ADULT SERVICES COMMITTEE

AGENDA

HARTLEPOOL BOROUGH COUNCIL

Thursday 11 October 2018

at 10.00am

in Committee Room B,
Civic Centre, Hartlepool

MEMBERS: ADULT SERVICES COMMITTEE

Councillors Hamilton, Little, McLaughlin, C Richardson, Tennant, Thomas and Young

1. **APOLOGIES FOR ABSENCE**

2. **TO RECEIVE ANY DECLARATIONS OF INTEREST BY MEMBERS**

3. **MINUTES**

   3.1 To receive the Minutes and Decision Record in respect of the meeting held on 6 September 2018 *(for information as previously circulated)*.

4. **BUDGET AND POLICY FRAMEWORK ITEMS**

   No items.

5. **KEY DECISIONS**

   No items.

6. **OTHER ITEMS REQUIRING DECISION**

   No items.

7. **ITEMS FOR INFORMATION**

7.1 Transforming Care – North East and Cumbria – *Director of Adults and Community Based Services*

7.2 Shared Lives Provision – *Director of Adults and Community Based Services*

7.3 Annual Report of Adult Social Care Complaints and Compliments 2017/18 – *Director of Adults and Community Based Services*

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

FOR INFORMATION

Date of next meeting – Thursday 15 November 2018 at 10.00am in the Civic Centre, Hartlepool

ADULT SERVICES COMMITTEE

MINUTES AND DECISION RECORD

6 September 2018

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

Present:

Councillor: Stephen Thomas (In the Chair)

Councillors: Lesley Hamilton, Sue Little, Mike McLaughlin, John Tennant and Carl Richardson

Also present:
Jean Pegg, Inspection Manager, Care Quality Commission

Officers: Jill Harrison, Director of Adult and Community Based Services
Angela Armstrong, Principal Democratic Services Officer

17. Apologies for Absence

Apologies for absence were received from Frank Harrison (National Pensions Convention/Years Ahead Forum).

18. Declarations of Interest

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

19. Minutes of the meeting held on 12 July 2018

Received.

20. Care Quality Commission Update (*Director of Adult and Community Based Services*)

Type of decision

For information.

Purpose of report

To provide the Committee with an update regarding the Care Quality Commission's regulation of services for adults with care needs.

Issue(s) for consideration

It was noted that the Inspection Manager from the Care Quality Commission (CQC) had been invited to the meeting to provide an update on the regulation of services for adults with care needs. The presentation was detailed and comprehensive and outlined the purpose and role of the CQC, the model of registration and how the CQC are driving improvement through a more targeted, collaborate and responsive approach. Further information was provided on the meaning of the overall ratings given to adult service provision. It was concluded with an overview of the CQC's civil and criminal enforcement powers which were utilised to take immediate action to protect from harm or time-limited 'final chance' with co-ordination and oversight with other bodies.

The CQC had produced a document 'The State of Adult Social Care Services' which was available on its website, the key points being:

- The majority of people are receiving good quality care. This is something to celebrate.
- Over 80% of inadequate services improve on re-inspection but for services that require improvement, nearly 40% do not improve and 5% get worse.
- We are focusing on encouraging improvement in services related RI.
- We will do this flexibly and proportionally, using inspector judgement and existing risk and enforcement frameworks.
- We will monitor these services more closely to identify changes in quality (up or down) and respond more quickly as required.

In addition to this, the document detailed the CQC's commitment to improve adult social care as follows:

- Agreed priorities to improve quality.
- No single person or organisation can improve the quality of social care on their own.
- Everyone who uses, provides, commissions, oversees or supports care and support services must play their part.
- Avoid duplication – a common approach to information.

During the discussion that followed it was highlighted that the timeframes for inspections by the CQC were only a guide and the schedule of inspections would be reprioritised depending on need. As well as the schedule of inspections, additional inspections could be instigated through intelligence received, including from whistle blowers who can remain anonymous.

It was noted that there was an appeal mechanism in place should a service be rated as inadequate. This may result in a delay or withdrawal of the removal of the regulatory activity inspected, should the necessary improvements have been identified. In response to a question raised by a Member, the Inspection Manager confirmed that the Regulations did

require the CQC to examine the recruitment process of individuals employed within the adult care sector in detail. The Inspection Manager indicated that inspections were usually unannounced with some inspections being announced the day before and can be undertaken at any time of day.

A Member sought clarification on whether inspectors would highlight any issues that were brought to their attention that did not form part of the inspection being undertaken, for example the care of other individuals within a sheltered accommodation complex. The Inspector confirmed that any issues with the care being provided would be highlighted to the most appropriate person or body. A discussion ensued on the timescales involved with the removal of a regulatory service and how that affected the people receiving that provision.

The Chair thanked the Inspection Manager for attending and providing such an interesting and informative presentation which provided the insight into the work and functions of the CQC, including the ongoing work with the Local Authority to ensure service provision in the local areas was at the highest possible standard.

Decision

The presentation by the Inspection Manager from the CQC was noted.

21. Any Other Items which the Chairman Considers are Urgent

None.

The meeting concluded at 11.05 am

H MARTIN

INTERIM CHIEF SOLICITOR

PUBLICATION DATE: 13 SEPTEMBER 2018

ADULT SERVICES COMMITTEE

11 October 2018

Report of: Director of Adult & Community Based Services

Subject: TRANSFORMING CARE – NORTH EAST AND CUMBRIA

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1. TYPE OF DECISION/APPLICABLE CATEGORY

1.1 For information.

2. PURPOSE OF REPORT

2.1 To provide the Adult Services Committee with an update on progress of the North East and North Cumbria Transforming Care Programme.

3. BACKGROUND

3.1 Following the Winterbourne View scandal a national programme was launched aimed at reducing reliance on long stay learning disability hospitals. As a result the transformation programme was developed, and the North East and Cumbria were awarded 'fast track' status.

3.2 A transformation plan was developed which identified that by improving the community infrastructure, supporting the workforce and avoiding crisis by focusing on earlier intervention and prevention, the North East and North Cumbria would be able to support people in the community more effectively thus avoiding the need for hospital admission.

3.3 The plan focused on a systematic reduction and closure of learning disability assessment and treatment beds over the five years to March 2019 across the North East and North Cumbria.

3.4 Transforming Care guidance highlights the importance of local partnership working between commissioners from local government and the NHS with an emphasis on the oversight and support of Health and Wellbeing Boards and Health Scrutiny functions.

3.5 An overarching North East & North Cumbria plan was developed, incorporating plans from each of the 13 Local Authority areas, which outlines local initiatives that reduce the need for admission to hospital.

4. PROGRESS

4.1 The Transforming Care Partnership Board (TCPB) agreed a work programme which identified priority areas and established associated work streams. The TCPB reports on four nationally mandated processes back to the National Team (NHS England) namely:

- Co-production - partnership approaches
- Trajectories for inpatient services - including bed closures
- Service models - new models of care
- Finance - capital and revenue release.

4.2 During 2017/18 the TCPB demonstrated positive progress against delivery of its local plan through achievement of planned trajectories and bed closures. A collaborative commissioning hub for Durham, Darlington and Tees has been established to ensure sustainable delivery.

4.3 The Tees area has effectively reduced its contracted inpatient assessment and treatment bed capacity. There has been a coordinated effort to reduce reliance on inpatient beds and prevent inappropriate admissions.

4.4 Within Hartlepool there has been investment in community infrastructure through the delivery of an enhanced community support service (provided by Tees Esk & Wear Valley NHS FT), shifting investment from bed based provision to the community and providing a greater degree of resilience to those people being resettled from long stay inpatient care who require a high degree of intensive support. Additional funding has also been awarded by NHS England to enable an intensive in reach provision that supports people and families to prevent crisis and social care providers to enable effective discharges.

4.5 Along with other Local Authority areas, Hartlepool has submitted plans for those with an indicative discharge date before March 2019 and the financial impact has been reported back to the TCPB via regional finance leads.

4.6 The Tees locality plan identified three key areas for development, to build upon the progress already achieved locally:

- Crisis Care and Early Intervention
- Workforce Development
- Community Infrastructure

4.7 **Appendix 1** provides an overview of the funding invested to support the Transforming Care programme across Tees, Durham and Darlington.

4.8 An Accountable Care Partnership has been established comprising of the 5 CCGs across Durham, Darlington and Teesside and Tees Esk and Wear

Valley NHS Trust. The Partnership will deliver a collaborative approach to the health commissioning, delivery, and assurance of care across Mental Health, Learning Disabilities, Mental Health Older People's Services and Children and Young People.

5. ACTIVITY

5.1 CCGs provide weekly activity updates to NHS England. The table below shows the number of Hartlepool people who remain within NHS funded inpatient care:

	CCG funded	NHS England funded	Total
Hartlepool	4	4	8

* does not include those people in secure provision with an indicative discharge date post 2020

6. RISK IMPLICATIONS

6.1 There are risks associated with the need to ensure that the community is sufficiently resourced to prevent avoidable admission to inpatient settings. The reduction in inpatient beds can only be achieved safely with the development of alternative resources.

6.2 Following the success of the early 'fast track' implementation the rest of the country is now working on similar plans to reduce bed capacity with pressure falling on commissioners to find suitable placements in the community. This has caused some significant challenges in the care market with providers being asked to support a growing number of complex individuals often 'cross boundary'.

6.3 'Cross boundary' placements often have implications for the local health and social care infrastructure, examples include increased safeguarding activity, requirements for increased support from specialist community health teams and the impact for others in homes of multiple occupancy or shared living schemes.

6.4 There are potential implications from a case heard by the Court of Protection (MM Case: [2017] EWCA Civ 194) in which it was determined that, in the case of conditional discharge of MHA s.37/41 restricted patients, neither the Secretary of State nor the tribunal has a power to deprive a person of their liberty outside of a hospital setting. Such a power 'would have to be prescribed by law and it is not'. Nor was it necessary to imply such a power. To do so would create a power that was 'unconstrained, without criteria, time limits or protections', with inferior review rights in the community when compared with those in hospital, which would be discriminatory.

The position was very different for those on Community Treatment Orders. The court was prepared to hold by necessary implication that a responsible clinician (but not the tribunal) has 'a power to provide for a lesser restriction of

movement than detention in hospital'. The court went on to observe Deprivation of Liberty under a CTO is intended to be a lesser restriction on freedom of movement than detention for treatment in hospital.

The implications of the MM case on those people with Mental Health Act restrictions has halted the proposed discharge of several people until further clarity is sought, which means that discharge in the near future is unlikely.

7. FINANCIAL CONSIDERATIONS

7.1 Currently 100% of the costs of patients detained under the Mental Health Act are funded by the NHS (either NHS England or CCGs). However, when individuals are resettled back into the community, local authorities may become responsible for some of the costs of their new community based package of care. The proportion of costs to be paid by the local authority will depend on the health needs of the individual following an assessment.

7.2 Additional revenue and capital funding is being made available to CCGs in 2018/19 however it should be noted that the existing funding is not adequate to provide for the full cost of people transferring from health funded hospital based provision to community settings and is primarily to support community infrastructure costs.

7.3 Local Authorities will be able to access some of this funding from CCGs in the form of a 'dowry payment'. The dowry will be paid by the NHS to the Local Authority for those patients who had an NHS funded inpatient spell of 5 years or more on 1 April 2016. The dowry is linked to the individual and will terminate on their death.

7.4 A regional Transforming Care Finance Task and Finish Group has been established with representation from Local Authorities and CCGs to establish a fair and equitable approach to support the transfer of funding, linked to dowries.

7.5 Joint guidance has been produced however there remains no local or regional agreement in respect of how much this payment will be. An indication was provided by the working group suggesting an interim figure of around £64,000 per person, split depending on the health or social care needs of the individual. The TCPB has concluded that this should be decided at a local level between each respective Local Authority area and its partner CCG. It should be noted that there are currently no plans to index link the value of the dowry which will remain fixed in cash terms for the life of the individual.

7.6 Of the eight Hartlepool people referred to in Section 5 only four are considered by HBC as eligible for a dowry payment.

7.7 The costs of community packages will only be finalised once the inpatient has been released from hospital however, depending on the needs of the

individual, package costs are likely to be in excess of £100,000 per annum per person.

7.8 Work is ongoing between the Finance Task and Finish Group, the TCPB, CCGs and local authorities to determine the full financial implications of this Programme and further details will be reported to Members once these are finalised.

8. LEGAL CONSIDERATIONS

8.1 The process to support a hospital discharge is often complex and practitioners have to consider duties associated within the Mental Health Act 1983, the Mental Capacity Act 2005 and consideration of ongoing restrictions by the Ministry of Justice. A relevant judgement by the Court of Protection is referenced in 6.4.

9. CHILD AND FAMILY POVERTY

9.1 No child and family poverty considerations have been identified.

10. EQUALITY AND DIVERSITY CONSIDERATIONS

10.1 The Transforming Care agenda aims to improve equity for adults with learning disabilities and complex needs by enabling people to be supported in the community or close to home.

11. STAFF CONSIDERATIONS

11.1 There are no staffing considerations associated with the issue

12. ASSET MANAGEMENT CONSIDERATIONS

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

13. RECOMMENDATIONS

13.1 It is recommended that the Adult Services Committee notes the update and the progress to date against the regional plan.

14. REASONS FOR RECOMMENDATIONS

14.1 The successful implementation of the transformation of learning disability services and reduction in excess inpatient beds is dependent on a robust and

sustainable community infrastructure. The locality plans that have been developed collaboratively by partners demonstrate a commitment to the continued delivery of this improvement area.

15. CONTACT OFFICER

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Transformation Funding Projects

Scheme Title		Outline	Full Cost
1	In Reach Support- Tees/Durham and Darlington	To support staff teams in the community to allow people to be discharged sooner where delays to recruitment are impacting on discharges, to deploy expertise to work into services/people's homes to work with staff teams to develop behavioural plans and supplement staff teams where there is a risk of breakdown and possible admission. This is a 'virtual' support contingency model whereby staff can be drawn from existing resource within the Trust in urgent situations.	£450,000 (R)
2	Life Designs- Tees Durham and Darlington	In a number of cases the support package and home that has been commissioned for someone does not reflect their needs. This is often due to the limited co-production in determining what the person needs. The introduction of facilitated training and development in relation to designing solutions will provide consistent approaches to meeting people's needs better, including the tools and techniques used. One of the most consistent messages coming from Care and Treatment Reviews (CTRs) is that the wrong response from services when people are young has had major implications throughput their lives, often resulting in people being moved from service to service or remaining in inpatients settings throughout to adulthood. A significant aspect of this work will be to also to engage with children and young people's support and commissioning workforce and parents/carers, to ensure that the planning for young people incorporates the same approach and enables a more joined up proactive response.	£25,000 (NR)
3	Discharge Co-ordinator/s Durham/Tees	The process to ensure that a person's discharge is progressed as efficiently and timely as possible is often complex and requires a number of elements to be in place to ensure that discharge takes place as planned, this can include identifying and viewing placements, writing panel request forms, completing court of protection documentation etc., all areas that can often delay a planned discharge. The introduction of a Discharge Coordinator that can support Case Managers and Care Co-ordinators with the areas above has been identified to provide an effective link between the inpatient setting and the community. It is proposed that these two posts are aligned to the Integrated Care Partnership (ICP) Case Management function, providing a more effective streamlined resource focused on progressing the discharge of current patients currently within CCG commissioned inpatient settings and the forward planning for those people within Specialised Commissioning settings as they progress through to transfer/discharge.	£70,000 (R)
4	Time Out- Durham- retainer	Further funding to enable the continuation of the Durham 'Time Out/Safe Space' accommodation.	£26,000 (R)

ADULT SERVICES COMMITTEE

11 October 2018

Report of: Director of Adult & Community Based Services

Subject: SHARED LIVES PROVISION

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1. TYPE OF DECISION/APPLICABLE CATEGORY

1.1 For information only.

2. PURPOSE OF REPORT

2.1 To provide the Adult Services Committee with an update on the development of Shared Lives provision within Hartlepool.

3. BACKGROUND

3.1 Shared Lives schemes support adults with learning disabilities, mental health, physical disabilities and other needs that make it harder for people to live on their own. The schemes match someone who needs care with an approved carer. The carer shares their family and community life, and gives care and support to the person with care needs.

3.2 Some people move in with their shared lives carer, while others are regular daytime visitors. Some combine daytime and overnight visits.

3.3 Shared Lives schemes are available across the country and are an alternative to traditional kinds of care, such as care homes. Shared Lives schemes are also known as adult placements.

4. SHARED LIVES

4.1 Everyone who lives with or visits a Shared Lives carer, as well as the carer, are part of a local Shared Lives scheme. There are around 150 Shared Lives schemes across the UK. Schemes match people who need support with a Shared Lives carer - giving each person time to get to know each other, and choose to share their family and community lives together - whether for day support, respite, or to move in with their Shared Lives carer's family.

4.2 Schemes support each match between people and they assess how suitable and safe the Shared Lives carer's home is.

4.3 Shared Lives schemes are responsible for recruiting, training and approving Shared Lives carers. They carry out Disclosure and Barring Service (DBS) checks on the Shared Lives carer; and ensure the property meets fire, electrical and gas safety regulations.

4.4 All Shared Lives schemes in England are registered and inspected by the Care Quality Commission (CQC). Shared Lives provision is consistently rated better than most other types of social care.

4.5 Shared Lives schemes are either directly run by local authorities or by charities and social enterprises. Almost all Shared Lives schemes operate geographically on the same boundaries as the local council body that has responsibility for Adult Social Care.

4.6 Shared Lives schemes can choose to join Shared Lives Plus, the UK network for Shared Lives programmes. Members are individual Shared Lives carers, Shared Lives schemes, Homeshare providers and micro-enterprises, and Shared Lives plus provides support, coordination and guidance, as well as being a strong voice for the sector. Around 99% of Shared Lives schemes are members of Shared Lives Plus.

5. SHARED LIVES PLUS

5.1 In 2016/17 the North East Association of Directors of Adult Social Services (NE ADAS) funded a pilot programme with Shared Lives Plus.

5.2 Shared Lives Plus is funded by its membership, and a number of specific project grants including the UK Government, Welsh Government, NHS England, Big Lottery Fund, Lloyds Bank and Dunhill Medical Trust.

5.3 The aim of the NE ADASS pilot was to support further development across the North East of the Shared Lives (Adult Placement) model and increase membership of Shared Lives family carers.

6. LOCAL POSITION

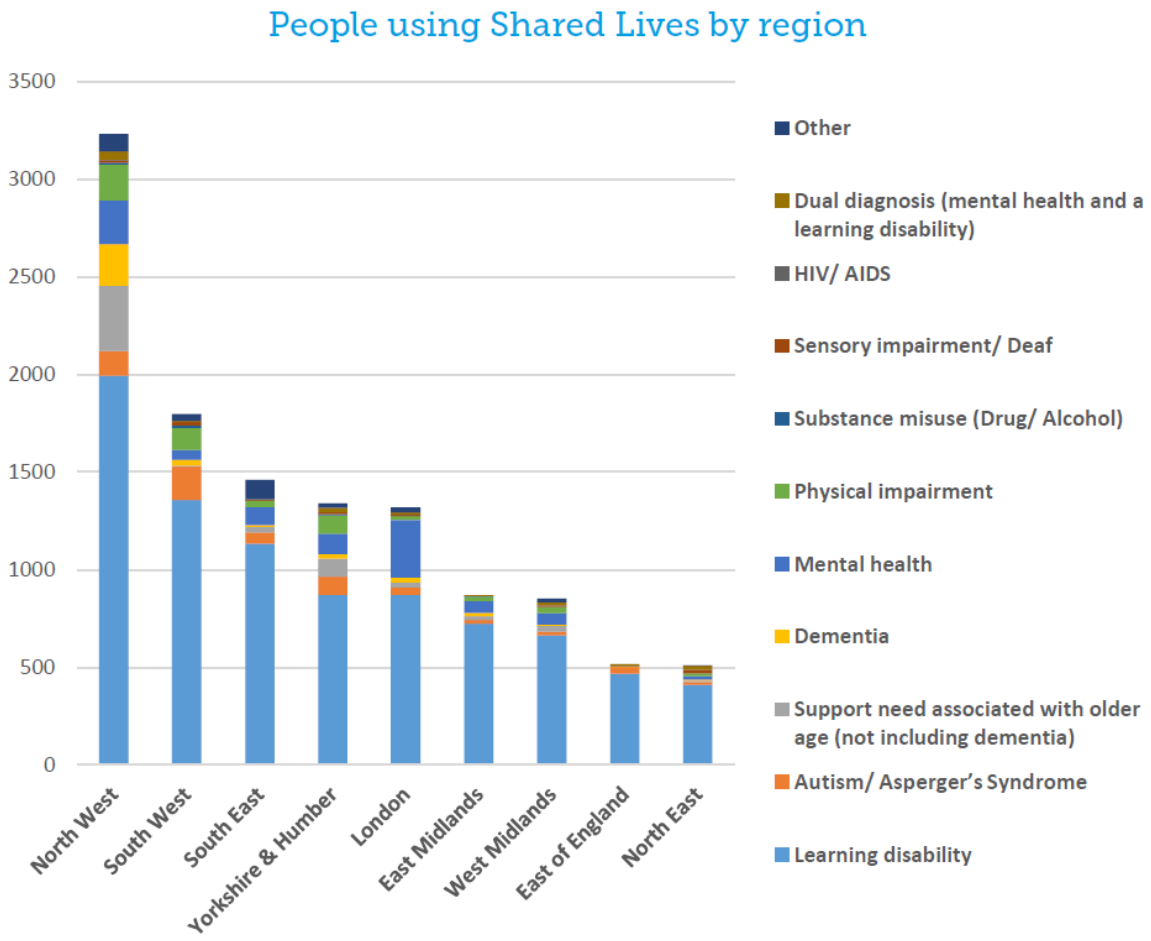
6.1 Hartlepool Borough Council previously held a small contract with an Adult Placement provider but due to low uptake, the contract was terminated in 2008/09. The previous provider was not linked to a Shared Lives scheme and therefore could not benefit from being linked to the UK Network or expert support.

6.2 With the development of Shared Lives Plus, and following conversation and further exploration of the model with ADASS North East, there is now a strong case to develop a new Shared Lives model for Hartlepool.

6.3 Several iterations of the model have been discussed for Hartlepool and the option of developing a Tees model has been considered. Development of a Tees Shared Lives model would require investment up front and would take time to become established. An alternative option was therefore explored with Durham County Council (DCC) and it was determined that it would be preferable for Hartlepool to build on the well-established Durham model, which is operated with the support of DCC and Shared Lives Plus. The Durham model will enable Hartlepool to spot purchase provision and will fully realise the benefits of being linked to the UK network.

7. ACTIVITY

7.1 The table below presented at the North East ADASS project group provides an overview of the uptake of Shared Lives by region showing that the North East are not fully utilising the model to its optimum.



8. PROPOSAL

8.1 Hartlepool will develop Shared Lives provision utilising a spot purchase arrangement with DCC. The Durham Shared Lives Service has been established since 2008 and is currently rated as 'good' by the CQC.

8.2 As part of the Shared Lives programme HBC will:

- Agree with Durham individuals who may become Shared Lives Providers for Hartlepool residents.
- Ensure a named care coordinator is allocated for Hartlepool residents accessing the service.
- Promptly share documentation attaining to the care and support of service users.
- Provide Emergency Duty access out of hours.
- Arrange and fund 28 days respite care for people using the service and provide 28 days paid holidays to service providers.

8.3 As part of the Shared Lives programme DCC will:

- Undertake a number of comprehensive assessments linked to the Shared Lives standards.
- Carry out Enhanced DBS checks and references.
- Complete Home Health & Safety checks.
- Provide mandatory training e.g. food hygiene, first aid, safeguarding.
- Conduct and chair an approval panel to sign off applications.
- Provide checks and monitor against CQC standards.
- Report any significant issues to a named lead in HBC.

9. RISK IMPLICATIONS

9.1 Shared Lives schemes outperform all other types of service provision in relation to the quality of care provided and were commended in the CQC 'State of Care' report in 2017.

9.2 The CQC consistently rate Shared Lives as one of the safest and most effective forms of care and support and this continues to remain the case under their new inspection regime.

9.3 Shared Lives Plus has jointly developed principles with ADASS. The principles support schemes, Shared Lives carers, health and local authorities ensure that best practice can be followed when a person using Shared Lives is believed to be at risk of harm and/or a safeguarding concern is raised.

9.4 Shared Lives principles ensure that the person's wishes are paramount and that the professionals involved understand the difference between a Shared Lives arrangement and other forms of care and support.

9.5 Shared Lives carers have access to a dedicated helpline to discuss safeguarding issues and as Members of Shared Lives Plus receive additional support.

10. FINANCIAL CONSIDERATIONS

10.1 HBC will pay Shared Lives carers a weekly fee in line with the Government Guidance (HS236): Qualifying Care Relief Guidance (2018). This will be annually uplifted to reflect any changes in qualifying payments and in consultation with DCC.

10.2 Fee rates as of April 2018 are based on a person's Disability Living Allowance (DLA) Care Component or their Personal Independence Payment (PIP) daily allowance:

- Lower rate £375.90 per week
- Middle rate £400.75 per week
- High rate £437.15 per week

10.3 HBC will pay an agreed management fee to DCC per Shared Lives arrangement:

- Year one fee £4,351.22
- Year two fee £1,821.42

HBC will review the contract fees annually with DCC.

11. LEGAL CONSIDERATIONS

11.1 An appropriate legal agreement is in place between HBC and DCC regarding the spot purchase agreement. The agreement has been endorsed by legal services and is in line with current government guidance and best practice.

12. CHILD AND FAMILY POVERTY

12.1 No child and family poverty considerations have been identified.

13. EQUALITY AND DIVERSITY CONSIDERATIONS

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

14. STAFF CONSIDERATIONS

14.1 There are no staffing considerations associated with the issue

15. ASSET MANAGEMENT CONSIDERATIONS

15.1 There are no asset management considerations associated with this issue.

16. RECOMMENDATION

16.1 It is recommended that the Adult Services Committee notes the update and progress on the development of Shared Lives provision.

17. REASONS FOR RECOMMENDATIONS

17.1 The successful implementation of Shared Lives provision will provide another social care offer to people in need of care and support. The model is highly valued by its members and carers and is nationally recognised as a model that provides high quality person centred care.

18. CONTACT OFFICER

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ADULT SERVICES COMMITTEE

11 October 2018

Report of: Director of Adult & Community Based Services

Subject: ANNUAL REPORT OF ADULT SOCIAL CARE COMPLAINTS AND COMPLIMENTS 2017/18

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1. TYPE OF DECISION/APPLICABLE CATEGORY

1.1 For information.

2. PURPOSE OF REPORT

2.1 To present the Annual Report of Adult Social Care Complaints and Compliments for 2017/18 to the Committee.

3. BACKGROUND

3.1 The Annual Report of Adult Social Care Complaints and Compliments 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 2017/18;
- Outcomes of complaints;
- Client group and general data;
- Learning lessons and service improvement; and
- Complaints considered by the Local Government and Social Care Ombudsman in 2017/18.

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 Report of Adult Social Care Complaints and Compliments 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.

15. CONTACT OFFICER

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Appendix 1

HARTLEPOOL BOROUGH COUNCIL

Annual Report of Adult Social Care Complaints and Compliments 2017/18

Contents

Appendices

1. Introduction

Welcome to Hartlepool Borough Council's Annual Report of Adult Social Care Complaints and Compliments The report covers statutory complaints and compliments received for adult social care services for the period 1 April 2017 to 31 March 2018.

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 is 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 and Social Care Ombudsman define 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; or
- 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. Adult Social Care Complaint Framework

3.1. Complaint management arrangements

The statutory complaint function for adult social care sits within the Standards, Engagement and Development Team under the management of the Team Manager. The remit of the Complaints Manager's function is:

- Managing, developing and administering the complaint procedure;
- 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; and
- Monitoring and reporting on complaints activity.

3.2. The complaint regulations and procedure

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 local joint protocol for the handling of complaints that span more than one health or social care organisation has 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 are 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.

3.3. 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. The Council's policy aims for even the most complex of complaints to be resolved 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, there is discretion to accept a complaint after the 12 month time limit 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.

3.4. Referral to the Local Government and Social Care Ombudsman

If, at the end of the complaints procedure, the complainant remains dissatisfied with the outcome or the way in which their complaint has been handled, 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 the 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; and
- 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; and
- 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.

Service users and carers are provided with factsheets explaining the procedure when they take up a new service and when support plans are agreed and reviewed.

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

6. Summary of representations

6.1. Compliments

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

During 2017/18, 57 compliments were 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 communication. In addition to this, verbal expressions of thanks and appreciation were received from service users, carers and their families who have participated in providing feedback about newly qualified social workers. Appendix 1 provides some examples of compliments received during the period.

6.2. Complaints received in 2017/18

A total of 18 complaints were received during 2017/18. The number of complaints received has decreased by one from last year.

Of the 18 complaints received, 4 complainants withdrew their complaints leaving a total of 14 investigated in 2017/18. This is a decrease of one from 2016/17 where 15 complaints were investigated.

Of the 14 complaints investigated in 2017/18, 13 have concluded local statutory complaints processes and one remains ongoing. To date, 2 complainants, from the 13 complaints that have concluded local statutory complaint processes, have approached the Local Government and Social Care Ombudsman (LGSCO) with their complaint.

6.3. Client groups and general data

Adult Social Care			
Client group	**2017/18**	**2016/17**	**2015/16**
Older Persons	4	5	6
Learning Disabilities	1	1	1
Physical Disabilities and Sensory Loss	6	3	1
Adult Mental Health (Integrated Service) or AMHP function	2	1	1
Contracted Services	4	7	7
Carers	1	2	0
Total number of complaints received	18	19	16

In 2017/18:

- Complaints were received from 6 males and 12 females.
- Complaints which are considered either complex or have a number of elements are usually investigated by someone independent of the council. Independent Investigators were appointed to 11 of the 14 complaints investigated. The remaining 3 complaints were investigated and responded to internally.
- Of the 18 complaints received, none of the complainants chose to have an advocate assist them with their complaint. However, one complainant signed their consent for someone else to act on their behalf in respect of the complaint and 5 complainants represented a deceased relative in bringing their complaint.
- One of the 14 complaints investigated from the relative of a deceased person spanned both the complainant's GP as well as adult social care where a single response to the complainant's dissatisfaction was co-ordinated.

6.4. 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;
- 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 of all available information and the drafting of a complaint investigation report; and
- Carrying out factual accuracy checks on the draft report and providing feedback to the complainant before finalising and submitting the final report.

6.5. Complaints carried forward to 2018/19

Of the 14 complaints investigated, one complaint that remained under investigation as at 31 March 2018 has been carried forward to 2018/19.

6.6. Complaints considered by the Local Government and Social Care Ombudsman in 2017/18

There were 2 complainants who approached the LGSCO for consideration of their complaint.

In one case, the LGSCO decided that it would not investigate the complaint because the person had not consented to their relative acting on their behalf in

making the complaint to the LGSCO. However, the LGSCO explained that it would be unlikely the Ombudsman would find evidence of fault with the actions taken by the Council warranting further investigation even if an investigation was undertaken.

In the other case, the LGSCO decided that there was a delay in reviewing a support plan but that the Council had remedied it by conducting the review and backdating the direct payment to recognise the period of time when the complainant was without the increased support.

7. Lessons learned

Lessons learned are an important aspect of the complaints framework. Appendix 2 outlines some improvements that have been put in place as a direct result of complaints and representations received in adult social care during 2017/18.

8. Conclusions and way forward

8.1. Going forward

There is an ongoing commitment to ensure that a person-centred approach is adopted for the handling and investigation of each complaint. The Council is focused on ensuring that: complainants receive appropriate and timely feedback on complaints; appropriate apologies are offered; any redress is made and any service improvement recommendations are delivered.

8.2. Action plan

Actions for 2018/19 are as follows:

- Continuing to raise awareness of and promote appropriate use of the complaints procedure for adult social care.
- Continuing to raise awareness of lessons learnt from complaints and ensuring that they are fed into policies, procedures and practice.

- 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.

Appendix 1: Examples of compliments received across Adult Social Care

"Thank you for all the help and care you have given me. You have met all my needs and knew every bit of help I would need. You have looked after me like family, everything you suggested, have met all the help I didn't know I could get. You are very good at your job. Thank you for everything'.

Service user about Reablement Services

"*Visit carried out with utmost dignity and sensitivity – credit to the authority."*

Service user about OT services

"Excellent service ... very efficient and informative"

Service User about Reablement Services

"Many thanks for your prompt action .... You have no idea how much of a weight that has lifted from our shoulders."

Carer about adult social care

"Pleased and satisfied in the way I was treated and looked after...made my life a lot easier."

Service user about adult social care

"Compassion and professional attitude to work are a credit ...."

Service user about adult social care

"A thorough assessment of my condition and needs. I found my optimistic opinion of my own self-caring abilities constructively analysed, it was helpful and reassuring."

Service user about adult social care

"Thank you all so very much for everything you have done .... Thank you is not enough we know but it is from our heart. You are all amazing and do a fantastic job. Keep doing what you do."'

Service user about the Telecare Service

"Thank you for the prompt response and lovely caring manner."

Service user about the Telecare Service

"I would like to thank you for your help and understanding throughout this whole process I have been through."

Carer about the User Property and Finance Team

"I would like to thank you so very much for the guidance and understanding you have given me, whilst dealing with my mum's case. Apologies for the tears shed. I know you are aware of how much I love my mum, and how hard it was for me to place her in the nursing home. The sound advice you gave helped me. I am really grateful."

Carer about the User Property and Finance Team

Appendix 2: Examples of complaints and actions taken/lessons learned in Adult Social Care

Details of complaint/Outcome	Lessons learned and where appropriate, actions taken
The complainants (the sisters of a service user who lacked capacity within the meaning of the Mental Capacity Act 2005) were dissatisfied with aspects of their brother's care by the social work team as well as the care provider commissioned to provide his care and support needs.	There were 5 separate elements of complaint investigated. The independent investigator concluded that the social work team had not been responsive to the concerns brought to their attention and had failed to carry out a review of the service user's needs. An apology was provided to the complainants for this, a review meeting was convened and the service user's support plan updated accordingly. The remaining elements of complaint about the commissioned service provider were not upheld. Despite this, the independent investigator highlighted issues connected with staff training and suitability, record keeping and confidentiality. These service improvements were shared with the provider and improvements in these areas will be overseen by the Commissioned Services Team.
The complainant (the daughter of a service user) alleged that adult social care neglected their duty of care towards her mother by not ensuring her protection and rights were looked after.	Although the independent investigator found that the point of complaint was not upheld, a recommendation was made that would further benefit the protection of the service user's property and affairs which the Department has since fully implemented.

The complainant (the mother of a service user) was unhappy that her daughter was being denied services to keep her out of hospital which she stated had been previously agreed.	The independent investigator upheld the complaint and concluded that the complainant's daughter should be provided with the direct payment identified in her previous support plan. An apology was provided to the service user via the complainant. A review of the service user's care and support needs was carried out and a new support plan was implemented. The direct payment to meet the identified needs was backdated to recognise the period of time when the complainant's daughter was without the increased support.
The complainant (a friend of a late service user) expressed her dissatisfaction about a failure to assess the service user's needs in an urgent manner.	The independent investigator appointed did not uphold the complaint. Despite this, the investigator considered that professionals should be reminded that the general public are usually inexperienced and when they telephone the "Emergency Duty Team" the term 'emergency' could lead them to expect (whether accurate or not) that their situation will be dealt with as a priority.

The complainant (the daughter of a service user who lacked capacity within the meaning of the Mental Capacity Act 2005) was unhappy that a Social Worker failed to: • respond to telephone messages; • arrange a visit and make a referral to a Support Living Scheme; • reduce day care provision; and • provide clarity about the support plan after re-ablement service provision ended.	The independent investigator concluded that, with the exception of the visit to the Supported Living Scheme, the points of complaint were upheld. An apology was provided to the complainant for the shortfall her mother received in service provision. The performance and practice issues identified were addressed through supervision and training. The allocations procedure for extra-care housing provision was re-circulated to social work teams.
The complainant (the daughter of a late service user who lacked capacity within the meaning of the Mental Capacity Act 2005) considered that care management arrangements were inadequate, the care home relied upon an excessive use of sedatives to manage the service user's care, they did not supervise the service user properly resulting in a fall and did not adequately supervise or assist to maintain appropriate nutrition or eating routines.	The independent investigator concluded that none of the points of complaint were upheld but offered a suggestion for the Registered Manager which may improve communication with family members. This was shared with the Registered Manager for consideration and any appropriate action.

The complainant (the son of a late service user) was unhappy with the care provided by a contracted service provider. The complainant expressed that the care provider was inattentive to the service user and failed in their duty of care to ensure health needs were being met.	The independent investigator found that there was no evidence to demonstrate that the care provider had failed to summon appropriate assistance to meet the service user's health care needs. However, the independent investigator considered that the circumstances leading to the late service user's hospital admission should be considered further under adult safeguarding arrangements to address the gap in district nursing information which would inform the full picture of the care delivered. The Council asked North Tees and Hartlepool NHS Foundation Trust (NTHFT) for this information which was shared with the complainant. An apology was provided from NTHFT to the complainant for the shortcomings which they had identified within their area of responsibility.