

ADULT AND COMMUNITY BASED SERVICES COMMITTEE AGENDA



Thursday 26 September 2019

at 10.00am

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

MEMBERS: ADULT AND COMMUNITY BASED SERVICES COMMITTEE

Councillors Brewer, Little, Prince, C Richardson, Thomas, Ward 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 18 July 2019.

4. BUDGET AND POLICY FRAMEWORK ITEMS

No items.

5. KEY DECISIONS

No items.

6. OTHER ITEMS REQUIRING DECISION

- 6.1 Unison Residential Care Charter – *Director of Adult and Community Based Services*



7. ITEMS FOR INFORMATION

- 7.1 Annual Report of Adult Social Care Complaints and Compliments 1 April 2018 – 31 March 2019 – *Director of Adult and Community Based Services*
- 7.2 Health and Care Academy – *Director of Adult and Community Based Services*
- 7.3 Strategic Financial Management Report - as at 31st July 2019 – *Director of Adult and Community Based Services and Director of Finance and Policy*
- 7.4 Adult Safeguarding Performance Report – *Head of Service – Safeguarding and Specialist Services*

8. ANY OTHER BUSINESS WHICH THE CHAIR CONSIDERS URGENT

FOR INFORMATION

Forthcoming meeting dates are set out below. All meetings will be held in the Civic Centre, Hartlepool.

Thursday 24 October, 2019 at 10.00 am
Thursday 21 November, 2019 at 10.00 am
Thursday 19 December, 2019 at 10.00 am
Thursday 30 January, 2020 at 10.00 am
Thursday 27 February, 2020 at 3.00 pm
Thursday 19 March, 2020 at 10.00 am



ADULT AND COMMUNITY BASED SERVICES COMMITTEE

MINUTES AND DECISION RECORD

18 JULY 2019

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

Present:

Councillor: Sue Little (In the Chair)

Councillors: Stephen Thomas, Barbara Ward, and Mike Young.

Also present: Councillor Carl Richardson as substitute for Councillor Amy Prince in accordance with Council Procedure Rule 4 (ii).

Frank Harrison, Evelyn Leck and Gordon and Stella Johnson.

Officers: Jill Harrison, Director of Adult and Community Based Services
Gemma Ptak, Assistant Director, Preventative and Community Based Services
Danielle Swainston, Assistant Director, Joint Commissioning
David Cosgrove and Alexandra Keay-Bolton, Democratic Services Team

7. Apologies for Absence

Apologies for absence were received from Councillor Amy Prince.

8. Declarations of Interest

At the commencement of the meeting: -
Councillor Thomas declared a personal interest as an employee of Hartlepool Healthwatch.
Councillor Ward declared a personal interest as a Director of Bringing Communities Together.

Prior to the commencement of consideration of Minute No. 12, Councillor C Richardson declared a personal interest.

9. Minutes of the meeting held on 13 June 2019

Received.

10. Hartlepool Playing Pitch and Indoor Facilities Strategy 2019-2024 *(Director of Adult and Community Based Services)*

Type of decision

Key decision number ACBS 084/19, test type (ii).

Purpose of report

To present the Playing Pitch and Indoor Facilities Strategy 2019 – 2024 and associated action plan for approval and adoption.

Issue(s) for consideration

The Assistant Director, Preventative and Community Based Services reported that in January 2017, Hartlepool Borough Council commissioned Neil Allen Associates to produce a combined Indoor Facilities Strategy (IFS) and Playing Pitch Strategy (PPS). The combined strategy provides an updated evidence base to support investment and the delivery of sport and physical activity across the borough. The combined strategy updates the Playing Pitch Strategy and Facility Strategy from 2013.

The final strategy and action plan (submitted as an Appendix to the report) would support future decision making in relation to sport, physical activity and leisure facilities in the borough. The Playing Pitch Strategy assesses facilities for the provision of football, rugby, cricket, tennis, bowls, golf and hockey. The Indoor Facility Strategy assesses facilities for the provision of swimming pools, sports halls and other indoor facilities. Each section considered key assessment finding, issues and options. This detail was then used to shape the associated action plans.

The Assistant Director referred to the report to be considered by the Finance and Policy Committee on 22 July 2019 which set out options for the funding of a feasibility programme for the development of a new leisure offer.

Members discussed in some detail some of the issues around the future of the Mill House Leisure Centre and in particular the swimming pool. The Assistant Director assured Members that the provision was safe but that the closure of some school pools in the town had put further pressure on the facility, which was now nearing the end of its useful life.

Members were concerned that any future development issues needed to look to the long-term. The Mill House Leisure Centre had been open nearly 50 years and any replacement facility had to look that far ahead. Leisure facilities for the future would need to look to accommodate a wide range of equality and diversity issues as well as being prepared to meet the needs of an aging society. Young people's demands for leisure facilities were changing and that had to be reflected in the assessment of future needs. Members also commented that this was not a 'Final' document and would continue to evolve.

The Assistant Director commented that this process would look at whole system development for the future and this was only the very start of that long process. Members sought assurance that as wide an involvement of Elected Members as possible would be facilitated during the whole process and the Assistant Director stated that this would be the case.

Reference was made to one of the options set out in the strategy and action plan relating to the One Public Estate government funding looking at the Council HQ, Courts and Police Station site. The Assistant Director stated that this project had been estimated to cost £90m and was unlikely to proceed due to costs; though one option was not been considered above any other at this time.

Decision

1. That the Hartlepool Playing Pitch and Indoor Facility Strategy reflect more specifically the range of equality and diversity issues and the needs of an aging society that would impact on all future leisure provision.
2. That, subject to 1 above, the Hartlepool Playing Pitch and Indoor Facility Strategy and associated action plan be approved and adopted, acknowledging that this would be a live document that would continue to evolve; and
3. That further updates regarding progress and key developments be submitted to Committee as appropriate.

11. Carers Strategy (*Director of Adult and Community Based Services*)

Type of decision

Non-key decision.

Purpose of report

To share the draft Carers Strategy with members for them to make recommendations to the Health and Wellbeing Board.

Issue(s) for consideration

The Assistant Director, Joint Commissioning reported that the Care Act 2014 and Children and Families Act 2014 gave local authorities in England a legal responsibility to assess the needs of carers, support their eligible needs and promote their wellbeing.

Recent consultation has taken place with young carers and carers which had been the basis of the strategy. Discussion took place at a Joint Committee of Children and Joint Commissioning Services and Adults and Community Based Services on 5th February 2019 on the needs of carers and the recommendations from this meeting were also taken into account in the development of the strategy. A discussion also took place at the

Health and Wellbeing Board on 4th March 2019 and recommendations made by the board have been included within the strategy. The proposed Hartlepool Carers Strategy 2019 -2024 was appended to the report for Members approval.

Members discussed the true number of carers in the town as they were concerned that this was much greater than that set out in the strategy document. The Assistant Director acknowledged the issue. The 2011 census had identified 1 in 10 as carers, Carers UK thought the figure was nearer 1 in 8. The Assistant Director considered that it was unlikely the true number would ever be known but advised that the focus had to be on how to support carers rather than focusing energy on quantifying numbers. Members considered that carers had to be shown a great debt of gratitude for the service they provided, which some consider to be essentially a second NHS. Members also spoke in tribute to the excellent service provided by Hartlepool Carers.

Members requested that the issue of respite (or short breaks) be incorporated in the strategy, building on information shared with this Committee previously. The Assistant Director confirmed that this would be reflected in the final version of the strategy.

Decision

1. That the Carers Strategy 2019 – 2024 be approved for submission to the Health and Wellbeing Board on 23rd September 2019 for final approval.
2. That the issue of respite care / short breaks be incorporated in the final strategy document.

Prior to the commencement of the following item Councillor C Richardson declared a personal interest.

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

Type of decision

For information.

Purpose of report

To provide the Adult and Community Based Services Committee with an update in relation to care home provision for older people.

Issue(s) for consideration

The Assistant Director, Joint Commissioning reported developments in regards to the care homes provision for older people since the last Committee update in March. There had been no changes in CQC (Care Quality Commission) ratings with 12 homes rated 'good' (75%) and 4 rated as 'requires improvement' (25%). The Assistant Director provided an update for Members relating to Support provided to the Care Home

Market; Delivering Outstanding Care; Quality Standards Framework (QSF); and Fee Increases.

Members questioned the frequency of CQC inspections and specifically the re-inspection of those homes that had been assessed as 'requiring improvement'. The Director of Adult and Community Based Services indicated that the timing of CQC inspections was outside of the Council's control and gave indicative timescales which were used by CQC dependent upon current ratings. As Members had been advised previously, homes rated as 'Requires Improvement' or 'Inadequate' are inspected more frequently than those rated 'Good' or 'Outstanding'. Members also discussed issues around staffing, training and retention of staff within care homes.

Decision

That the report be noted and a further update be provided in six months.

13. Any Other Items which the Chairman Considers are Urgent

None.

The Committee noted that the next meeting would be held on Thursday 26 September, 2019 at 10.00 am in the Civic Centre, Hartlepool.

The meeting concluded at 11.35 am

H MARTIN

CHIEF SOLICITOR

PUBLICATION DATE: 26 JULY 2019

ADULT AND COMMUNITY BASED SERVICES COMMITTEE



Report of: Director of Adult and Community Based Services

Subject: UNISON RESIDENTIAL CARE CHARTER

1. TYPE OF DECISION/APPLICABLE CATEGORY

Non-key decision.

2. PURPOSE OF REPORT

- 2.1 The purpose of this report is to seek approval from the Adult & Community Based Services for the Council to commit to the UNISON Residential Care Charter and an additional pledge for the Council's commissioned services.

3. BACKGROUND

- 3.1 UNISON local trade union representatives approached the Council to ask for a commitment to their national Residential Care Charter.
- 3.2 The Adult & Community Based Services Committee has previously committed to the UNISON Ethical Care Charter in relation to homecare services.
- 3.3 Following consultation, the Residential Care Charter was adapted for Hartlepool Borough Council and the final version is attached as **Appendix A**.

4. RESIDENTIAL CARE CHARTER AND PLEDGE

- 4.1 The signing of the Charter demonstrates the Council's commitment to improving the lives of adults and children who are supported in residential care.

It is proposed that the signature sheet attached as **Appendix B** is used for a formal ceremony to sign the Charter with the relevant Committee Chairs involved as identified.

- 4.2 In addition the Council recognises the importance of encouraging its supply chain, through social care commissioned contracts, to improve working pay and conditions of employment of the residential care workforce to raise standards of care and improve the lives of people living in 24hr care.

A Pledge for Social Care Commissioned Services is attached as Appendix C and it is proposed that this is also signed at the formal ceremony referenced in 4.1.

5. EQUALITY AND DIVERSITY CONSIDERATIONS

- 6.1 There are no equality and diversity considerations arising from this report; the proposals will have no differential impact on those who share protected characteristics to wider population groups.

6. LEGAL CONSIDERATIONS

- 6.1 There are no legal considerations identified.

7. CHILD AND FAMILY POVERTY

- 7.1 There are no child and family poverty implications identified.

8. STAFF CONSIDERATIONS

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

9. ASSET MANAGEMENT CONSIDERATIONS

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

10. FINANCIAL CONSIDERATIONS

- 10.1 There are financial considerations associated with residential care provision, which have been highlighted to Committee previously. There are no additional financial considerations identified associated with signing up to the Charter.

11. CONCLUSION

- 11.1 Signing the Charter and associated Pledge demonstrates a clear commitment from the Council to ensure that people living in residential care (who are some of the most vulnerable residents of Hartlepool) are well

supported, by ensuring that people working in these settings are appropriately supported, trained and paid.

12. RECOMMENDATION

- 12.1 It is recommended that Members of the Committee agree to the signing of the Residential Care Charter and the Pledge relating to commissioned services as part of a formal ceremony.

13. REASON FOR RECOMMENDATION

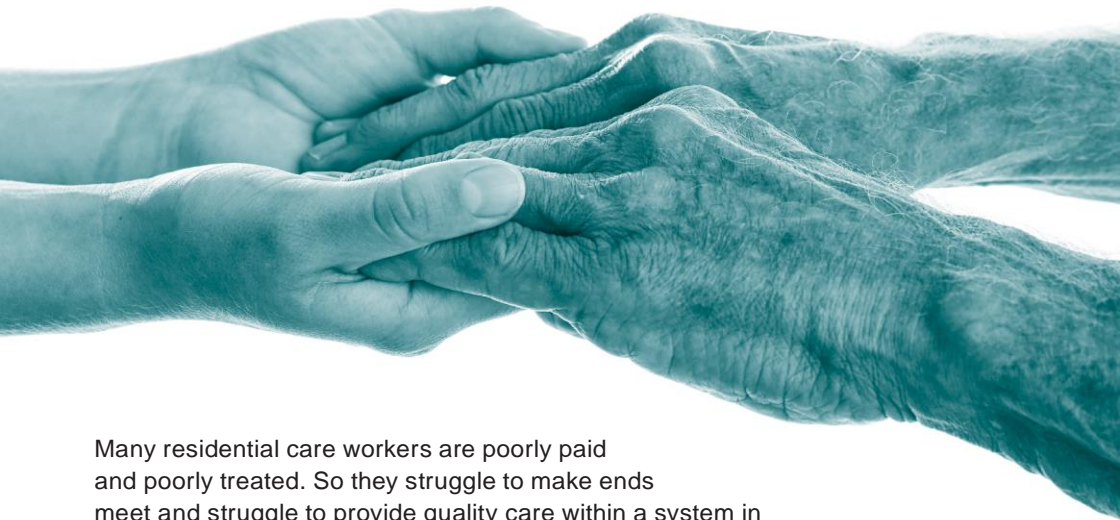
- 13.1 The Council's commitment to improving the standards of employment for employees and workers in residential care settings is fundamental to raise help improve the lives of local people who require 24hr support.

14. CONTACT OFFICER

Jill Harrison
Director of Adult and Community Based Services
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Sign Off:-

Director of Finance and Policy	<input checked="" type="checkbox"/>
Chief Solicitor	<input checked="" type="checkbox"/>



Many residential care workers are poorly paid and poorly treated. So they struggle to make ends meet and struggle to provide quality care within a system in crisis. Yet their role is crucial for a civilised society to function.

UNISON, the leading representative for care workers in the UK, is campaigning for higher standards of care across all residential settings. Dignity and justice must be at the heart of a care system. Everyone in residential care deserves to be supported and properly looked after – irrespective of their wealth, age or disability. For this to happen, care workers must be valued.

Residential care workers across the UK came together to discuss the barriers that plague their sector and solutions that would enable them to provide dignified care.

UNISON's Residential Care Charter is the outcome of this discussion. It sets out the minimum standards and employment conditions required to deliver decent care. Employment levels, pay, conditions and training directly impact the quality of care. A more stable, well-equipped workforce is essential to deliver high quality, consistent care.

Care workers urge councils, commissioners and providers in the voluntary and private sector to adopt the Residential Care Charter, which sets out solutions to raise the standard of care.

UNISON will campaign for decision makers to adopt the Charter and continue to call for adequate funding for social care.

UNISON'S Residential Care Charter

Protecting and supporting residents

- Employers will maintain adequate staff ratios that enable quality care to be delivered. This must be care that extends beyond basic tasks and includes a social dimension.
 - Care workers, residents and families must be given information about how to raise concerns and protection if they decide it is necessary.
 - Employers will have clear and accountable procedures to follow up any concerns raised.
 - Care home providers will ensure all residents have ready access to any NHS services required.
 - Providers will carry out thorough risk assessments to ensure the safety of residents and care workers.
 - Employers will provide care workers with safe equipment.
 - Care workers will be given time to provide regular activities and effective forms of therapy for residents.
-

Training and support for employees

- All care workers – including bank and relief staff – will be regularly trained to meet the needs of all residents, as set out in their care plans.
 - Training requirements will be met. Training must be free and carried out in work time, so cover staff must be arranged.
 - DVD and e-learning can be used to complement high quality, face-to-face learning.
-

Decent pay for quality work

- All Hartlepool Borough Council residential care workers will be paid as a minimum National Pay Spine Point 3, currently £9.36 per hour.
- Councils which outsource employees on or above the Living Wage should ensure that new providers are required to maintain pay levels throughout the contract.
- Extra payment will be made for working unsocial hours, including weekends and Bank Holidays.
- Pay for sleep-ins must be at a level to ensure that the average hourly rate does not drop below the Living Wage.

- Holiday periods must also be paid as if at work.
 - All care workers will be paid occupational sick pay, if eligible.
 - Employers will pay for Disclosure and Barring Service checks, at the recruitment stage.
-

Time to care

- Zero hours contracts will not be used.
 - Care workers will be given adequate breaks during their working day.
 - Care workers will be paid for the time it takes to carry out a proper handover between shifts, which ensures safety and continuity of care for residents.
 - Rotas will be planned well in advance to ensure adequate staffing levels and allow planned, time off for employees.
-

Part of the union

- Employers will recognise UNISON – negotiating pay and conditions with them and encouraging employees to join them.
- UNISON representatives will be given adequate paid time for the required training.
- Employers will provide opportunities for UNISON to meet members and employees as necessary, as identified in the Hartlepool Trade Union Recognition and Facility Time Policy.



**Save
Care
now!**

Not in UNISON?

Join today at joinunison.org
or call 0800 171 2193



UNISON'S RESIDENTIAL CARE CHARTER

**Hartlepool Borough Council is
committed to protecting and
supporting residents, their
families and care workers and is
therefore proud to sign
UNISON'S Residential Care
Charter**

Councillor Sue Little

Chair

**Adult & Community
Based Services
Committee**

Councillor Leisa Smith

Chair

**Children's Services
Committee**

Clare Williams

Regional Secretary

RESIDENTIAL CARE CHARTER

Hartlepool Borough Council is committed to ensuring that local children and adults receive high standards of care across all residential settings. It believes that dignity and justice must be at the heart of a care system and everyone in residential care deserves to be supported and properly looked after irrespective of their wealth, age or disability. It agrees that for this to happen care workers must be valued.

UNISON's Residential Care Charter sets out the minimum standards and employment conditions required to deliver decent care. Employment levels, pay, conditions and training directly impact the quality of care. A more stable, well equipped workforce is essential to deliver high quality, consistent care.

When commissioning residential care the Council commits to:

- Incorporating the principles of the Residential Care Charter into contracts
- Actively encouraging its supply chain to pay as a minimum National Pay Spine Point 3, currently £9.36 per hour
- Encouraging residential care providers to ensure that staff have access to relevant, high quality training and
- Ensuring residential care worker contracts and rotas are structured so that people have time to care

Councillor Sue Little

Chair
Adult & Community
Based Services
Committee

Councillor Leisa Smith

Chair
Children's Services
Committee

Clare Williams

Regional Secretary



**HARTLEPOOL
BOROUGH COUNCIL**



ADULTS AND COMMUNITY BASED SERVICES COMMITTEE

26th September 2019



Report of: Director of Adult and Community Based Services

Subject: ANNUAL REPORT OF ADULT SOCIAL CARE
COMPLAINTS AND COMPLIMENTS 1 APRIL 2018 –
31 MARCH 2019

1. TYPE OF DECISION/APPLICABLE CATEGORY

1.1 For information.

2. PURPOSE OF REPORT

2.1 To present to members the Annual Report of Adult Social Care Complaints and Compliments 2018/2019.

3. BACKGROUND

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

4. PROPOSALS

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

4.2 The report includes:

- Complaints and compliments received in 2018/19;
- Outcomes of complaints;
- Learning lessons and service improvement; and
- Complaints considered by the Local Government and Social Care Ombudsman in 2018/19.

5. ADULTS SOCIAL CARE COMPLAINTS

- 5.1 A total of 31 complaints were received during 2018/19 which is an increase of 13 from last year. Nine of the 31 complaints were not considered for the following reasons:
- Complaint withdrawn;
 - Individual had not provided consent for someone to act on their behalf in relation to the complaint;
 - Service that complaint related to was not provided by the Council.
- 5.2 22 complaints were investigated in 2018/19 with 20 investigations concluded and 2 that remain ongoing which will carry forward to 2019/20.
- 5.3 Complaints which are considered complex are usually investigated by someone independent of the Council. Independent investigators were appointed for 9 of the 22 complaints investigated.
- 5.4 Of the 20 investigations concluded within 2018/2019 no complainants have approached the LGSCO (Local Government and Social Care Ombudsman) for further consideration of their complaint.

6. RISK IMPLICATIONS

- 6.1 There are no risk implications identified.

7. FINANCIAL CONSIDERATIONS

- 7.1 There are no financial considerations identified.

8. LEGAL CONSIDERATIONS

- 8.1 There are no legal considerations identified.

9. CONSULTATION

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

10. CHILD AND FAMILY POVERTY

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

11. EQUALITY AND DIVERSITY CONSIDERATIONS

- 11.1 There are no equality and diversity considerations identified.

12. STAFF CONSIDERATIONS

12.1 There are no staff considerations identified.

13. ASSET MANAGEMENT CONSIDERATIONS

13.1 There are no asset management considerations identified.

14. RECOMMENDATIONS

14.1 That members of the Adult and Community Based Services Committee note the contents of the Annual Report of Complaints and Compliments 2018/2019 and note that the report will be published online.

15. REASONS FOR RECOMMENDATIONS

15.1 It is a requirement that an Annual Report regarding complaints is prepared presented to the relevant Policy Committee and published on the Council's website.

16. CONTACT OFFICER

Danielle Swainston, Assistant Director, Joint Commissioning, Civic Centre,
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Annual Report of Adult Social Care Complaints and Compliments 2018/19



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Appendices

A: Examples of compliments received across Adult Social Care

B: Examples of complaints and actions taken in Adult Social Care

1. Introduction

Welcome to Hartlepool Borough Council's Annual Report of Adult Social Care Complaints and Compliments. The report covers statutory complaints and compliments received for adult social care services for the period 1 April 2018 to 31 March 2019.

The report outlines:

- Details of the complaints and compliments received over the reporting period;
- Actions implemented and resulting improvements following enquiries into complaints;
- Performance in relation to handling of complaints.

2. Background

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

2.1. What is a complaint?

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

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

2.2. Who can complain?

A complaint can be made by:

- A person who uses services;
- A carer on their own behalf;
- Someone who has been refused a service for which they think they are eligible;
- The representative of someone who uses services or a carer acting on their behalf. This could be with the consent of the service user or carer or in the case of someone who does not have the capacity to give consent (within the meaning of the Mental Capacity Act 2005), where they are seen to be acting in the best interests of that person; or
- Anyone who is or is likely to be affected by the actions, decisions or omissions of the service that is subject to a complaint.

3. Adult Social Care Complaint Framework

3.1. Complaint management arrangements

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

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

3.2. The complaint regulations and procedure

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

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

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

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

3.3. Timescales for the resolution of complaints

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

Since the introduction of the 2009 regulations the only mandatory timescale is that the complainant receives an acknowledgement within 3 working days. The legislation allows for a maximum 6 month timescale to investigate and respond to a complaint. This offers a more flexible approach to the amount of time in which complaints should be dealt with. The Council's policy aims for even the most complex of complaints to be resolved within 65 working days. If timescales cannot be met, a new timescale should be discussed with the complainant. Locally, timescales have been introduced for amber and green complaints of 40 and 20 working days respectively.

There is a time limit of 12 months from when the matter being complained about occurred to when a complaint may be made. After this time, a complaint will not normally be considered. However, there is discretion to accept a complaint after the 12 month time limit where the local authority is satisfied that the complainant had good reason(s) for not making the complaint within that

time and where it is still possible to investigate the complaint effectively and fairly.

3.4. Referral to the Local Government and Social Care Ombudsman

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

4. Principles and outcomes

Good handling of complaints and representations involves:

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

Statutory complaints are underpinned by the following:

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

5. Public information

Information about the complaints and representations framework is accessible via the Council's public access points and also the Council's website at:

https://www.hartlepool.gov.uk/info/20076/adults_and_older_people/93/get_in_touch

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

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

6. Summary of representations

6.1. Compliments

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

During 2018/19, 59 compliments were received relating to adult social care. These range from an expression of thanks and appreciation in the form of a thank-you card to written communication. In addition to this, verbal expressions of thanks and appreciation were received from service users, carers and their families who have participated in providing feedback about newly qualified social workers. Appendix A provides some examples of compliments received during the period.

6.2. Complaints received in 2018/19

A total of 31 complaints were received during 2018/19. The number of complaints received has increased by 13 from last year.

Although there has been an increase in the number of complaints received, 9 of the 31 complaints received were not considered further leaving 22 complaints for investigation. Overall, this is an increase of 7 complaints investigated from the previous year.

Of the 9 complaints not considered further, this was because:

- 4 complaints were withdrawn by complainants and were therefore not considered any further;

- 1 complaint was not accepted for investigation because the service user had not provided their consent for someone else to act on their behalf in the matter of a complaint;
- 1 complaint was not accepted for investigation because adult social care did not provide the service the complainant was unhappy about and the complainant was signposted to the appropriate agency;
- 1 complaint was not accepted for investigation because the service user, who was in receipt of a direct payment to meet their identified care and support needs, had made their own arrangements with a registered provider for the provision of a service. In this case, the complainant was signposted to the registered provider's complaints procedure and made aware of the LGSCO's service.
- 1 complaint was not accepted for investigation because the subject matter of the complaint had previously been investigated by the LGSCO and statutory complaint regulations do not permit a complaint that has already been the subject of an investigation by the LGSCO to be considered further.
- 1 complaint was not accepted for investigation because the Court of Protection had appointed the Council as deputy for the service user who lacked capacity within the meaning of the Mental Capacity Act 2005.

Of the 22 complaints investigated in 2018/19, 20 complaints have concluded local statutory complaints processes and 2 complaints remain ongoing. These 2 complaints will be carried forward to 2019/20.

6.3. Client groups and general data

Adult Social Care			
Client group	2018/19	2017/18	2016/17
Older Persons	13	4	5
Learning Disabilities	2	1	1
Physical Disabilities and Sensory Loss	6	6	3
Adult Mental Health (Integrated Service) or AMHP function	0	2	1
Contracted Services	9	4	7
Carers	1	1	2
Total number of complaints received	31	18	19

In 2018/19:

- Complaints were received from 14 males, 16 females and 1 couple.
- Complaints which are considered either complex or have a number of elements are usually investigated by someone independent of the council. Independent Investigators were appointed to 9 of the 22 complaints investigated. The remaining 13 complaints were investigated and responded to internally.
- Of the 31 complaints received, none of the complainants chose to have an advocate assist them with their complaint. However, 5 complainants signed their consent for someone else to act on their behalf in respect of the complaint, 10 complainants represented someone who lacked capacity within the meaning of the Mental Capacity Act 2005 and 2 complainants represented a deceased relative in bringing their complaint.

6.4. Timescales and the Grading of Complaints

There is a maximum 6 month statutory timescale for investigating and responding to a complaint relating to adult social care. However, the overall aim is to respond to complaints in a timely manner. The likely timescales for investigation are discussed with the complainant at the outset of a complaint investigation and updates on progress of the investigation are provided by the Investigating Officer at regular intervals. There are a range of factors that can impact upon timescales such as:

- Whether the complaint has been considered low, moderate or high impact;
- The number of points of complaint for investigation;
- The availability of the complainant and other key people the Investigating Officer needs to interview;
- The time taken to conduct interviews with key people;
- Seeking appropriate consent for obtaining information from partner agencies and awaiting the necessary information to inform the complaint investigation;
- Reading case files and records and obtaining copies of local policies and procedures;
- Consideration of all available information and the drafting of a complaint investigation report; and
- Carrying out factual accuracy checks on the draft report and providing feedback to the complainant before finalising and submitting the final report.

6.5. Complaints carried forward to 2019/20

Of the 22 complaints investigated, 2 complaints that remained under investigation as at 31 March 2019 have been carried forward to 2019/20.

6.6. Complaints considered by the Local Government and Social Care Ombudsman in 2018/19

Despite the increase in the number of complaints investigated in 2018/19, of the 20 complaints concluded to date, no complainant has approached the LGSCO for consideration of their complaint. This may be as a result of the

complaints policy where its flexible design allows adult social care and the complainant to agree on the best way to reach a satisfactory outcome.

Of the 5 complaints received in 2018/19 which were not accepted for investigation, 2 complainants approached the LGSCO about their complaint.

In one case, the LGSCO decided that they had previously considered the complaint in 2010 and they cannot investigate the same matter again.

In the other case, the LGSCO decided that the complainant was not a suitable representative and will not investigate the complaint.

7. Actions taken following complaints

Actions implemented are an important aspect of the complaints framework. Appendix B outlines some improvements that have been put in place as a direct result of complaints and representations received in adult social care during 2018/19.

8. Conclusions and way forward

8.1. Going forward

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

8.2. Action plan

Actions for 2019/20 are as follows:

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

- Continue to remind and encourage the workforce to inform the Standards, Engagement and Development Team when expressions of thanks have been received. These provide an indication of satisfaction with services and should be recorded and reported.
- Conduct a complaint training needs analysis to determine any learning and development gaps and implement any relevant training to meet the needs of the workforce as well as those manager who may investigate complaints.

Appendix A: Examples of compliments received across Adult Social Care

"I would like to thank you personally for your professionalism, care and understanding which you showed for my mother and for me. You treated us both with compassion at a time which was challenging and I will always remain grateful."

Carer about a Social Worker

"... my mobility and pain level has increased to a level that I started to find things very difficult in terms of needing appliances to help me get around the home. 'B' assessed my needs and was extremely helpful. He explained options and gave me help and advice in a very professional but calm and nice manner."

Service user about OT services

"All in all, I just wanted to really stress the impact these two ladies have had on my life these past few months, as before I was introduced to the Reablement team, I was struggling to cope with everything that was being thrown at me. Overall, the Reablement programme as a whole has hugely benefited me, and judging from my experiences, the work they do plays a huge role within our community."

Service User about Reablement Services

"... due to the nature of social work, you probably don't get many people taking the time to say thanks, and more often it is people having a moan about things not going the way they want them, but I think it is really important to say well done when people are just good at their jobs and make a difference."

Carer about a Social Worker

"I feel the Department itself should be applauded. Whenever either 'F' or myself have had to contact User Property & Finance in 'A's' absence, we have received nothing but courtesy and a desire to be of help. This means a lot as my daughter is positively scared of what she perceives as authority."

Carer about the User Property and Finance Team

“Thank you so much for your help to both yourself and your manager. It has been such an emotional and stressful time.”

Carer about a Social Worker and Team Manager

“I would like to thank everyone for the help I have received. I didn't have any idea of the help that was out there after I had to leave my job for health reasons. ... she organised disability items for me which came within days. She organised a full assessment and I have received many items that will help me as my disability continues. The service by the delivery people was very professional. I wasn't aware of the help available to people with a disability and that the combined services are outstanding.”

Service user about OT services

“I would just like to compliment all the staff who dealt with me for Telecare. They were all very friendly, helpful and efficient.”

Service user about Telecare service

“... ‘L’ was very pleasant and explained everything in detail to us. ‘L’ is excellent in her job as a Social Care Officer. ... ‘L’ helped us take our time in answering questions and decisions.”

Service user about a Social Care Officer

“You have been absolutely brilliant and you are an absolute asset to the Council. I cannot tell you how much better that you have made us feel at this difficult time. Thank you so much for your support.”

Carer about User Finance and Property Team Manager

“Mrs ‘K’ was full of praise and wanted to say a big thank you to the Telecare staff who attended her when telecare silent response was activated. She said she has been in intensive care and felt she wouldn't be here now if it wasn't for the prompt action of the Telecare staff.”

Service User about Telecare service

Appendix B: Examples of complaints and actions taken in Adult Social Care

Details of complaint/Outcome	Actions following findings
<p>The complainant (a service user) was dissatisfied with the service from a contracted domiciliary care provider who alleged a number of missed calls over a period of time.</p> <p>The complaint was independently investigated.</p>	<p>The independent investigator concluded that there had been a number of times when the domiciliary care provider had missed calls and the service user was reimbursed his contribution.</p> <p>The implementation of 'Call Confirm' technology (which provides real-time information to the office-based staff who can then monitor what is actually happening on the ground and places the office-based staff in a position to be able to take control and implement any action needed before any calls are late or missed) resolved matters.</p>
<p>The complainant (the mother of a service user) alleged that a contracted provider had not been efficient in managing her daughter's case which led to some frustration for the service user and her family.</p> <p>The complaint was independently investigated.</p>	<p>An apology was provided to the complainant and her family for the frustration they had encountered.</p> <p>The outcome of the complaint was shared with the contracted provider and monitoring arrangements were reviewed to ensure there was a robust system for dealing with issues quickly.</p>

<p>The complainant (a carer) was unhappy about the time taken to implement a direct payment following a carer's assessment.</p> <p>The complaint was responded to by a Manager.</p>	<p>An apology was provided to the carer for the delay he had encountered.</p> <p>After the complainant's confirmed his bank details, the payment was made and complaint resolved.</p>
<p>The complainant (the daughter of a service user) expressed her dissatisfaction about a letter she had received which contained inaccurate information.</p> <p>The complaint was responded to by a Manager.</p>	<p>The Manager met the complainant to offer her an apology for the error contained in the letter and acknowledged the distress the inaccurate information caused.</p>
<p>The complainant (a representative of the service user) was unhappy about the standard of care being delivered by a contracted care provider and alleged that the complainant's support plan was not being monitored adequately.</p> <p>The complaint was independently investigated.</p>	<p>A Head of Service visited the complainant to apologise for the shortfalls in practice and the service user was reimbursed some of his contribution.</p> <p>The Commissioned Services Team discussed the content of the complaint report and actions arising with the contracted provider to improve service delivery.</p> <p>The service user decided to receive a direct payment for some of his care and support needs which has provided him with choice and control.</p>

<p>The complainant (a service user) was unhappy carers from a contracted domiciliary care provider who were apparently at arriving at varying times rather than at the planned times for his calls.</p> <p>The complaint was responded to by a Manager.</p>	<p>It was found that there had been some calls made slightly earlier and later than the planned times following a reduced package of care and an apology was provided to the complainant for this.</p>
<p>The complainant (the daughter of a service user who lacked capacity within the meaning of the Mental Capacity Act 2005) considered that too many visits by a contracted domiciliary care provider had been missed to her father often meaning that he would receive no food or medication at those times.</p> <p>The complaint was independently investigated.</p>	<p>An apology was provided to the complainant and her father for the missed calls which was below the standards expected of a care provider.</p> <p>The Link Office from the Commissioned Services Team discussed the complaint report, its findings and recommendations made with the care provider for improvements in service delivery.</p>
<p>The complainant (a service user) alleged that he was not supported properly by adult social care.</p> <p>The complaint was independently investigated.</p>	<p>The possibility of the complainant being in control of his own support needs, facilitated by direct payment to integrate him within his community and support him to deal with his personal affairs, was discussed with the complainant. The complainant accepted this which resolved his complaint.</p>

<p>The complainant (a service user) expressed her dissatisfaction about letters she had received about monies owed despite being previously advised that she was 'nil charge' for her non-residential services.</p> <p>The complaint was responded to by a Manager.</p>	<p>The Manager visited the complainant to explain the reason why a financial reassessment had been carried out which the complainant accepted and the matter was resolved.</p>
<p>The complainant (the daughter of a service user) was unhappy with a response to her father from the Telecare service.</p> <p>The complaint was responded to by a Manager.</p>	<p>The Manager explained to the complainant that procedures were not followed properly and apologised for any upset this had caused to her and her father. The complainant was accepting of the apology and workers were reminded of the correct procedures to follow to prevent a similar reoccurrence.</p>

ADULT AND COMMUNITY BASED SERVICES COMMITTEE

26th September 2019



Report of: Director of Adult and Community Based Services

Subject: HEALTH AND CARE ACADEMY

1. TYPE OF DECISION/APPLICABLE CATEGORY

1.1 No decision required; for information.

2. PURPOSE OF REPORT

2.1 For members to note the joint work that is underway between social care and health to support the development of a health and social care academy.

3. BACKGROUND

3.1 There is an identified skills shortage in the health and adult social care sectors and the current workforce needs to adapt to new ways of working.

3.2 Health and adult social care providers have reported that they are managing an ageing workforce with staff who sometimes struggle to adapt to the challenges of providing the level of support that people now require. These challenges include increasingly complex health and social care needs, which are often inextricably linked, and the changing legislative requirements set out by regulators.

3.3 It is therefore critical that the Council works collaboratively with health colleagues to understand workforce needs and to provide training and development opportunities that will meet the requirements for a future workforce. It is important that any training and development offered gives learners the opportunity to develop a broader range of meaningful, relevant and hands on opportunities to help equip them for work within health and adult social care.

3.4 In addition Section 4 of the Care Act 2014 states that local authorities should consider how to encourage training and development for the care and support workforce, including for the management of care services. To achieve positive outcomes, this cannot be done in isolation.

- 3.5 The aim of a health and social care academy is to have a clear progression pathway within health and social care, supported by appropriate training and development, helping to attract a potential workforce and support people to progress.

In order to support both existing employees and potential employees to develop their skills to meet the changing needs of the population, there needs to be a greater emphasis on developing integrated educational and training opportunities, leading to integrated working arrangements. This will ensure that the workforce has a better understanding of the identification and management of health related conditions and the impact of these on a person's circumstances.

4. WORK TO DATE

- 4.1 Discussions with the FE College and health partners began in early 2018. These discussions have set out the vision for an integrated training and development pathway that will allow the workforce to develop the skills required. A Memorandum of Understanding has been developed between Hartlepool College of Further Education, North Tees & Hartlepool NHS Foundation Trust and the Council to work together to deliver health and social care focused training.
- 4.2 The current pathway includes:
- eLearning to raise awareness of wider health and social care issues
 - Level 2 and 3 Diploma in Care delivered by Adult Education
 - A new Integrated Level 3 qualification that has recently been developed (further detail provided in Section 5).
 - Level 4 Certificate in Higher Education Social Work Support
 - Degree level qualifications:
 - BA/ MA in social work
 - Step up to social work (work based course)
 - Open University (distance learning)
 - Think Ahead
 - Post qualifying
 - ASYE (Assisted and Supported Year of Employment)
 - Best Interest Assessors
 - Practice Educator Awards
 - AMHP (Approved Mental Health Professional)
 - Management and leadership
- 4.3 The aim of the health and social care academy is to provide a progression from Level 1 through to degree level with ongoing post qualifying training opportunities that ensures that the workforce can meet the changing needs of the population. The current training focuses on generic adult social care support which leaves a gap for more specialist areas such as Occupational Therapy. This will be explored further with training providers and health colleagues in the next phase of development.

- 4.4 The Foundation Trust is leading work to develop a virtual ward / training simulation suite on the University Hospital of Hartlepool site which could potentially have benefits for the training and development of social care staff, or staff working in integrated health and care settings. A bid was submitted to the Tees Valley Combined Authority for capital funding to support the development of the virtual ward however this was unsuccessful. Health continue to look for opportunities to further develop this and the council are supporting as required.

5. INTEGRATED QUALIFICATION – LEVEL 3

- 5.1 Work has taken place over the last 18 months to develop an integrated Level 3 qualification. The course is provided over an 18 month period and the first cohort of learners started in April 2019 (made up of eight staff from HBC and 3 from the Foundation Trust). This is an exciting development where the learning will be used to support the development of an integrated workforce development pathway.
- 5.2 The course is being evaluated on an ongoing basis as it will not be completed until Autumn 2020. HBC, health colleagues and the FE College met recently to discuss the development of another cohort with the Foundation Trust committing to an increase in numbers.
- 5.3 It is important to use the learning from the current cohort to support the development of further courses and the development and delivery of an integrated Level 4 qualification will be explored as work progresses.

6. NEXT STEPS

- 6.1 Work is being undertaken nationally to develop social work apprenticeships as an alternative to the traditional degree qualification route. HBC officers have been working with Sunderland University to support them to develop an apprenticeship pathway at Level 3 and Level 4. This will be developed on the basis that 80% of the qualification links to work based experience and assessment. Sunderland University is now offering this opportunity and Teesside University has indicated that they also intend to deliver social work apprenticeships. The Council is exploring how this opportunity can be accommodated within current structures as, although course fees can be paid via the apprenticeship levy, the cost of salaries and overheads would need to be funded from Council base budgets.
- 6.2 Locally, the following areas will also be progressed over the next 12 months:
- Work to explore how specific areas such as Occupational Therapy can be built into the progression pathway.
 - Continue to build on the findings of the integrated qualification to support design and development of further integrated qualifications.

- Review of effectiveness of Level 2 and Level 3 qualifications to meet the requirements of the changing needs of health and social care needs of the population.
- Work with employers to develop opportunities for staff in terms of placements and employment opportunities.

7. RISK IMPLICATIONS

- 7.1 There is a risk that if training and development needs are not addressed collaboratively, the workforce will be insufficient or unable to meet the social care and health needs of the local population.

8. FINANCIAL CONSIDERATIONS

- 8.1 There are no financial considerations associated with the work to date.

9. LEGAL CONSIDERATIONS

- 9.1 There are no legal considerations.

10. CHILD AND FAMILY POVERTY

- 10.1 There are no child and family poverty issues.

11. EQUALITY AND DIVERSITY CONSIDERATIONS

- 11.1 This work supports all individuals wishing to embark on a career in adult social care or health.

12. STAFF CONSIDERATIONS

- 12.1 There are no staff considerations

13. ASSET MANAGEMENT CONSIDERATIONS

- 13.1 There are no asset management considerations.

14. RECOMMENDATION

- 14.1 It is recommended that Members note the positive progress made regarding the health and care academy.

15. REASONS FOR RECOMMENDATION

- 15.1 To ensure that members are made aware of developments that are supporting sustainability and development of the workforce.

16. CONTACT OFFICER

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ADULT AND COMMUNITY BASED SERVICES COMMITTEE

26th September 2019



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

Subject: STRATEGIC FINANCIAL MANAGEMENT REPORT
- AS AT 31st July 2019

1. TYPE OF DECISION / APPLICABLE CATEGORY

For information.

2. PURPOSE OF REPORT

- 2.1 The purpose of this report is to inform Members of the 2019/20 forecast General Fund Outturn and the 2019/20 Capital Programme Monitoring and to provide details for the specific budget areas that the Committee is responsible for.

3. BACKGROUND AND FINANCIAL OVERVIEW

- 3.1 As Members will be aware from previous reports there were significant over spends within Departmental budgets in each of the last 3 financial years reflecting continuing service pressures, particularly in relation to Looked after Children. These pressures commenced in 2016/17 and have been recognised within the MTFS, with one-off resources allocated to support the recurring budget.
- 3.2 The pressures in relation to Looked after Children are continuing and will exceed the approved budget in 2019/20. It is anticipated these pressures will continue in 2020/21. A proposed funding strategy for these pressures will be reported to Finance and Policy Committee on 30 September 2019.

4. REPORTING ARRANGEMENTS 2019/20

- 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 Finance and Policy Committee;
 - the specific budget areas for their Committee; and
 - the total departmental budget where there is a split across more than one Committee. This information will ensure Members see the whole position for the departmental budget.

5. GENERAL FUND BUDGET 2019/20 FORECAST OUTTURN

- 5.1 An assessment of the forecast 2019/20 outturn for the Council as a whole has been completed and an overall departmental over spend of £850,000 is currently anticipated. This position is owing to an increase in Looked after Children numbers and costs. A strategy for funding this has been developed and will be reported to Finance and Policy Committee on 30 September 2019. This strategy avoids the need for in-year budget cuts in 2019/20. The strategy will be referred to Council for approval. There remains a risk that further pressures may continue in the second half of the financial year which would then increase the overspend. If this occurs a strategy for addressing any further costs will be referred to Finance and Policy Committee.
- 5.2 The 2019/20 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 the Finance and Policy Committee.

6. 2019/20 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 an overall forecast outturn variance of nil. However, as identified in paragraph 5.2 above it is still early in the year and demand within Adult Social Care can increase over the winter period and the nature of some of the placements could result in a significant increase in costs if there is a change in individual's circumstances or an increase in demand.

- 6.3 Appendix A also identifies some underlying budget pressures within Community Hubs, Leisure Centres, packages of care for Adults with a Learning Disability and costs relating to Deprivation of Liberty Safeguards (DoLS). These pressures are funded in the current year from one-off underspends mainly arising from staff vacancies and incremental drift. Work is on-going to reduce these budget pressures and these areas will be closely monitored as the year progresses.

7. 2019/20 Capital Programme Monitoring

- 7.1 Capital Expenditure to 31 July 2019 is summarised in the table below and further details are provided in **Appendix B**.

	BUDGET	EXPENDITURE IN CURRENT YEAR				
	A	B	C	D	E	F
	2019/20 Budget £'000	2019/20 Actual to 31/07/19 £'000	2019/20 Remaining Expenditure £'000	2019/20 Re-phased Expenditure £'000	(B+C+D) 2019/20 Total Expenditure £'000	(E-A) 2019/20 Variance from Budget Adverse/ (Favourable) £'000
Adult and Community Based Services Committee	2,258	565	1,693	0	2,258	0

8. CONCLUSION

- 8.1 The Council over spent against Departmental budgets in each of the last three financial years and used one-off resources to balance overall expenditure. This position reflected pressures in Children's Services which are continuing in 2019/20. These pressures are affecting the majority of councils with responsibility for these services.
- 8.2 As reported previously the Government has not identified any additional funding to address Children's Services pressures. The LGA has indicated that there will be a £2 billion Children's Services funding gap by 2020.
- 8.3 As detailed in Section 5 a 2019/20 departmental revenue budget over spend of £850,000 is forecast. This mainly reflects continuing Looked after Children pressures.
- 8.4 A strategy for funding these pressures in 2019/20 has been developed and will be reported to Finance and Policy Committee on 30 September 2019. This strategy will avoid a call on the Unearmarked General Fund Reserve, which needs to be maintained to manage future financial risks and avoid in-year 2019/20 budget cuts. The strategy also avoid the need to make in-year budget cuts in 2019/20.
- 8.5 The financial outlook for the next two years is the most uncertain position the Council has ever faced with forecast deficits in 2020/21 and 2021/22 of between £5.7m and £7.4m. This means further extremely difficult decisions will be required over the next few years to set balanced budgets. Detailed proposals for

addressing the forecast deficits are being developed and will be reported to a future Finance and Policy Committee.

9. RECOMMENDATION

- 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 2019/20 General Fund revenue budget outturn and Capital Programme.

11. BACKGROUND PAPERS

Medium Term Financial Strategy 2020/21 to 2022/23 and Financial Outlook from 2021/22 report to Finance and Policy Committee 22.07.19.

Strategic Financial Management Report – as at 31st July 2019 report to Finance and Policy Committee 30.09.19.

12. CONTACT OFFICER

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ADULT & COMMUNITY BASED SERVICES

7.3 Appendix A

REVENUE FINANCIAL MONITORING REPORT FOR FINANCIAL YEAR 2019/20 as at 31 July 2019

Approved 2019/2020 Budget £'000	Description of Service Area	Actual Adverse/ (Favourable) £'000	Director's Explanation of Variance
Adult & Community Based Services Committee			
0	Carers	0	
2,405	Commissioning & Adults General	30	
1,252	Community Hubs	45	The adverse variance reflects a budget pressure linked to proposed closure of branch libraries in 2018/19 that has not been implemented.
189	Departmental Running Costs	0	
668	Direct Care & Support Team	(80)	The favourable variance mainly relates to staff vacancies and incremental drift.
618	LD & Transition Social Work	(5)	
1,852	Locality & Safeguarding Teams	45	The adverse variance mainly relates to the unfunded costs of Deprivation of Liberty Safeguards which introduced new statutory responsibilities on Council's following a Supreme Court Judgement in 2014. These costs were funded from temporary iBCF grant in 2017/18 and 2018/19 and have been partly offset in the current year by staff vacancies.
991	Mental Health Services	0	
1,309	Occupational Therapy Services	(50)	The favourable variance mainly relates to staff vacancies (which have now been filled) and increased income.
1,708	Packages of Care - Mental Health	0	
10,934	Packages of Care - Older People	(40)	
8,761	Packages of Care - Working Age Adult	35	
21	Substance Misuse - Operational	0	
524	Sport, Leisure and Recreation	70	The adverse variance is the result of a shortfall in income for the leisure centres and Carlton Adventure. The projection is after accounting for the £50k contribution from Public Health reserves.
1,175	Working Age Adult Day Services	(50)	The favourable variance mainly relates to timing differences in implementing the changes to the current service delivery model.
32,407	Adult & Community Based Services Committee Total	0	

PLANNED USE OF RESERVES

The above figures include the 2019/2020 approved budget along with the planned use of Departmental Reserves created in previous years.

The details below provide a breakdown of these reserves

Approved £'000	Description of Service Area	Actual Usage £'000	Variance Over/ £'000	Director's Explanation of Variance
Adult & Community Based Services Committee				
0	Public Health Reserve - Sport, Leisure & Recreation Facilities	50	50	This reserve will contribute towards income shortfalls across Sport, Leisure & Recreation
77	Public Health Reserve - GP Referral & EDAN	77	0	
44	Public Health Reserve - Wellbeing Strategy	44	0	This reserve is part-funding the Life Intervention Officers within the Community Hubs
13	Wellbeing Strategy	13	0	This reserve is contributing towards the Life Intervention Officers within the Community Hubs
100	Specialist Drug Treatment / Residential Rehabilitation	0	(100)	Expenditure for these services now to be incurred within Public Health
234	Adult & Community Based Services Committee Total	184	(50)	

ADULT & COMMUNITY BASED SERVICES

7.3 APPENDIX B

CAPITAL MONITORING REPORT PERIOD ENDING 31st JULY 2019

Project Code	Scheme Title	BUDGET	EXPENDITURE IN CURRENT YEAR					Type of Financing	2020/21 COMMENTS
		A	B	C	D	E	F		
		2019/20 Budget £'000	2019/20 Actual as at 31/07/19 £'000	2019/20 Expenditure Remaining £'000	Expenditure Rephased into 2020/21 £'000	(B+C) 2019/20 Total Expenditure £'000	(D-A) 2019/20 Variance from Budget £'000		
Adult & Community Based Services									
7212	Capital Grants to Residential/Nursing Care Homes (iBCF)	257	64	193	0	257	0	RCCO	Schemes on-going
7234	Chronically Sick and Disabled Persons Adaptations	284	1	283	0	284	0	MIX	Schemes on-going
8108	Centre for Independent Living (CIL)	228	0	228	0	228	0	MIX	
7218	Disabled Facilities Grant	1,254	475	779	0	1,254	0	GRANT	Schemes on-going
8710	Drug & Alcohol Recovery Centre	18	0	18	0	18	0	GRANT	Scheme on-going
8946	Stepping Stones Grant	26	0	26	0	26	0	GRANT	Scheme on-going
8088	Community Hub - Central	48	7	41	0	48	0	RCCO	Scheme on-going
8103	Swimming Scheme	35	0	35	0	35	0	RCCO	Amounts set aside for equipment purchase.
8172	Brierton Dance Studio Equipment	2	2	0	0	2	0	RCCO	
7992	Junior Football Pitches	26	0	26	0	26	0	RCCO	
8408	Mill House - Equipment Purchase	28	15	13	0	28	0	RCCO	Used to fund equipment replacement when required.
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	0	12	0	12	0	MIX	To be used as match funding in future grant bid for work required at Carlton Adventure.
8964	Brierton Sports Hall Techno Gym	2	1	1	0	2	0	GRANT	Section 106 Funding remaining to be used in future years in accordance with Agreement.
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	
Total Adult & Community Based Services		2,258	565	1,693	0	2,258	0		

Key

RCCO Revenue Contribution towards Capital
MIX Combination of Funding Types
UCPB Unsupported Corporate Prudential Borrowing
SCE Supported Capital Expenditure (Revenue)

GRANT Grant Funded
CAP REC Capital Receipt
UDPB Unsupported Departmental Prudential Borrowing
CORP Corporate Resources

ADULT AND COMMUNITY BASED SERVICES COMMITTEE

26 September 2019



Report of: Head of Service – Safeguarding and Specialist Services

Subject: ADULT SAFEGUARDING PERFORMANCE REPORT

1. TYPE OF DECISION/APPLICABLE CATEGORY

No decision required, for information.

2. PURPOSE OF REPORT

- 2.1 The purpose of this report is to present to Adult and Community Based Services Committee the adult safeguarding performance information for 2018/19. The information provides an overview of safeguarding activity during this period linked to the requirements of the Teeswide Safeguarding Adults Board (TSAB) and also provides information regarding Deprivation of Liberty Safeguards (DoLS).

3. BACKGROUND

- 3.1 Throughout 2018/19, the Council has continued to work alongside TSAB and strategic partners to ensure that all safeguarding policies and procedures comply with the requirements set out in the Care Act 2014.
- 3.2 DoLS legislation is linked to the Mental Capacity Act (MCA) 2005 and is an integral part of the arrangements that protect adults. HBC is the lead agency for this legislative framework and the supervisory body for the lawful application of DoLS. This entails ensuring that those people who are ordinary residents of Hartlepool who, for their own safety and in their own best interests need to be accommodated under care and treatment regimes that may have the effect of depriving them of their liberty but who lack the capacity lack the mental capacity to consent, are lawfully detained.

4. 2018/19 PERFORMANCE

- 4.1 The performance report for 2018/19 is attached as **Appendix 1** and provides an overview of safeguarding activity including categories and location of abuse and the outcomes of safeguarding investigations, as well as a summary of DoLS activity.
- 4.2 The report identifies that the number of concerns reported to HBC increased by 10.3% in 2018/19 (compared to a far greater increase of 32.9% in 2017/18) while the number of Section 42 enquiries increased by 133.8% in 2018/19 (compared to a 23.6% in the previous year). The marked increase in Section 42 enquiries is due to a new reporting process being introduced part way through 2018/19 – this ensures that enquiries undertaken in response to concerns are appropriately captured and ensures that a consistent approach is operated across the four Tees Local Authorities.
- 4.3 Systems and processes are in place to analyse all reported concerns to ensure that those that do not meet the threshold for a formal enquiry are appropriately managed and addressed via other interventions. This can include social work and care management activity, input from health professionals or action taken by the Commissioned Services Team.
- 4.4 The most common categories of reported abuse continue to be Neglect, Physical and Financial; however throughout 2018/19 recording against the new categories of abuse introduced by the Care Act 2014 (Self Neglect, Domestic Violence and Sexual Exploitation) have increased.
- 4.5 The main locations of reported abuse continued to be people's own homes followed closely by residential and nursing care homes.
- 4.6 The number of DoLS referrals has continued to increase, with a 46% increase in 2018/19.

5. LIBERTY PROTECTION SAFEGUARDS

- 5.1 The Law Commission completed a consultation exercise about potential changes to the DoLS system in 2016/17 and discussion has continued nationally in relation to the proposed amendments. In May 2019 the proposed system known as Liberty Protection Safeguards (LPS), which will replace DoLS, was given Royal Assent.
- 5.2 The Act is not expected to come into force until October 2020 in order to give organisations time to prepare for the implementation of LPS and, for the first 12 months following the introduction of the LPS, DoLS will run in conjunction to allow for the changes to take place. Further information will be shared once the Regulations and Code of Practice have been agreed.
- 5.3 **Appendix 2** provides a summary showing the milestones for implementation.

6. SUMMARY OF DEVELOPMENTS IN 2018/19

- 6.1 In April 2018 following a restructure, a dedicated Safeguarding Adults Team was established made up of 3 Safeguarding Officers and 3 Social Care Officers. The new arrangements ensure that all concerns received are sent directly to the Safeguarding Adults Team to triage and carry out Section 42 Enquires as outlined in the Care Act 2014.

Following the changes within the team, HBC undertook work to ensure that the recording and process of safeguarding became more streamlined.

- 6.2 Throughout 2018/19 TSAB sub-groups worked on ensuring that all policies and procedures were implemented consistently and equitably, with a particular focus on embedding the Mental Capacity Act and a Think Family Approach. There was also work undertaken to develop / update new policies and procedures linked to emerging themes affecting safeguarding adult arrangements such as Self Neglect, Self-Harm, Human Trafficking and Modern Day Slavery and Domestic Violence.
- 6.3 Task and Finish Groups were established to look at two specific issues linked to Adult Safeguarding; medication errors and incidents between residents in care homes. HBC officers participated in both of these pieces of work which resulted in a new policy and procedure regarding medication errors being implemented to assist providers and commissioners with the reporting of these cases and guidance being developed to help providers to prevent incidents between residents occurring and to provide advice on when to submit concerns to the Local Authorities.
- 6.4 In July 2018 the Safeguarding Adults Practice Sub group was re-established aiming to raise awareness of Adult Safeguarding, improve the quality of systems, share good practice, and improve staff knowledge and awareness of work undertaken in connection with the TSAB and other partners.
- 6.5 A quarterly Hartlepool Adult Safeguarding Newsletter was also introduced to ensure all Adult Services staff were informed of developments associated with adult safeguarding and the TSAB. Alongside the HBC newsletter the TSAB's E Bulletins and Newsletters are circulated to all Adult and Community Based Services staff via e-mail.
- 6.6 In partnership with the TSAB, a Hartlepool Adult Safeguarding Learning and Networking event was held in February 2018. The aim of the event was to encourage a wider number of agencies to engage with and support the TSAB as well as providing an opportunity to increase awareness and prevent adult abuse within the community. The event was well attended and ran in conjunction with a radio campaign and local newspaper articles.
- 6.7 Hartlepool Now continues to provide up to date information about how to access local help and support if a person or organisation has safeguarding concerns. The HBC website is also updated with relevant policies and procedures in relation to safeguarding and DoLS.

- 6.8 Awareness raising campaigns appear to have been successful, as evidenced by the increased number of safeguarding concerns that were raised during 2018/19, and this pattern is continuing in 2019/20.
- 6.9 TSAB, along with the Local Children's Safeguarding Board (LSCB), jointly commissioned the Virtual College throughout 2018/19 to provide E-learning at foundation level on Safeguarding, DoLS, MCA and many other areas linked to safeguarding for both adults and children. The training is available to HBC staff, providers and carers and the tables below show the number of staff that have completed modules throughout 2018/19.

HBC Staff	
Adult Safeguarding Courses	86
Other Adult Courses	37
Adult and Children Courses	64
Total	187

HBC Care Providers	
Adult Safeguarding Courses	227
Other Adult Courses	11
Adult and Children Courses	49
Total	287

- 6.10 During 2018/19 'Legal Literacy for Practitioners' and 'Legal Literacy Training for Board Members' has been delivered through TSAB aiming to equip practitioners and managers who work with adults at risk with the knowledge, skills and confidence, to ensure that all safeguarding interventions are undertaken within the current legal framework. 2 HBC staff have attended 'Legal Literacy Training for Board Members' and 10 staff have attend 'Legal Literacy for Practitioners'.

TSAB also offer care providers 'Safeguarding Adults Training for Managers of Services' which been attended by 6 providers from Hartlepool in 2018/19.

- 6.11 HBC also continued to facilitate safeguarding training and DoLS legal updates for staff to ensure that best practice is promoted and lessons from case law are embedded in operational decision making. 243 HBC staff received training in areas linked to safeguarding and 39 staff received MCA and DoLS legal updates in 2018/19. 2 further staff members have also been trained as Best Interest Assessors.
- 6.12 In February 2019, in partnership with the TSAB HBC sought to raise awareness of Modern day Slavery. An advert was placed in the local Hartbeat magazine with details of the 'Unseen App' that encourages the community to spot the signs of Modern Day Slavery and report concerns.
- 6.13 A bid was made to the Hartlepool Staff Lottery for those people who present with 'No Recourse to Public Funding'. This was successful and as a result six 'Grab Bags' which hold various items to assist victims through their first few days have been purchased.

- 6.14 The Multi-Agency Tasking and Coordination (MATAC) approach was introduced in 2018. MATAC is a multi-agency approach that aims to work with the perpetrators of domestic abuse to reduce the risk of reoffending, prevent further harm, to victims, and hold perpetrators of domestic violence accountable for their actions.
- 6.15 HBC completed the TSAB Quality Assurance Framework (QAF) in 2018/19; a self-audit of performance in relation to safeguarding. The outcomes of the QAF were summarised in a report back to TSAB in December 2018 and the following areas of good practice were highlighted:
- The Conversation Monitoring Tool, which linked to Care Quality Commission themes.
 - The Safeguarding Analysis Report and felt that it was good practice to have this in place.
 - The Employment Checks Flowchart.

As part of this process an action plan has been devised and work continues to be undertaken to provide assurance to the TSAB.

- 6.16 In accordance with recommendations from the Association of Directors of Adult Social Services (ADASS) and the Local Government Association (LGA), the Making Safeguarding Personal approach (MSP) continues to be implemented. MSP is an initiative introduced to assess and evaluate the experience and outcomes of people who use safeguarding services.

HBC continues to work with Skills for People to deliver this service to those people who wish to participate, analysis showed those who were subject to the safeguarding process were provided with support and information throughout the process and felt that their views and feelings had been considered, giving them reassurance that they should not have to be subject to the process in the future.

This analysis has enabled HBC to learn from the people with lived experience, so improvements to safeguarding arrangements can be made.

- 6.17 HBC, along with all TSAB partners, is required to identify cases where an adult dies or suffers serious harm or distress as a result of abuse or neglect, whether known or suspected, and submit these for consideration as to whether the criteria for a Safeguarding Adult Review is met. Throughout this reporting period no cases have been forwarded to the TSAB Safeguarding Adults Review (SAR) Sub group for consideration.

7. NATIONAL EVENTS

- 7.1 In the coming weeks there are a number of National Awareness Campaigns scheduled including:-
- Modern Day Slavery Week of Action: 16 - 20 September 2019
 - County Lines Week of Action: 7 - 11 October 2019

- Anti-Slavery Day: 18 October 2019
- National Safeguarding Adults Week: 18 - 24 November 2019
- White Ribbon Campaign: 25 November 2019

- 7.2 TSAB will be coordinating a number of key messages during National Safeguarding Adults Week in November focused on Modern Slavery, Self-Neglect, Domestic Abuse, Transforming Care and Safeguarding Adults in Sport and Activity.

8. RISK IMPLICATIONS

- 8.1 There are no specific risk implications in relation to this report. Risks associated with delivering statutory services to safeguard vulnerable adults are monitored quarterly through the Council's strategic risk register.

9. FINANCIAL CONSIDERATIONS

- 9.1 There is a continued financial pressure associated with activity levels in relation to DoLS with spend of £390k in 2018/19. The financial implications of the proposed new LPS model are not yet known.
- 9.2 The Council, along with all other statutory partners, contributes to the costs of the TSAB Business Unit and the TSAB Independent Chair.

10. LEGAL CONSIDERATIONS

- 10.1 There are no legal considerations specifically associated with this report. The Council has legal duties in relation to safeguarding adults which are set out in the Care Act 2014.

11. CHILD AND FAMILY POVERTY CONSIDERATIONS

- 11.1 There are no family or child poverty considerations associated with this report.

12. EQUALITY AND DIVERSITY CONSIDERATIONS

- 12.1 The TSAB and all partner members continues to raise awareness of adult safeguarding, including with minority and hard to reach groups, to improve access to services for those who are at risk of abuse.
- 12.2 Age, gender and ethnicity of people who are the subject of safeguarding concerns or enquiries are recorded and data is analysed on a quarterly basis. Information is also collected in relation to asylum seekers and refugees.

13. STAFF CONSIDERATIONS

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

14. ASSET MANAGEMENT CONSIDERATIONS

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

15. RECOMMENDATION

- 15.1 It is recommended that the Adult & Community Based Services Committee note the contents of this report including 2018/19 performance information; the ongoing financial pressure in relation to Deprivation of Liberty Safeguards and developments in adult safeguarding over the past twelve months.

16. REASONS FOR RECOMMENDATION

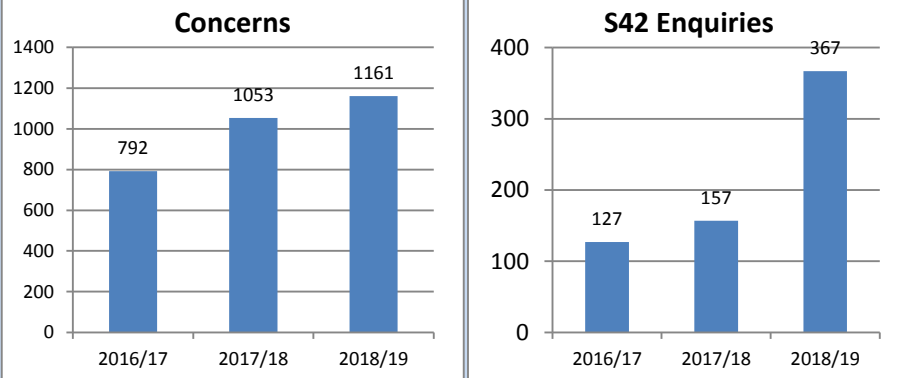
- 16.1 The Local Authority has lead responsibility for the delivery and co-ordination of adult safeguarding and Deprivation of Liberty Safeguards.

17. CONTACT OFFICER

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Head of Service – Safeguarding and Specialist Services
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Tel: 01429 284371

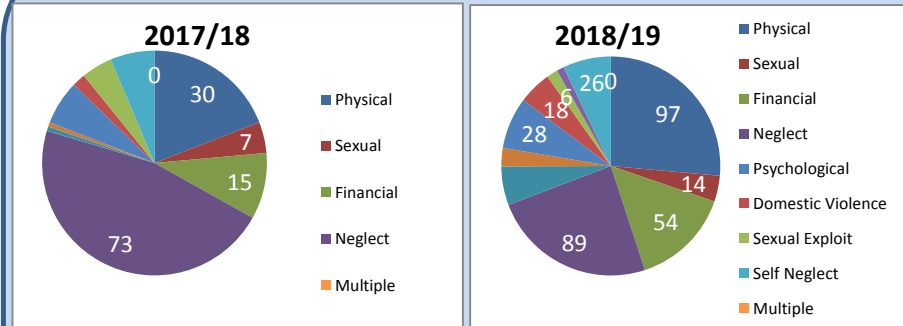
HARTLEPOOL - Annual Performance Report 2018/19

Number of Concerns / Enquiries



Concerns (alerts) reported to the Council increased by 32.9% in 2017/18 compared to 10.3% in 2018/19 while the number of S42 enquiries (SG referrals) increased by 23.6% (2016/17) compared to 133.8% (2018/19) - new process introduced half way through 2018-19. Systems and process are in place to analyse all reported concerns to ensure that those that don't meet the threshold for a formal enquiry are appropriately managed and addressed.

Type of Abuse / Risk



Enquiries have increased compared to last year, with the main focus on neglect & physical abuse - which in 2017/18 accounts for nearly two thirds of S42 enquiries while in 2018/19 it has dropped to 50.6%. In 2016/17, the new abuse categories, e.g. Domestic violence, Sexual exploitation are now starting to be reported.

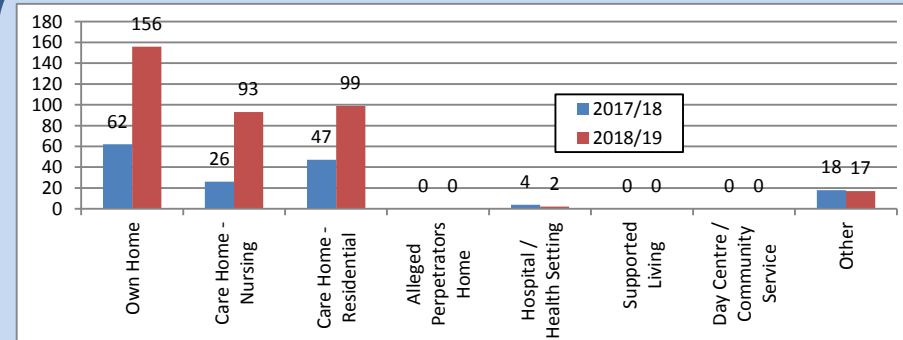
Demographics

Ethnicity - In 2018/19, 1.4% of enquiries related to people other than white, which is twice as many as in 2017/18 - this is broadly consistent with the local population.

Age - In 2017/18, 56% of enquiries focused on people aged over 65 whereas in 2018/19 59% of enquires related to people in this age category.

Gender - In 2017/18, 55% of enquires related to females, compared to 59% in 2018/19.

Location of Risk



The main settings where abuse is reported continue to be care homes and users own homes.

Summary

This report provides an overview of safeguarding adults activity in Hartlepool during 2018/19. Some key areas to highlight during this period include:

(1) HBC changed the way we recorded Concerns and Enquires. Previously, we had reported on the total number of concerns, but only counted those that progressed to Strategy as S42/Further Action. As of October 2018, we now record safeguarding concerns in a 3 stage model, i.e. Concern --> S42 --> Strategy. The figure for the last 6 months of the year show an increase in the number of S42 Enquires in comparison to previous reporting periods. HBC changed the recording system in order to bring them in line with the other Local Authorities across Tees.

(2) The overall number of concerns reported through 2018-19 have increased.

(3) The main locations of reported abuse for 2018/19 is Residential and Nursing care homes followed by Services Users own homes.

(4) The main categories of abuse continue to be Physical and Neglect. Throughout 2018/19 we have seen an increase in the new categories of the care act being reported these include, Domestic Violence, Sexual Exploitation and Modern Day Slavery (18, 6 & 4 respectively) .

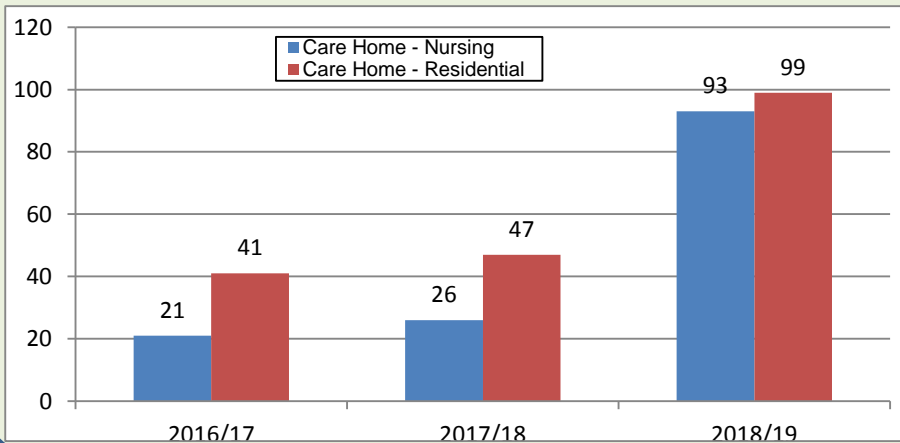
(5) HBC continues the Making Safeguarding Personnel (MSP) national initiative in partnership with Skills for People.

(6) Throughout 2018/19 the activity in relation to the number of Deprivation of Liberty Safeguards (DoLS) has continued to increase year on year. The continued increase in applications reinforces HBC's concerns about the impact on staffing and financial resources.

Care Homes

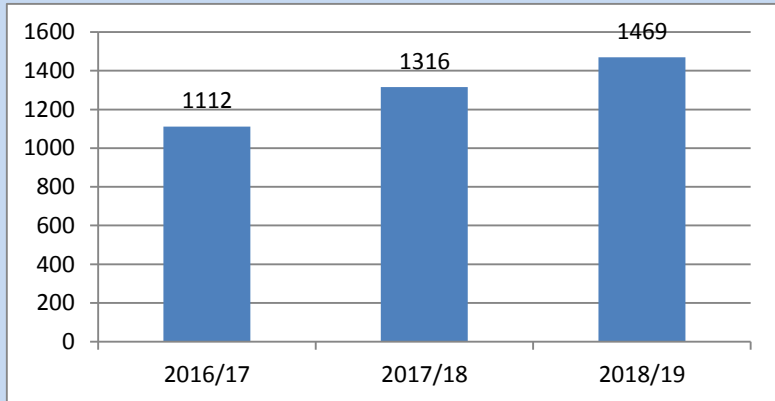
In relation to residential & nursing care, the number of S42 Enquiries from these locations has increased overall (mainly due to the new recording process that Hartlepool adopted from October 2018).

However, even allowing for this change in process and related recording, there has been a slight increase in S42's taking place as a proportion of all S42's - those from residential and nursing settings accounted for 47% in 2017-18, but this has risen to 52% in 2018-19. Activity in this area continues to be closely monitored and proactive work with providers is ongoing. The overall use of residential care beds has increased from 528 (Mar 2018) to 537 (May 2019), but there are peaks and troughs during this period. This is in the context of ongoing support being provided to approx. 4,600 adults. The overall numbers in Nursing care beds has also increased 169 (March 2018) to 175 (May 2019) - (these are snapshot positions at the end of a month, and will include short term breaks) Safeguarding issues for these OOB placements are dealt with by the host authority, so we could see this figure increase as more nursing placements are made available in Hartlepool going forward.



DoLS

The number of DoLS referrals continued to rise in 2018/19. For comparison, the annual total increased from 1,006 in 2015/16 to 1,469 in 2018-19 - a further 46% increase in activity.



Outcomes

Risk Outcomes for Adults at Risk

In 2018/19, 83.5% of cases completed resulted in 'Action Taken', with a further 16.5% resulting in 'No Further Action', compared to 84% and 16% respectively for 2017/18. In 2018/19 the risk remained in 13% of cases (2017-2018 - 8%)

Mental Capacity

In 2018/19, 51% of all S42 Concerns lacked capacity (2017/18 - 51%), 94% had support provided by an advocate, family or friend (2017/18 - 97%)

Local Perspective & Operational Views

(1) In April 2018 following a Council restructure, the Safeguarding and Quality Review Team disbanded and a dedicated Safeguarding team was established. The interface between our Early Intervention and Safeguarding team changed to ensure that all Concerns received were sent directly to the Safeguarding Team for them to triage and carry out Section 42 enquiries. In order to accommodate these changes the resources within the Safeguarding Team were increased with 3 Social Care Officers and a further Safeguarding Officer being appointed.

(2) Following the changes within the Safeguarding Team, HBC also began work to streamline the process and the recording of all Safeguarding Concerns and Enquires.

(3) The Safeguarding Practice Sub group has been re-established and the terms of reference have been re-written. The sub group aim is to raise awareness of Adult Safeguarding, improve the quality of systems, share best practice and improve staff knowledge.

(4) HBC has signed up to a Multi-Agency Tasking and Co-ordination (MATAC) meetings to discuss perpetrators of Domestic Violence

(5) In line with the Teeside Safeguarding Adults Board Rollout plan for the 2018/19 Quality Assurance Framework (QAF) programme. HBC have submitted and received feedback on our QAF submission and continue to work through the areas identified within our action plan.

Supporting the Implementation of the Liberty Protection Safeguards – Protecting Article 5 Rights – Plan on a Page



Working with Expert Reference Groups of People with Lived Experience:

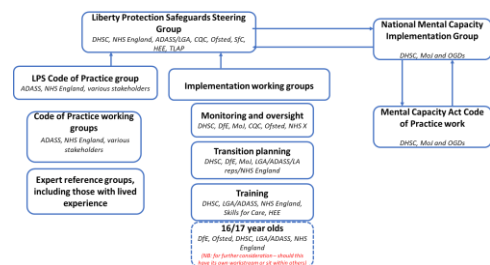
- ✓ People with a Learning Disability or Autism or both
- ✓ People with Dementia
- ✓ People with an Acquired Brain Injury
- ✓ People with Mental Health Issues
- ✓ Carers



Working with ADASS Regions and ADSS Cymru:



Cross-Sector Governance



Cross-system Working with Representatives of:

- Care Providers
- Local Government
- NHS organisations
- Independent Hospitals
- Government Departments
- Advocacy organisations
- Professionals and Clinicians
- Legal advisers

Support Transition from DOLS scheme:

- Understanding the existing scheme and Court of Protection data
- Understanding options for reducing the backlog and supporting transition
- Supporting areas with planning and making this happen

	June 2019	July 2019	August 2019	September 2019	October 2019	November 2019	December 2019	January 2020	February 2020	March 2020
Code of Practice	June 2019 – December 2019									
Support Implementation	September 2018 – March 2020									
Engagement and Cross-system working	June 2019 – March 2020									

Code of Practice Milestones and Outputs

- June/July – Prepare draft chapters for initial review by DHSC legal and policy teams
- Summer 2019 – first draft of Code of Practice chapters reviewed by legal and policy team
- September 2019 second draft of Code of Practice chapters ready for review by external panel
- November 2019 draft Code of Practice aligned with MCA refreshed Code ready for Public Consultation
- End February 2020 revisions complete
- Early Spring 2020 Code(s) laid before Parliament
- Late Spring 2020 Code Published

Implementation Programme (to be further discussed with DHSC team as their own internal planning develops)

Building on the Code of Practice and Engagement, Support Development of:

- Training requirements
- Impact assessment
- Regulations
- Data collection and reporting requirements

Working with ADASS Policy leads

ADASS policy area leads:

- MCA/DoLS/LPS
- Policy for people with lived experience
- Standards Performance and Informatics: on LPS Data Collection design
- Workforce: on the LPS Training Strategy
- Resources: on impact assessment and resource availability

Communications with members and staff

Including:

- Newsletters/bulletins
- Conference calls
- Presentations and Workshops
- Conferences including NCASC