

3.13. Bidders will need to satisfy themselves and include a statement in the bid how their proposals will comply with State Aid rules, in terms of intended use/expenditure of those funds.

VAT

3.14. Eligible Expenditure consists of payments by the grant recipient during the Funding Period for the purposes of the Project. Eligible Expenditure is net of VAT recoverable by the grant recipient from HM Revenue & Customs, and gross of irrecoverable VAT. This means that all grants are outside the scope of VAT.

4. Annex A

Principles of housing for people with a learning disability: “I have a choice about where I live and who I live with”

The Department of Health, the Local Government Association and NHS England asked people with a learning disability and/or autism and their families what is important to them about housing and what good housing should look like.

People with a learning disability should:



Be supported to live in their own homes in the community with support from local services.



Be supported to live independently with the right support.

Living independently doesn't have to mean living on your own. It's about having choice, freedom and control over your own life. It means that you decide where to live, who you live with and how to live your life. It means you get all the support you need.



Be offered a choice of housing that is right for them.



Have a choice about who they live with, and the location and community in which they live. Things like access to public transport and social opportunities are very important.



Have housing that works for them and meets their needs. They should not just have to move into a housing service or group living service just because there is space.



Be offered settled accommodation. This includes looking at things like people owning their own home and supported living.

What is settled accommodation?

Only certain types of housing count as settled accommodation. Settled accommodation means the person who lives there has security in their home for a long time.



Be able to remain in their home even if their care and support needs to change.

This means that the people providing care and support and the people providing housing should be separate so that a person can change who gives them support but doesn't have to move house.



Feel happy and safe in their home.

Services supporting people should:



Ensure that choice about housing is offered early in planning for people.



Ensure that planning for housing is based on what the individual needs and wants and is a big part of a person's care and support plan.



Ensure they support people properly and give people lots of notice if they have to move as it can be very upsetting for the person.



Respect that it is the person's home and support them to have it the way they want it with their own things around them.



Keep checking that the housing is still right for the person. People and what people need can change.

The people who plan housing should:



Ensure that the housing needs of people with a learning disability and/or autism are part of local plans about housing.