

ADULT SERVICES COMMITTEE

AGENDA



Thursday 5 October 2017

at 10.00am

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

MEMBERS: ADULT SERVICES COMMITTEE

Councillors Beck, Hamilton, Hind, Loynes, McLaughlin, Richardson, 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 14 September 2017 (*previously published and circulated*)

4. BUDGET AND POLICY FRAMEWORK ITEMS

No items.

5. KEY DECISIONS

No items.

6. OTHER ITEMS REQUIRING DECISION

- 6.1 Departmental Annual Procurement Report – Adult Services Committee – *Director of Adult and Community Based Services*



7. ITEMS FOR INFORMATION

- 7.1 Learning Disability Mortality – *Director of Adult and Community Based Services*
- 7.2 Public Consultation on Health Respite Care for Adults with Learning Disabilities – *Director of Adult and Community Based Services*
- 7.3 Annual Complaints Report 1 April 2016 – 31 March 2017 – *Director of Adult and Community Based Services*
- 7.4 Commissioning Framework for Adult Services – *Director of Adult and Community Based Services*

8. ANY OTHER BUSINESS WHICH THE CHAIR CONSIDERS URGENT

FOR INFORMATION

Date of next meeting – Thursday 16 November 2017 at 10.00am in the Civic Centre, Hartlepool



ADULT SERVICES COMMITTEE MINUTES AND DECISION RECORD

14 September 2017

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

Present:

Councillor: Stephen Thomas (In the Chair)

Councillors: Paul Beck, Lesley Hamilton, Brenda Loynes, Mike McLaughlin
and Carl Richardson

Also present:

Frank Harrison, Evelyn Leck and Sue Little.

Officers: Jill Harrison, Director of Adult and Community Based Services
Paul Edmondson-Jones, Interim Director of Public Health
John Lovatt, Assistant Director - Adult Social Care
Jeanette Willis, Head of Strategic Commissioning (Adults)
Neil Harrison, Head of Service, Adult Services
Angela Armstrong, Principal Democratic Services Officer

19. Apologies for Absence

Apologies for absence were received from Gordon and Stella Johnston.

20. Declarations of Interest

Councillor Stephen Thomas declared a personal interest as an employee of Healthwatch.

21. Minutes of the meeting held on 27 July 2017

Received.

22. Matters arising from the Minutes

Minute 13 – Fire Safety in Residential Care Homes – The Head of Strategic Commissioning confirmed that a briefing paper had been circulated to all Members of the Committee. In addition it was noted that Cleveland Fire Authority had indicated that in the future, during office hour, they would not respond to fire drills and would only respond once contacted by the service provider. However, it was confirmed that a fire appliance would always respond should the alarm be sounded outside of

office hours. In response to a question from a member of the public, the Head of Strategic Commissioning confirmed that should the risk assessment of a care home require them, sprinklers would be installed. The Chair noted that the Committee would be monitoring the introduction of any new procedures by Cleveland Fire Authority.

Minute 17 – Care Quality Commission: Appreciative Review Programme – The Director of Adult and Community Based Services provided the Committee with an update on the process for the forthcoming Appreciative Review. It was noted that further information would be provided to the Committee as and when it was available. The Chair emphasised that the review was a system wide review and involved more than the local authority including service providers, North Tees and Hartlepool Foundation Trust, Hartlepool and Stockton on Tees Clinical Commissioning Group and other partners. The Director of Adult and Community Based Services reiterated that the purpose of the review was to look at how health and social care worked together to support older people, focussing on pressure points such as urgent care, ambulance services, avoiding admissions, step up/step down services and was a whole system review which the Council is co-ordinating.

23. Director of Public Health Annual Report 2016/17 *(Interim Director of Public Health)*

Type of decision

For Information.

Purpose of report

To present for information to Committee the final version of the Director of Public Health Annual Report for 2016/17. The final report including updated ward profiles for elected Members will be presented to full Council on 28 September 2017.

Issue(s) for consideration

The Interim Director of Public Health provided the Committee with a presentation which showed how the Annual Report for 2016/17 focussed on 'ageing well' in Hartlepool, highlighting the excellent services, good practice and partnership working taking place across the Borough in order to sustain and improve the physical and mental wellbeing of older people. The report was split into the following four key themes relating to the services and projects that improve health and wellbeing and support the population of Hartlepool to 'age well':

- Social inclusion and Improving Independence;
- Improving health and wellbeing and Practical Support Services;
- Joint Health and Wellbeing Strategy (2018-2025); and
- Community Hubs.

As in previous years, the final report will be presented to full Council and will be accompanied by a revised set of 'Ward Profiles' for Elected Members which would highlight the key public health issues in a given area and enable comparison of these statistics across each ward and help Elected Members to prioritise which issues to tackle in their local constituencies.

A discussion ensued on how up to date the statistics were that this report was based upon. The Interim Director of Public Health confirmed that some of the statistics used were 2-3 years old but that some were future projections. However, Members were reassured that should any areas show a significant change, these would be highlighted to Members. It was suggested by a Member that future reports remain in the same format as this report to enable a clear comparison of previous data going forward.

A number of concerns were expressed in relation to alcohol dependency within the town and the Interim Director of Public Health highlighted that the Hartlepool and Stockton on Tees Clinical Commissioning Group area was in the bottom 5 for liver disease and other issues resulting from alcohol abuse. It was highlighted that the alcohol and drug misuse service was now provided in-house and was being reshaped to explore a more commissioned based approach of preventative measures with a close and improved working relationship being developed cross Children's and Adults' services.

A Member commented that the percentage of people providing over 50 hours unpaid care was high compared to the national average. The Director of Adult and Community Based Services indicated that a report would be submitted to a future meeting of the Committee outlining the range of support available to carers which included services commissioned through Hartlepool Carers, Direct Payments and access to short breaks. It was recognised that supporting unpaid carers was a national issue and that a lot of carers did not always recognise that they were carers and also did not seek help.

Clarification was sought on the focus of three community hubs now provided across the town. The Interim Director of Public Health confirmed that the community hubs were located at West View Community and Resource Centre, the Central Library and Owton Manor Community Centre which had been identified as the areas of greatest need across the town. The aim of the hubs was to provide outreach services and that the creation of further satellite hubs was being explored for other areas in the town to reach across the whole population. In addition to this, all Council employees were working with residents to 'make every contact count' including through children's centres and via health visitors. A Member questioned whether hospital professionals such as Accident and Emergency staff had been involved in the 'make every count' initiative. The Interim Director of Public Health confirmed that work was ongoing to involve Urgent Care and Accident and Emergency staff as well as the Police and Street Triage in relation to mental health. Work was ongoing to

develop a network across all health and social care to ensure the right information was given to the right person at the most appropriate time.

It was noted that excess winter deaths in the town was at 23% when nationally it was 10.6%. The Interim Director of Public Health indicated that the key contributors to winter deaths were fuel poverty and flu. It was recognised that whilst residents can be encouraged to be immunised against flu, significant poverty and deprivation in Hartlepool made it difficult to deal with the issues associated with fuel poverty. The Director of Adult and Community Based Services highlighted that there were a number of initiatives in place in relation to fuel poverty and work was ongoing with the Cleveland Fire Authority on a stay safe and well campaign to support people who were experiencing fuel poverty. In addition to this there was support available from a number of other organisations in relation to fuel poverty, including the provision of grants for boiler replacements.

The Chair thanked the Interim Director of Public Health for a very informative presentation and for answering questions and the public for their contributions to the discussions. It was noted that there were some depressing statistics in relation to life expectancy but there were a number of positive including the strengths within the local communities. It was disappointing to note the lack of progress in relation to healthy life expectancy and the Chair emphasised the need for the Annual Public Health report to be considered alongside other service areas as well as closer links between Public Health and the Adult Services Committee at both Officer and Elected Member level. It was suggested that regular feedback on the ongoing progress as well as the submission of the annual report would be advantageous to the Committee.

It was highlighted that poverty plays a key part with some groups of the community becoming more disadvantaged which was resulting in increasing challenges for Hartlepool.

A Member suggested that 13 Housing Group be involved in progressing the Annual Report for Public Health to identify what additional support they can provide their tenants and to avoid any duplication of service provision.

Decision

- (1) That the Director of Public Health Annual Report 2016/17 be noted and acknowledged that it would be submitted to the wider Committees and full Council.
- (2) That regular feedback be provided to the Committee throughout the year on the progress of the Director of Public Health's Annual Report.
- (3) That 13 Housing Group be involved in progressing the Director of Public Health Annual Report to identify what additional support they can provide their tenants and to avoid any duplication of service provision.

24. Savings Programme 2018-19 and 2019-20 (*Director of Adult and Community Based Services*)

Type of decision

Budget and Policy Framework.

Purpose of report

To enable Members to consider proposals to achieve further savings in 2018-19 and 2019-20.

Issue(s) for consideration

The Director of Adult and Community Based Services presented the report which included the proposals for delivery of savings in the Adult Services Division as part of the 2018/19 budget process, the risks associated with the proposals and the considerations which had been taken into account in developing them.

The proposed contribution from the Adult Services Division for 2018/19 was £150K plus additional savings of £58k from Salary Abatement and income generation across Children's and Adult Services. Details of how the savings would be achieved were provided within the report. Members were referred to the risk implications, financial considerations and staffing considerations, as set out in the report.

A member of the public asked if the hydrotherapy pool located at the Centre for Independent Living would be available for hire. The Head of Service confirmed that this was being explored in relation to health and safety requirements and a cost/benefit analysis.

The Chair was pleased to reiterate that there were no proposed staffing cuts and that front line workforce within adult services would be protected.

In response to a question from a Member, the Director of Adult and Community Based Services confirmed that any financial implications of the potential public sector pay cap would need to be considered corporately by the Finance and Policy Committee.

Decision

That the proposed savings noted in the report were agreed and the above be utilised to formulate a response to be presented to the Finance and Policy Committee on 20 November 2017.

25. Adult Safeguarding Performance Report *(Director of Adults and Community Based Services)*

Type of decision

For information.

Purpose of report

To present to Committee the adult safeguarding performance information for 2016/17 and to provide an overview of the safeguarding activity during this period linked to the requirements of the Teeswide Safeguarding Adults Board (TSAB) of which Hartlepool Borough Council (HBC) is a core member. The report also provided information regarding activity linked to Deprivation of Liberty Safeguards (DoLS) for the same period, as this activity is inextricably linked to adult safeguarding.

Issue(s) for consideration

The performance report for 2016/17 was attached as Appendix 1 and provided an overview of safeguarding activity including categories and location of abuse and outcomes of safeguarding investigations, as well as a summary of DoLS activity. Included within this information was a comparison with the previous reporting year and a brief summary of local perspectives and operational views on development in 2016/17. Further detail on the performance for 2016/17 was included within the report.

A summary of the developments during 2016/17 was outlined in the report and highlighted that due to the duplication of resources across the area, especially for the police, fire service and NHS partners, a decision was taken to discontinue the Local Executive Groups (LEGs) from July 2016. However, a range of TSAB sub-groups will continue to operate collaboratively across the Tees area. In addition to this, a regular meeting of the four Local Authority Assistant Directors with the TSAB Independent Chair had also been established to ensure that local issues continue to be reflected in the work of the TSAB.

A Member sought clarification on reasons for the increase in abuse and neglect referred to in the report and how this was being tackled. The Assistant Director – Adult Social Care indicated that this was directly linked to the promotion and increased awareness of adult safeguarding. In addition, there were new categories included within adult safeguarding such as domestic violence, sexual exploitation as well as alcohol abuse which was now included within self neglect.

The Assistant Director - Adult Social Care provided clarification on a number of areas raised by a Member including the provision of support to ethnic and minority groups; people in care who live outside Hartlepool, how social work staff were supported and front line staff retained.

The Chair reiterated the Committee's previous concerns in relation to the

financial pressures which had stemmed from recent legislative changes in relation to Deprivation of Liberty Safeguards (DoLS). It was suggested that a letter be forwarded to Hartlepool's MP on behalf of the Committee expressing concerns that this level of financial pressure was not sustainable. In addition, it was requested that other neighbouring local authorities be informed of this action as they may also wish to engage with their own local MPs to further lobby Parliament on this issue. The Chair emphasised that the Committee did support everything coming forward in relation to ensuring safeguarding DoLS was as effective as possible for the people accessing this service, adding that the financial pressures that comes with this needed addressing.

Decision

- (1) The report was noted including the 2016/17 performance; the ongoing financial pressure in relation to the Deprivation of Liberty Safeguards and the developments in adult safeguarding over the past twelve months.
- (2) It was noted that the Teeswide Safeguarding Adults Board (TSAB) Annual Report 2016/17 and Strategic Business Plan 2017/18 will be presented to the Committee in December 2017 by the TSAB Independent Chair.
- (3) That on behalf of the Committee, the Chair write to Hartlepool's MP Mike Hill expressing the Committee's concerns at the financial pressures arising from the legislation changes in relation to safeguarding DoLS.

26. Home Care for Older People *(Director of Adults and Community Based Services)*

Type of decision

For information.

Purpose of report

To outline to Committee the requirement to initiate procedures for homecare services to older people.

Issue(s) for consideration

Currently, homecare for older people was provided primarily by two organisations (Care Line and Care Watch) that have contracts with the Council to provide over 4,700 hours of home care support per week between them. These contracts had an initial contract end date of 30 September 2016 and were extended until 31 March 2018 by the Adult Services Committee on 23 April 2016.

Ernst and Young had been commissioned to carry out a review of the options available and the outcome was reported to Adult Services Committee in March 2017. This review recommended that the Council should target investment to change the delivery of care and identified a

range of opportunities for the Council to be more active in the market. These included re-commissioning homecare in line with Ethical Care Charter standards and strengthening the Council's role in delivering reablement and intermediate care. Legal advice had confirmed that the Department cannot extend the current contracts any further while work continued to determine future service delivery models for health and social care. As such a tendering process will commence mid-September to enable the required evaluations of tenders and the transition period should the contracts be awarded to new providers.

In response to a number of queries from a Member, the Head of Strategic Commissioning confirmed that all current providers were canvassed in relation to the ethical care charter status and the contracts offered to employees. It was highlighted that the local authority had very good working relationships with its providers and worked closely in relation to the support provided to their employees, including the provision of the national living wage which was a stipulation of all Council contracts, and requirements regarding continuity of carers.

A discussion ensued on the provision of the Home Call and Telecare systems. It was noted that in the face of ongoing budgetary pressures, the Council had withdrawn its subsidy for the provision of the Home Call service by 13 Housing Group and the provider had therefore taken the decision to introduce charges for all users of this service. The Chair indicated that all Telecare users will be contacted to clarify that there is no charge to be introduced for the Telecare service. The Director of Adult and Community Based Services indicated that an update would be provided to Members at the next meeting of the Committee.

Decision

- (1) That the current position was noted along with the requirement to initiate tendering for domiciliary care services.
- (2) That the Director of Adult and Community Based Services provide an update on the provision of Home Call and Telecare services at the next meeting of the Committee.

27. Lifetime Homes Standards (*Director of Adults and Community Based Services*)

Type of decision

For information.

Purpose of report

To provide the Committee with information regarding the Lifetime Homes Standards.

Issue(s) for consideration

It was noted that the Lifetime Homes Standard was generally higher than that required by Part M of the Building Regulations (which deals with accessibility), although some elements of Part M were equal to the Lifetime Homes requirements or need relatively minor changes to comply. Some Lifetime Homes features need to be in place from the start while for other, the requirement is provision for future adaptations. In addition, access statements were now an essential part of planning applications. Subject to any necessary agreement of the planning authority, Lifetime Homes procedures would not prevent the revised standard being applied to any development retrospectively.

The Lifetime Homes Standards had associated benefits in the following areas:

- Adaptations;
- Better stock management;
- Social Services; and
- Long-term community benefits.

The Head of Service indicated that since writing the report, it had been confirmed that in Hartlepool, Endeavour Housing had four properties meeting the Lifetime Homes Standards and 13 Housing Group had two schemes with 56 properties meeting those standards.

The Chair expressed disappointment that, in view of the number of recent housing developments across the town, only 60 properties had been built to the Lifetime Homes Standards and he called for improved joined up working between the Adult Services Committee and the Planning Division to work together to increase this number through working with developers.

Decision

- (1) That the information provided was noted.
- (2) That Officers explore the potential for improved joined up working between Adult Services Committee and the Planning Division in relation to encouraging developers to increase the number of properties meeting the Lifetime Homes Standards across the town.

28. Any Other Items which the Chairman Considers are Urgent

None.

The meeting concluded at 11.55 pm

P J DEVLIN
CHIEF SOLICITOR
PUBLICATION DATE: 21 September 2017

ADULT SERVICES COMMITTEE

5 October 2017



Report of: Director of Adult and Community Based Services

Subject: DEPARTMENTAL ANNUAL PROCUREMENT
REPORT – ADULT SERVICES COMMITTEE

1. TYPE OF DECISION/APPLICABLE CATEGORY

1.1 Non-key decision.

2. PURPOSE OF REPORT

2.1 To advise Committee of contractual activities where the annual value of the anticipated contract exceeds £60,000 for Goods and Services or £100,000 for Works.

3. BACKGROUND

3.1 The Council delivers a range of services through a combination of direct provision by the Council's own staff, contracts with the private and voluntary sector and partnership agreements with strategic partners. This report provides information on existing contracts for Adult Services and enables Members to provide input to the strategic direction for the future delivery of these services. This will enable Members to consider potential changes to the service specification, or potential alternative delivery models, where there is a robust business case.

4. PROPOSALS

4.1 To achieve these objectives the Department has produced a Departmental Annual Procurement Report (DAPR) for Members to review.

4.2 The DAPR is divided into the following four Appendices:

Appendix 1 – Procurement processes either underway or forthcoming which do not have any members interests recorded against them.

Appendix 2 – Not for Publication information on the contracts detailed in Appendix 1.

This item contains exempt information under Schedule 12A Local Government Act 1972 (as amended by the Local Government (Access to Information) (Variation) Order 2006) namely, (para 3) information relating to the financial or business affairs of any particular person (including the authority holding that information).

Appendix 3 – Procurement processes either underway or forthcoming which do have member's interests recorded against them.

Appendix 4 – Not for Publication information on the contracts detailed in Appendix 3

This item contains exempt information under Schedule 12A Local Government Act 1972 (as amended by the Local Government (Access to Information) (Variation) Order 2006) namely, (para 3) information relating to the financial or business affairs of any particular person (including the authority holding that information).

Information listed in the Appendices is sorted in chronological order based on the contract end date. Details of the information in the Appendices is provided below.

4.3 Each appendix consists of two parts which are detailed below – NOTE: Parts 1 and 2 are only provided when there are contracts for that period.

4.3.1 **Part 1 - Procurement processes for contracts commencing PRIOR to 1 September 2018**

To ensure that members have sufficient time available to them to discuss and influence commissioning strategies this report has been constructed on the basis that a lead time of 12 months is required prior to contract commencement.

Part 1 details those activities where the 12 month period described above is not available. As a result of shortened timescales, it would be impractical to change direction on these projects, however, the opportunity to influence the arrangement will come up again at contract review / renewal.

4.3.2 **Part 2 - Procurement processes for contracts commencing ON OR AFTER 1 September 2018**

Part 2 provides details of procurement processes where a 12 month, or greater, timescale is available prior to contract commencement. The inclusion of this information is aimed at facilitating discussions around commissioning strategies.

- 4.4 Departmental Procurement Reports were considered by the Council's Finance and Policy Committee on 18 September 2017, and a number of areas were identified where further information is being collated. Feedback on these issues will be reported to Adult Services Committee for further consideration, and the outcome reported back to Finance and Policy Committee in due course. The areas identified in relation to Adult Services were:

- Carers Services – further information to be provided regarding the range of services available to support carers, and how services proactively engage with carers.
- Dementia Services - further information to be provided regarding the range of services available to support people living with dementia.
- Information, Signposting and Handyperson Service – further information to be provided regarding the range of services provided and alternative service delivery options that could be considered.
- Telecare Service – further information to be provided to users of the service to clarify the role of Thirteen Group in handling calls and arranging installation of equipment.

5. RISK IMPLICATIONS

- 5.1 No risk implications identified associated with this report; risks are managed by the existing procurement process.

6. FINANCIAL CONSIDERATIONS

- 6.1 There are no financial considerations associated directly with this report, although there will be financial considerations in relation to individual procurements decisions, and/or the development of alternative service delivery business cases.

7. LEGAL CONSIDERATIONS

- 7.1 None – legal issues are managed by the existing procurement process.

8. CONSULTATION

- 8.1 Not applicable.

9. CHILD AND FAMILY POVERTY (IMPACT ASSESSMENT FORM TO BE COMPLETED AS APPROPRIATE.)

- 9.1 There is no direct impact on Child and Family Poverty issues although there is the possibility of indirect impacts, depending on the commissioning / procurement strategies employed.

10. EQUALITY AND DIVERSITY CONSIDERATIONS (IMPACT ASSESSMENT FORM TO BE COMPLETED AS APPROPRIATE)

- 10.1 There are no equality and diversity considerations applicable to this proposal.

11. STAFF CONSIDERATIONS

- 11.1 There are no staff considerations applicable to this proposal.

12. ASSET MANAGEMENT CONSIDERATIONS

- 12.1 There are no asset management considerations applicable to this proposal.

13. RECOMMENDATIONS

- 13.1 It is recommended that Members:
- Note the contents of the Appendices to the report and;
 - Indicate to officers any issues they wish to be considered when detailed commissioning of individual services is undertaken.

14. REASONS FOR RECOMMENDATIONS

- 14.1 To enable Members to influence decision making and strategy in relation to forthcoming commissioning activities.

15. CONTACT OFFICER

- 15.1 Jill Harrison
Director of Adult and Community Based Services
Hartlepool Borough Council
Email: jill.harrison@hartlepool.gov.uk
Tel: 01429 523911

Procurement processes for contracts commencing PRIOR to 1st September 2018

Appendix 1 – Part 1

Ref No	i. Contract / Service Description	ii. Details of current contract terms e.g. In-house, contracted out, voluntary agency, partnership etc.	iii. Contract Start Date	iv. Contract End Date (inclusive of contractual extensions) and details of extension options e.g. '31/3/19 – including 1 year extension period'	v. Funding stream Base Budget Fully Grant Funded Mixed (Grant and Base)	vi. Proposed Commissioning / Procurement Strategy	vii. Reason (for proposed strategy)
1	Homecare	Contracted Out	01/04/2010	31/03/2018	Base Budget	Tender & Recommission on a framework contract.	Financial and performance considerations. Legal framework requires services to be retendered. Contract is on a framework basis without guaranteed hours.
2	Homecare	Contracted Out	01/04/2010	31/03/2018	Base Budget	Tender & Recommission on a framework contract.	Financial and performance considerations. Legal framework requires services to be retendered. Contract is on a framework basis without guaranteed hours.
3	Adult Carers Support Service	Contracted Out	01/06/2013	31/05/2018	Grant	Tender & Recommission	Provision of support for carers recognised to be best practise if available for VCS to deliver - provides independence of support, information and advice.

Appendix 1 – Part 2

Procurement processes for contracts commencing ON OR AFTER 1st September 2018

Ref No	i. Contract / Service Description	ii. Details of current contract terms e.g. In-house, contracted out, voluntary agency, partnership etc.	iii. Contract Start Date	iv. Contract End Date (inclusive of contractual extensions) and details of extension options e.g. '31/3/19 – including 1 year extension period'	v. Funding stream Base Budget Fully Grant Funded Mixed (Grant & Base)	vi. Proposed Commissioning / Procurement Strategy	vii. Reason (for proposed strategy)
7	Social Inclusion and Lifestyle Pathways for People Living with a Dementia Service (Day opportunities based at Gretton Court, Community Pastimes supporting individuals in their own home and community, information and advice)	Contracted Out	01/07/14	31/03/2019	Mixed	Recommissioning & Retender	Specialist service requiring significant expertise regarding the support and management of individuals living with dementia.
8	Information Signposting & Handyperson	Contracted Out	06/10/14	31/03/2019	Grant	Recommissioning & Retender	Non statutory low level preventative service.
9	Housing related support at Eamont Terrace	Contracted Out	01/04/16	31/03/2019	Base Budget	Recommissioning & Tender	Low level services linked to individual tenancies - service provided in building base
10	Stroke Care Support & Welfare Navigation Service	Contracted Out	01/04/2016	31/03/2019	Grant	Recommissioning	Specialist Service - limited providers
11	Transitional/Rehabilitation Care Home Beds	Contracted Out	01/06/2016	31/05/2019	Grant	Recommissioning & Tender	Financial considerations & requirement for purpose built residential care facility.
12	Housing related support service - Alcohol	Contracted Out	06/03/17	30/11/2019	Base Budget	Recommissioning & Retender	Low level services linked to individual tenancies - service provided in building base.
13	Housing Related Support for Offenders	Contracted Out	06/04/15	05/04/2020	Base Budget	Recommissioning & Retender	Low level services linked to individual tenancies - service provided in building base.
14	Housing Related Support for Homeless	Contracted Out	01/06/15	31/05/2020	Base Budget	Recommissioning & Retender	Support to be recommissioned - provider is handing back contract owing to strategic change in delivery. Building base service.
15	Dementia Advisory Service	Contracted Out	01/09/15	01/08/2020	Grant	Recommissioning & Retender	Provision of support for carers recognised to be best practise if available for VCS to deliver - provides

							independence of support, information and advice.
16	Care and Support Services within Extra Care Housing (Hartfields)	Partnership arrangement	18/08/15	17/08/2020	Base Budget	Continue partnership arrangement	Partnership with provider, scheme built in partnership following joint bid for national funding.
17	Getting Out and About & Staying Connected Service (day opportunities based at Hartfields , luncheon clubs, low level support and information and advice)	Contracted Out	31/08/15	30/08/2020	Mixed	Recommission & Retender	Linked to personal budgets building base day opportunity services, low level service with community focus.
18	Housing Related Support - Community based floating support for vulnerable groups to prevent homelessness.	Contracted Out	06/04/2016	05/04/2021	Base Budget	Recommission & Tender	Low level services linked to individuals living in the community.
19	Greenfields Lodge, LD, 24hr short stay care and accommodation (Block Purchase).	Contracted Out	01/04/17	31/03/2022	Grant	Negotiation with Provider - subject to exemption report.	Building base owned and operated by provider. Linked to personal budgets and strong links to families and individuals who use services
20	Extra Care Support delivered at building based schemes throughout the community	Contracted Out	01/10/2017	30/09/2022	Base Budget	Recommission & Tender	New contract

Appendix 3 – Part 1

Procurement processes for contracts commencing PRIOR to 1st September 2018

Ref No	i. Contract / Service Description	ii. Details of current contract terms e.g. In-house, contracted out, voluntary agency, partnership etc.	iii. Contract Start Date	iv. Contract End Date (inclusive of contractual extensions) and details of extension options e.g. '31/3/19 – including 1 year extension period'	v. Funding stream	vi. Proposed Commissioning / Procurement Strategy	vii. Reason (for proposed strategy)
1	Provision of statutory Healthwatch functions	Contracted Out	07/01/2013	31/03/2018	Mixed	Recommission with incumbent provider	Healthwatch is a Charitable Incorporated Organisation (CIO) created specifically for the purpose of providing Healthwatch services, governed by an independent board
4	Assistive Technology - Telecare	Partnership arrangement	06/04/2009	Ongoing (with annual review)	Grant	Continue partnership arrangement	Review of current service, incorporate savings targets
5	Housing Related Support for Vulnerable Adults	Partnership arrangement	06/04/2009	Ongoing (with annual review)	Grant	Continue partnership arrangement	Review of current service, incorporate savings targets
6	Housing Related Support - Extra Care	Partnership arrangement	06/04/2009	Ongoing (with annual review)	Base Budget	Continue partnership arrangement	Review of current service, incorporate savings targets

Procurement processes for contracts commencing PRIOR to 1 September 2018

Appendix 1 – Part 1

Ref No	i. Contract / Service Description	ii. Details of current contract terms e.g. In-house, contracted out, voluntary agency, partnership etc.	iii. Contract Start Date	iv. Contract End Date (inclusive of contractual extensions) and details of extension options e.g. '31/3/19 – including 1 year extension period'	v. Funding stream Base Budget Fully Grant Funded Mixed (Grant & Base)	vi. Proposed Commissioning / Procurement Strategy	vii. Reason (for proposed strategy)
1	Homecare	Contracted Out	01/04/2010	31/03/2018	Base Budget	Tender & Recommission on a framework contract.	Financial and performance considerations. Legal framework requires services to be retendered. Contract is on a framework basis without guaranteed hours.
2	Homecare	Contracted Out	01/04/2010	31/03/2018	Base Budget	Tender & Recommission on a framework contract.	Financial and performance considerations. Legal framework requires services to be retendered. Contract is on a framework basis without guaranteed hours.
3	Adult Carers Support Service	Contracted Out	01/06/2013	31/05/2018	Grant	Tender & Recommission	Provision of support for carers recognised to be best practise if available for VCS to deliver - provides independence of support, information and advice.
4	Assistive Technology - Telecare	Partnership arrangement	06/04/2009	Ongoing (with annual review)	Grant	Continue partnership arrangement	Review of current service, incorporate savings targets
5	Housing Related Support for Vulnerable Adults	Partnership arrangement	06/04/2009	Ongoing (with annual review)	Grant	Continue partnership arrangement	Review of current service, incorporate savings targets
6	Housing Related Support - Extra Care	Partnership arrangement	06/04/2009	Ongoing (with annual review)	Base Budget	Continue partnership arrangement	Review of current service, incorporate savings targets

Procurement processes for contracts commencing ON OR AFTER 1st September 2018

Ref No	i. Contract / Service Description	ii. Details of current contract terms e.g. In-house, contracted out, voluntary agency, partnership etc.	iii. Contract Start Date	iv. Contract End Date (inclusive of contractual extensions) and details of extension options e.g. '31/3/19 – including 1 year extension period'	v. Funding stream Base Budget Fully Grant Funded Mixed (Grant & Base)	vi. Proposed Commissioning / Procurement Strategy	vii. Reason (for proposed strategy)
7	Social Inclusion and Lifestyle Pathways for People Living with a Dementia Service (Day opportunities based at Gretton Court, Community Pastimes supporting individuals in their own home and community, information and advice)	Contracted Out	01/07/14	31/03/2019	Mixed	Recommissioning & Retender	Specialist service requiring significant expertise regarding the support and management of individuals living with dementia.
8	Information Signposting & Handyperson	Contracted Out	06/10/14	31/03/2019	Grant	Recommissioning & Retender	Non statutory low level preventative service.
9	Housing related support at Eamont Terrace	Contracted Out	01/04/16	31/03/2019	Base Budget	Recommissioning & Tender	Low level services linked to individual tenancies - service provided in building base
10	Stroke Care Support & Welfare Navigation Service	Contracted Out	01/04/2016	31/03/2019	Grant	Recommissioning	Specialist Service - limited providers
11	Transitional/Rehabilitation Care Home Beds	Contracted Out	01/06/2016	31/05/2019	Grant	Recommissioning & Tender	Financial considerations & requirement for purpose built residential care facility.
12	Housing related support service - Alcohol	Contracted Out	06/03/17	30/11/2019	Base Budget	Recommissioning & Retender	Low level services linked to individual tenancies - service provided in building base.
13	Housing Related Support for Offenders	Contracted Out	06/04/15	05/04/2020	Base Budget	Recommissioning & Retender	Low level services linked to individual tenancies - service provided in building base.
14	Housing Related Support for Homeless	Contracted Out	01/06/15	31/05/2020	Base Budget	Recommissioning & Retender	Support to be recommissioned - provider is handing back contract owing to strategic change in delivery. Building base service.
15	Dementia Advisory Service	Contracted Out	01/09/15	01/08/2020	Grant	Recommissioning & Retender	Provision of support for carers recognised to be best practise if available for VCS to deliver - provides

							independence of support, information and advice.
16	Care and Support Services within Extra Care Housing (Hartfields)	Partnership arrangement	18/08/15	17/08/2020	Base Budget	Continue partnership arrangement	Partnership with provider, scheme built in partnership following joint bid for national funding.
17	Getting Out and About & Staying Connected Service (day opportunities based at Hartfields , luncheon clubs, low level support and information and advice)	Contracted Out	31/08/15	30/08/2020	Mixed	Recommission & Retender	Linked to personal budgets building base day opportunity services, low level service with community focus.
18	Housing Related Support - Community based floating support for vulnerable groups to prevent homelessness.	Contracted Out	06/04/2016	05/04/2021	Base Budget	Recommission & Tender	Low level services linked to individuals living in the community.
19	Greenfields Lodge, LD, 24hr short stay care and accommodation (Block Purchase).	Contracted Out	01/04/17	31/03/2022	Grant	Negotiation with Provider - subject to exemption report.	Building base owned and operated by provider. Linked to personal budgets and strong links to families and individuals who use services
20	Extra Care Support delivered at building based schemes throughout the community	Contracted Out	01/10/2017	30/09/2022	Base Budget	Recommission & Tender	New contract

Procurement processes for contracts commencing PRIOR to 1 September 2018

Ref No	i. Contract / Service Description	ii. Details of current contract terms e.g. In-house, contracted out, voluntary agency, partnership etc.	iii. Contract Start Date	iv. Contract End Date (inclusive of contractual extensions) and details of extension options e.g. <i>'31/3/19 – including 1 year extension period'</i>	v. Funding stream	vi. Proposed Commissioning / Procurement Strategy	vii. Reason (for proposed strategy)
1	Provision of statutory Healthwatch functions	Contracted Out	07/01/2013	31/03/2018	Mixed	Recommission with incumbent provider	Healthwatch is a Charitable Incorporated Organisation (CIO) created specifically for the purpose of providing Healthwatch services, governed by an independent board

FOR PUBLICATION

Appendix 3 – Part 2

Procurement processes for contracts commencing ON OR AFTER 1st September 2018

Ref No	i. Contract / Service Description	ii. Details of current contract terms e.g. In-house, contracted out, voluntary agency, partnership etc.	iii. Contract Start Date	iv. Contract End Date (inclusive of contractual extensions) and details of extension options e.g. '31/3/19 – including 1 year extension period'	v. Funding stream	vi. Proposed Commissioning / Procurement Strategy	vii. Reason (for proposed strategy)

ADULT SERVICES COMMITTEE

5 October 2017



Report of: Director of Adult & Community Based Services

Subject: LEARNING DISABILITY MORTALITY

1. TYPE OF DECISION/APPLICABLE CATEGORY

1.1 No decision required, for information.

2. PURPOSE OF REPORT

2.1 To provide members of the Adult Services Committee with an update on learning disability mortality.

3. BACKGROUND

3.1 The White Paper: Valuing People (2001) highlighted that there was an above average death rate among younger people with a learning disability and that evidence of avoidable illness and premature death amongst people with a learning disability was a major concern. Since then, these findings have been supported in arrange of publications including:

- Mencap's 2004 'Treat Me Right' report that emphasised the inequities that people with learning disabilities often experienced when accessing healthcare. The report concluded that although some of the reasons why people with learning disabilities die young were known, an inquiry into the premature deaths should be conducted.
- The Disability Rights Commission investigation in 2006 which focused on primary health care and reiterated that it was overwhelmingly clear from the evidence that people with learning disabilities experienced considerable inequalities in health and were four times more likely to die of preventable causes than the general population.
- Mencap's 2007 Death by Indifference report which described the experiences of six people with learning disabilities whilst in the care of the NHS and highlighted the 'national disgrace' of institutional discrimination by healthcare services towards people with learning disabilities and their families and carers.

- 3.5 In response to the Death by Indifference report an independent inquiry was announced lead by Sir Jonathan Michael (2008). The inquiry concluded that there is evidence of a significant level of avoidable suffering and a high likelihood that there are deaths occurring which could be avoided for people with learning disabilities.

4. CONFIDENTIAL INQUIRY INTO PREMATURE DEATHS OF PEOPLE WITH LEARNING DISABILITIES (CIPOLD) 2013

- 4.1 This more recent inquiry reviewed the deaths of 249 people with learning disabilities across 58 comparators.
- 4.2 The median age at death for people with learning disabilities was 13 years younger than the national average for men and 20 years younger for women.
- 4.3 The most common certified underlying causes of death were heart and circulatory disorders (23%), respiratory diseases (17%) and cancers (13%).

5. DEATH CERTIFICATION DATA

- 5.1 Each year around 450,000 deaths are reported in England. About 1,000 death certificates indicate that the deceased person had learning disabilities.
- 5.2 In comparison with the general population people with a learning disability are approximately 3 times more likely to die from circulatory diseases, and almost 5 times more likely to die from respiratory diseases.
- 5.3 **Appendix 1** sets out the national position in relation to median age at death recorded on death certificates in England for people dying in the years 2001 to 2014 for both males and females.
- 5.4 **Appendix 2** provides local information regarding health conditions for people with learning disabilities.

6. LEARNING DISABILITY MORTALITY REVIEW (LeDeR) PROGRAMME

- 6.1 The LeDer programme commenced in June 2015. The programme aims to make improvements to the lives of people with learning disabilities and to clarify factors associated with a person's death, and works to ensure these are not repeated elsewhere.
- 6.2 The LeDer programme aims to collate and share anonymised information regarding the deaths of people with a learning disability so that common themes, learning points and recommendations can be identified and taken forward into policy and practice improvements.

- 6.3 All deaths of people with learning disabilities aged 4 years and over will receive an initial review. If any concerns are identified about the death, or it is felt that further learning could come from a fuller review, a detailed, multiagency review is held. Some deaths will be subject to 'priority themed review' and will automatically have a detailed multiagency review. The current priority themes are the deaths of young people aged 18-24 years, and people from black and minority ethnic communities
- 6.4 The purpose of reviewing deaths is to identify if there are any potentially avoidable contributory factors associated with the deaths of people with learning disabilities. As part of each review, an action plan is developed to take forward any improvements to the way that services are provided, if necessary, so that people with learning disabilities will live longer and healthier lives.

7. GOVERNANCE AND OVERSIGHT

- 7.1 The outputs from the LeDeR programme need governance and oversight at local, regional and national level to ensure any appropriate management action is taken as required, and that themes and lessons are fed into service improvements. It is also important that the appropriate governance functions within the NHS England quality and governance hierarchy are in receipt of reporting from this programme on progress and outputs in local areas
- 7.2 The LeDeR programme and approach offers a process of learning from a death which can enable Safeguarding Adults Boards and local structures to focus on how to protect people with care and support needs from the behaviours and systems that pose a risk of abuse or neglect.
- 7.3 In Hartlepool during 2016/17 there were 7 deaths reported to the LeDer programme. From the period 1 April to 31 August 2017 a further 3 deaths have been notified.
- 7.4 To date there have been no findings published following the reporting of deaths to the LeDer programme with only 2 deaths being taking forward for further investigation.
- 7.5 The Health Sub Group of the Hartlepool Learning Disability Partnership Board is responsible for ensuring that people with learning disabilities are included in local decisions affecting healthcare.
- 7.6 Issues affecting the health of people with a learning disability are reported back to the North East and Cumbria Learning Disability Network. The network aims to identify and implement initiatives that make a real difference to the lives of people with learning disability and works closely with other Clinical Networks to ensure their initiatives consider the needs of people with learning disability.

8. LEGAL CONSIDERATIONS

- 8.1 There are no legal considerations identified.

9. CHILD AND FAMILY POVERTY CONSIDERATIONS

- 9.1 There are no identified child and family poverty considerations.

10. EQUALITY AND DIVERSITY CONSIDERATIONS

- 10.1 This work aims to address inequalities that currently exist for adult with learning disabilities when accessing healthcare.

11. STAFF CONSIDERATIONS

- 11.1 There are no staff considerations identified.

12. ASSET MANAGEMENT CONSIDERATIONS

- 12.1 There are no asset management considerations identified.

13. RECOMMENDATION

- 13.1 It is recommended that the Adult Services Committee note the information regarding learning disability mortality, and the local approach to address these issues.

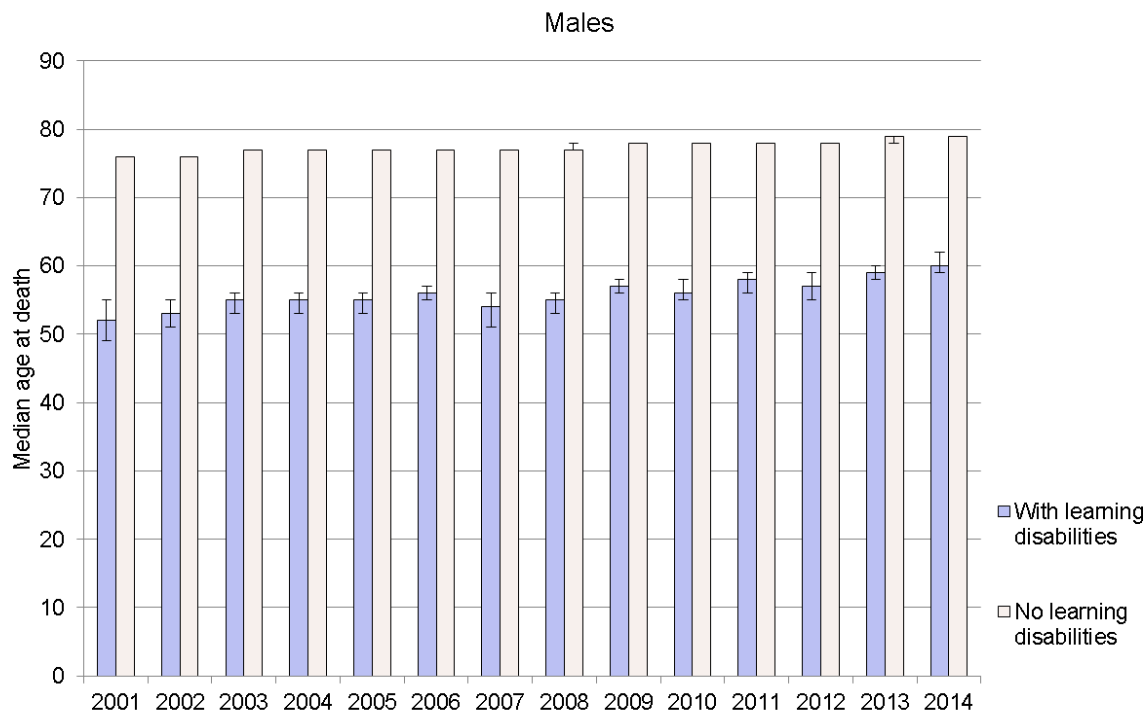
14. REASONS FOR RECOMMENDATIONS

- 14.1 The remit of the Adult Services Committee includes adults with learning disabilities, and this work aims to improve health outcomes for this group.
- 14.2 To ensure that work to improve the life chances of disabled people continues through the Hartlepool Learning Disability Partnership Board.

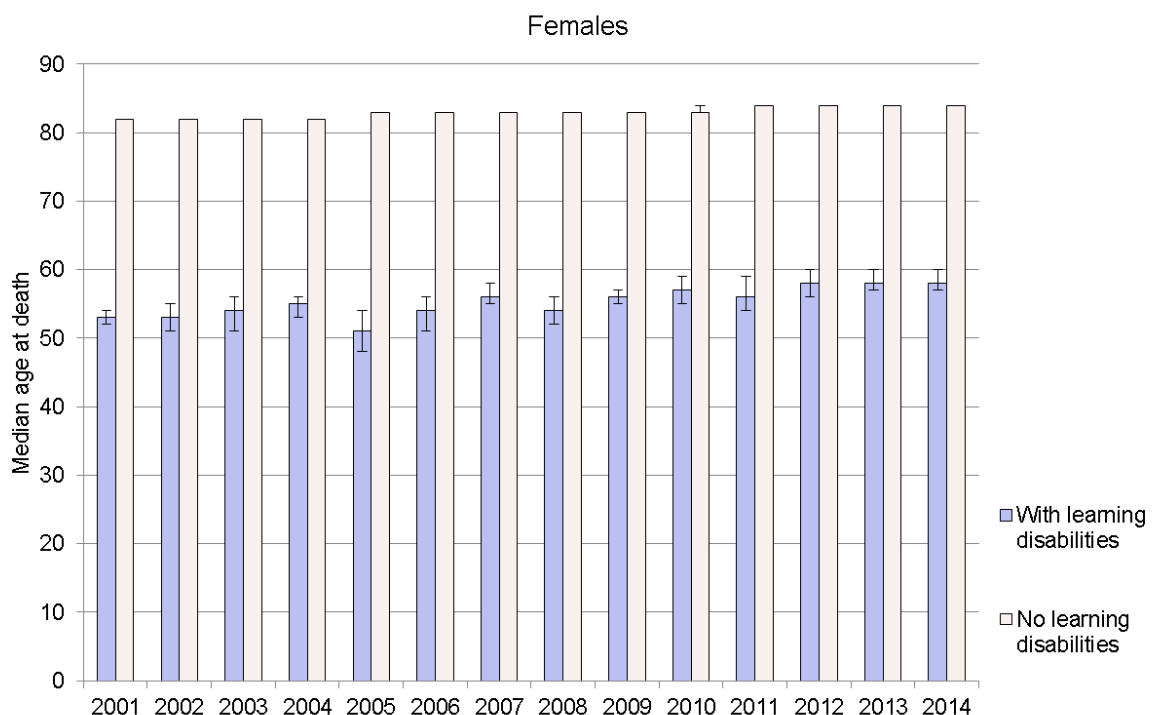
15. CONTACT OFFICER

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Median age at death recorded on death certificates in England for people dying in the years 2001 to 2014 for males:



Median age at death recorded on death certificates in England for people dying in the years 2001 to 2014 for females:



The tables below show learning disability population health information for the Hartlepool and Stockton on Tees CCG area:

	H&ST CCG	Hartlepool
Whole Patient Population	295,206	94,012
Learning Disability Patient Population	1,512	656

No of patients with a learning disability who have	H&ST CCG	Hartlepool	% of Hartlepool learning disability population
Epilepsy	319	129	20%
Anxiety Disorder	242	116	18%
Depression	261	120	18%
Psychotic Disorder	112	58	9%
Mental Health	116	59	9%
Bi-Polar	42	23	4%
Schizophrenia	48	27	4%
Diabetes	122	55	8%
Diabetes Type 1	17	9	1%
Diabetes Type 2	98	44	7%
Heart Failure	13	6	1%
Atrial Fibrillation	15	11	2%
Asthma	125	49	7%
COPD	25	9	1%
Cancer	16	8	1%
Dementia	21	11	2%
CKD	49	27	4%
Obese	417	180	27%
TIA	13	<6	1%
Hyperthyroidism	109	47	7%
Hypertension	153	73	11%

Data extracted from **RAIDR** (Reporting Analysis and Intelligence Delivering Results); a healthcare intelligence tool developed in conjunction with GPs.

ADULT SERVICES COMMITTEE

5 October 2017



Report of: Director of Adult and Community Based Services

Subject: PUBLIC CONSULTATION ON HEALTH RESPITE CARE FOR ADULTS WITH LEARNING DISABILITIES

1. TYPE OF DECISION/APPLICABLE CATEGORY

1.1 Non key decision.

2. PURPOSE OF REPORT

2.1 The purpose of this report is to provide an update to the Adult Services Committee regarding a public consultation on health respite care for adults with learning disabilities which is being undertaken by NHS Hartlepool and Stockton on Tees CCG, as the commissioner of the service. This includes an update on the outcome of previous stakeholder engagement activities, as well as proposed service options.

3. BACKGROUND

- 3.1 The Transforming Care agenda 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 model of community services and support to facilitate timely discharge from inpatient setting and to prevent admissions to such facilities.
- 3.3 NHS Hartlepool and Stockton-on-Tees Clinical Commissioning Group and South Tees Clinical Commissioning Group (the CCGs) are reviewing existing respite care services for adults with learning disabilities in relation to the intentions of the national Transforming Care agenda.

- 3.4 The review focuses on health respite services for people with learning disabilities and complex needs in the CCG areas, aiming to ensure that these services appropriately meet the needs of the population now and in the future.
- 3.5 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, the North East Commissioning Support Unit (NECS) that supports the CCGs and Local Authorities has been established to take the review forward.
- 3.6 The NHS Act 2006 (including as amended by the Health and Social Care Act 2012) and S3a 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 CCGs to deliver on these obligations.
- 3.7 Previous reports have been presented to Adult Services Committee on 3 November 2016 and 22 June 2017 outlining the background to this review and progress to date.
- 3.8 In addition, this paper follows previous presentations to the Tees Valley Overview and Scrutiny Committee in October 2016, January 2017 and July 2017.
- 3.9 It is important to note that this report related to health respite care and short break services that are commissioned by the NHS. The options described in this report do not reflect the existing social care support that is available to adults with learning disabilities and their families within Hartlepool. Hartlepool Borough Council continues to commission building based short break care at Greenfields Lodge and supports people to use their Personal Budgets to access short breaks in ways that best meet their needs.

4. CURRENT SERVICES

- 4.1 Currently NHS commissioned bed based respite provision is provided to the Hartlepool and Stockton-on-Tees CCG (HaST CCG) population by Tees Esk and Wear Valleys NHS Foundation Trust at Aysgarth, Stockton.

5. PROGRESS TO DATE

- 5.1 Work has been undertaken to map the respite services currently available, commissioned directly by NHS Hartlepool and Stockton-on-Tees Clinical Commissioning Group, by Local Authorities and by other means.

- 5.2 Analysis of capacity and activity within service settings has been undertaken in significant detail to enable a robust understanding of the current operation of the NHS commissioned and provided respite services.
- 5.3 Detailed analysis of individual assessed needs of the people who access the current service has been undertaken to support with robust understanding of individual needs, prevalence and co-morbidities that exist within NHS respite services.
- 5.4 Work has been undertaken to understand the needs in relation to the current and potential population, and available predictions and population indicators have been reviewed together with information that is available about numbers of children and young people who are known to health and social care and who are currently in transitional arrangements.
- 5.5 A market engagement exercise has been undertaken to consider capacity and capability within the market for any future potential procurement activity. Other research has been undertaken to look at models for delivery of respite care and support in place across the country.
- 5.6 Further, more detailed market engagement is planned, and will be facilitated by Inclusion North to explore opportunities and challenges in relation to;
- Needs led delivery;
 - Models/options/choices for respite opportunities;
 - Efficiencies/Innovation;
 - Personal outcomes and positive experiences;
 - Competent Workforce;
 - Transport; and
 - Sustainability and viability.
- 5.7 Development work with the current provider of NHS bed based respite services continues in relation to the development of the assessment and allocations criteria.
- 5.8 Stakeholder engagement activities have been undertaken by local Voluntary & Community Sector Organisations and have sought views and involvement from approximately 120 individuals across Tees. In addition 86 completed parent carer surveys have been received as well as feedback from a variety of Voluntary & Community Sector Organisations who provide support and services to people with learning disabilities and their carers.
- 5.9 There has been a delay to the project due to the implications of the election purdah period and the Project Group has adhered to best practice guidance from the NHS England in respect of the timing of the announcements of consultation. The project was due to have made available enhanced services to people with learning disabilities and complex needs by April 2018; the revised date is now September 2018.

6. CURRENT AND FUTURE NEED

- 6.1 There are currently 43 people from the Hartlepool and Stockton-on-Tees localities regularly accessing services at Aysgarth, Stockton. It is recognised that only a very small number of people (fewer than 6) from Hartlepool access this service, because most people have their needs met through Continuing Healthcare Funding commissioning arrangements.
- 6.2 There are fewer than 6 children and young people who will reach 18 years of age in the next four years who currently access bed based short break respite services at Baysdale and who are likely to need similar types of support into their adulthood and would be likely to be referred to Aysgarth (based on geographic location).
- 6.3 There are a further 523 children and young people aged 14+ across Tees who are known to Local Authority Children's Teams who may have respite needs in the future. It is estimated for Hartlepool this equates to around 90 young people aged 14+.
- 6.4 In addition, there may be a group of individuals who need to access community based respite support following inpatient discharge under the Transforming Care programme in coming months.

7. ENGAGEMENT ACTIVITIES COMPLETED SO FAR

- 7.1 A summary of the outcome of engagement activities in January and February 2017 was reported to Adult Services Committee on 22 June 2017 and is attached as **Appendix 1**. This information has now been made available online, and in easy read and accessible formats. In addition the CCGs have communicated directly (and provided the summary report, easy read leaflet and newsletter) to those people who left their contact details as part of the engagement.

8. SERVICE OPTIONS

- 8.1 This information from community engagement exercises, research on other models, market engagement and informal engagement findings have been utilised to develop a number of possible options for the provision of health respite for people with learning disabilities and complex needs in the future. These scenarios at this stage are ideas about how learning disability health respite services could be further developed or potentially delivered differently to best meet the needs of the local population, and to support the delivery of commitments within the Transforming Care agenda.
- 8.2 Seven scenarios were considered and two of these scenarios have been further developed as options for consultation based on the priorities for the CCG and for the people who benefit from respite services..

- 8.3 The two options that have been developed further are those that best meet the priorities that have been identified by the people who provided information as part of the initial engagement and by the CCGs. The options are described below:

Option 1

- Change the respite needs assessment and allocations process making it more needs-led.
- Buy a range of beds in community settings instead of the beds within 2 Bankfields Court, Middlesbrough and Aysgarth in Stockton.
- Buy a range of community opportunities.
- Buy flexible, clinically led outreach support.

Option 2

- Change the respite needs assessment and allocations process making it more needs-led.
- Continue to buy some beds / services within 2 Bankfields Court, Middlesbrough and Aysgarth, Stockton
- Buy a range of community opportunities.
- Buy flexible, clinically led outreach support.

9. RISK IMPLICATIONS

- 9.1 The health respite review project continues to analyse information from a wide range of sources to ensure risk is mitigated where possible.
- 9.2 The Respite Task and Finish Group is responsible for the identification and mitigation of risk and as such maintain and manage a detailed risk log.

10. FINANCIAL CONSIDERATIONS

- 10.1 In terms of services available in the future, the CCG recognises that alternative models are unlikely to cost less, but is it anticipated that they will deliver better value for money and improved outcomes for the people who receive them. The aim is to ensure that services are needs led rather than demand led.

11. LEGAL CONSIDERATIONS

- 11.1 There are no legal considerations associated with this report

12. CONSULTATION

- 12.1 The Consultation commenced on 4 September 2017 and will continue until 10 November 2017.

- 12.2 There are 4 public consultation events planned, one session in each of the Four Tees Local Authority areas. The consultation event for Hartlepool was held on Wednesday 20 September between 6pm and 8pm at Hartlepool College.
- 12.3 In addition to the main public consultation events, a series of smaller, more focused, facilitated discussion sessions will be facilitated. There will be a minimum of three sessions in each of the Local Authority areas – dates are to be confirmed.

13. CHILD AND FAMILY POVERTY

- 13.1 There are no child and family poverty implications associated with this report

14. EQUALITY AND DIVERSITY CONSIDERATIONS

- 14.1 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.
- 14.2 An Equality Impact Assessment has been produced and reviewed following the initial engagement activities and will be subject to further review and update as the project progresses.
- 14.3 Inclusion North and the voluntary sector organisations that facilitated the discussion groups were instructed to ensure that members of groups with protected characteristics, as defined in the Equality Act, were included in future consultation discussions. Work has been done in relation to the discussion of any perceived impacts that might arise from any changes to services with participants as part of the on-going Equality Impact Assessment process.

15. STAFF CONSIDERATIONS

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

16. ASSET MANAGEMENT CONSIDERATIONS

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

17. RECOMMENDATIONS

17.1 It is recommended that the Adult Services Committee

- Note the progress of the review;
- Note the proposed further co-development of the service options; and
- Determine whether a response should be submitted by the Committee, and what the response should be.

18. REASONS FOR RECOMMENDATIONS

18.1 The review aims to ensure that future service options meet the needs of people with learning disabilities and complex health needs now and in the future.

19. BACKGROUND PAPERS

19.1 Background Papers for consideration alongside this paper are available online at <http://www.hartlepoolandstocktonccg.nhs.uk/news/projects/transforming-care-review-respite-services-people-learning-disabilities-complex-needs/>

20. CONTACT OFFICERS

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Feedback from engagement activities and completed parent carer surveys.

The sections below provide a summary of what people have told us:

The engagement process

- Concern from family carers primarily regarding the reasons behind the engagement exercise and a real fear that services would be cut.
- People using respite services noted that their wishes are not always listened to with regards to respite.
- There needs to be consideration of 'who' respite is for when thinking about future provision.
- Important to consider the impact of any changes to service delivery would have upon the benefits that are received by individuals.

What respite means

- Respite means different things to different people, some people do not see day services as a form of respite, most people do not see services being offered at home as respite.
- Those who completed the questionnaire were parent carers for individuals who received services from a wide range of and sometimes multiple services. (Bankfields, Aysgarth, Baysdale, The Orchard, Kiltonview, Elmwood day service, St Vincents Day Service, Carers, PAS and Sitting service for hobbies and access to the community, TASC, Allensway, High Hills Day service, Ware Street. Catcote Futures, Hartburn Lodge, Croft Centre, Emmsworth and Warren Road).
- Words and phrases such as "break", "relax", "peace of mind", "safe place", "rest", "time out", "recharge", "anti stress" were particularly common in relation to the responses from carers about what respite means to them.
- Parent carers of individuals have identified that respite for the person being cared for is about being in a 'safe place' where they can "socialise", have a "change of scenery", receive "emergency care".
- Clarity about what respite is and a central point for information outlining all the respite options would be helpful to offer individuals and families greater clarity and choice.

The benefits of respite

- There is a real appreciation for the services currently available and a fear of "total breakdown" without the services. Of those people who responded to the questionnaire close to 80% of people felt that the services available always or often meets their needs as carers and for the individuals who access the respite services.
- The opportunity for both parties to engage in different things, connect with other people and have a break from one another.
- Common words or phrases from parent carers who completed the questionnaire in relation to what respite brings them as carers included "holidays", "family time" "housework", "to just be me for a while" "work" "socialise and go out with friends"
- Knowing that the health needs of their relative would be met and being able to trust staff. Words and phrases that were common within the questionnaire included "well trained staff", "staff who have known my son for a long time", and "dedicated professionals" and the "most caring people you could meet".

- Common words or phrases used to describe what respite does to help the person that accesses the service included “making friends” learning new skills”, “activities or trips” “free time” “chill time” “medical activities/appointments”, “company of peers”.
- Access to new opportunities and developing greater independence important for those using respite services
- Peer support for families and the opportunity to make friends for those who access respite services.

Resources

- General awareness of how respite is funded would be helpful.
- Use of Direct Payments / Personal Health Budgets would appear to be more prevalent amongst younger individuals and their families and in certain areas for example Hartlepool.
- There can be debates around responsibility for provision of respite that are difficult for families.
- Clarity around the funding process would reduce what is perceived to be an added pressure on families.
- Staffing for people who use direct payments/personal health budgets can be problematic and can make consistency of care difficult.
- Location of respite is not a concern.
- Anxiety about whether wider community resources are equipped to meet the complex needs of people who require respite services.
- A mapping exercise to identify what is currently available and gaps may help.

Improvements for the future

- Nearly 60% of the people who responded to the questionnaire felt that there could be improvements to make respite services better meet their needs as carers. Common suggestions for improvements included “improving care”, “more respite time”, “more flexible services”, “improve facilities”, “more staffing resources”.
- Nearly 40% of the people who responded to the questionnaire felt that there could be improvements to make services better meet the needs of the person that they care for. Common suggestions for improvements were “better care” “better facilities”, “more flexibility” “improve transport arrangements” “more respite time”.
- Planning respite needs to be able to be booked in advance as well as at shorter notice and be flexible around the needs of the individuals not the services.
- Choice, particularly for those people with complex needs.
- Emergency provision, should not impact on already planned respite.
- Coordination, particularly for those Young People in Transition in relation to sources of funding, equipment and other resources.
- Information, a shared understanding of what respite means and all the possible options around this.

ADULT SERVICES COMMITTEE

5 October 2017



Report of: Director of Adult and Community Based Services

Subject: ANNUAL COMPLAINTS, COMPLIMENTS AND REPRESENTATIONS REPORT 2016/17

1. TYPE OF DECISION/APPLICABLE CATEGORY

1.1 For information only.

2. PURPOSE OF REPORT

2.1 To present the Annual Complaints, Compliments and Representations report for 2016/17.

3. BACKGROUND

3.1 The Annual Complaints, Compliments and Representations Report provides information on the complaints and representation framework for adult social care functions. It summarises information in relation to complaints that have been received and responded, to as well as compliments received, during the reporting period,

4. PROPOSALS

4.1 The report is attached as **Appendix 1** and demonstrates learning that has occurred from complaints and actions implemented as a result.

4.2 The report includes:

- Complaints and compliments received in 2016/17;
- Outcomes of complaints;
- Client group data;
- Learning lessons and service improvement; and
- Complaints considered by the Local Government and Social Care Ombudsman in 2016/17.

- 4.3 The report provides an analysis of complaints and compliments and draws comparisons with previous years.

5. RISK IMPLICATIONS

- 5.1 There are no risk implications identified.

6. FINANCIAL CONSIDERATIONS

- 6.1 There are no financial considerations identified.

7. LEGAL CONSIDERATIONS

- 7.1 There are no legal considerations identified.

8. CONSULTATION

- 8.1 There is no consultation required in relation to this issue.

9. CHILD AND FAMILY POVERTY

- 9.1 There are no child and family poverty considerations identified.

10. EQUALITY AND DIVERSITY CONSIDERATIONS

- 10.1 There are no equality and diversity considerations identified.

11. STAFF CONSIDERATIONS

- 11.1 There are no staff considerations identified.

12. ASSET MANAGEMENT CONSIDERATIONS

- 12.1 There are no asset management considerations identified.

13. RECOMMENDATIONS

- 13.1 That members of the Adult Services Committee note the contents of the Annual Complaints, Compliments and Representations and note that the report will be published online.

14. REASONS FOR RECOMMENDATIONS

- 14.1 It is a requirement that an Annual Report regarding complaints is prepared; presented to the relevant Policy Committee; and then made available to staff, the Care Quality Commission (CQC) and the general public.

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Complaints, Compliments and Representations Report 1 April 2016 - 31 March 2017

Hartlepool Borough Council
Child and Adult Services



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Cover photograph courtesy of www.careimages.com

1. Introduction

Welcome to Hartlepool Borough Council's Child and Adult Services Department's Complaints, Compliments and Representations Annual Report. The report covers statutory complaints for adult services, children's services and public health for the period 1 April 2016 to 31 March 2017.

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 complaints function for Adult Social Care, Children's Social Care and Children's Services sits within the Department's Standards, Engagement and Development Team under the management of the Principal Social Worker. The remit of the Complaints Manager's function 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. 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.

A child, young people or their families/carers 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.

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) but the person allocated to the investigate the complaint will 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.

3.5. Referral to the Local Government and Social Care 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 and Social Care Ombudsman (LGSCO) to investigate their complaint. Complainants may also approach the LGSCO directly without accessing the complaints process. In these cases it is usual for the LGSCO 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 2016/17, 94 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 2016/17

A total of 19 complaints were received. One complaint, which was suspended pending the conclusion of the safeguarding adult process, has been carried forward for investigation in 2017/18. The number of complaints received has increased by 3 from last year.

Of the 18 complaints investigated in 2016/17, 17 have concluded local statutory complaints processes and one remains ongoing. To date, one complainant, from the 17 complaints that have concluded local statutory complaint processes, has approached the Local Government and Social Care Ombudsman (LGSCO) with their complaint.

There were no complaints carried forward from 2015/16.

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

6.1.3. Client groups

Adult Social Care			
Client group	2016/17	2015/16	2014/15
Older Persons	5	6	4
Learning Disabilities	1	1	1
Physical Disabilities and Sensory Loss	3	1	2
Adult Mental Health (Integrated Service) or AMHP function	1	1	4
Contracted Services	7	7	6
Carers	2	0	0
Total number of complaints received	19	16	17

Complaints were received from 8 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 2016/17, Independent Investigating Officers were appointed to 10 of the 19 complaints received. The remaining 9 complaints were investigated and responded to internally.

6.1.4. Advocacy services

Of the 19 complaints received, one of the complainants chose to have an advocate assist them with their complaint. However, another complainant approached an advocacy service about how they made a complaint but chose to submit their complaint to the council without the support of the advocacy service to do so.

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 2017/18

Of the 19 complaints received, 2 complaints have been carried forward to 2017/18. These are the one complaint that remained under investigation as at 31 March 2017 as well as the one complaint where the safeguarding adult process must conclude before the complaint can be investigated.

6.1.7. Complaints considered by the Local Government and Social Care Ombudsman in 2016/17

There was one complainant who approached the LGSCO for consideration of their complaint. The LGSCO decided that *“The Ombudsman will not investigate this complaint about the Council’s actions following allegations the complainant’s mother made about him. This is because there is no evidence of fault in the Council’s actions and we cannot achieve the complainant’s desired outcomes.”*

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 2016/17, 6 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. In addition to this, verbal expressions of thanks and appreciation were received from families who have participated in providing feedback about newly qualified social workers and during practice week engagement. Appendix 1 provides some examples of compliments received during the period.

6.2.2. Complaints received in 2016/17

A total of 18 complaints were received. Of these, one complainant withdrew their complaint and 2 complainants, despite contact being made to arrange to meet to discuss their complaints, failed to engage with the process leaving 15 complaints investigated. The number of complaints received has decreased by 8

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 2016/17 were received from parents or carers.

Of the 15 complaints investigated, 13 have been concluded and the 2 remaining complaints have been carried forward to 2017/18. Of these:

- 14 of the 15 complaints were responded to at Stage 1 in the first instance. Of these 14 complaints:
 - 12 complaints were resolved at Stage 1; and
 - 2 complaints progressed to Stage 2 where one remains ongoing and the other has been resolved following the conclusion of Stage 2.
- One of the 15 complaints proceeded directly to Stage 2 without being first considered at Stage 1. The Council exercised its discretion to accept for investigation outside of the 12 month statutory time limit for making a complaint. The Council has the discretion to investigate complaints outside of time limits if (a) it is still possible to investigate the complaint effectively and efficiently; and (b) it was unreasonable to have expected the complainant to have made the complaint earlier.

There were 2 complaints from 2015/16 that were carried forward to 2016/17. Both of these complaints concluded following consideration at Stage 2.

There was one complaint, in addition to the 18 complaints received, that the Council decided not to investigate. The Council decided that the complainant could have raised the concerns in 2013 (or in 2014 when the complainant raised other complaints) and there were no exceptional circumstances to justify investigating it outside of the statutory time limit for making a complaint. The complainant was referred to the LGO who exercised their discretion to investigate the complaint.

6.2.3. Advocacy services

Of the 15 complaints investigated, none of the complainants chose to be represented by an advocate or someone else acting on their behalf.

6.2.4. Complaints considered by the Local Government and Social Care Ombudsman in 2016/17

There were 2 complainants who approached the LGSCO in 2016/17 for consideration of their complaint. In addition to these, the LGSCO concluded their investigation into one complaint, reported in the 2015/16 annual report, which was carried forward to 2016/17.

- In the case of the complaint that the LGSCO investigated in 2016/17, which related to a complaint received by the Council in 2014/15, the LGSCO decided that *“The Council was not at fault in the way it responded to recommendations arising from the complainant’s children’s social care complaint.”*

- In the case of the complaint where the complainant approached the LGSCO following the Council's decision that there were no exceptional circumstances to investigate the complaint outside of the statutory time limit to make a complaint, the LGSCO decided that *"There is no evidence of fault on the part of the Council. The records show the arrangement for X to live with Mrs A was a private family arrangement. The Council made it clear it was not responsible for X's living costs. The Council later funded a loft conversion to Mrs A's home and made an interest-free loan for some other works to enable extra living space. The complaint is not upheld."*
- In the case of a complaint, where the Council first considered the complaint at Stage 1 in 2015/16 but agreement could not be reached with the complainant regarding points of complaint for investigation at Stage 2, the complainant approached the LGSCO in 2016/17. The LGSCO decided that *"The Council acted without fault as it was prepared to investigate Mr X's complaint at the second stage of the statutory complaints process for children"*.

6.2.5. Complaints carried forward to 2017/18

Of the 15 complaints investigated in 2016/17, 2 complaints remain subject to investigation at Stage 2 and will be carried forward to 2017/18.

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 2017/18 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.

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

Adult Social Care

"J and I wanted to say how much we appreciate all your kindness and help in providing the equipment and things that J needs to help him, and makes his daily life a little easier, safer and more comfortable. I am sure you are well aware that small differences can make a huge difference to a person's quality of life it certainly has for us.

From a service user and carer about Occupational Therapy

"S has visited me on several occasions and her practical and caring assistance has really helped me to regain my confidence and maintain my independence. She took the time to listen to my fears and encouraged me in many ways, she made me feel that my mental health was also as important as my physical well being."

From a service user about the Reablement Team

" we would like it to be recorded of the superb service we have had by Social Services this service was top class."

From a family member about Adult Social Care

"To have someone make you a cup of tea and something to eat and do little things that you are unable to do for yourself at the time is most gratifying."

From a service user about the Direct Care and Support Team

"I would like to thank everyone involved for the services they provided. It has given me my life back."

From a service user about the Reablement Team

"You have supported me so much since we met ... after mam broke her hip. The challenges we faced were always met with such resourcefulness, it seemed nothing was insurmountable. Your sense of humour made a difficult situation for me so much more bearable."

From a family member about an Adult Social Worker

"I was advised by a relative to contact HBC in regards to my hearing loss, particular in relation to watching TV. A visit was arranged by the Reablement Team ... to be honest, I only wished I'd met this lady a lot sooner, the difference in my being able to hear words instead of mumbles has made my life much better."

From a service user about the Reablement Team

"I had never heard of your organisation prior to my release from hospital. Then I found it reliable, professional and most supportive. Immediately after my release from hospital they enabled me to be at home and to gradually recover. Without the expert help I would not have achieved my recovery. I am afraid there are too many to mention all by name, but I would like to thank them all for their hugely appreciated help and support."

From a service user about the Reablement Team

Comments from feedback forms (adult social care)

"If I need her, she comes straight out and she answers questions and gets back to me when she says she will."

"She supports me well. She lets me know when she is visiting and tells me what is happening."

"She is there when I need her."

"She is a much better social worker than I thought she would be. I hope she will carry on supporting us and will make a difference going forward."

"She really has made me stronger. I can now look at myself and know when I'm going to be ill. I haven't been diagnosed with bipolar but my moods do go up and down but I am much better now at knowing when I am going to be ill. She has really helped me with that. She has also helped me with knowing what to do when I am ill."

"Everybody has been really nice and really helpful."

"Social worker was lovely, helped also when I said wheelchair was broken rang the service and they came straight away."

"Talks to me and is very kind, encourages me to do things."

"E was lovely, really helpful and followed up on things and got things in place really quickly."

"She would come straight out and sort things if I was upset - she really cares."

"S definitely helps - carers come in and because my wife gets support I am able to continue to go to work."

"Helps me with everything, reads letters for me I don't read too good."

"Every time I ring, she rings back"

"She always returns my calls"

"J is lovely – she was really supportive. I have only spoken to her once since he has been at Brierton which means I haven't needed her. His is happy and so are we. I would ring J if I have any worries."

"Her demeanour was appropriate for the situation and made it very easy and comforting for the [client] and relatives to engage with her. Her body language showed that she was focussed on the client and the clients opinions and decisions but confirmed that she was prepared to listen to contributions for the relations ... I've subsequently benefitted from her ongoing support over the phone, this is particularly important since I am 120 miles away."

"I wish I had E weeks ago, as she certainly put my mind at rest."

"She explored in-depth what i felt was needed for my personal care"

Children's Social Care

"S done more than helped us as family feel supported. He was right on board with our worries and issues from day one. He was there for us."

From a parent and grandparent about a Social Worker

"How do I start to say thank you to you? Since the very beginning you have been totally fab and now when things are tough, you go above and beyond what you should do, even though you are so busy."

From a parent about a Social Worker

"To the best Social Worker in the world ... suppose you alright I might not bar you anymore!"

From a parent about a Social Worker

Comments from feedback forms (children's social care)

'K listens to my feelings, the children's feelings and all other parties in great detail and does what she can to please everyone.'

'I find working with K best out of all the social workers I have had. She listens appropriately and her actions are always explained thoroughly.'

'[S] has helped us as a family put rules, boundaries etc. in place which have worked beyond believe. Bedtimes, time outs, rewards I didn't think were manageable but worked, and still are!'

'If S had been with us over 4 years ago ... I know we wouldn't have had half of the difficult circumstances we had to deal with.'

'There is nothing as a family we can say that S could have done differently. He does his job extremely well ... [he's] been professional, he is approachable as well. He was brilliant and we will miss him!'

'It is totally clear he is 100% committed to his job, and he totally enjoys it. But he is good as it too.'

'I felt I could ask any question regarding my [foster] placement and my feelings or concerns were listened too.'

'The more I got to work with L I felt comfortable in working with her. L is warm and welcoming. I would definitely work with L again.'

'L is a credit to you's, she's the best social worker I've ever had.'

'I really liked her, she was young and I liked that because she was relatable. She gave me confidence in being a Mam.'

'She came across as so knowledgeable and confident.'

'L made things easier by being honest and not 'interviewing'.'

'L is a very pleasant lady who has helped the children a great deal during a stressful time in their lives. She has supported the children throughout every step of the process. This is evident because they think very highly of her.'

'She knew when it was important to act/ intercede in removing the children from an unsafe situation ... she is friendly and approaches the children in a child-friendly/ appropriate way.'

'Having a collection of MH dx to my name, I often feel they walk into a room before I do but I feel L has taken the time to get to know me as a person and therefore I was able to trust her and be honest about my feelings.'

'We have discussed some really painful events and L has done this sensitively and with respect. She is great with the children and they have come to look forward to her visits.'

'I can't think how someone could have done a better job.'

Feedback Form

1. Did [] explain who she was and that she was a social worker?



2. What does a social worker do?

They move children to safer
house with people who look
after them.

3. Do you feel that she listened to you and your wishes and feelings?



4. Did you feel involved in the decisions being made about you?



5. Overall, how did you find working with [] would like to say?

? Is there anything that you

Happy does
her job very well.

Feedback Form

1. Did I explain who she was and that she was a social worker?



2. What does a social worker do?

she has a meeting with you.
Keep you safe.

3. Do you feel that she listened to you and your wishes and feelings?



4. Did you feel involved in the decisions being made about you?



5. Overall, how did you find working with I? Is there anything that you would like to say?

Happy - she is very happy.



You can
draw a picture too
if you would like.

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

Adult Social Care	
Details of complaint/Outcomes	Lessons learned and where appropriate, actions taken
<p>The complainant (the son of a service user who lacked capacity within the meaning of the Mental Capacity Act 2005) was dissatisfied that he was not notified about his mother's review or a forthcoming assessment about continuing healthcare, he was no longer regarded as his mother's next of kin and the Council held inaccurate records about him being estranged from his mother.</p>	<p>There were 5 separate elements of complaint investigated.</p> <p>The independent complaint investigator concluded that following a second independent Relevant Person's Representative (RPR) being appointed under Deprivation of Liberty Safeguards to comply with the requirement of regular visiting in addition to the appointment of the complainant as RPR who was unable to fulfil the requirement of regular visiting owing to him working abroad for prolonged periods, there was no communication with the complainant about his mother's ongoing care and support needs. An apology was provided to the complainant for this.</p> <p>The remaining elements of complaint were not upheld.</p> <p>Learning from the complaint investigation regarding the practice of appointing more than one RPR, as well as the role and inclusion of family members involved in an individual's care, was shared with the workforce.</p>

<p>The complainant (a carer to her elderly parents) alleged that a previous complaint had not been dealt with properly and was dissatisfied that she was had not been provided with a copy of her carers assessment.</p>	<p>The complaint investigator concluded that the previous complaint was properly dealt with but found that, despite an agreement to provide the complainant with a copy of her carers assessment, there was no evidence to confirm this had been done.</p> <p>There was an apology made to the complainant in relation to the delay she encountered in the receipt of a copy of her carers assessment. Although the provision of a support plan is embedded as routine practice, it was recommended that this be extended to include the provision of the assessment. This was cascaded to the workforce.</p>
<p>The complainant (the mother of a service user who managed her son's support package on his behalf) was unhappy that she had not been provided with a copy of his support plan including relevant financial details to enable her to fulfil her obligations as an employer. The complainant also expressed disappointment that the case had been managed in a timely manner.</p>	<p>The independent complaint investigator found that it was essential the complainant should be in possession of the detailed information necessary to enable her to undertake her role in a timely manner and upheld her complaints.</p> <p>Following the response to her complaint, the complainant emailed to say, <i>"Thank you for dealing with my complaint in such a comprehensive manner. I am happy with the outcome."</i></p>
<p>The complainant (the son of a service user) was dissatisfied with aspects of his mother's hospital discharge. The complainant asserted that his mother's social care needs had not been assessed properly prior to her hospital discharge, there was no effective support plan in place upon her discharge, she was not discharged to a safe environment and the contracted care provider's calls to his mother were either late or missed altogether.</p>	<p>The independent complaint investigator found that the assessment had been carried out properly, the support plan met identified care and support needs and the complainant's mother was discharged to a safe environment.</p> <p>However, the independent investigator partly upheld one element of complaint and found that a Support Worker had made a decision to change the times of one of the complainant's mother calls which should not have happened. An apology was provided and the matter was raised with the contracted provider who implemented appropriate action to address the matter.</p>

<p>The complainant (the daughter-in-law of a service user who lacked capacity within the meaning of the Mental Capacity Act 2005) was dissatisfied with the standard of care provided at the contracted care home as well as the behaviour and attitude of the social worker.</p>	<p>The independent complaint investigator concluded that the matters raised by the complainant in relation to the care home had been fully responded to by care home who had already implemented actions as a result. The complaint investigator endorsed the actions the care home had already put in place and did not have any further recommendations in this regard.</p> <p>The complaint investigator highlighted that terms used by the social worker were, in his view, inappropriate and unacceptable. Measures were taken to address this outside of the complaints process.</p>
<p>The complainant (a carer to her elderly father) alleged that a social worker had failed to respond to telephone calls, raised the complainant's expectations about help and support the social worker could offer to address difficulties with her son, failed to complete a service request identified in the support plan and lost bank details.</p>	<p>There were 5 elements of complaint investigated by an independent investigating officer who concluded that 2 elements were not upheld whereas the failure to respond to telephone calls and failure to complete a service request were upheld and an issue regarding loss of bank details was partly upheld. This independent complaint investigator found the complainant's bank details had not been lost but that the social worker had not followed the relevant reporting process. This was addressed outside of the complaints process.</p>
<p>The complainant (the daughter of a service user who lacked capacity within the meaning of the Mental Capacity Act 2005) was dissatisfied with the standard and the quality of the care provided at the contracted care home as well as the failure of the provider to respond to a letter of complaint.</p>	<p>The independent complaint investigator concluded that all 4 elements of complaint were upheld.</p> <p>The care home provider apologised to the complainant. The complainant (who held power of attorney for property and affairs) was financially recompensed for the losses associated with personal items as well as the distress experienced.</p> <p>Lessons identified from this complaint were shared with care providers at a routine provider forum.</p>

<p>The complainant (the wife of a service user who lacked capacity within the meaning of the Mental Capacity Act 2005) was upset and disappointed with the contracted care home who she believed failed to allow sufficient time to implement agreed plans to sustain her husband's residence there. The complainant was also of the view that there was a lack of skilled care to meet her husband's needs.</p>	<p>There were 7 elements of complaint investigated by an independent investigating officer who concluded that 4 elements were not upheld, 2 elements were partially upheld and one element could not be substantiated.</p> <p>The independent investigator was able to explain within the investigation report the legal framework surrounding the placement within the care home which the complainant had not fully appreciated at the time of his admission, as well as the role of the care co-ordinator who was from a partner agency.</p> <p>The complainant fed back to the independent investigator that her husband was settled in another care home in a neighbouring town.</p>
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Children's Social Care	
Details of complaint/Outcomes	Lessons learned and where appropriate, actions taken
<p>The complainant (the father of a child) was unhappy with the respite care facility his child attends. The complainant expressed dissatisfaction with communication and alleges that the respite care facility had cancelled as overnight stay on a permanent basis rather than for one week as was intended.</p> <p>Concluded at Stage 1</p>	<p>The Head of Service provided an explanation to each element of the complaint and an apology was offered around miscommunication to the complainant. Bi-monthly Key Worker visits to the parents, which they had cancelled some time ago by them, were reinstated to aid improved communication between the respite care facility and the parents.</p>

<p>The complainant (the mother of a child who the subject of a protection plan) alleged that the Social Worker failed to visit frequently, missed appointments and did not share information with her in a timely manner to enable her to protect her child.</p> <p>Concluded at Stage 1</p>	<p>The Team Manager found that:</p> <ul style="list-style-type: none"> • since the child had been made subject to a protection plan, the Social Worker had visited the child in accordance with the requirement to visit every 15 days; • there was an occasion when an appointment was rearranged which had caused some confusion for which an apology was provided; • information was shared in an appropriate and timely manner and her child's safety and welfare had not been compromised in any way.
<p>The complainant (the mother of the children) expressed her unhappiness with the children's Social Worker. The complainant voiced a mistrust of the Social Worker and stated that she did not receive feedback of what she was doing right and what she was doing wrong.</p> <p>Concluded at Stage 1</p>	<p>The Team Manager met with the complainant to hear her concerns and was able to identify what feedback was important to her and when. The Team Manager shared how praise is important to the mother with the Social Worker which empowered the children's mother to continue.</p>
<p>The complainant (the mother of the children) expressed that there was a lack of practical help and support provided to her which left her struggling to cope with the needs of the children.</p> <p>Concluded at Stage 1</p>	<p>A Head of Service who knows the complainant well met with her to discuss her wellbeing and how this might leave her struggling to cope with the needs of her children. It was agreed that the practical help and support she had previously received should be reinstated. The complainant was happy with this outcome.</p>
<p>The complainant (the grandmother of the children who reside with her under the auspices of a Residence Order) alleged that no one contacted her to advise of the outcome of the telephone call she made to the Department and consequently the Residence Order allowance has not been fully explored.</p> <p>Concluded at Stage 1</p>	<p>The Manager looking into the complaint found that someone had tried to reach the complainant to explain the outcome of the contact made and had left a voice mail message but it was confirmed it would have been good practice for the outcome to have been sent in writing.</p>

<p>The complainant (the father of a child) alleged that:</p> <ul style="list-style-type: none"> • information was not shared with him and his partner in a timely way; • social workers were wearing ID badges and making telephone calls in a public place; • the respite care facility would not apply the child's prescribed cream. <p>Concluded at Stage 1</p>	<p>The Head of Service provided an explanation to each element of complaint. It was found that information had been shared with the complainant and his partner in a timely way, it was appropriate for the social workers to be wearing ID badges and social workers did not disclose personal, identifiable information in a public setting. The complainant was reminded that the administration of cream or medications can only happen if these are clearly marked with a pharmacy label that in line with Ofsted and NICE guidelines.</p>
<p>The complainant (the mother of a child) expressed her dissatisfaction with comments made to her by social workers.</p> <p>Concluded at Stage 2</p>	<p>An Investigating Officer and independent Person conducted an investigation at Stage 2. Although there was no evidence to support the allegation made, the Investigating Officer recommended that staff be reminded to consider their approach in situations where a parent may feel oppressed. This was shared with social workers and raised at a staff briefing session.</p>
<p>The complainants (the carers of a child) alleged that their complaint was not looked at properly at stage 1, their child had contact with previous foster carers despite stating they did not wish this to happen, the mother's role was overlooked and the father was afforded more favourable treatment by the workers concerned.</p> <p>Concluded at Stage 2</p>	<p>Following an investigation into the allegations made, it was concluded that there was a lack of effective communication between parties and an apology was provided to the complainant for this element of the complaint.</p> <p>It was recommended that Social Workers and Foster Carers are reminded that they should adhere to good practice standards for looked after children. This learning point was shared with senior managers for cascading within their teams.</p> <p>Additionally, those allocated a complaint to look into at stage 1, will be routinely reminded to meet the complainant initially to discuss their complaint where this is both feasible and practical to do so.</p>

ADULT SERVICES COMMITTEE

5 October 2017



Report of: Director of Adult and Community Based Services

Subject: COMMISSIONING FRAMEWORK FOR ADULT SERVICES

1. TYPE OF DECISION/APPLICABLE CATEGORY

1.1 No decision required; for information.

2. PURPOSE OF REPORT

2.1 To provide the Adult Services Committee with information regarding the commissioning framework within adult services.

3. BACKGROUND

- 3.1 Adult Services operate a personal budget framework for individuals who live in the community, as has previously been reported to committee. In summary, the overarching system operates by assessing needs of individuals and allocating resources according to that need. Once individuals have been advised of their personal budget they can either secure services for themselves via a Direct Payment or through services commissioned on their behalf by the Local Authority.
- 3.2 Residential care is not provided through a personal budget. If individuals are assessed as requiring 24 hour residential care they choose the care home where they want to live and the Local Authority, where required and based on a financial assessment, funds the total cost or a proportion of the care.
- 3.3 The Care Act 2014 introduced new duties on local authorities to facilitate a vibrant, diverse and sustainable market for high quality care and support in, for the benefit of their whole population, regardless of how services are funded. The Care Act states that:

- 3.3.1 'Market shaping means the local authority collaborating closely with other relevant partners, including people with care and support needs, carers and families, to encourage and facilitate the whole market in its area for care, support and related services. This includes services arranged and paid for by the state through the authority itself, those services paid by the state through direct payments, and those services arranged and paid for by individuals from whatever sources (sometimes called 'self-funders'), and services paid for by a combination of these sources. Market shaping activity should stimulate a diverse range of appropriate high quality services (both in terms of the types of services and the types of provider organisation) and ensure the market as a whole remains vibrant and sustainable.'
- 3.3.2 'The core activities of market shaping are to engage stakeholders to develop understanding of supply and demand and articulate likely trends that reflect people's evolving needs and aspirations, and based on evidence, to signal to the market the types of services needed now and in the future to meet them, encourage innovation, investment and continuous improvement. It also includes working to ensure that those who purchase their own services are empowered to be effective consumers, for example by helping people who want to take direct payments make informed decisions about employing personal assistants. A local authority's own commissioning practises are likely to have a significant influence on the market to achieve the desired outcomes, but other interventions may be needed for example, incentivising innovation by user-led or third sector providers, possibly through grant funding.'
- 3.4 The purpose of the personal budget framework and market shaping activities is to provide choice and control to individuals requiring social care support within communities, which is also a requirement within the Care Act 2014. To enable a vibrant local care market a number of commissioning / contracting strategies have been utilised which are set out in this report.

4. CURRENT POSITION

- 4.1 **Residential Care** - Local Authorities are required to contract with residential care providers, providing they are registered with the Care Quality Commission (CQC) to provide care, if an individual they are responsible to fund chooses to live in that particular care home. The Local Authority does not, in the main, commission residential care. This means that residential care is not purchased on behalf of individuals, but the Local Authority does contract with providers to enable individuals to choose where they live and maybe required to fully or partially fund their care.

Currently the Local Authority has framework contracts with 19 care homes within Hartlepool and 47 care homes in other boroughs throughout the country. This means that providers are only paid based on the number of residents in place. Payments are made in arrears and adult services carry out quality checks for the homes in Hartlepool through the Quality Standards Framework which members are familiar with from previous reports.

There are two services commissioned through block contracts which cover transitional care for older people and building based short breaks for adults with learning disabilities.

- 4.2 **Partnership Agreements** – a number of services are provided via partnership agreements where adult services work with trusted organisations to deliver services. One of these partnerships is with the Joseph Rowntree Housing Trust for extra care services are provided at Hartfields. Elected members will recall that the scheme was delivered, in part, through a significant government capital grant secured in partnership between the Council and Joseph Rowntree. The partnership agreement is to deliver housing and care services at the scheme and is monitored for quality in the same way as other services. Other partnership agreements are held with thirteen group for housing related support services; Tees Integrated Community Equipment Service (TICES) – a partnership of Local Authorities and health providers; and the Emergency Duty Team.

TICES is operated as an independent organisation with its own brand but is hosted on behalf of the four Tees Local Authorities by Middlesbrough Borough Council. The service purchases and provides equipment to individuals in the community to enable them to live independently in their own homes (this also includes residential homes for certain types of equipment).

These services work well under partnership arrangements as they deliver services with a shared vision and specification for the benefit of the Council, the designated partner and the local community. These services are not subject to regular tendering processes but have governance frameworks appropriate to the service which review quality, overall service direction and ensure that services are fit for purpose and to mutual benefit of all partners.

- 4.3 **Teeswide Framework agreements** - framework agreements are contracts with independent providers where there is no specific value attached to the contract. There is a tendering process to be able to provide services within one of these frameworks based on accreditation of providers to be part of the framework rather than a specific tender for a certain block of services. There are currently Teeswide framework agreements within learning disability services for specialist autism and complex needs services. The reason for a Teeswide approach is the relatively low numbers of people who require these specialist services and the opportunity to secure consistency of approach in service delivery. Providers are more likely to submit cost effective rates for services if they believe there will be a higher critical mass for delivery than just contracting with one Local Authority.

As these contracts are framework agreements there is no financial commitment unless linked to an individual through the personal budget framework. These contracts are held by a lead authority within the Tees Valley, Redcar & Cleveland Borough Council manages the autism framework and Hartlepool Borough Council manages the complex needs

framework. Quality is monitored at a high level by the lead authority and more detailed monitoring of services is carried out through the care management function for each individual.

- 4.4 **Individual Service Funds (ISF)** - ISFs are three way contracts under the personal budget framework between an individual, a trusted provider (trusted and chosen by the individual or their circle of support) and the Local Authority. These contracts are not tendered as an individual will decide to exercise choice and control over how they receive their support but may not want to receive services directly commissioned by the Local Authority. People may want to have more choice and involvement in the specification of services and this framework allows them to direct their care in more detail. To be able to enter into one of these agreements providers are required to go through an accreditation process to ensure they can meet contractual requirements. This way of securing services gives the flexibility of a Direct Payment with some added assurance that the Local Authority has carried out checks on behalf of the individual.
- 4.5 **Tendered Contracts** - these are contracts that go out to tender on the open market where any provider can bid. There is a service specification created to match the overarching commissioning strategy and an evaluation criteria set. The tender sets out the specification, desired outcomes and evaluation criteria at the beginning. On some occasions the value of the tender will be advised from the outset but in many cases the prospective provider is required to submit a price. Generally when evaluating tenders the quality elements and service delivery will equate to 70% of the evaluation points and price and use of resources will equate to 30%.

There a number of different ways to let contracts under the tendering process these are:

- 4.5.1 Block contracts where a fixed fee will be offered (or negotiated) and paid regardless whether the service is fully utilised. An example of this is the block contract for transitional care beds. This is a block contract as the beds are for short term use and have a relatively quick turnover, so a provider would struggle to cost effectively provide staffing and flexibility without the guarantee of income. Other examples are day services for older people where it is vital that services operates regardless of numbers of attendees – and the utilisation of these services is closely monitored by the Commissioning Team. Generally block contracts are secured at a lower price than if services were commissioned on an ‘as and when needed’ basis.
- 4.5.2 Framework contracts have no guarantees that the provider will deliver services, as described above for the Teeswide Framework agreements. With tendered framework contracts it is likely, however, that there is a greater need or volume for services and the tender specification will indicate the likely level of service. An example of this type of service is domiciliary care which is currently let under framework contracts to providers in geographical areas in Hartlepool. The value of these contracts will vary based on the amount of care delivered. Termination of these contracts

occurs under normal terms and conditions, so lack of use can effectively terminate a contract. This type of contract can also be used for extra care services for delivery of care to individuals where the local authority will only pay when individual uses services.

- 4.5.3 Fixed Term Service Contracts - these contracts are tendered for the majority of contracts not linked to individuals or volume as described above. As set out above, a tender is let with a service specification for a specified period of time. Examples of these contracts are carers services, housing related support contracts linked to tenancies, dementia advisory service and low level support contracts such as Blind Welfare and Stroke Services.

There is a range of different ways these services need to be tendered linked to corporate and statutory procurement rules. Generally the higher the value of the contract the more detailed the tender process. Small value contracts can be tendered through a 'Quick Quote' process where a number of suppliers can be invited to tender based on their known expertise and these tenders are also open to other providers via the procurement portal.

- 4.6 There are instances where services are commissioned / contracted jointly with NHS Hartlepool and Stockton on Tees CCG, linked to the Better Care Fund plan and Better Care Fund Pooled Budget. Governance arrangements for the Better Care Fund are undertaken through a BCF Pooled Budget Partnership Board. There is a strong national and local drive to integrate services for older people, and the joint commissioning / contracting of services such as transitional care beds, day services for people living with dementia and a range of low level services that promote independence supports this agenda.
- 4.7 There will be some instances where an exemption to the above framework is required. In such cases, a report is submitted to the Director of Regeneration and Neighbourhoods for approval as delegated officer for procurement. All such exemptions are reported to Finance & Policy Committee.
- 4.8 On some occasions an exemption is required owing to the need to extend contracts beyond the agreed fixed term, as tenders have failed to secure a new provider. Exemptions to tender are, very rarely, requested when research and evidence suggests that a tender to the open market will not add value as the service in question is so specific or specialist that market engagement and negotiation with a preferred provider will achieve a more effective solution.
- 4.9 Examples where these exemptions have been used are for domiciliary care, where existing contracts have been extended to investigate different models of care, and for a block contract for building based short breaks for adults with learning disabilities, where the only possible provision was in the existing building with the current provider owing the particular configuration and ownership of the building and links to individuals who use services.

5. RISK IMPLICATIONS

- 5.1 There are often risk implications associated with commissioning services. One of the main risks is not having sufficient interest of the required quality within the market. As referenced in 3.3 there is now a statutory duty through the Care Act 2014 for adult social care to facilitate a market which offers choice and control to individuals and provides a sustainable market place for providers to deliver services.
- 5.2 Other risks include market failure, which has had an impact in Hartlepool in recent years, specifically in the residential / nursing care sector, with significant impacts for individuals and partners.
- 5.3 Sufficient resources to secure quality services is also a risk as ongoing pressures on adult social care budgets can lead to risks around being able to offer contracts which are perceived as sustainable within the market. The Care Act 2014 requires Local Authorities to let contracts that enable providers to pay at least the national living wage, as well as sufficient overheads to ensure the financial sustainability of the contract.
- 5.4 To mitigate these risks there are various strategies employed. Regular market engagement is undertaken with providers through contract monitoring and forums. Providers in Hartlepool feel able to approach commissioners and there is an open and transparent relationship culture where providers feel they are able to approach officers if they are experiencing difficulties. Experiencing difficulties in delivering services is not seen as provider failure but an opportunity for development.
- 5.5 Each contract / provider has a link officer within the Commissioned Services Team who they know and feel able to contact, and this link officer will carry out quality and contract monitoring and can act as an early warning system to identify potential issues.
- 5.6 There are a variety of initiatives to support providers, particularly those providing residential care, following lessons learned. These include training and education programmes, enhanced pharmacy support and the Quality Standards Framework.
- 5.7 To ensure that providers are financially sustainable there is a two staged approach. Firstly they will go through the contractual financial checks carried out by Corporate Finance, and secondly through the tender process, providers submit a 'Use of Resources' breakdown. This enables commissioners to see what the contract sum will be used for and is part of the evaluation criteria. A detailed analysis of this information identifies before a contract is awarded, that the requirement to meet the national living wage can be met and indicates the level of investment into the service to support service delivery.

- 5.8 Each contract is assessed to ascertain what level of support / risk mitigation is required and the relevant level of support and scrutiny is provided. It is recognised that one size does not fit all, and support and monitoring is delivered in a bespoke way.

6. FINANCIAL CONSIDERATIONS

- 6.1 There are always financial considerations in relation to commissioning of services, the major consideration being the limited resources available to the Council. As referenced above in 5.7 the financial assessment of tenders is supported by Corporate Finance and is relevant and appropriate for each contract.
- 6.2 Contracts are let in the most effective way taking into account available resources. Quality and service delivery takes a higher priority than simply price as services commissioned in Adult Services are predominantly linked to the care and support of the most vulnerable individuals in the community.

7. LEGAL CONSIDERATIONS

- 7.1 There are legal considerations in relation to procurement of services, in particular the requirement for adherence to the Council's Contract Procedure Rules and the Public Contracts Regulations. Since the implementation of the 2015 Public Contracts Regulations, Social Services are now specifically identified as being subject to the regulations and there are a range of procurement activities and transparency requirements that the Council is obliged to comply with in the procurement of service contracts which have a value in excess of the applicable threshold.
- 7.2 Compliance with the relevant legislation is built into the Council's procurement arrangements and these requirements will be managed as a matter of course through our standard procurement processes.

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 identified. All services that are commissioned for adults aim to ensure equity of access.

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 notes the complexity of the commissioning framework for adult services and the requirement for flexibility in ensuring there is a vibrant and sustainable care market in accordance with the statutory duties set out in the Care Act 2014.

13. REASONS FOR RECOMMENDATIONS

- 13.1 The Adult Services Committee has oversight of adult social care services that are commissioned through this framework.

14. CONTACT OFFICER

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