ADULT AND COMMUNITY BASED SERVICES COMMITTEE

AGENDA

Thursday 6 December 2018

at 10.00am

in Committee Room B,
Civic Centre, Hartlepool

MEMBERS: ADULT SERVICES COMMITTEE

Councillors Brewer, Hamilton, Little, McLaughlin, C Richardson, 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 15 November 2018 *(for information as previously circulated)*.

4. **BUDGET AND POLICY FRAMEWORK ITEMS**

   No items.

5. **KEY DECISIONS**

   No items.

6. **OTHER ITEMS REQUIRING DECISION**

   6.1 Teeswide Safeguarding Adults Board Annual Report 2017/18 and Strategic Business Plan 2018/19 - *Director of Adult & Community Based Services and Independent Chair of Teeswide Safeguarding Adults Board*

   6.2 Learning Disability Mortality – *Director of Adult and Community Based Services*

7. **ITEMS FOR INFORMATION**

7.1 Strategic Financial Management Report as at 30 September 2018 – *Director of Adult and Community Based Services and Director of Finance and Policy*

7.2 Adult Social Care User Survey Results – *Director of Adult and Community Based Services*

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

FOR INFORMATION

Date of next meeting – Thursday 10 January 2019 at 10.00am in the Civic Centre, Hartlepool

ADULT AND COMMUNITY BASED SERVICES COMMITTEE

MINUTES AND DECISION RECORD

15 November 2018

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

Present:

Councillor: Stephen Thomas (In the Chair)

Councillors: James Brewer, Lesley Hamilton, Sue Little, Mike McLaughlin (vice-chair), Carl Richardson and Mike Young.

Also present: Gordon and Stella Johnston and Judy Gray, Hartlepool Healthwatch
Frank Harrison, National Pensioners Convention

Officers: Jill Harrison, Director of Adult and Community Based Services
David Cosgrove, Democratic Services Team

30. Apologies for Absence

None.

31. Declarations of Interest

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

Councillor Carl Richardson declared a personal interest during the discussions at Minute No. 34 'Care Homes for Older People'.

32. Minutes of the meeting held on 11 October 2018

Received.

33. Savings Programme 2019/20 (*Director of Adult and Community Based Services*)

Type of decision

Budget and Policy Framework

Purpose of report

To enable the Committee to consider proposals to achieve further savings in 2019/20 and to provide feedback on these proposals to the Finance and

Policy Committee meeting on 26 November 2018.

Issue(s) for consideration

The Director of Adult and Community Based Services reported that for 2019/20 the total value of savings proposed for consideration by the Adult and Community Based Services Committee was £237,500 which is made up as follows:

Review of Grant Income - £97,500
A review of grant income has identified two areas where savings can be made with minimal or no impact for people using services.

The first proposal relates to the Disabled Facilities Grant (DFG), specifically the administration / management fee that is payable from the grant to offset costs incurred by the Council in administering and managing the DFG process. This is currently set at 12% and it is proposed to increase this to 15%, generating a saving of £37,500. There would be no impact on individuals receiving grants as the administration / management fee will be top sliced, and the maximum grant award maintained at £30,000. The increase in the administration / management fee will enable the service to absorb the pay award, as required by other grant regimes, as well as maintaining current waiting times.

The second proposal relates to a grant made to councils linked to financial assessment and the implementation of new duties. The grant was made to compensate local authorities for income lost as a result of the changes; however the new duties were already being undertaken within Hartlepool, managed from within existing resources. Payment of this grant effectively recognises the impact of good practice previously adopted by the Council and means the Council does not have to subsidise this service from the General Fund. The £60,000 can therefore be used to contribute to offset the Council's financial position.

Recovery of Direct Payment Contingencies - £65,000
A new approach to contingency funding within Direct Payments was introduced in April 2017. Historically, personal budgets for people who chose to take a direct payment and employ personal assistants were calculated based on the hourly rate paid to the person, plus on-costs with an element of contingency funding included in order to meet any unforeseen costs associated with sickness and / or redundancy. In the majority of cases, the contingency funding had not been required and work had been undertaken over the last two years to recover this funding through reconciliation of Direct Payment accounts. In future, departmental reserves will be used to meet any unforeseen costs associated with Direct Payments. Ongoing payments to users of service have reduced to remove funding for contingencies, which will avoid significant sums of money building up in service user bank accounts in the future. Based on work undertaken to date and the number of outstanding reconciliations, it is estimated that a further saving of £65,000 can be achieved in 2019/20.

Inflation Freeze / Salary Abatement - £75,000
In addition to the potential savings identified relating to income (outlined above), it is proposed that Adult Services implements an inflation freeze for all non pay budgets (excluding contracts that include annual inflationary uplifts). This, combined with a review of all supplies and services budgets that have historically underspent, will achieve a saving of £25,000.

A departmental salary abatement target of £200,000, which accounted for vacant posts and incremental drift across the department, had been introduced from April 2016. This had been closely monitored and it was proposed that the target could be increased by a further £50,000 for 2019/20. This may only be a short term proposal as when officers moved through the pay grade towards the top of their pay scale the ability to contribute towards this target would reduce. It would also be dependent upon staff turnover and recruitment.

The Vice-Chair commented that while the budget reductions had to be made it was positive that they weren't being drawn from front line services. In relation to the Direct Payment Contingencies the Vice-Chair questioned if the changes would result in having to reclaim monies from clients. The Director stated that this was not the case as since the new approach had been adopted no monies to cover these contingencies had been paid to service users.

A Member suggested that a letter to the local member of parliament spelling out the Council's case in seeking further funding should be sent. Other Members did indicate that letters had been sent to government in the past to little avail. In terms of the savings proposed, Members commended officers for their efforts in producing savings without affecting front line services. A Member referred to the announcements of additional funding in the recent Budget and how much would Hartlepool be receiving and when. The Director stated that of the £240m of one-off winter funding announced, the Hartlepool share was around £0.5m. The conditions attached to this one-off funding were not yet known. Officers were already working with NHS partners to see how services could be supported particularly around hospital admissions and preventing people from being admitted in the first instance.

The Chair referred to the long awaited Government green paper on Adult Social care which had once again been delayed. The Chair went on to indicate that he had read the recently published report by the Local Government Association which outlined the responses they had received to their consultative Green Paper on the future delivery of Adult Social Care and stated that it laid out a compelling case for immediate reform of the manner and level at which Local Authority funding was provided.

The Director commented that while front line services had been protected and there had been few redundancies services were now centred only on the core statutory services. Any further cuts in budget would undoubtedly lead to a reduction in services at the front line. Any future approach to

savings would be corporate and would involve Members fully.

The Chair echoed Members comments in relation to the work undertaken by officers in minimising the impact of savings at the front line. However, even a stand still budget made managing services extremely difficult and until the issue of funding for adult social care was tackled nationally, there appeared to be little light at the end of the tunnel.

Decision

1. That the report be noted.
2. That Finance and Policy Committee be informed that the Adult Services Committee reluctantly supports the proposed savings set out in the report.

34. Care Homes for Older People (*Director of Adult and Community Based Services)*

Type of decision

For information.

Purpose of report

To provide the Committee with an update in relation to care home provision for older people.

Issue(s) for consideration

There had been a number of developments since the last report to the Committee as follows:

CQC Ratings – A summary of the CQC ratings was attached as Appendix 1. This identified that two care homes rated as 'good' had been re-inspected and were now rated as 'requires improvement'. The two recently opened care homes had also been inspected and were now rated 'good' and 'requires improvement' respectively. There continued to be no homes rated as 'inadequate'. Care homes rated as 'requires improvement' had actions plans in place and were being closely monitored by link officers. The Council remained committed to supporting further improvements in care through the Care Quality Improvement Programme for 2018/19.

Support provided to the Care Home Market – The Manager Forum was held in September 2018 and continued to be well attended with positive feedback from attendees who welcome the opportunity to share learning and best practice.

Capital Investment – Capital funding from the Better Care Fund had been provided to care homes to enable improvements around creating environments that were more dementia friendly, developing accessible outdoor space and addressing environmental issues identified in CQC

inspections. A report summarising how the capital funding had been invested will be presented to a future meeting.

Annual Programme of Care Home Visits – The Chair of Adult and Community Based Services Committee and the Director of Adult and Community Based Services were undertaking a programme of visits to all care homes for older people in Hartlepool. In addition to this, the Chair and Director had also visited a care home for older people in a neighbouring authority which had an 'outstanding' overall rating and this had provided lots of practical ideas and inspiration for consideration locally. As a result of this, an event was being planned for care home providers in the coming months and will involve the Registered Manager from the home with 'outstanding' rating as well as input from the local CQC Inspection Team.

The vacancies reported indicated that there were 36 residential only places available in the town and 5 nursing care beds and 1 dual residential/nursing care bed. The Director indicated that since the report had been prepared the numbers had increased and there were now 30 residential only beds, 9 nursing care beds and 33 dual residential/nursing care bed. In terms of out of borough placements, these had reduced to 26 with all of those placements being at the choice of the individual and most to allow them to be closer to family.

Councillor Carl Richardson declared a personal interest at this point in the meeting. The Councillor welcomed the reported situation in relation to out of borough placements though did have concerns at the pressure the growing elderly population would bring.

Members questioned why a number of homes had been downgraded after inspection recently; was there any consistent reason. The Director commented that in the past the CQC had highlighted an issue with drug management and this had been resolved by through training. The director did not feel there was one specific reason, though did highlight that there had been some changes in Registered Managers over recently months. The Director indicated that work was being undertaken to ascertain if there were any issues that needed to be addressed. There were a lot of pressures on registered managers and new appointees would find this quite a significant step up. Some of the homes managers in the town had been in place for quite some time and it was possible that more needed to be done to build up deputies towards taking that next step. The issue was being examined nationally as part of the overall approach to care staff to examine ways of making the jobs more attractive through proper career pathways and generic qualifications.

Members referred to the recent publicity around Allied Health Care and questioned if Hartlepool was reliant on their services or any other large scale provider. The Director stated that the Council did have responsibilities around market management and as a lot of Council's were discovering, covering the potential failure of such large scale providers

could be extremely difficult. There was, however, no such issue in Hartlepool. Allied do not operate in the town and no provider, national or local, operated more than two homes. If a home was to close, however, the vacancies would soon be taken up.

Members requested an update on the opening date of Admiral Court. The Director reported that as far as she was aware there was no date set for the re-opening of Admiral Court as it was understood the site was up for sale again.

Members raised issues around the numbers of people waiting to be discharged from hospital and the potential changes which would give greater powers to home managers to prevent people being moved from homes by family members under powers of attorney. The Director commented that no more than two or three people at any one time were waiting to be discharged from hospital and they were unlikely to be delayed more than a day. In terms of the changes to manager's powers, the Deprivation of Liberty Safeguards were in place to protect individuals and those powers lay with the authority. There was a concern that the powers proposed by the Law Society would place even more responsibility on care home managers potentially making the role unattractive.

The Chair commented that there was a good diversity of homes in Hartlepool and a clear commitment of staff to care for older people and this had become very clear to him during his recent visits to care home around the town. Caring for older people in care homes was only one side of the coin and caring for people in their own homes to allow them to maintain as much independence as possible was the other and the Chair requested a report on that work to provide balance to the reports on the positions with care homes.

The Chair also referred to the point made by the Director in the debate as to the potential development of generic training for care staff in the north east. A 'care academy' would be a positive move in bringing forward well trained staff for the care industry at all levels. There still remained the national issue that this was still a grossly under-paid profession that only a national approach to long term elderly care could address.

In light of the timescales for future meetings of the Committee, the Chair requested that the next update be submitted in four months time; at the March meeting.

Decision

1. That the report be noted with a further update to be received at the March 2019 meeting.
2. That a similar update on the care provided in maintaining people in their own homes be submitted to the Committee

35. Quality Ratings for Commissioned Services (*Director of Adult and Community Based Services*)

Type of decision

For information.

Purpose of report

Further to an update provided in February 2018 and regular updates relating to Care Homes for Older People, this report provided the Committee with an update on quality ratings for all other commissioned social care services that were regulated by the Care Quality Commission (CQC).

Issue(s) for consideration

The report provided updates on the following commissioned regulated services:

Home Care for Older People – Homecare for older people was commissioned from two providers, one covering the south of the town and one covering the north. Homecare services had recently been tendered and new contracts will commence in April 2018, although the outcome of the tender process was not publicly available at the time of the meeting.

Non Residential Services for Working Age Adults – A number of providers were accredited to provide these services and the person has a choice about which provider to use.

Residential Care for People with Learning Disabilities – There were a number of providers for residential care for adults with learning disabilities within Hartlepool with a number of former residential care settings moving to a supported living model over the last few years.

Residential Care for People with Mental Health Needs – Most people with mental health needs were supported in their own homes or in supported housing settings. In addition, there were a small number of residential care settings that were regulated by CQC and support adults with mental health needs.

Extra Care Support – There were two purpose built Extra Care schemes, one at Hartfields, operated by the Joseph Rowntree Housing Trust and the other at Laurel Gardens, operated by Dale Care. In addition there were a number of virtual Extra Care Schemes operated by Dale Care in sheltered housing at Richard Court, Albany Court and Bamburgh Court. The majority of people accessing these services were over 55 but there were exceptions where those of working age with either learning or physical disabilities, met specific criteria to have their care needs supported.

A summary of all the current CQC ratings for all of these services was attached as Appendix 1. It was positive to note that the vast majority of

services (17 out of 18) were rated as 'good' and the Director indicated that the service rated 'requires improvement' was currently being inspected with the hope that it too would be rated as good in the near future.

There were two new recent developments, one at Whitethorn Gardens, off Seaton Lane and one at Gainford House providing supported living and accommodation for adults with learning disabilities. Neither of these two developments had any contract with the Council, thereby meaning both developments were at the owners own risk.

A Member referred to the past arrangements the Council had with Gainford House and asked if these were no longer in place, how were the clients previously supported at Gainford House being dealt with now. The Director indicated that she would share that information with Members following the meeting.

Decision

That the report be noted.

36. Adjournment

The Chairman agreed to a short adjournment as the presenter for the next item had been delayed.

Upon reconvening, the following were present:

Councillor: Stephen Thomas (In the Chair)

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

Also present: Caroline Ryder-Jones – Tees, Esk and Wear Valleys NHS Trust
Gordon and Stella Johnston, Hartlepool Healthwatch
Frank Harrison, National Pensioners Convention

Officers: Jill Harrison, Director of Adult and Community Based Services
David Cosgrove, Democratic Services Team

37. Dementia Friends Session

Type of decision

For information.

Purpose of report

To Members present received a presentation from Caroline Ryder-Jones – Tees, Esk and Wear Valleys NHS Trust on the Alzheimer's Society Dementia Friends initiative enabling those present to become Dementia

Friends and support the society's aim to have four million dementia friends by 2020.

Decision

That Caroline Ryder-Jones be thanked for her very informative presentation.

38. Any Other Items which the Chairman Considers are Urgent

None.

The meeting concluded at 12.15 pm

H MARTIN

CHIEF SOLICITOR

PUBLICATION DATE: 22 NOVEMBER 2018

ADULT AND COMMUNITY BASED SERVICES COMMITTEE

6 December 2018

Report of: Director of Adult and Community Based Services and Independent Chair of Teeswide Safeguarding Adults Board

Subject: TEESWIDE SAFEGUARDING ADULTS BOARD ANNUAL REPORT 2017/18 AND STRATEGIC BUSINESS PLAN 2018/19

1. TYPE OF DECISION/APPLICABLE CATEGORY

1.1 Non key decision.

2. PURPOSE OF REPORT

2.1 To present to the Adult and Community Based Services Committee the Teeswide Safeguarding Adults Board Annual Report 2017/18 and Strategic Business Plan 2018/19.

3. BACKGROUND

3.1 The Teeswide Safeguarding Adults Board (TSAB) was established in order to meet the requirements of the Care Act, which created a legal framework for adult safeguarding, requiring all Local Authorities to set up Safeguarding Adults Boards (SABs) for their areas.

3.2 The four Tees Local Authorities have worked together for a number of years along with strategic partners to promote cooperation and consistency in relation to safeguarding adults work, and this collaborative working has continued, with the statutory responsibility now resting with the TSAB.

4. PROPOSALS

4.1 It is a requirement of the Care Act that a SAB publishes an annual report that sets out:

- what it has done during that year to achieve its objective,
- what it has done during that year to implement its strategy,

- what each member has done during that year to implement the strategy,
- the findings of any safeguarding adults reviews which have concluded in that year,
- any reviews which are ongoing at the end of that year,
- what it has done during that year to implement findings of reviews; and
- where it decides during that year not to implement a finding of a review, the reasons for its decision.

4.2 The Teeswide Safeguarding Adults Board Annual Report for 2017/18 is attached as **Appendix 1**.

4.3 It is also required under the Care Act that SABs publish an annual strategic plan setting out its strategy for achieving its objective and what members will do implement the strategy.

4.4 The Teeswide Safeguarding Adults Board Strategic Business Plan for 2018/19 is attached as **Appendix 2**.

5. RISK IMPLICATIONS

5.1 There are no risk implications in relation to this report.

6. FINANCIAL CONSIDERATIONS

6.1 Statutory partners (Local Authorities, Clinical Commissioning Groups and Cleveland Police) make an annual contribution to the running costs of the TSAB and the associated Business Unit.

6.2 There are no additional financial considerations associated with this report.

7. LEGAL CONSIDERATIONS

7.1 As set out in the report, there are requirements within the Care Act in relation to SABs, and specifically the publication of an Annual Report and Strategic Plan each year.

7.2 The attached documents ensure that the Council is fulfilling these requirements.

8. CONSULTATION

8.1 The TSAB uses a wide range of methods to engage with professionals, partners and the wider public including the TSAB website (www.tsab.org.uk), online surveys, conferences, foot-fall events, social media, focus groups, bulletins and media campaigns. A Communications & Engagement Sub Group is in place to oversee this work and a Communication & Engagement

Strategy has been developed which enables these methods to be reviewed and evaluated. The strategy is underpinned by an operational work plan that is monitored by the Communications & Engagement Sub Group.

9. CHILD AND FAMILY POVERTY CONSIDERATIONS

9.1 No child and family poverty considerations have been identified specifically associated with this report, although it is recognised that there are links between the work of TSAB and Local Safeguarding Children's Boards. Work has taken place during 2017/18 to strengthen these links and to ensure that the 'Think Family' approach is embedded in practice.

10. EQUALITY AND DIVERSITY CONSIDERATIONS

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

11. STAFF CONSIDERATIONS

11.1 There are no staffing considerations associated with this report. The TSAB Business Unit staff are employed by Stockton Borough Council on behalf of the strategic partners.

12. ASSET MANAGEMENT CONSIDERATIONS

12.1 There are no asset management considerations associated with this report. The TSAB Business Unit staff are hosted by Stockton Borough Council on behalf of the strategic partners and based at Kingsway House in Billingham.

13. RECOMMENDATIONS

13.1 It is recommended that the Adult and Community Based Services Committee notes and endorses the Teeswide Safeguarding Adults Board Annual Report 2017/18 and Strategic Business Plan 2018/19.

14. REASONS FOR RECOMMENDATIONS

14.1 Safeguarding vulnerable adults is fundamental to the work of adult services and the Teeswide Safeguarding Adults Board Annual Report 2017/18 and Strategic Business Plan 2018/19 set out how statutory requirements are being delivered.

15. CONTACT OFFICER

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

Teeswide Safeguarding Adults Board Annual Report

Period: 1 April 2017 to 31 March 2018

Teeswide Safeguarding Adults Board

Structure and Membership

Board Overview

Board members met on seven occasions throughout 2017-18 to discuss and agree the approach to adult safeguarding work across Tees.

The Independent Chair has led on the ongoing and constructive discussions with the local Safeguarding Children Boards and Community Safety Partnerships, on how best to work together.

The Board's structure continued to be reviewed, membership has grown, and attendance across all working groups has been very positive reflecting the increasing range of agencies engaging with the work of the Board. This expansion included the introduction of the Operational Leads Sub-Group.

Six Sub-Groups

Communication and Engagement
Aim: Improve awareness and involvement of adults at risk, carers and advocates.

Learning, Training and Development
Aim: Delivery of a multi-agency training plan designed to help protect adults at risk.

Operational Leads (December 2017)
Aim: Enable partners to share good practice, problem-solve and access support.

Performance, Audit and Quality
Aim: Oversight of the Board's role to promote inter-agency co-operation.

Policies, Procedures and Practice
Aim: Development, delivery, monitoring, evaluation and promotion of local practices.

Safeguarding Adults Review
Aim: Develop and implement Safeguarding Adults Review processes and procedures.

Six Task and Finish Groups in 2017-18

1. Conference Planning
2. Medication Errors
3. Prevention
4. Responding to and Addressing Serious Concerns
5. Self-Neglect
6. Training Needs Analysis

Vision Statement 2015-18

Ensuring our safeguarding arrangements act to help and protect adults.

Board Members

- Cleveland Police
- Hartlepool and Stockton-on-Tees Clinical Commissioning Group
- Hartlepool Borough Council
- Middlesbrough Borough Council
- Redcar and Cleveland Borough Council
- South Tees Clinical Commissioning Group
- Stockton-on-Tees Borough Council
- Care Quality Commission
- Catalyst (Voluntary Development Agency in Stockton-on-Tees)
- Cleveland Fire Brigade
- Community Rehabilitation Company: Durham Tees Valley
- Healthwatch Hartlepool
- Healthwatch Stockton
- Healthwatch South Tees
- HM Prison Service
- Middlesbrough Voluntary Development Agency
- National Probation Service
- North East Ambulance Service
- North Tees and Hartlepool NHS Foundation Trust
- Redcar and Cleveland Voluntary Development Agency
- South Tees Hospitals NHS Foundation Trust
- Tees, Esk and Wear Valleys NHS Foundation Trust
- Teesside University
- Thirteen Housing Group

24 in total

Key Achievements

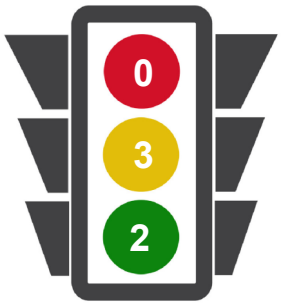
Learning and Networking

The Board facilitated and delivered an increasing number of successful learning, networking and face to face training events, which has helped to significantly improve the awareness of adult safeguarding issues across Tees.

This is influencing the increasing volume of activity outlined in this report, which is resulting in greater numbers of people accessing protective services.

Performance Indicators

Five Performance Indicators were agreed in 2017 that are informed by the data captured and evaluated by the Board. This is helping to determine how effectively policies and procedures are being delivered.



Three indicators were partially achieved with good progress being made.

Two indicators have already been fully achieved.

Medication Incidents

The medication incidents guidance for local providers and commissioners was published. This will have a big impact in promoting best practice in this crucial area of safeguarding related work.

Strategic Planning

The Board's first three-year strategic planning cycle came to an end and has been replaced with a new one-year strategy.

This has a clearer emphasis on prevention, and gives the Board's Sub-Groups more freedom to develop their own individual work programmes in 2018-19.

The outcomes from the five strategic Aims in 2017-18 are set out in this report.

Awareness Campaign

The Board delivered its first ever dedicated awareness campaign that ran throughout February 2018. This involved local radio and press, events engaging the public, as well as extensive on-line and social media activity. All of the objectives for the campaign were achieved, resulting in positive outcomes and feedback.

February 2018

By people and organisations working together in a 'whole community approach', we can help prevent and stop, both the risks and experience of abuse and neglect.

Ann Baxter
Independent Chair

Participants in the Awareness Campaign

Communication and Engagement

Communication and Engagement (CE) Strategy

The Board's CE Strategy was updated during the year to outline how the Board intended to connect with a wider range of agencies and groups across Tees, and improve engagement with marginalised communities.

Key CE Targets

100% of Board partners linked to the Board's website	900 members of the public engaged face to face at 60 events & forums	Over 50 local organisations supported the Feb awareness campaign
✓	✓	✓

The Annual Communication and Engagement Report 2017-18 can be read here: https://www.tsab.org.uk/key-information/annual-reports/

Community Engagement

The Board developed a new radio advertisement that was broadcast throughout February 2018 by Smooth Radio across Tees, and Community Voices FM (CVFM) in central Middlesbrough. CVFM also hosted four interviews with colleagues from Aapna Services, The Halo Project, Middlesbrough Borough Council and Cleveland Police.

Adult Safeguarding Manager from Middlesbrough Borough Council talking about the reporting of adult abuse

Awareness Raising

Board Website

42,000 Page views
10,000 Users

16,000 Reached
490 New Followers
700 Tweets

250,000
Reached via Board's radio advert and live interviews

100,000
Reads of the Board's advert and local newspaper articles

8,000 Reads of Board E-Bulletins and Newsletters

Board Leaflets

2,000 Distributed in total

1,400 During Feb campaign
500 Translated versions

Impact of the Work

The Board's CE work is helping to bring partner agencies together in significantly improving awareness of adult safeguarding related issues across Tees.

Policy and Strategic Development

Medication Incidents Guidance for Commissioners and Care Providers

In response to the findings from the Medication Audit in 2016-17, work concluded to develop and publish guidance for commissioners and health and social care providers.

The guidance for commissioners was published in December 2017 and will support the development and monitoring of contracts in line with statutory guidance and best practice.

The guidance for service providers was published in February 2018, and includes an incident decision flowchart to improve the way medication errors are reported as Safeguarding Concerns.

Both sets of guidance can be accessed here: https://www.tsab.org.uk/key-information/policies-strategies/

Improving Data Collection

The information collected from the Board partner agencies has continued to grow and become more sophisticated. This is demonstrating how well adults are being safeguarded, supports risk management, and improves adult safeguarding practice.

Board Development

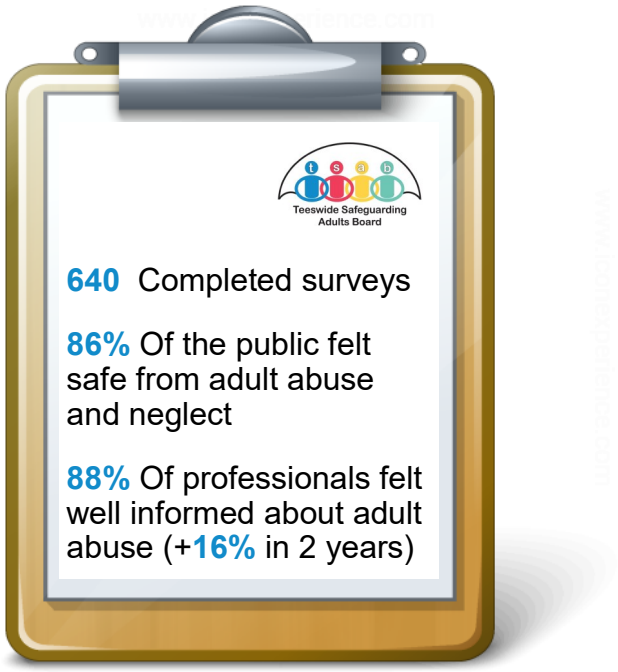
Board members and other invited leaders held their annual development day on 7 March 2018, spending time analysing the delivery and work of the Board over the previous year.

Operational Development

An operational leads development session was held for the first time on 12 October 2017 and included engagement with professionals from a wide range of agencies. The feedback from the delegates led to the introduction of the Operational Leads Sub-Group.

Annual Survey 2017-18

The survey indicated a change in the views of both members of the public and professionals, placing early help and prevention ahead of awareness raising in the list of priorities for the first time.



What should the priorities be for 2018-19?

1. Develop the approach to early help and prevention
2. Improve awareness of how people can protect themselves
3. Focus on breaking down barriers to reporting abuse and neglect

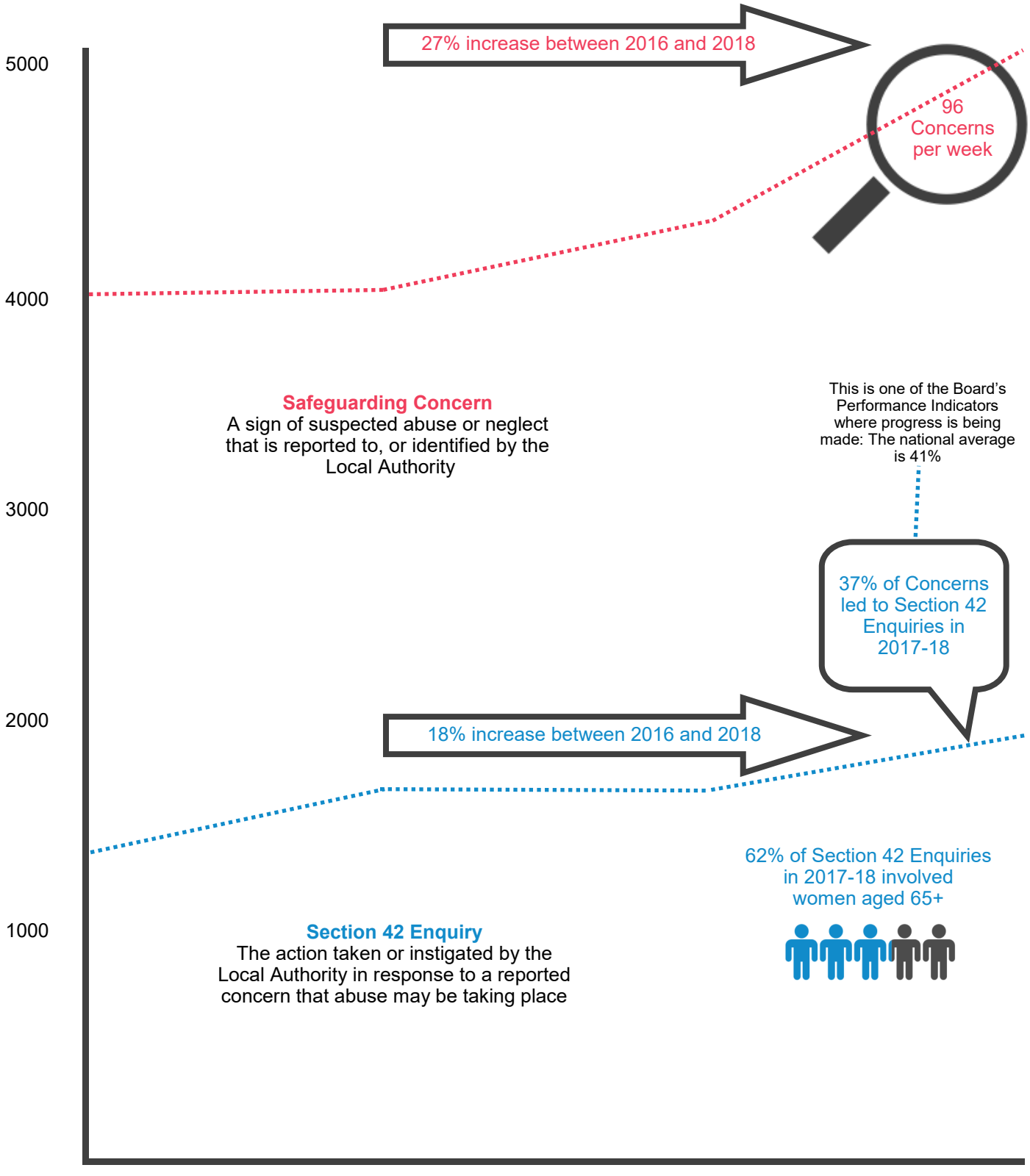
Repeat Occurrences of Abuse

21%

Data on this subject is being assessed as part of the Board's five Performance Indicators. The repeat occurrence rate in Tees is below the benchmark criteria of 25% for Local Authorities, and as such is one of the indicators being successfully achieved locally.

Increasing Volume of Activity

Safeguarding Concerns and Enquiries Teeswide



Adult Abuse in 2017-18

Who Reported Adult Abuse?

30%	Care Home
18%	NHS Secondary Care
13%	Social Care
10%	NHS Primary Care
10%	Other
6%	Family / Friend / Self
5%	Home Care
4%	Police
3%	Housing
1%	Mental Health

Where did Adult Abuse Occur?

Care Home	Own Home	Hospital	Other	Supported Living
46%	35%	8%	7%	4%

Types of Adult Abuse

Improving the Focus on Domestic Abuse

Multi-Agency Audit

Over the last year the Board has been committed to improving the focus of domestic abuse within adult safeguarding. Alongside other initiatives and activities this included a multi-agency audit into the subject:

Domestic Abuse Audit: What did we Learn?

Mental capacity issues were not consistently considered or evidenced.

The quality of referral information was good, and when information was missing, further enquiries were conducted.

Individual's views were not always recorded or evidenced.

There is a need to consider the 'Think Family' approach.

There was evidence of good multi-agency working to investigate the concerns and safety plan.

Domestic Abuse Conference

The Board held a Domestic Abuse Conference in May 2017. This was used to continue to raise awareness of the subject, develop multi-agency working, and also highlight the need to improve appropriate reporting into Local Authority adult safeguarding teams.

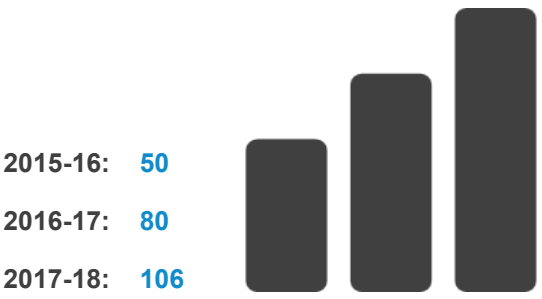
Yasmin Khan
CEO of the
HALO Project
speaking at the Board's
Domestic Abuse
Conference

This popular event was attended by 100 professionals and speakers, providing an important opportunity for delegates to network and discuss ways to improve partnership working arrangements.

Local Authority Enquiries

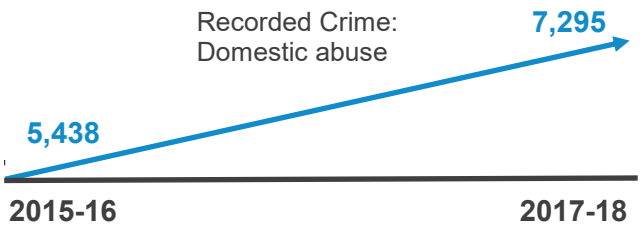
34% of Safeguarding Concerns for Domestic Abuse resulted in a Section 42 Enquiry being conducted by the four Local Authorities across Tees in 2017-18.

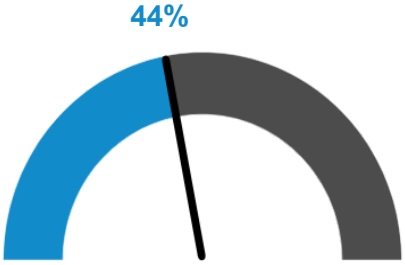
This is higher than the average for all other types of abuse in that year.



Total number of Section 42 Enquiries conducted by the four Local Authorities

Cleveland Police Data





Repeat Victims of Domestic Abuse

Providing an Effective Response

Serious Concerns

The Board reviewed the Serious Concerns Protocol during the year and re-published this in October 2017 as Responding to and Addressing Serious Concerns Procedures (RASC).

Ten services across Tees were managed under these procedures throughout 2017-18.

Partner agencies have been working with the service providers to improve standards and offer support.

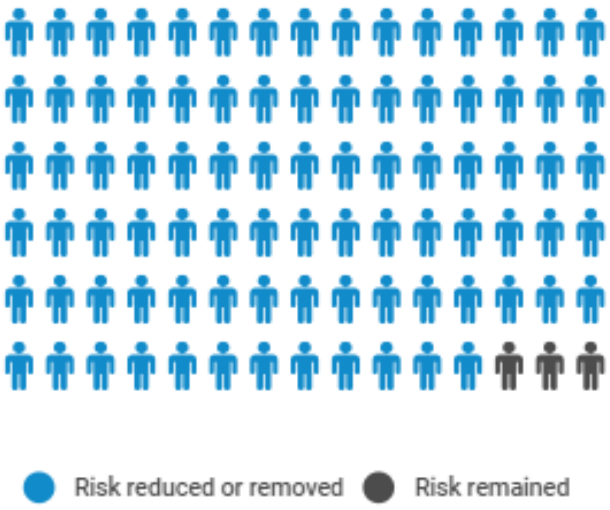
The RASC and other local policies and procedures can be accessed here: https://www.tsab.org.uk/key-information/policies-strategies/

Self-Neglect Policy and Guidance

This new guidance was published in October 2017 and seeks to encourage good practice in managing the balance between protecting adults from self-neglect, and their right to self-determination to live their lives as they choose.

Reducing Risk to the Adult

In 97% of the safeguarding cases investigated by the four Local Authorities across Tees, the risk to the adult was either completely removed or reduced. This was the second Performance Indicator that was achieved by Board partner agencies in 2017-18.



Generating a Collective Local Picture

The Care Quality Commission (CQC) publishes local statistics, and updates the Board on the quality of care provided by Care Homes and Home Care agencies across Tees. This helps to develop a picture on how well adults are protected from abuse and neglect.

Outstanding	4
Good	99
Requires Improvement	24
Inadequate	1

CQC Inspection Ratings 2017-18:
Care Home and Home Care Providers

Protective Options

The Board reviewed its **Find Support in Your Area** database to provide a resource for professionals in listing all the key agencies offering services linked to each strand of adult abuse: https://www.tsab.org.uk/key-information/find-support-in-your-area/

Impact of the Work

The consistent delivery of policy, combined with the drive to establish good practice is helping improve outcomes for adults, and reduce the number of repeat victims of adult abuse and neglect.

Person-Centred Practice

Learning and Networking Events

The Board jointly facilitated three successful learning and networking events in conjunction with the four Local Authorities in Tees, between October 2017 and March 2018.

192 Attended
100+ Agencies

These events were designed to increase the number of professionals and agencies working to prevent abuse and neglect, whilst providing an opportunity to hear about existing practice and ways to personalise the approach to protecting adults.

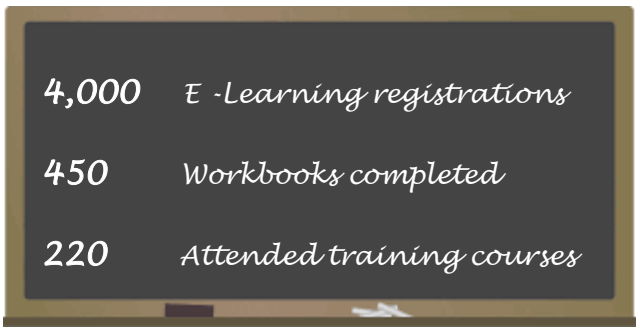
This also included input from adult service users:

Voice of the Adult

My care workers were not supporting me properly and some of the other residents where I lived were causing problems.

My Social Worker helped me to sort out the problems in the way that best suited me.

Training Delivered by the Board in 2017-18



Making Safeguarding Personal (MSP)

Training
The Board commissioned a new Making Safeguarding Personal course in February 2018. This aims to equip staff and managers with the knowledge, skills and confidence to ensure that all safeguarding related work involves the adult in determining and achieving their desired outcomes. **Feedback from delegates:**

"I will listen to the adult more
Really enjoyable
Excellent
I have more confidence now
This will change how I assess people"

Safeguarding Service Users
Two of the Board's Performance Indicators created in 2017 are linked to this subject. These are not yet fully achieved, although good progress is being made as partner agencies improve methods to collect the thoughts and feelings from those accessing services:

70% Were asked their desired outcomes

48% Were satisfied with their outcomes

The Board's MSP Guidance can be accessed here: https://www.tsab.org.uk/key-information/prevention/making-safeguarding-personal-tsab-guidance/

Impact of the Work

The delivery of training and events is being used to appropriately share the experiences of the adult, and help improve person-centred practice.

Multi-Agency Working

Teeswide Safe Place Scheme

These are venues in the community where people who need extra support can go to if they need help.

Those feeling vulnerable can use the scheme if they are feeling unsafe, but many who may benefit never actually use it, although the existence allows some people to feel safer and live more independently.

The scheme is supported by local Police, the Police and Crime Commissioner, the four Local Authorities across Tees and independent agencies who volunteer to help support and provide locations.

There have been notable additions to the scheme over the last twelve months, including Teesside Retail Park and Middlesbrough Football Club.

Picture taken at the launch of the scheme at Middlesbrough Football Club in November 2017

There are now **96** locations:

Hartlepool:	**25**
Middlesbrough:	**16**
Redcar & Cleveland:	**17**
Stockton-on-Tees:	**38**

Safeguarding Champions

This initiative was launched in 2017-18, which resulted in a diverse range of professionals from public, private and voluntary organisations signing up to the scheme.

Safeguarding Champions support the work of the Board by being the point of contact inside their agency and by helping raise awareness in the community.

Teeswide Safeguarding Adults Board Champions

66 Professionals Volunteered

Audit Programme

A programme of audits was conducted throughout 2017-18 which examined some of the key issues that had been highlighted for review across Tees.

Risk Register

The Board developed a Risk Register in September 2017 that is reviewed every six months.

This identified six key risks from the Strategic Business Plan 2017-18, which is now monitored as part of the Board's overall business planning processes.

Quality Assurance Framework (QAF)

The QAF is a self-audit process and tool used by Board partner agencies to provide assurances about services being delivered to adults in four key areas:

1. **Prevention and Personalisation**
2. **Leadership**
3. **Adult Safeguarding Practice**
4. **Professional Accountability**

Board partner agencies provide inter-agency oversight of the process by forming Evaluation Groups.

These have been drawn from a wider range of partner organisations in the last year, which is helping improve understanding of the framework and enhance multi-agency working.

9 non-statutory partners started the QAF process in 2017-18, with work continuing to complete and report on the findings.

Impact of the Work

Partner agencies are working together to co-ordinate safeguarding adults work, and provide assurances about services being delivered.

Lessons Learned

Safeguarding Adults Review (SAR) Definition

Safeguarding Adults Boards (SABs) must arrange a SAR when an adult dies either as a result of abuse or neglect, known or suspected, and there is concern that partner agencies could have worked more effectively to protect the adult; or if an adult has not died, but the SAB knows or suspects that the adult has experienced serious abuse.

SAR - Carol

Professionals from the SAR Sub-Group and the Chair of the Board continued to oversee the delivery of the SAR-Carol review until the report was published on 13 June 2017. There was considerable coverage in the media on that day, and the report went on to become the most read document the Board has published, which is helping ensure the lessons are being shared.

1,650 reads
(31 March 2018)

The full report can be read here: https://www.tsab.org.uk/key-information/safeguarding-adult-review-sar-reports/

SAR Notifications and Non-Statutory Reviews

Three new notifications were considered by the Board and the SAR Sub-Group during the reporting period, although none progressed to a SAR as they did not meet the statutory criteria.

The group also continued to oversee the delivery of actions linked back to seven historical, non-statutory reviews or cases.

Good practice was developed in response to some of these cases and shared with relevant agencies.

The Board's SAR Policy and Procedures can be accessed here: https://www.tsab.org.uk/key-information/policies-strategies/

Lessons Learned Locally

Escalation of Risk
In some cases it was apparent that professionals had not identified the need, or had the opportunity due to the absence of a method to do so, to escalate risk.

Inter-Agency Working
Lack of inter-agency co-operation and working was also a contributing factor in many of the notifications and non-statutory reviews overseen.

Information Sharing
This continued to be a key feature in many cases, with professionals unable to efficiently and effectively share information with colleagues in other agencies.

Lessons Learned Nationally

Out of Area Placements and Provider Oversight
Two high profile SAR cases highlighted the potential risks in placing adults into care outside of the local area. In these instances this led to a lack of oversight by the hosting authority, and a lack of supervision by the placing authority.

Risk Assessment and Police Referrals
In other high profile SAR cases a critical feature was the lack of focus on risk assessment in relation to adults in care homes. This was combined in some homes with a failure to report serious sexual and other criminal behaviour appropriately to Police.

Mental Capacity Act (MCA)

Lessons learned from local and national cases also highlighted the need to improve understanding around MCA Assessments.

A summary of regional and national cases can be viewed here: https://www.tsab.org.uk/key-information/safeguarding-adult-review-sar-reports/

Impact of the Work

The focus on learning lessons from serious cases of abuse is helping to prevent further instances from occurring.

Planning for 2018-19

Strategic Themes across Tees

In March 2018 the Board published a report which highlighted three key areas to consider in 2018-19.

Developing Best Practice:
Further reduce volumes of repeat abuse, and in particular incidents between residents.

Communication & Engagement:
Continue to improve connections with ethnic minority communities and other marginalised groups across Tees.

Under Reported Types of Abuse in Tees:
Develop the profile of Domestic Abuse, Self-Neglect, Modern Slavery and Sexual Exploitation.

Development of the Strategic Business Plan

The Strategic Business Plan 2018-19 has been put together using the above findings, as well as feedback and evaluation from the Board's development days.

This has been combined with the data from the Board's Annual Survey 2017-18, and the information that is collated and monitored as part of the Board's quarterly performance reports.

The plan is less detailed than in the previous three years as it is designed to give the Board's Sub-Groups more autonomy in developing their work programmes.

A new Vision Statement has also been agreed, which reflects the feedback from professionals and members of the public to further prioritise prevention.

The Strategic Plan on a page can be viewed here: https://www.tsab.org.uk/key-information/annual-reports/

Vision Statement 2018-19

Our safeguarding arrangements will effectively prevent and respond to adult abuse.

Prevention
Aim:

We will develop strategies that reduce the risk of abuse

Protection
Aim:

We will work effectively together to ensure the protection of adults

Partnership
Aim:

We will develop a whole community approach to the prevention of abuse

Professional Accountability
Aim:

We will work to ensure the accountability of all partners in protecting adults at risk of abuse

Strategic Objectives and Actions for 2018-19

9 Objectives

16 Actions

Useful Contacts

Organisation	Telephone	Email
Business Unit Teeswide Safeguarding Adults Board	01642 527263	tsab.businessunit@stockton.gov.uk
First Contact and Support Hub Hartlepool Borough Council	01429 523390	fcsh@hartlepool.gcsx.gov.uk
First Contact Team Middlesbrough Borough Council	01642 065070	adultsafeguarding alert@middlesbrough.gov.uk
Access Team Redcar and Cleveland Borough Council	01642 065070	contactus@redcar-cleveland.gov.uk
First Contact Team Stockton-on-Tees Borough Council	01642 527764	firstcontactadults@stockton.gov.uk
Protecting Vulnerable Adults Unit Cleveland Police	999 Emergency or 101	
Tees Esk and Wear Valleys NHS Foundation Trust	01325 552000	tewv.enquiries@nhs.net
South Tees Hospitals NHS Foundation Trust	01642 850850	
NHS Hartlepool and Stockton-on-Tees Clinical Commissioning Group	01642 745982	hstccg.hartlepoolandstocktonccg@nhs.net
NHS South Tees Clinical Commissioning Group	01642 263030	STCCG.enquiries@nhs.net
Patient Experience Team North Tees and Hartlepool NHS Foundation Trust	01642 624719	patientexperience@nth.nhs.uk
Children's Social Care Hartlepool Borough Council	01429 284284	childrenshub@hartlepool.gcsx.gov.uk
Children's Social Care Middlesbrough Borough Council	01642 726004	firstcontact@middlesbrough.GCSX.gov.uk
Children's Social Care Redcar and Cleveland Borough Council	01642 771500	firstcontact@redcar-cleveland.gcsx.gov.uk
Children's Social Care Stockton-on-Tees Borough Council	01429 284284	childrenshub@hartlepool.gcsx.gov.uk

Arch North East

Registered charity based in Tees offering free and confidential counselling and support to people who have been affected by rape or sexual abuse:
http://www.archnortheast.org/

Campaign to End Loneliness

Sharing research, evidence and knowledge with organisations and the public to make a difference to older people's lives:
https://www.campaigntoendloneliness.org/

Family Information Service - Middlesbrough

Accurate, high quality, accessible and impartial information, advice and guidance on services and activities:
http://fis.middlesbrough.gov.uk/kb5/middlesbrough/fsd/home.page

Hartlepool Now

Information for local help and support:
https://www.hartlepoolnow.co.uk/

Hope for Justice

National charity that exist to bring an end to modern slavery by preventing exploitation, rescuing victims, restoring lives, and reforming society:
http://hopeforjustice.org/

National Trading Standards - Friends Against SCAMS

Friends Against SCAMS is an initiative which aims to protect and prevent people from becoming victims by empowering communities to take a stand against scams:
http://www.nationaltradingstandards.uk/news/friends-against-scams/

People's Information Network - Adults Services Directory

Wide range of information from community based services and help-lines through to older people's services in Redcar & Cleveland:
http://www.peoplesinfonet.org.uk/kb5/redcar/directory/adult.page?adultchannel=0

Research in Practice for Adults (RiPfA)

Evidence from research, practitioner expertise and the experience of people accessing services to provide learning and development support for the health and social care sector:
https://www.ripfa.org.uk/

Stockton Information Directory

A website that provides details of services, advice and support for adults and families in Stockton-on-Tees:
http://stocktoninformationdirectory.org/kb5/stockton/directory/home.page

Stop Hate UK

National organisation working to challenge all forms of Hate Crime and discrimination, providing independent confidential and accessible reporting and support for victims, witnesses and third parties:
https://www.stophateuk.org/

If you see or hear something that concerns you, or you suspect somebody is being abused, or someone tells you they are being abused. **Report it without delay:**

See it, report it!
If you suspect a neighbour, friend or family member is being neglected or abused, or you need help yourself

Call **Cleveland Police** 101 or 999 in emergency

Call your local Adult Social Care team:

Hartlepool	01429 523 390
Middlesbrough	01642 065 070
Redcar and Cleveland	01642 065 070
Stockton-on-Tees	01642 527 764
Evenings and Weekends	01642 524 552

If you are unsure, talk to your local adult social care team on the above number, they will listen to you and give you good advice. You can talk to them without giving your name.

Think Family

Consider risks to others which may include children or other adults with care and support needs. Should there be a concern that a parent may be neglecting children in their care, concerns should be reported to Children's Social Care.

Teeswide Safeguarding Adults Board

Strategic Business Plan 2018-19

APPENDIX 2 6.1

Vision: Our safeguarding arrangements will effectively prevent and respond to adult abuse

Prevention

Aim:

We will develop strategies that reduce the risk of abuse

Objectives:

1. Ensure more people access early help and preventative services
2. Reduce barriers to reporting all forms of abuse
3. Help develop stronger communities

Protection

Aim:

We will work effectively together to ensure the protection of adults

Objectives:

1. Provide effective and consistent responses to reported abuse
2. Reduce repeat occurrences of reported abuse
3. Develop strategies and guidance for dealing with all forms of abuse

Partnership

Aim:

We will develop a whole community approach to the prevention of abuse

Objectives:

1. Ensure statutory agencies work together in an effective manner
2. Work more closely with partners in children's focussed and community safety services
3. Develop relevant partnerships around priority issues

Professional Accountability

Aim:

We will work to ensure the accountability of all partners in protecting adults at risk of abuse

Objectives:

1. Gain assurance about the effective delivery of services
2. Ensure the voice of the service user helps to shape professional practice
3. Deliver and achieve the Board's performance benchmarks

What we will do

Engagement

Actions:

1. Improve understanding and engagement with the diverse range of communities and individuals across Tees
2. Work closely with, and utilise existing community based resources to best effect
3. Help to reduce social isolation
4. Focus on less developed areas of work, including: domestic abuse, modern slavery and sexual exploitation

Person Centred

Actions:

1. Reinforce the need for the views, wishes and best interests of the adult to always be the primary focus of professional practice
2. Provide effective and appropriate feedback to adults and their advocates, as well as professionals involved in safeguarding services

Good Practice

Actions:

1. Consider and seek to improve the appropriate sharing of information in every aspect of the work of the Board and partner agencies
2. Highlight, develop and use good practice from any and all relevant sources
3. Make best use of available technology
4. Be ambitious

Measure Impact

Actions:

1. Measure the overall impact of the work delivered by the Board
2. Effectively deliver the Quality Assurance Framework
3. Deliver a multi-agency audit programme
4. Develop good practice by seeking and using appropriate peer review opportunities

ADULT AND COMMUNITY BASED SERVICES COMMITTEE

6 December 2018

Report of: **Director of Adult and Community Based Services**

Subject: **LEARNING DISABILITY MORTALITY**

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1. TYPE OF DECISION/APPLICABLE CATEGORY

1.1 Non key decision.

2. PURPOSE OF REPORT

2.1 To provide an update on learning disability mortality and local uptake of annual health checks, cancer screening and flu vaccination.

3. BACKGROUND

3.1 A confidential inquiry into the premature deaths of people with learning disabilities linked to the Valuing People White Paper in 2001 found evidence of an above average death rate among younger people with a learning disability and above average incidence of avoidable illness, and highlighted major concerns about health care for this client group.

3.2 In 2004 Mencap published the 'Treat me Right' report and campaigned to expose to a wider audience the unequal healthcare that people with learning disabilities often received. The report concluded that although some of the reasons were known why people with learning disabilities die young, a further inquiry into the premature deaths of people with learning disabilities should be conducted, to identify the causes of death, but also to act as a powerful lever for improvement in the delivery of health services.

3.3 A formal investigation was conducted by the Disability Rights Commission in 2006 focused specifically on primary health care. The report reiterated that it was overwhelmingly acknowledged and clear from the evidence that people with learning disabilities experienced considerable inequalities in health and that it was not acceptable to that they are four times more likely to die of preventable causes than the general population.

3.4 In 2007 the Mencap 'Death by Indifference' report described the circumstances 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 a further independent inquiry was announced led by Sir Jonathan Michael – the Confidential Inquiry Into premature Deaths of People with Learning Disabilities (2008).

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

4.1 The inquiry studied the deaths of 249 people with learning disabilities across 58 comparators.

4.2 The average age at death was 13 years younger than the national figure for men and 20 years younger for women.

4.3 The most common certified underlying cause of death were heart and circulatory disorders (23%), respiratory diseases (17%) and cancers (13%).

4.4 The inquiry concluded that there was evidence of a significant level of avoidable suffering and a high likelihood that deaths were occurring which could be avoided.

5. DEATH CERTIFICATION DATA

5.1 Each year around 450,000 deaths are reported in England. Around 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.

6. LEARNING DISABILITY MORTALITY REVIEW (LeDeR) PROGRAMME

6.1 The LeDer programme commenced in June 2015 and aims to make improvements to the lives of people with learning disabilities by identifying factors associated with a person's death, and sharing lessons to ensure these are not repeated elsewhere.

6.2 The LeDer programme collates and shares anonymised details 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 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 of the death, a detailed, multiagency review is held. Some deaths are 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 death. As part of each review, an action plan is developed to take forward any necessary improvements to the way that services are provided, so that people with learning disabilities live longer and healthier lives.

6.5 Review work is ongoing locally through the LeDeR Review Group and case studies have been reported back from the national team as examples of good practice. A report summarising local work is attached at **Appendix 1**.

6.6 Further information on the LeDeR programme is available at: www.bristol.ac.uk/sps/leder/.

7. GOVERNANCE AND OVERSIGHT

7.1 The outputs from the LeDeR programme are subject to 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 NHS England are in receipt of reporting from this programme on progress and outputs in local areas.

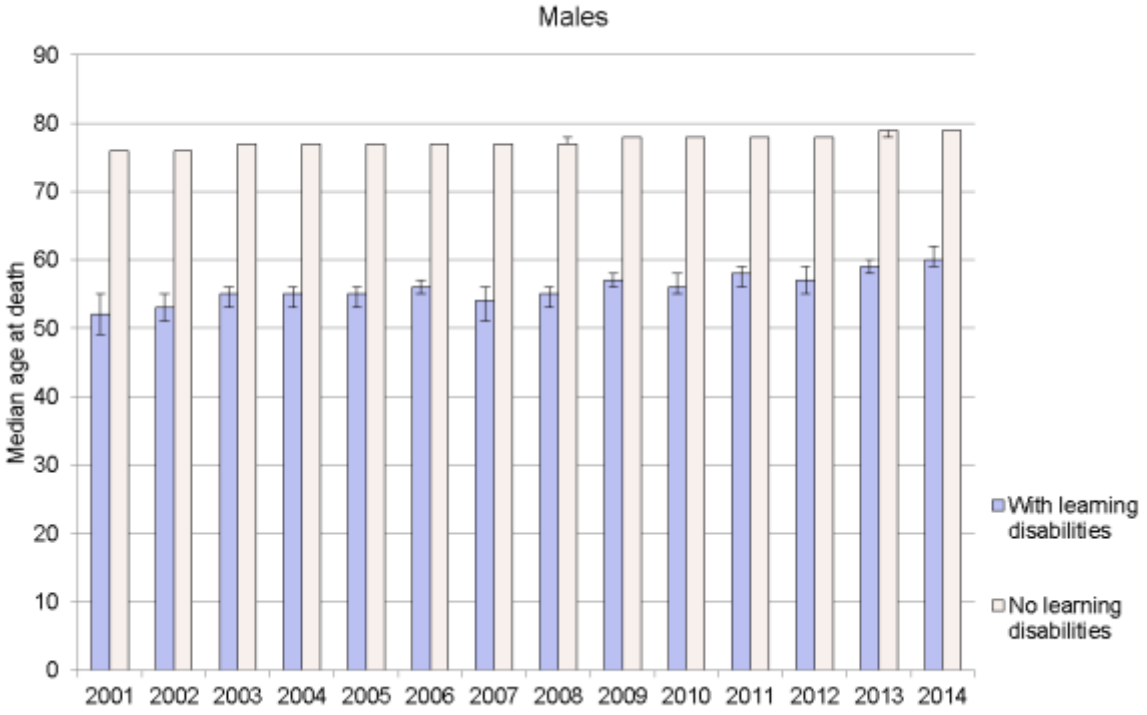
7.2 The LeDeR programme offers a process of learning from a death which can enable Safeguarding Adults Boards and local structures to focus on how to protect people with care and support needs from the behaviours and systems that pose a risk of abuse or neglect.

7.3 Membership of the LeDeR Review Group on Tees includes all Local Authorities, Head of Quality and Safeguarding for the CCGs, Learning Disability Specialist Nurses, Health Facilitation representatives from Foundation Trusts and NHS Clinical Leads.

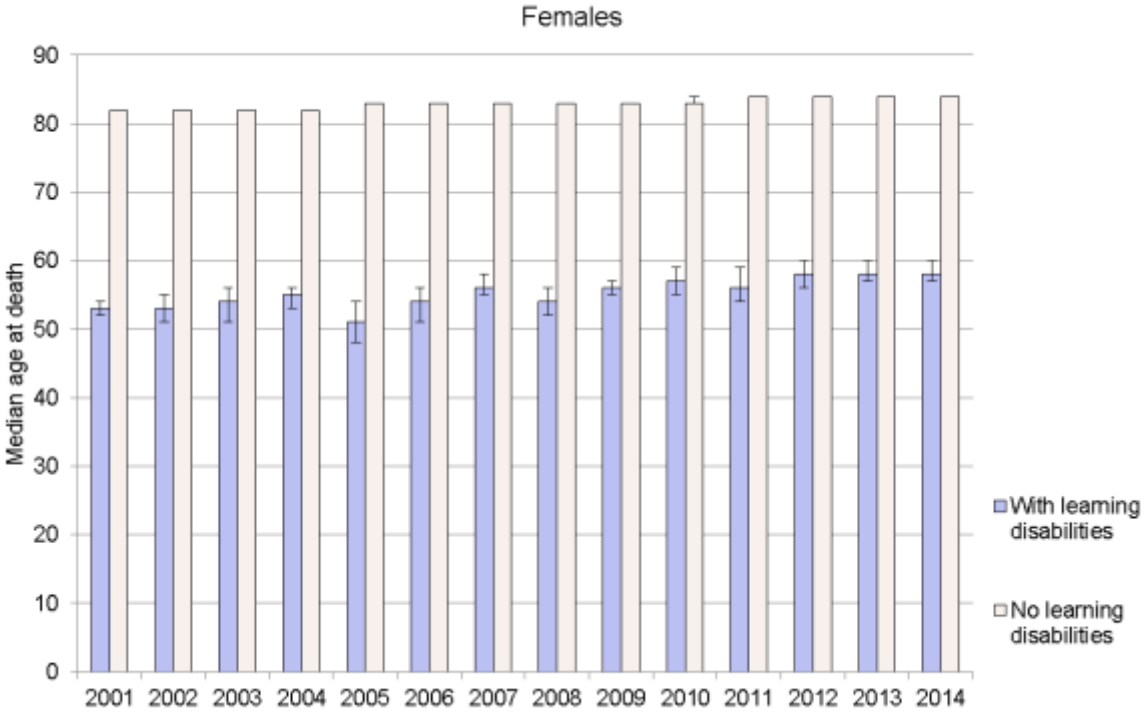
7.4 There are sufficient staff trained in undertaking mortality reviews across Tees and outcomes of all reviews are reported through the Review Group and activity undertaken to ensure learning opportunities are responded to appropriately.

8. NATIONAL PICTURE

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



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



8.3 Although age at death for people with learning disabilities has progressively increased over time, so has the age at death for the general population.

Evidence indicates that the gap between age of death for people with learning disabilities and the general population is not decreasing, suggesting that further work is required to address health inequalities.

8.4 The annual report and associated data can be found at: https://www.hqip.org.uk/clinical-outcome-review-programmes/learning-disability-mortality-review-programme.

9. LOCAL POSITION

9.1 Data regarding the health needs of adults with learning disabilities in Hartlepool is collected using the RAIDR (Reporting Analysis and Intelligence Delivering Results); a healthcare intelligence tool developed in conjunction with GPs. A summary of current data is attached in **Appendix 2**.

9.2 As part of the local implementation of NHS England's programme for Enhanced Services under the Direct Enhanced Scheme, the CCG requires that GPs undertake a programme of Annual Health Checks, cancer screening and flu vaccination for people with additional needs.

9.3 This enhanced service is designed to encourage practices to identify all patients aged 14 and over with learning disabilities; to maintain a learning disabilities register; and to offer people an annual health check, which includes producing a health action plan together with subsequent health screening and vaccination.

9.4 Under the enhanced service GP practices will invite in all patients on their learning disabilities register on an annual basis for a review of their physical and mental health. Where problems or concerns are identified, practices are expected to address them as appropriate through the usual practice routes or via specialist referral if required.

As a minimum, the health check should include a collaborative review with the patient and carer (where applicable) of physical and mental health with referral through the usual routes if health problems are identified, including:

- health promotion;
- chronic illness and systems enquiry;
- physical examination;
- epilepsy;
- dysphagia;
- behaviour and mental health;
- specific syndrome check;
- a check on the accuracy and appropriateness of prescribed medications;
- a review of coordination arrangements with secondary care;
- a review of transition arrangements where appropriate;
- a discussion of likely reasonable adjustments should secondary care be needed;
- a review of communication needs; and

- a review of family carer needs support for the patient to manage their own health and make decisions about their health and healthcare.

9.5 Flu vaccination is available to all people aged 2-65 who are at increased risk, which includes people with a diagnosed learning disability and / or other identified long term conditions.

9.6 People with learning disabilities have significantly higher rates of mortality and morbidity than their non-disabled peers. The incidence of deaths from most cancers in the UK among people with learning disabilities is currently lower than the general population, however this is likely to change in the coming years as a result of their increased longevity. The importance of actively addressing the health inequalities experienced by people with learning disabilities has been highlighted by recent reports and as such cancer screening programmes should be promoted and implemented as widely as possible within learning disabilities communities.

9.7 It is a statutory requirement under the Equality Act 2010 and the NHS and Social Care Act 2008 that public sector agencies make 'reasonable adjustments' to their practice that will make health services as accessible and effective as they would be for people without disabilities.

9.8 Uptake data for Annual Health Checks, Cancer Screening and Flu Vaccination for Hartlepool can be found in **Appendix 3**.

9.9 Regional events have enabled areas to learning and agree actions, which include:

- improving the use of the Mental Capacity Act;
- increasing uptake of annual health checks and a top tips sheet to promote and improve annual health checks (e.g. development of bloods pathway and work on improving guidance and increasing awareness of do not resuscitate orders);
- use of reasonable adjustments in primary care (with awareness training for GPs and primary care);
- work to improve uptake within cancer screening programmes; and
- initiatives to increase awareness of people with learning disabilities and families about health and wellbeing through market place events.

A Regional Coordinator is in place to link areas together, and to share plans and development models with other areas nationally via the Regional Coordinators network.

10. LEGAL CONSIDERATIONS

10.1 There are no legal considerations identified.

11. CHILD AND FAMILY POVERTY CONSIDERATIONS

11.1 There are no identified child and family poverty considerations.

12. EQUALITY AND DIVERSITY CONSIDERATIONS

12.1 The recommendations and associated Action Plan aim to equality of access to services for people with Learning Disabilities

13. STAFF CONSIDERATIONS

13.1 There are no staff considerations identified.

14. ASSET MANAGEMENT CONSIDERATIONS

14.1 There are no asset management considerations identified.

15. RECOMMENDATION

15.1 It is recommended that the Adult and Community Based Services Committee:

- note the current position in relation to learning disability mortality; and
- consider a referral to the Health and Wellbeing Board to raise awareness of this issue and to encourage other partners to take action to improve the health outcomes of adults with learning disabilities within Hartlepool.

16. REASONS FOR RECOMMENDATIONS

16.1 To provide Members with an overview of the existing health factors associated with adults with a learning disability.

16.2 To ensure work continues to improve the life chances of disabled people through the Hartlepool Learning Disability Partnership Board

17. CONTACT OFFICER

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NHS
Hartlepool and Stockton-on-Tees
Clinical Commissioning Group

NHS
South Tees
Clinical Commissioning Group

Report outlining National and Local activities in relation to the Learning Disabilities Mortality Review Programme (LeDeR)

The LeDeR programme is delivered by the University of Bristol, and commissioned by the Healthcare Quality Improvement Partnership (HQIP) on behalf of NHS England. This Programme is carried out locally by the CCG Head of Quality and Adult Safeguarding.

The overall aims of the LeDeR programme are to support improvements in the quality of health and social care service delivery for people with learning disabilities and to help reduce premature mortality and health inequalities.
The programme has developed a review process for the deaths of people with learning disabilities.

All deaths receive an initial review; those where there are any areas of concern in relation to the care of the person who has died, or if it is felt that further learning could be gained, receive a full multi-agency review of the death.

NHSE annual report and National Learning
NHS England published the national annual report on 4 May 2018 with learning and recommendations from completed reviews. Nationally 103 reviews have been completed nationally and the overall themes identified as learning points and recommendations.

	Recommendation	Responsible Agency
1.	Strengthen collaboration and information sharing, and effective communication, between different care providers or agencies	Commissioners
2.	Push forward the electronic integration (with appropriate security controls)of health and social care records to ensure that agencies can communicate effectively, and share relevant information in a timely way	NHS England
3.	Health action plans, developed as part of the Learning Disabilities Annual Health Check should be shared with relevant health and social care agencies involved in supporting the person(either with consent or following the appropriate Mental Capacity Act decision–making process)	NHS England Commissioners Providers
4.	All people with learning disabilities with two or more long term conditions (related to either physical or mental health) should have a local, named health care co-ordinator.	Commissioners
5.	Providers should clearly identify people requiring the provision of reasonable adjustments, record the adjustments that are	Providers

	required, and regularly audit their provision.	
6.	Mandatory learning disability awareness training should be provided to all staff, delivered in conjunction with people with learning disabilities and their families.	Commissioners Providers
7.	There should be a national focus on pneumonia and sepsis in people with learning disabilities, to raise awareness about the prevention, identification and early treatment.	NHS England
8.	Local services strengthen their governance in relation to adherence to the Mental Capacity Act, and provide training and audit of compliance 'on the ground' so that professionals fully appreciate the requirements of the Act in relation to their own role.	Commissioners Providers
9.	A strategic approach is required nationally for the training of those conducting mortality reviews or investigations, with a core module about the principles of undertaking reviews or investigations, and additional tailored modules for the different mortality review or investigation methodologies.	NHS England

Process on Teesside
The Head of Quality and Adult Safeguarding is the Local Area Contact for the LeDeR programme. Process is as follows the Bristol office sends an alert that a person has died and then the CCG requests from the respective agencies all relevant information for example a pen portrait, care plans, care act assessments, the mortality review report from the acute trust if the person died in hospital, the GP record review and family information.

These reports are shared with the Teeswide LeDeR group whose membership consists of representatives from each Local Authority whose speciality is Learning Disability, the Learning Disability Nurses from both acute Trusts, the local mental health trust learning disability teams, the Learning Disability clinical nurse for the CCG and the group is chaired by the Head of Quality and Adult Safeguarding. The meeting reviews the care the person received acknowledging good practice as well as lessons learned the group would recommend if the persons care needed a full multi-disciplinary review.

From the meeting the cases are uploaded onto the LeDeR system and lessons learned shared with the group to take back into their respective organisations. The completed reviews are sent to the LeDer Programme in Bristol and are reviewed by a panel of experts, the panel's feedback for the first case was as follows:

"Strengths of the review were that it included a broad range of relevant sources, useful information in the timeline and a very clear and relevant pen portrait. There was good identification of best practice and recommendations for future patients care."

The local LeDeR group has reviewed 5 other cases and is in the process of gathering information for a further 20 cases.

Lessons learned from the completed local reviews:

- When patients become eligible for fully funded NHS continuing health care, the active case management of the case is no longer available, which affects the family and the client as they do not have a named case manager, there is always care and advice from the CHC team but may not have the consistency that a named person would have.
- The reviews identified inconsistent application of the mental capacity act leading the teams not to apply for court of protection applications for community placements which are funded by the CCG.
- In some cases varying quality of end of life care plans, two patients were supported at their place of residence but others dies in hospital. The review group discussed the use of the 'When I die Book' that the mental health Trust support.
- In at least three cases the community carers contacted the acute trust to inform them of admission so reasonable adjustments could be made by the acute learning disability nurse.
- It was identified that training in some residential homes needs improving so that the deteriorating patient is identified.

Assurance
The CCG participated in the North Cumbria and the North East Learning Disability/Autism Quality Assurance Event on 26 April. Each CCG was invited to present work on the transforming care and LeDeR agenda and an invited audience had the opportunity to ask questions as well as a panel of experts, gave feedback as to the quality, progress and findings of the work, the verbal feedback at the time was good at the time of writing the report the written report has not been received.

Learning Disability Network Regional Mortality Steering Group
This is a regional group that some of the local group attend and present cases and share lessons learned.

Summary report Jan to March 2018 North East

Grading of cases	
There was excellent care and met current good practice	1
This was good care, which fell short of current best practice in only one minor area	6
This was satisfactory care, falling short of current best practice in two or more minor areas, but no significant learning would result form a fuller review of the death	2
Care fell short of current best practice in one or more significant areas, but this is not considered to have had the potential for adverse impact on the person and no significant learning would result from a fuller review of the death	0
Care fell short if current best practice in one or more significant areas, although this is not considered to have had a potential for adverse impact on the person, some learning could result from a fuller review of the death	1
Care fell short of current best practice in one or more significant areas resulting in the potential for, or actual, adverse impact on the person	1

Good practice identified

"Care staff had known person for many years and responded swiftly to any changes in presentation. His next of kin was involved in all decisions related to care and treatment".

Family speak very highly of care worker describing how she often went the extra mile and always treated person and family with the utmost respect, compassion and humility".

Conclusion and looking ahead
Work completed to date has been very encouraging and it has been good to see the multidisciplinary work that has taken place in gathering the information and discussion for the mortality review.

The work programme for the following year will include getting the reviews completed in a timely manner, the sharing of a quarterly update to all stakeholders and working on the lessons learned actions locally.

Barbara Potter
Head of Quality and Adult Safeguarding
May 2018

The table below provides information on learning disability population health for Hartlepool and Stockton on Tees CCG (based on information extracted in November 2018).

	H&ST CCG	Hartlepool	Stockton
Whole Patient Population	295,206	96,688	201,194
Learning Disability Patient Population	1,512	656	856

No of patients with a learning disability who have	H&ST CCG	Hartlepool	Stockton	% of Hartlepool learning disability population
Epilepsy	334	128	206	20%
Anxiety Disorder	273	122	151	19%
Depression	286	129	157	20%
Psychotic Disorder	118	62	56	9%
Mental Health	122	64	58	10%
Bi-Polar	45	25	20	4%
Schizophrenia	50	27	23	4%
Diabetes	128	53	75	8%
Diabetes Type 1	19	9	10	1%
Diabetes Type 2	103	43	60	7%
Heart Failure	13	8	5	1%
Atrial Fibrillation	20	13	7	2%
Asthma	134	48	86	7%
COPD	24	6	18	1%
Cancer	23	12	11	2%
Dementia	19	10	9	2%
CKD	47	23	24	4%
Obese	430	197	233	30%
TIA	13	5	8	1%
Hyperthyroidism	111	47	64	7%
Hypertension	166	77	89	12%

Summary of screening uptake for the disability population (information extracted 30.9.18).

Measure	Hartlepool 17/18 (full year)	Hartlepool Q1 & Q2 18/19	Hartlepool Q1 & Q2 17/18
Annual Health Check	61%	15%	13%
Bowel Screening	55%	68%	58%
Breast Screening	46%	44%	42%
Cervical Screening	34%	36%	29%
Flu Vaccination	49%	2%	4%

* All information contained in the table above relates to eligible population

ADULT AND COMMUNITY BASED SERVICES COMMITTEE

6 December 2018

Report of: Director of Adult and Community Based Services and Director of Finance and Policy

Subject: STRATEGIC FINANCIAL MANAGEMENT REPORT - AS AT 30 SEPTEMBER 2018

1. TYPE OF DECISION/APPLICABLE CATEGORY

1.1 For information.

2. PURPOSE OF REPORT

2.1 The purpose of the report is to inform Members of the 2018/19 forecast General Fund Outturn, the 2018/19 Capital Programme Monitoring and to provide details for the specific budget areas that the Committee is responsible for.

3. BACKGROUND AND FINANCIAL OUTLOOK

3.1 Members will be aware from previous reports submitted to Finance and Policy Committee that there were significant over spends on the General Fund budgets in 2016/17 (£302,000) and 2017/18 (£1.509m) and this reflected continuing service pressures, particularly in relation to Looked after Children. These pressures commenced in 2016/17 and had been recognised within the 2017/18 MTFS and one off resources allocated to support the recurring budget. However, despite these one off resources and some under spends on corporate budgets, there were net over spends in the last two years which had to be funded from the Unearmarked General Fund Reserve, as summarised below:

	2016/17 £'000	2017/18 £'000
Gross Departmental over spend	1,035	1,902
Corporate under spend	(715)	(393)
Net over spend before one off items and use of reserves	**320**	**1,509**
Uncommitted 2015/16 Actual Outturn and release of funding allocated for potential protection costs	(194)	0
Planned Use of Reserves	0	(1,400)
Net over spend funded from Unearmarked General Fund Reserve	**126**	**109**

3.2 Using the Unearmarked General Fund Reserve to meet future budget over spends is not sustainable as this amount is held to manage unforeseen commitments and risks.

4. REPORTING ARRANGEMENTS 2018/19

4.1 The availability and reporting of accurate and up to date financial information is increasingly important as future budget cuts are implemented and one-off resources are used up.

4.2 The Finance and Policy Committee will continue to receive regular reports which will provide a comprehensive analysis of departmental and corporate forecast outturns, including an explanation of the significant budget variances. This will enable the Committee to approve a strategy for addressing the financial issues and challenges facing the Council.

4.3 To enable a wider number of Members to understand the financial position of the Council and their service specific areas each Policy Committee will receive a separate report providing:

- a brief summary of the overall financial position of the Council as reported to the Finance and Policy Committee;
- the specific budget areas for their Committee; and
- the total departmental budget where this is split across more than one Committee. This information will ensure Members can see the whole position for the departmental budget.

5. SUMMARY OF OVERALL COUNCIL FINANCIAL POSITION

5.1 An assessment of the forecast 2018/19 outturn has been completed and was reported to Finance and Policy Committee on 26th November 2018. This report identified an anticipated over spend of £920,000, consisting of the following elements:

Forecast 2018/19 Outturn against approved budget

	Previous Forecast Outturn over/(under) spend £'000	Current Forecast Outturn over / (under) spend £'000
Departmental service based expenditure	1,000	1,120
Corporate expenditure	(200)	(200)
Forecast Net Over Spend	**800**	**920**

5.2 The 2018/19 outturn has been prepared to reflect expenditure incurred to date and forecast to be incurred in the rest of the financial year. As Members will be aware from previous years significant elements of the Council's budget are demand led and affected by expenditure over the winter months, including care costs in relation to older people and winter maintenance. The outturn forecasts

will be closely monitored and regular updates will be reported to Finance and Policy Committee.

5.3 Strategy for Managing the 2018/19 Forecast Overspend

5.4 As indicated in the previous section the Council is facing a third successive year end over spend which largely reflects continuing and increasing pressures in relation to Looked after Children. The Council also faces a budget deficit for 2019/20 of nearly £6m and the prospect of further budget deficits in 2020/21 to 2021/22. These issues are a significant financial challenge for the Council and will require robust action and difficult decisions to address.

5.5 The MTFS update report considered by Finance and Policy Committee on 3 September 2018 identified recurring budget reductions from a combination of measures (reduction in income contingency risk, holiday pay costs, external audit fees and funding changes) which will reduce the 2019/20 budget deficit. These items total £371,000 and are also available to reduce the forecast 2018/19 over spend as follows:

Forecast Over spend still to be addressed

	Previous Forecast Outturn over/(under) spend £'000	Current Forecast Outturn over / (under) spend £'000
Forecast Net Over Spend	800	920
Corporate Expenditure	(371)	(371)
Forecast Over Spend still to be addressed	**429**	**549**

5.6 Officers will continue to pursue further actions to reduce this figure by achieving in-year reductions (i.e. over achieving the salary vacancy target and reducing discretionary revenue spending), or using funding flexibilities (i.e. using funding flexibilities and capitalising revenue expenditure).

5.7 There remains a risk that further in year budget savings may not be achievable. In this situation the net forecast over spend will need to be funded by reviewing the Council's earmarked reserves and details will be reported to a future Finance and Policy Committee meeting. Therefore, whilst the over spend for 2018/19 can be managed, the Council will need to develop a robust strategy to bring recurring costs into line with recurring income and to remove the reliance on using reserves – which can only be used once.

6. 2018/19 FORECAST OUTTURN – ADULT AND COMMUNITY BASED SERVICES COMMITTEE

6.1 Details of the specific budget areas this Committee is responsible for are provided in **Appendix A.**

6.2 Appendix A shows a nil outturn variance for Adult and Community Based Services, however the 2018/19 budget includes £0.5m of non-recurrent Improved Better Care Fund grant. This funding will not continue beyond 31 March 2019 and without this the Department would be reporting an overspend position. There are overspends within a number of areas including Libraries; Sport, Leisure and Recreation; and packages of care for adults with a learning disability. These overspends are mainly offset by underspends from incremental drift and staff vacancies. However, it is still early in the financial year and there may be additional seasonal pressures that emerge in the remainder of the financial year, particularly in budgets that relate to services for older people, during the winter period.

7. CAPITAL MONITORING 2018/19

7.1 Capital Expenditure to 30 September 2018 is summarised in the table below and further details are provided in **Appendix B**.

Department		EXPENDITURE IN CURRENT YEAR				
	A	B	C	D	E	F
					B+C+D	E-A
	2018/19 Budget	2018/19 Actual at 30/09/2018	2018/19 Expenditure Remaining	Expenditure Rephased to 2019/20	2018/19 Total Expenditure	2018/19 Variance from budget
	£'000	£'000	£'000	£'000	£'000	£'000
Adult & Community Based Services	2,669	554	2,115	0	2,669	0
Total Capital Expenditure	**2,669**	**554**	**2,115**	**0**	**2,669**	**0**

7.2 There are no items to bring to Members attention.

8. CONCLUSION

8.1 As detailed in Section 3, a 2018/19 General Fund revenue budget over spend of £920,000 is forecast. This mainly reflects continuing Looked after Children pressures. Officers have identified measures that will reduce the forecast deficit to £549,000 and will continue to try to achieve further in-year reductions.

8.2 However, there is a risk that further in year budget savings may not be achievable. Therefore it is anticipated that it will be necessary to identify one off funding from reviewing the Council's earmarked reserves and details will be reported to a future Finance and Policy meeting. This strategy will avoid a call on the Unearmarked General Fund Reserve, which needs to be maintained to manage future financial risks.

8.3 The financial pressures facing the Council are not unique and national press reports over the last few weeks have highlighted significant financial issues in many councils, including Northamptonshire County Council, East Sussex County Council and Birmingham. This clearly indicates the financial pressures facing the sector and individual councils will need to develop local strategies to address their specific financial challenges.

8.4 To some extent the Council is in a better position in the short term than many other areas as it has implemented difficult decision over the last few years to cut expenditure, increase recurring income by increasing Council Tax, achieving housing growth and by carefully managing reserves.

8.5 However, as detailed in the 2019/20 to 2020/21 MTFS report considered by Finance and Policy Committee on 3 September 2018, the financial outlook for the next three years is extremely challenging. The Council faces a 2019/20 budget deficit of £6m and further deficits in 2020/21 and 2021/22. This means further extremely difficult decisions will be required over the next three years to set balanced budgets.

9. RECOMMENDATIONS

9.1 It is recommended that Members note the report.

10. REASONS FOR RECOMMENDATIONS

10.1 To ensure that the Adult and Community Based Services Committee has up to date information on the forecast 2018/19 General Fund Revenue budget outturn and Capital Programme.

11. BACKGROUND PAPERS

Medium Term Financial Strategy 2017/18 to 2019/20: Report to Finance and Policy Committee 3 September 2018

Strategic Financial Management Report as at 31 July 2018: Report to Finance and Policy Committee 3 September 2018.

12. CONTACT OFFICERS

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ADULT & COMMUNITY BASED SERVICES

REVENUE FINANCIAL MONITORING REPORT FOR FINANCIAL YEAR 2018/19 as at 30th SEPTEMBER 2018

Approved 2018/2019 Budget £'000	Description of Service Area	Forecast Outturn as at 30th September 2018 Adverse/ (Favourable) £'000	Director's Explanation of Forecast Variance
0	Carers & Assistive Technology	(5)	
2,421	Commissioning & Adults General	10	
1,694	Packages of Care - Mental Health	60	Budget pressures have previously been identified in this area.
10,924	Packages of Care - Older People	(520)	This reflects the ending of a number of high cost packages and one-off income from the iBCF grant. This budget will be closely monitored throughout the year as spend often increases during the winter period.
8,468	Packages of Care - Working Age Adult	340	There is a significant degree of volatility associated with the learning disability budget including high cost packages of care, the Transforming Care Agenda and the number and complexity of transitions from childrens services to adult services.
3	Community Centres	0	
7	Community Hubs	0	
137	Departmental Running Costs	0	
707	Direct Care & Support Team	0	
447	LD & Transition Social Work	0	
859	Libraries	50	The adverse variance relates to early savings proposals for 2018/19 that were not delivered.
2,934	Locality & Safeguarding Teams	0	
741	Mental Health Services	(5)	
501	OT & Disability Equipment	0	
540	Sports, Leisure & Recreation Facilities	95	The adverse variance (which reflects a one-off contribution of £50k from Public Health reserves) mainly relates to a shortfall in income at the leisure centres and Carlton Outdoor Activity Centre.
1,236	Working Age Adult Day Services	(25)	The favourable variance mainly relates to increased income and some savings on non-pay budgets.
31,619	**Adult & Community Based Services Total (Before Creation of Reserves)**	**0**	

PLANNED USE OF RESERVES

The above figures include the 2018/2019 approved budget along with the planned use of Departmental Reserves created in previous years.
The details below provide a breakdown of these reserves

Approved 2018/2019 Budget £'000	Description of Service Area	Actual Usage 2018/2019 £'000	Variance Over/ (Under) £'000	Director's Explanation of Forecast Variance
0	Public Health Reserve - Sport, Leisure & Recreation Facilities	50	50	One-off contribution towards the budget pressures within the Sport, Leisure and Recreation service.
0	Public Health Reserve - GP Referral & EDAN	77	77	Funding of the GP Referral and Diabetes programmes.
0	Public Health Reserve - DAT Tier 4	100	100	This is a contingency reserve to be used where there is a need for Tier 4 support within the Substance Misuse service.
0	**Total**	**227**	**227**	

ADULT & COMMUNITY BASED SERVICES

CAPITAL MONITORING REPORT PERIOD ENDING 30th SEPTEMBER 2018

Project Code	Scheme Title	BUDGET	EXPENDITURE IN CURRENT YEAR					Type of Financing	2018/19 COMMENTS
		A	B	C	D	E	F		
		2018/19 Budget £'000	2018/19 Actual as at 30/9/18 £'000	2018/19 Expenditure Remaining £'000	Expenditure Rephased into 2019/20 £'000	(B+C+D) 2018/19 Total Expenditure £'000	(E-A) 2018/19 Variance from Budget £'000		
Adult & Community Based Services									
7212	Capital Grants to Residential/Nursing Care Homes (iBCF)	501	86	415	0	501	0	RCCO	
7234	Chronically Sick and Disabled Persons Adaptations	313	3	310	0	313	0	MIX	
8108	Centre for Independent Living	231	0	231	0	231	0	MIX	
7218	Disabled Facilities Grant	1,314	413	901	0	1,314	0	GRANT	
8103	Swimming Scheme	35	0	35	0	35	0	RCCO	
8172	Brierton Dance Studio Equipment	4	2	2	0	4	0	RCCO	
7992	Junior Football Pitches	26	0	26	0	26	0	RCCO	
8408	Mill House - Equipment Purchase	3	0	3	0	3	0	RCCO	
8689	Brierton Sports Fields	1	0	1	0	1	0	MIX	
8016	Summerhill Multi User Route	1	0	1	0	1	0	GRANT	
8409	Sport & Youth Improvements	12	1	11	0	12	0	MIX	
8964	Brierton Sports Hall Techno Gym	2	0	2	0	2	0	GRANT	
8896	Brierton Tennis Courts	30	0	30	0	30	0	CAP REC	
8634	Brierton 3G Pitch - Football Foundation	6	0	6	0	6	0	MIX	
8904	Summerhill Cafe Works	1	0	1	0	1	0	MIX	
8710	Drug & Alcohol Recovery Centre	18	0	18	0	18	0	GRANT	
8946	Stepping Stones Grant	91	38	53	0	91	0	GRANT	
8088	Community Hub - Central	68	11	57	0	68	0	RCCO	
8098	Community Hub - North	12	0	12	0	12	0	RCCO	
	Total Adult & Community Based Services	**2,669**	**554**	**2,115**	**0**	**2,669**	**0**		

Key

RCCO	Revenue Contribution towards Capital	GRANT	Grant Funded
MIX	Combination of Funding Types	CAP REC	Capital Receipt
UCPB	Unsupported Corporate Prudential Borrowing	UDPB	Unsupported Departmental Prudential Borrowing
SCE	Supported Capital Expenditure (Revenue)	CORP	Corporate Resources

ADULT AND COMMUNITY BASED SERVICES COMMITTEE

6 December 2018

Report of: Director of Adult and Community Based Services

Subject: ADULT SOCIAL CARE USER SURVEY RESULTS

1. TYPE OF DECISION/APPLICABLE CATEGORY

1.1 No decision required, for information.

2. PURPOSE OF REPORT

2.1 The purpose of this report is to provide the Adult and Community Based Services Committee with a summary of the results from the 2018 Adult Social Care Survey, which contributes to the Adult Social Care Outcomes Framework, identifying how performance compares with previous years and showing comparison data from other Councils in the North East.

3. BACKGROUND

3.1 The Adult Social Care Outcomes Framework (ASCOF) was introduced in 2011/12 and aims to measures how well social care services are delivering outcomes for people, with a focus on the issues that people have identified as being important for themselves and their friends and relatives such as:

- treats people with dignity and respect;
- supporting people to stay well and independent; and
- supporting people to play an active part in their local communities.

3.2 The ASCOF measures are influenced by feedback from people using services and their carers through the annual Adult Social Care Survey and the Adult Social Care Carers Survey (which is completed every two years).

4. PERFORMANCE OF HARTLEPOOL BOROUGH COUNCIL

4.1 Performance and comparison data from the Adult Social Care User Survey has now been analysed. Comparisons are made nationally between the 151 Councils with Adult Social Care responsibilities and regionally between the 12 North East Local Authorities.

4.2 Social care related quality of life in Hartlepool, as reported by users of services, is fourth highest in the North East region and ninth highest in the national rankings, and 85.2% of people who responded to the survey report that they have control over their daily lives. This percentage is the highest reported within the region and the highest reported nationally and reflects a long term commitment in Hartlepool to self directed support, personal budgets and direct payments which give people choice and control over how their needs are met.

4.3 The proportion of people who use services who have as much social contact as they would like was 52.8% - the third highest performance in the North East and ninth highest nationally. The Council has undertaken a significant amount of work to try and tackle social isolation in recent years through provision of day opportunities and carer support as well as initiatives such as Project 65 and the Befriending Network, but it is recognised that there is still potential to do more to address isolation through the Community Hub model and wider approaches to prevention and engagement.

4.4 Overall satisfaction of people who use service with their care and support was 67.1% and 80.4% of people who use services found it easy to find information about services (both of which are above the national and average).

4.5 The survey also asks people who use services if they feel safe, and whether the support they receive from adult services makes them feel safe. In Hartlepool, 71.1% of people reported that they felt safe, with 92.4% reporting that the services they received made them feel safe. Again, both of these figures are above the national average with the proportion of people reporting that services made them feel safe ranking twelfth in the country.

5. RISK IMPLICATIONS

5.1 There are no risk implications in relation to this report.

6. FINANCIAL CONSIDERATIONS

6.1 There are no financial implications associated with this report.

7. LEGAL CONSIDERATIONS

7.1 There are no legal considerations associated with this report.

8. CHILD AND FAMILY POVERTY CONSIDERATIONS

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

9. EQUALITY AND DIVERSITY CONSIDERATIONS

9.1 There are no equality and diversity implications associated with this report. The user survey is sent to a random sample of all people who use services, so the sample should be representative of all groups.

10. STAFF CONSIDERATIONS

10.1 There are no staffing considerations associated with this report.

11. ASSET MANAGEMENT CONSIDERATIONS

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

12. RECOMMENDATIONS

12.1 It is recommended that the Adult and Community Based Services Committee note the contents of this report and the continued positive feedback from users of adult social care services.

13. REASONS FOR RECOMMENDATIONS

13.1 ASCOF is the national approach to measuring performance in adult social care, and the data provided enables the Adult and Community Based Services Committee to understand how Hartlepool Borough Council is performing and how this compares with other councils.

14. CONTACT OFFICER

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