



Hartlepool
Borough Council

Adult Services & Public Health Committee

Agenda

5th November 2026

Time: 4.30 pm

Location: Council Chamber, Civic Centre

Members: Cook, Dunbar, Gaines (VC), Hall, Little, Stevenson and Wiley (C)

Parish Council Representatives: Chris Robson (Dalton Piercy Parish Council), Corinne Templeman (Headland Parish Council), and Hayley Tubb (Elwick Parish Council).

1. Apologies for absence

2. To receive any declarations by members

3. Minutes

- 3.1 To receive the Minutes and Decision Record in respect of the meeting held on 21 July 2026 (previously published and circulated).

4. Budget and policy framework

None

5. Key Decisions

None

6. Other items requiring decision

- 6.1 Housing Assistance Policy 2026 - *Executive Director of Adult Services and Public Health*
- 6.2 Adult Social Care Workforce Strategy - *Executive Director of Adult Services and Public Health*
- 6.3 Adult Social Care Commissioning Strategy - *Executive Director of Adult Services and Public Health*

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7. Items for information

None

8. Any other business which the chair considers urgent

For information

Date of next meeting – 3 December 2026

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Adult Services and Public Health Committee

5 November 2026

Report of: Executive Director of Adult Services & Public Health

Subject: HOUSING ASSISTANCE POLICY 2026

Decision Type: Non-key decision

1. Council Plan Priority

Hartlepool will be a place:
where people live healthier, safe and independent lives. (People)

2. Purpose of Report

2.1. To update members on amendments to the Housing Assistance Policy in response to recommendations from the Independent Commission on Adult Social Care.

3. Background

3.1. The Independent Commission on Adult Social Care (informally known as the Casey Commission) was established to develop a long-term plan for reforming England's adult social care system and launched in April 2025. The commission has made interim recommendations based on work undertaken to date which were communicated to Local Authorities in August 2026.

3.2. The Independent Commission on Adult Social Care heard that people living with Motor Neurone Disease (MND) often experience significant delays in accessing assessments, care packages and home adaptations, despite having a rapidly progressive condition.

3.3. The Commission concluded that support processes should better reflect the urgency of need and recommended a fast-track approach, including more timely Disabled Facilities Grant (DFG) decisions and adaptations, to help people with MND maintain independence, avoid unnecessary hospital admissions and improve quality of life.

4. Proposals

4.1 Hartlepool's Housing Assistance Policy is attached as **Appendix 1** and has been updated in response to the recommendations made by the Independent Commission.

4.2 Hartlepool Borough Council made a commitment in 2018 to adopt the Motor Neurone Disease (MND) Charter demonstrating a commitment to ensuring people living with MND receive timely, coordinated and person-centred support. This commitment continues and the MND charter is attached as **Appendix 2** for information.

5. Other Considerations/Implications

Risk Implications	Prioritisation of MND cases may place pressure on Adult Social Care, Occupational Therapy (OT) and Housing services and the Disabled Facilities Grant budget which could impact on waiting times.
Financial Considerations	Accelerated assessments and adaptations for people with MND could increase short-term pressure on DFG, OT and Housing budgets and on staffing resources.
Subsidy Control	There are no subsidy control risks associated with this report.
Legal Considerations	The proposal supports the Council's duties under the Care Act 2014 and Equality Act 2010 by improving timely access to care, support and adaptations for people with a progressive disability.
Single Impact Assessment	Attached as Appendix 3 .
Staff Considerations	Increased demand may require revised working practices and prioritisation.
Asset Management Considerations	There are no asset management considerations associated with this report.
Environment, Sustainability and Climate Change	No environment, sustainability and climate change considerations are attributed to this report.

Consultation	The Independent Commission has undertaken extensive engagement with people who use care and support services, unpaid carers, adult social care professionals, local government, health partners, voluntary organisations and the wider public.
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6. Recommendations

- 6.1. It is recommended that the Adult Services and Public Health Committee approve the updated Housing Assistance Policy and note the Council's continued commitment to the MND Charter.

7. Reason for Recommendations

- 7.1. The MND Charter promotes timely, coordinated and person-centred support for people with MND, aligning with the Independent Commission's recommendations to improve access to care, support and housing adaptations for individuals with rapidly progressing needs

8. Contact Officer

Neil Harrison, Head of Safeguarding & Specialist Services.

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Tel: 01429 384371

Sign Off:-

Chief Executive	Date: 11.10.2026
Director of Finance, IT and Digital	Date: 13.10.2026
Director of Legal, Governance and HR	Date: 13.10.2026



Hartlepool
Borough Council

HOUSING ASSISTANCE POLICY

*Supporting people to live as
Independently as possible*

1. Introduction

- 1.1 This policy outlines an effective framework to deliver the vision of supporting people to live as independently as possible in homes that are safe and comfortable. It intends to provide an equitable policy to satisfy the Disabled Facilities Grant (DFG) conditions ensuring any support is fit for the future, is cost effective and makes full use of resources in the delivery of services.
- 1.2 Increased flexibilities brought about through the Regulatory Reform (Housing assistance) Order will assist in reducing the need for costly adaptations by promoting partnership working across Hartlepool to make best use of available resources.
- 1.3 The need for this policy is underlined by the challenges and opportunities related to improving services for people with disabilities and the need to co-ordinate the actions of a diverse range of agencies in improving the standard of living and health and well-being of local communities.

2. Legislative Framework

- 2.1 The Regulatory Reform (Housing Assistance) (England and Wales) Order 2002 grants a power to local housing authorities to provide assistance for the purpose of improving living conditions in their area.
- 2.2 A local housing authority may provide, directly or indirectly, assistance to any person for the purpose of enabling a person:
 - to acquire living accommodation (whether within or outside their area);
 - to adapt or improve living accommodation (whether by alteration, conversion or enlargement, by the installation of anything or injection of any substance, or otherwise);
 - to repair living accommodation;
 - to demolish buildings comprising or including living accommodation;
 - where buildings comprising or including living accommodation have been demolished, to construct buildings that comprise or include replacement living accommodation.
- 2.3 The power may be exercised to assist a person to acquire living accommodation only where the authority:
 - have acquired or propose to acquire (whether compulsorily or otherwise) the existing living accommodation; or
 - are satisfied that the acquisition of other living accommodation would provide for that person a benefit similar to that which would be provided



by the carrying out of work of any description in relation to the existing living accommodation.

3. Policy Aims and Objectives

- 3.1 The Disabled Facilities Grant (DFG) is a grant paid to local authorities in England to adapt older and disabled people's homes to help them to live independently and safely. Assistance can include but is not limited to ramps, stair lifts, level access showers and suitable heating systems. The DFG was incorporated as part of the Better Care Fund (BCF) in April 2024.
- 3.2 The DFG aims to support disabled and older people to be independent, enabling carers to continue their role safely, preventing accidents and helping people to return from hospital. It therefore crosses the boundaries between housing, health and social care and reflects the increasing national focus on integration of housing, health and social care services.
- 3.3 The Better Care Fund grant conditions requires the money to be used for the purposes of:
 1. Meeting adult social care needs.
 2. Reducing pressures on the NHS, including seasonal winter pressures.
 3. Supporting people to be discharged from hospital when they are ready.
 4. Ensuring that the social care provider market is supported.
- 3.4 Improvements in health care mean that the number of people with support needs living in the community is increasing. People are living longer and there is a preference among people with support needs to live independently in their own homes.
- 3.5 The four main aims of the policy are to:
 1. Enable people to live independently in their current and future homes.
 2. Promote, encourage and ensure fair access for disabled people to all appropriate adaptation services.
 3. Promote partnership working and a seamless offer; providing services and equipment that are cost effective and value for money.
 4. Make best use of Registered Providers' existing housing stock.
- 3.6 Assistance provided through Disabled Facilities Grant (DFG) is consistently effective. Adaptations produce significant health gains and prevent accidents and admission to formal care settings.
- 3.7 In 2008/09 the scope of a DFG was widened to support any local authority expenditure incurred under the Regulatory Reform (Housing Assistance) (England and Wales) Order 2002 (RRO). This enables authorities to use DFG funding for wider purposes.



- 3.8 Creating greater flexibility allows the DFG to be used for associated purposes, such as moving home, house clearances and de-cluttering where this is a more appropriate solution to moving home. Funding can be pooled to purchase alternative solutions to major adaptations.

4. Disabled Facilities Grant Delivery Guidance for Local Authorities in England (2022)

- 4.1 This policy sets out how the Council will consider options for disabled people in addition to mandatory DFGs as prescribed by legislation and reflect the wider intention of the Regulatory Reform Order (RRO).
- 4.2 The DFG can be linked to wider objectives such as:
- reducing the number of people with disabilities living in inappropriate accommodation;
 - increasing the supply of suitable and affordable housing to meet the demand of the increasing numbers of people with disabilities;
 - wider agendas including social inclusion, community care and hospital discharge;
 - accident prevention;
 - improved quality of life;
 - support for carers; and
 - reduction in child poverty.

5. Mandatory Disabled Facilities Grants (DFG)

- 5.1 Hartlepool Borough Council administers Mandatory DFGs to all owner-occupiers, social and private housing tenants who are able to satisfy the criteria laid out in the main legislation that governs its provision; the Housing Grants, Construction and Regeneration Act 1996. In England the maximum entitlement under the DFG is currently set at £30,000 per applicant and authorities are not required to provide additional costs over this maximum but can top up grants, as agreed locally and set out in their local Housing Assistance Policy. For more complex home adaptations, including those involving applications for bespoke extensions to existing dwellings, the upper limit can be substantially exceeded.
- 5.2 Where there is an application for assistance by a person with disabilities, an assessment of the needs of the person (and their carer if applicable) will be made by the Council's Occupational Therapy service before any decisions are made about the provision of equipment or adaptations. These



assessments are made in accordance with the Care Act 2014 (incorporating Section 2 of the Chronically Sick and Disabled Persons Act).

- 5.3 Recommendations are passed to the Council's Special Needs Housing Team who process requests in waiting list order.

Further information regarding DFGs can be found at:

<https://www.gov.uk/disabled-facilities-grants>

6. DFG funding and Registered Providers Properties

- 6.1 The Council works closely with its Registered Provider (RP) partners to deliver assistance to their tenants and is aware that the majority of RPs will complete adaptation works to specific dwelling types, however a large proportion of works are not covered and are processed via DFGs. Through this policy all applicants will be treated equally regardless of tenure.

7. Rehousing as an Option

- 7.1 In cases where major adaptations to a home are required and it is difficult to provide a cost-effective solution; assistance will be offered to help the person move into alternative accommodation that is suitable for adaptations to be completed. Assistance for relocation costs is considered by the Special Needs Housing Team and a discretionary grant may be processed to support any payments deemed necessary.
- 7.2 Adapted social rented housing is advertised through the Tees Valley Homes Finder scheme. Such properties are re-let to applicants who match the requirements of the property on a needs basis.

8. Discretionary Grants

- 8.1 Discretionary Grant payments are explored when the cost of works exceeds the maximum grant available (£30,000). In cases where major adaptations (e.g. extensions) are being completed, and the applicant has been classed as eligible for grant assistance, should the works cost more than £30,000 (grant limit) HBC can apply for a discretionary payment to make up the shortfall. Decisions regarding the award of a discretionary grant are made by the Assistant Director and Head of Service.
- 8.2 For adults, the Council will consider the options and make decisions through existing panel processes. For children, the process and threshold is



undetermined in the national guidance. The Council will consider a parental means test and a decision will be considered at the existing risk panel.

9. Prevention

- 9.1 Following an assessment of need, minor adaptations (costing under £1,000) are undertaken for people who fall below the threshold for making an application for a DFG if there is a clear case that an intervention would prevent falls, reduce risk or prevent deterioration. This work is either completed by the Council or RP.

10. Recycling Equipment

- 10.1 The Council's Special Needs Housing Team ensures that services are cost effective through recycling of adaptations such as stairlifts, through-floor lifts and modular ramps. These adaptations are processed via the Equipment / Loan Policy as the equipment fitted remains the property of the Council.

11. Procurement

- 11.1 Where major adaptations are approved the Special Needs Housing Team follow Hartlepool Borough Council's procurement guidelines in organising/procuring works to be completed.
- 11.2 These guidelines are as follows and are subject to change (correct as at October 2026)
- works costing between £1,000 and £5,000 – two quotes are requested via the quick quote system.
 - works costing between £5,000 and £25,000 – three quotes are requested via the quick quote system.
 - works costing above £25,000 – all required information is passed to the Council's procurement team and three / four quotes are requested.
- 11.3 In a situation where there is more than one quote at the same cost it is determined by the Special Needs Housing Team which contractor will be awarded the contract based on the timescale in which work can be completed.
- 11.4 Stairlifts are procured as part of a sub-regional contract which offers greater value for money.



12. Client Contributions

- 12.1 The Department for Levelling Up, Housing and Communities and The Department of Health and Social Care issued joint guidance on DFGs for local housing authorities in March 2022 reflecting changes to means testing. Means testing applies to applications made by owner-occupiers and tenants. Different rules apply where the application is made by a landlord. [Disabled Facilities Grant \(DFG\) delivery: Guidance for local authorities in England](#)
- 12.2 The revised DFG Guidance makes reference to the need to consider fast tracking of applications or 'no means test' for works costing up to £5,000 when people have a rapidly progressing or highly debilitating condition, or for people who may still want to work who would benefit from the property being adapted prior to their condition worsening,
- 12.3 In these circumstances, decisions are made on a case-by-case basis considering both the unique circumstances of the applicant and the application of the grant conditions.
- 12.4 There may also be a need for the Council to make available a payment plan for those applicants who are unable to make their contribution in one payment. In these cases a payment plan will be agreed by the Team Manager and the contribution is required to be made before the end of the financial year in which the plan is authorised.

13. Fast-Track Provision for People with Life-Limiting and Rapidly Progressive Conditions

- 13.1 In August 2026 it was confirmed that local authorities can use DFG flexibilities through their local policies to respond differently to rapidly progressing conditions such as Motor Neurone Disease (MND), including fast-tracking processes and, where the authority chooses, applying more generous arrangements.
- 13.2 The interim recommendations of the Independent Commission into Adult Social Care highlight the need for:
- faster access to care and support following an MND diagnosis;
 - reduced bureaucracy and repeat assessments;
 - national expectations around response times; and
 - quicker delivery of adaptations and DFG support.



- 13.3 The Council recognises that individuals with life-limiting or rapidly progressive conditions may experience significant changes in functional abilities over a short period of time.
- 13.4 To ensure that adaptations are provided in a timely and proportionate manner, the Council will operate a fast-track pathway for eligible applicants whose condition is considered life-limiting or rapidly progressive (see Appendix 1).

Under this pathway the Council will:

- prioritise referrals for assessment and intervention;
- streamline assessment and approval processes;
- accept relevant specialist medical evidence to reduce duplication of assessment;
- prioritise Disabled Facilities Grant applications and adaptation works;
- consider the use of discretionary powers available under the Regulatory Reform (Housing Assistance) (England and Wales) Order 2002 where appropriate; and
- work with partners and housing providers to ensure timely delivery of adaptations,

14. Land Charges

- 14.1 When a dwelling has been substantially adapted (e.g. extension) the Council will place a local land charge against the property. For DFGs that cost more than £15,000 Local Land Charges may be placed (at the discretion of HBC) on the property (up to a maximum of £10,000) should the property be sold within 10 years.
- 14.2 People are advised of the amount they will be expected to repay at the DFG approval stage.

15. Agency Service

- 15.1 The Special Needs Housing Team offers an Agency Service at no extra cost. This means they can help manage the Disabled Facilities Grant process on a person's behalf, which may include completing paperwork, obtaining quotes, arranging contractors, and overseeing the adaptation work.



16. Equality and Diversity

- 16.1 The Council is committed to delivering services to people who need them without discrimination and will treat all applicants with courtesy and respect regardless of their gender, race, age, disability, religion, belief, sexual orientation or other protected characteristic.
- 16.2 An Equality Impact Needs Assessment has been carried out to ensure that this policy does not negatively impact upon any individual.

17. Policy Monitoring and Review

- 17.1 This policy will be reviewed annually and in line with legislative or regulatory changes.

APPENDIX 1

Procedure for Working with Adults Living with Life Limiting Conditions

1. Policy Statement



- 1.1 The Local Authority is committed to ensuring that adults living with life limiting conditions such as Motor Neurone Disease (MND) and Huntingdon's receive timely, person-centred, strengths-based and coordinated support throughout the course of their illness.
- 1.2 A progressive neurological condition can rapidly affect mobility, communication, swallowing, breathing, independence and decision-making. As needs can change quickly, social care involvement must be proactive, responsive and integrated with health and other partners.
- 1.3 This policy establishes a framework for Adult Social Care practitioners to:
 - promote wellbeing under the Care Act 2014;
 - deliver timely assessment and support planning;
 - facilitate multidisciplinary working;
 - safeguard adults at risk;
 - support carers;
 - enable fast access to services, equipment and adaptations; and
 - support advance care planning and end of life care.

2. Scope

- 2.1 This policy applies to:
 - Adults diagnosed with MND, Huntingdon's and other life limiting conditions
 - Adults undergoing assessment for such conditions
 - Carers and family members affected by a diagnosis

3. Legal and Policy Framework

- 3.1 Practice must be undertaken in accordance with:
 - Care Act 2014
 - Care and Support Statutory Guidance
 - Mental Capacity Act 2005
 - Human Rights Act 1998
 - Equality Act 2010
 - NICE Guideline NG42: Motor Neurone Disease Assessment and Management
 - Local Safeguarding Adult Procedures
 - Information Sharing and Caldicott Principles
- 3.2 The NICE guideline recommends coordinated care through specialist multidisciplinary working involving health and social care practitioners with expertise in MND.



4. Principles

4.1 Practice with people living with MND and life limiting conditions will be:

Person-centred

The wishes, feelings, values and outcomes of the individual will guide all interventions.

Strength-based

Practitioners will identify existing strengths, support networks and community resources.

Proactive

Support will anticipate deterioration rather than react to crisis.

Collaborative

Council officers will actively participate within multi agency arrangements.

Timely

Interventions will reflect the rapid progression often experienced with MND and similar conditions.

Outcome-focused

Support planning will focus on maintaining independence, choice and quality of life.

5. Roles and Responsibilities

All Care Managers

The allocated care manager will:

- Complete Care Act assessments
- Review needs regularly
- Develop support plans
- Coordinate services where required
- Attend Multi Disciplinary Team (MDT) meetings
- Monitor safeguarding concerns
- Facilitate advance planning discussions
- Ensure carers receive appropriate support and signposting

Team Managers

Team Managers will:

- Ensure timely allocation
- Provide oversight of complex cases
- Support MDT participation



- Monitor compliance with this policy

Adult Social Care MND Lead(s)

The Lead Practitioner(s) will:

- Promote best practice
- Liaise with NHS MND services
- Support workforce development
- Contribute to service improvement

6. Referral and Allocation Procedure

Receipt of Referral

Referrals may be received from:

- Neurology services
- Specialist nurses – e.g. MND Nurses
- GPs
- Community teams
- Hospices
- Self-referrals
- Family members

Allocation Timescales

All referrals relating to confirmed MND diagnoses should be screened within 2 working days and prioritised due to the progressive nature of the disease.

7. Assessment Procedure

The assessment will consider:

Daily Living

- Personal care
- Nutrition
- Mobility
- Moving and handling
- Medication routines

Housing

- Accessibility
- Future adaptation requirements
- Rehousing needs

Communication

- Speech difficulties



- Communication technology requirements

Family and Social Networks

- Informal support
- Carer resilience
- Risk of breakdown

Financial Circumstances

- Benefits advice
- Disability-related expenditure
- Direct payments

Psychological Wellbeing

- Emotional impact
- Social isolation
- Adjustment to diagnosis

Safeguarding Risks

- Neglect
- Self-neglect
- Carer stress
- Domestic abuse
- Exploitation

The assessment should recognise that needs may change rapidly and include anticipated future needs wherever possible.

8. Carers Assessment

- 8.1 Practitioners must offer a Carer's Assessment and signposting to carer support services at the earliest opportunity.

The assessment should consider:

- Emotional wellbeing
- Caring capacity
- Impact on employment
- Sleep disruption
- Physical health
- Future planning
- Bereavement preparation

The needs of carers should be routinely reviewed as the disease progresses.



9. Multidisciplinary Working

9.1 Care Managers will actively participate in MDT arrangements.

Consistent with NICE guidance, Care Managers should contribute to discussions around:

- Social care provision
- Housing
- Equipment
- Safeguarding
- Mental capacity
- Carer support
- End of life planning

The Care Manager should ensure:

- Relevant information is shared appropriately
- Actions are recorded
- Outcomes are communicated to the individual and carers
- Joint working reduces duplication and delays

10. Equipment, Adaptations and Housing

10.1 The practitioner must work closely with Occupational Therapy and Special Needs Housing Services to ensure timely provision of:

- Wheelchairs
- Hoists
- Profiling beds
- Specialist seating
- Environmental controls
- Home adaptations

Where adaptation is unlikely to meet future need, alternative housing options should be explored promptly and further advice taken at Risk Panel as a priority.

11. Mental Capacity and Decision Making

Practitioners must:

- Presume capacity unless established otherwise
- Support communication needs



- Complete decision-specific capacity assessments when required
- Record best interest decisions where applicable
- Encourage advanced decision discussions

Communication difficulties must never be mistaken for lack of capacity.

12. Safeguarding

People with MND may become increasingly vulnerable as physical dependency increases.

Care Managers must consider:

- Self-neglect
- Carer breakdown
- Organisational abuse
- Financial abuse
- Psychological abuse
- Neglect by paid or unpaid carers

Where safeguarding concerns are identified, practitioners must follow the Local Safeguarding Adults Procedures.

13. Advance Care Planning

Care Managers should contribute to discussions regarding:

- Future wishes
- Preferred place of care
- Preferred place of death
- Lasting Power of Attorney
- Advance Decisions
- Emergency care planning

These discussions should occur early and be revisited regularly.

14. Review Arrangements

Due to the progressive nature of MND:

Standard Review
Every 3 months.



Enhanced Review

Earlier where:

- Significant deterioration occurs
- Hospital admission occurs
- Safeguarding concerns arise
- Informal support breaks down
- Housing circumstances change

This reflects NICE guidance recommending regular multidisciplinary review.

15. Recording Requirements

Practitioners must record:

- Assessments
- Support plans
- MDT discussions
- Capacity decisions
- Safeguarding activity
- Reviews
- Carer assessments

Records should reflect:

- Identified outcomes
- Risks
- Agreed actions
- Responsible professionals
- Review dates

16. Quality Assurance

Team Managers will monitor:

- Timeliness of assessments
- MDT attendance
- Review compliance
- Carer assessment completion
- Safeguarding responses
- Service user outcomes

An annual audit of MND cases should be undertaken to identify learning and service improvements.



17. MND Fast Track Indicators for Care Managers

Urgent review should occur if there is evidence of:

- Loss of mobility within previous 4 weeks
- Significant weight loss
- Increased falls
- New communication difficulties
- Respiratory decline
- Carer stress or breakdown
- Hospital admission
- Safeguarding concerns
- Housing becoming unsuitable
- End of life needs emerging

This supports a proactive approach to care coordination and reflects the MND Association guidance on regular assessment, MDT coordination and anticipatory care planning.





**CHAMPION
THE CHARTER**
ON YOUR
DOORSTEP

themndcharter

Achieving quality of life, dignity and respect for people with MND and their carers

The MND Charter is a statement of the respect, care and support that people living with motor neurone disease (MND) and their carers deserve, and should expect.

We believe that everyone with a connection to MND, either personally or professionally, should recognise and respect the rights of people with MND as set out in the Charter, and work towards the Charter's vision of the right care, in the right place at the right time.

About MND:

- MND is a fatal, rapidly progressing disease that affects the brain and spinal cord.
- It can leave people locked in a failing body, unable to move, talk and eventually breathe.
- A person's lifetime risk of developing MND is up to one in 300.
- It kills around a third of people within 12 months of diagnosis, more than 50% within two years.
- It affects people from all communities.
- It has no cure.

Therefore, what matters most is that people with MND receive a rapid response to their needs and good quality care and support, ensuring the highest quality of life as possible and the ability to die with dignity. The MND Charter serves as a tool to help make this happen.

MND is a devastating, complex disease and particularly difficult to manage. We believe that if we get care right for MND we can get it right for other neurological conditions, and save public services money in the long run. But more importantly, we can make a positive difference to the lives of people with MND, their carers and their loved ones.



1

People with MND have the right to an early diagnosis and information

- THIS MEANS:**
- An early referral to a neurologist.
 - An accurate and early diagnosis, given sensitively.
 - Timely and appropriate access to information at all stages of their condition.

There is no diagnostic test for MND – it can only be diagnosed by ruling out other neurological conditions. People with MND can be halfway through their illness before they receive a firm diagnosis.

GPs need to be able to identify the symptoms and signs of a neurological problem and refer directly to a neurologist in order to speed up diagnosis times for MND.

Appropriate tests must be carried out as soon as possible to confirm MND. The diagnosis should be given by a consultant neurologist with knowledge

and experience of treating people with MND¹. The diagnosis should be given sensitively, in private, with the person with MND accompanied by a family member/friend and with time to ask questions. A follow-up appointment with the neurologist should be arranged soon after diagnosis.

At diagnosis people with MND should be offered access to appropriate information and should be informed about the MND Association. Appropriate information should be available at all stages of the person's condition in a language of their choice.

2

People with MND have the right to high quality care and treatments

- THIS MEANS:**
- Access to co-ordinated multidisciplinary care managed by a specialist key worker with experience of MND.
 - Early access to specialist palliative care in a setting of their choice, including equitable access to hospices.
 - Access to appropriate respiratory and nutritional management and support, as close to home as possible.
 - Access to the drug riluzole and any future treatments² at the end of this sentence.
 - Timely access to NHS continuing healthcare when needed.
 - Early referral to social care services.
 - Referral for cognitive assessment, where appropriate.

People with MND may need care provided by health and social care professionals from up to 20 disciplines. This clearly needs co-ordination to work effectively. Co-ordinated care can improve the quality of life of people with MND and provide value for money for the NHS by preventing crises and emergency hospital admissions. The care should be co-ordinated by a specialist key worker with experience of MND who can anticipate needs and ensure they are met on time. Ongoing education for health and social

care professionals is important to reflect advances in healthcare techniques and changes in best practice.

A third of people with MND die within 12 months of diagnosis. Early access to specialist palliative care² soon after diagnosis is therefore vital and should be available in a setting of the person's choice. Some hospices give preferential access to people with a cancer diagnosis. It is important that access is based on need, not diagnosis, so that people with MND

have equitable access to hospice care. Hospices can provide high-quality respite care, which can benefit both the person with MND and their carer.

As MND progresses, the respiratory muscles and muscles of the mouth and throat may be affected. People with MND may therefore need respiratory and nutritional support. It is important that these services are available as close to the person's home as possible so that travelling is minimised and support is available quickly.

In 2001 the National Institute for Health and Care Excellence (NICE) recommended riluzole as a cost-effective drug for people with MND. GPs can be reluctant to prescribe riluzole on cost grounds, despite its NICE-approved status, or to monitor for

side effects during its use. However, it is vital that people with MND have ongoing access to this important treatment.

As the disease progresses, people with MND may need more intensive health care. It is important that people with MND have timely access to NHS continuing healthcare when they need it.

People with MND are likely to need help with getting up, washing, dressing and preparing food as the disease progresses. Access to social care services is therefore important to maintain quality of life. People with MND may also need access to cognitive assessment, as up to half of people with the disease experience changes in cognition.

3

People with MND have the right to be treated as individuals and with dignity and respect

- THIS MEANS:**
- Being offered a personal care plan to specify what care and support they need.
 - Being offered the opportunity to develop an Advance Care Plan to ensure their wishes are met, and appropriate end-of-life care is provided in their chosen setting.
 - Getting support to help them make the right choices to meet their needs when using personalised care options.
 - Prompt access to appropriate communication support and aids.
 - Opportunities to be involved in research if they so wish.

Everyone with MND should be offered a personal care plan³ to specify what care and support they need. The plan should be regularly reviewed as the disease progresses and the person's needs change.

People with MND should be offered the opportunity to develop an Advance Care Plan⁴ to make clear their wishes for future care and support, including any care they do not wish to receive. The plan should be developed with support from a professional with specialist experience and may include preferences for end-of-life care.

Some people with MND will need support to help them make the right choices to meet their needs when using personalised care options, such as personal budgets.

As the disease progresses, some people with MND will experience difficulty speaking. It is important

that people with MND can access speech and language therapy to help them maintain their voice for as long as possible. However, as the disease progresses, people with MND may need access to communication aids including augmentative and alternative communication (AAC)⁵. The ability to communicate is a basic human right. For people with MND, communication support and equipment are vital in order to remain socially active and to communicate their wishes about their care, especially during hospital stays and other medical environments.

Many people with MND value the opportunity to be involved in research as it provides hope that one day an effective treatment will be developed. Everyone with MND who wishes to should be able to participate in research as far as is practicable.

4

People with MND have the right to maximise their quality of life

- THIS MEANS:**
- Timely and appropriate access to equipment, home adaptations, environmental controls, wheelchairs, orthotics and suitable housing.
 - Timely and appropriate access to disability benefits.

People with MND may find their needs change quickly and in order to maximise their quality of life, they may need rapid access to equipment, home adaptations, wheelchairs and suitable housing. These needs should be anticipated so that they are met in a timely way. This is particularly true of wheelchairs which are important for maximising independence and quality of life.

People with MND need timely and appropriate access to disability benefits to help meet the extra costs of living with a disability. Information on appropriate benefits needs to be readily accessible in one place and easily understandable.

5

Carers of people with MND have the right to be valued, respected, listened to and well supported

- THIS MEANS:**
- Timely and appropriate access to respite care, information, counselling and bereavement services.
 - Advising carers that they have a legal right to a Carer's Assessment of their needs¹, ensuring their health and emotional well being is recognised and appropriate support is provided.
 - Timely and appropriate access to benefits and entitlements for carers.

Caring for someone with MND is physically and emotionally demanding. Carers need to be supported in order to maintain their caring role. Every carer should have their needs assessed and given timely and appropriate access to respite care, information, counselling and bereavement services. It is important to support the emotional and physical needs of the

carer in a timely way so that they can continue their caring role.

Carers should also have timely and appropriate access to benefits and entitlements to help manage the financial impact of their caring role.

¹ Recommendation in the NICE guideline on MND.

² Specialist palliative care – palliative care is the active holistic care of patients with progressive illness, including the provision of psychological, social and spiritual support. The aim is to provide the highest quality of life possible for patients and their families. Specialist palliative care is care provided by a specialist multidisciplinary palliative care team.

³ Personal care plan – a plan which sets out the care and treatment necessary to meet a person's needs, preferences and goals of care.

⁴ Advance care plan – a plan which anticipates how a person's condition may affect them in the future and, if they wish, set on record choices about their care and treatment and/or an advance decision to refuse a treatment in specific circumstances so that these can be referred to by those responsible for their care or treatment (whether professional staff or family carers) in the event that they lose capacity to decide or communicate their decision when their condition progresses.

⁵ Augmentative and Alternative Communication (AAC) – is used to describe the different methods that can be used to help people with speech difficulties communicate with others. These methods can be used as an alternative to speech or to supplement it. AAC may include unaided systems such as signing and gesture as well as aided systems such as low tech picture or letter charts through to complex computer technology.



Charter case study: Debbie Williams

Thanks to an approach by the Association's Wirral group, Wirral Council adopted the MND Charter back in 2016.

Since then the group has built on this success by keeping a dialogue going with the Council, for example by holding regular meetings with key staff involved in local housing adaptation services, and inviting councillors to group events such as the opening of their 'Garden of Hope'.

Group Leader Debbie Williams said: **"Getting the Council to adopt the Charter was for us just the start. It opened the way to working with the council to improve local services for people with MND."**

For more information:

www.mndassociation.org/mndcharter

Email: campaigns@mndassociation.org

Telephone: 020 3875 8910

We are proud to have the following organisations supporting the MND Charter:

Royal College of General Practitioners

Association of British Neurologists

Royal College of Nursing

Chartered Society of Physiotherapy

College of Occupational Therapists

Royal College of Speech & Language Therapists

British Dietetic Association

MND Association

Francis Crick House, 6 Summerhouse Road, Moulton Park, Northampton NN3 6BJ

www.mndassociation.org

Registered charity no 294354

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Hartlepool Borough Council – Single Impact Assessment Form

Guidance for completing this form is available in the “Single Impact Assessment: Toolkit for Officers”, available from the Single Impact Assessment page on the intranet at <https://hbcintranet/Pages/Single-Impact-Assessments.aspx>.

Section 1 – Details of the proposed action being considered

1.1 Lead Department:	Adult Services & Public Health
1.2 Lead Division:	Safeguarding & Specialist Services
1.3 Title of the proposed action:	
Housing Assistance Policy 2026	
1.4 Brief description of the proposed action:	
The Housing Assistance Policy is updated to reflect recommendations made by the Independent Commission into Adult Social Care.	
1.5 Who else is involved:	
Motor Neurone Diseases Association (MNDA)	
1.6 Who will make the final decision about the proposed action:	
Adult Services and Public Health Committee	

Hartlepool Borough Council – Single Impact Assessment Form

1.7 Which wards will be affected by the proposed action? Tick all that apply					
All wards	☒	Hart	☐	Seaton	☐
Burn Valley	☐	Headland & Harbour	☐	Throston	☐
De Bruce	☐	Manor House	☐	Victoria	☐
Fens & Greatham	☐	Rossmere	☐	N/A - Internal council activities	☐
Foggy Furze	☐	Rural West	☐		

1.8 Completed By:		
Name	Job Title	Date Completed
Neil Harrison	Head of Safeguarding & Specialist Services	24/08/2026

1.9 Version	Author	Summary of Changes	Date

Hartlepool Borough Council – Single Impact Assessment Form

Section 2 – Explaining the impact of the proposed action

2.1 What data and evidence has informed this impact assessment?

The Independent Commission into Adult Social Care has recommended introducing fast-track arrangements for people diagnosed with Motor Neurone Disease (MND) ensuring rapid access to health, social care, carers' support and housing adaptations. The proposal includes nationally mandated timescales for support delivery, streamlined assessment and accelerated Disabled Facilities Grant (DFG) processes.

2.2 If there are gaps in evidence or not enough information to assess the impact, how have you addressed this or how will you address it?

Gap(s) Identified	How it / they have or will be addressed
The Commission's recommendations are likely to deliver substantial benefits for people living with MND through faster, more coordinated access to care and housing adaptations. While implementation may require additional resources and service redesign, the proposals align with preventative, person-centred approaches and have the potential to improve outcomes while reducing unnecessary delays and duplication.	<ul style="list-style-type: none"> • Introduce a specific priority category for rapidly progressing neurological conditions. • Use risk-based triage to ensure resources are directed to those with the most urgent need. • Monitor impact on waiting lists and adjust capacity accordingly.

Hartlepool Borough Council – Single Impact Assessment Form

2.3 Risk Score

Impact	Negative Impact Score	Explanation – what is the impact?
Age		
☐ Positive Impact ☐ Negative Impact ☐ No Impact	Likelihood score: Impact score: Overall score:	Positive impact as MND is more commonly diagnosed in older adults, although it can affect adults of any age. Faster support may particularly benefit older people with complex needs
Disability		
☐ Positive Impact ☐ Negative Impact ☐ No Impact	Likelihood score: Impact score: Overall score:	Earlier intervention should help people maintain independence, improve quality of life, and reduce the risk of crises, hospital admissions and escalating care needs.
Gender Reassignment		
☐ Positive Impact ☐ Negative Impact ☐ No Impact	Likelihood score: Impact score: Overall score:	
Marriage and Civil Partnership		
☐ Positive Impact ☐ Negative Impact ☐ No Impact	Likelihood score: Impact score: Overall score:	

Hartlepool Borough Council – Single Impact Assessment Form

Pregnancy and Maternity		
☐ Positive Impact ☐ Negative Impact ☐ No Impact	Likelihood score: Impact score: Overall score:	
Race (Ethnicity)		
☐ Positive Impact ☐ Negative Impact ☐ No Impact	Likelihood score: Impact score: Overall score:	
Religion or Belief		
☐ Positive Impact ☐ Negative Impact ☐ No Impact	Likelihood score: Impact score: Overall score:	
Sex		
☐ Positive Impact ☐ Negative Impact ☐ No Impact	Likelihood score: Impact score: Overall score:	

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Impact	Negative Impact Score	Explanation – what is the impact?
Sexual Orientation		
☐ Positive Impact ☐ Negative Impact ☐ No Impact	Likelihood score: Impact score: Overall score:	
Care Leavers (Local)		
☐ Positive Impact ☐ Negative Impact ☐ No Impact	Likelihood score: Impact score: Overall score:	
Armed Forces (Local)		
☐ Positive Impact ☐ Negative Impact ☐ No Impact	Likelihood score: Impact score: Overall score:	
Poverty and Disadvantage (Local)		
☐ Positive Impact ☐ Negative Impact ☐ No Impact	Likelihood score: Impact score: Overall score:	

Hartlepool Borough Council – Single Impact Assessment Form

Section 3 - Mitigation Action Plan or Justification

Group(s) impacted	Proposed mitigation	How this mitigation will make a difference	By when	Responsible Officer

Justification If you need to justify your proposed action explain this here

No negative impact identified so no mitigations or justification needed.

Section 4 - Sign Off

Responsible Officer sign off:	
Name	Neil Harrison
Job title	Head of Safeguarding & Specialist Services
Assistant Director / Director sign off:	
Name	John Lovatt
Job title	Assistant Director – Adult Social Care

Once the Single Impact Assessment is completed please send to impactassessments@hartlepool.gov.uk.

Hartlepool Borough Council – Single Impact Assessment Form

Section 5 - Review (To be completed after implementation)

5.1 Review completed by:		
Name	Job Title	Date review completed

5.2 Did the impact turned out as expected?

5.3 Were the proposed mitigations the correct ones and were they successful in reducing any negative impacts?

5.4 Were there any unexpected outcomes?

Hartlepool Borough Council – Single Impact Assessment Form

5.5 Following the review please identify next steps here (Select one)

- ☐ Additional mitigation required (give details below - 5.6)
- ☐ Original proposed course of action needs to be revisited
- ☐ No further action required

5.6 Additional mitigation(s) or justification

Group(s) impacted	Proposed mitigation	How this mitigation will make a difference	By when	Responsible Officer

Justification If you need to justify your proposed action explain this here

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Submit form with completed review to impactassessments@hartlepool.gov.uk



Adult Services and Public Health Committee

5 November 2026

Report of: Executive Director of Adult Services & Public Health

Subject: ADULT SOCIAL CARE WORKFORCE STRATEGY
2026-2030

Decision Type: Non-key decision

1. Council Plan Priority

Hartlepool will be a place:
where people live healthier, safe and independent lives. (People)

2. Purpose of Report

2.1. To present the Adult Social Care Workforce Strategy 2026-2030 and the Implementation Plan for 2026-2028.

3. Background

3.1. A highly skilled and knowledgeable workforce who are passionate about making a difference for the residents of Hartlepool is essential to delivering better outcomes and better lives, and it is imperative that we continually review our workforce situation to ensure that we have the capacity and skills to support people in the community. This requires an understanding of the makeup of our workforce including skills, age, experience and vacancies, then identifying priorities that ensure our workforce is fit for purpose based on the needs of our residents.

4. Proposals

4.1. The Adult Social Care Workforce Strategy sets out the current situation regarding the adult social care workforce and the challenges associated with ensuring that

the Council has a workforce that can meet the social care needs of the population, including preventative work.

The strategy is focused on two key priorities to 'recruit and retain' and 'develop and train'. Through these priorities we aim to

- have a stable, confident, capable and qualified workforce with the right values and behaviours who deliver high quality, strengths-based support and want to stay with us; and
- To increase workforce capability by identifying development needs, delivering relevant training, and supporting staff growth to enhance individual performance, team effectiveness, and service outcomes and ensuring our practice aligns with our vision and values (strengths based, community led support).

4.2 The Adult Social Care Workforce Strategy 2026-2030 is attached as **Appendix 1** and the Implementation Plan 2026-2028 is attached as **Appendix 2**.

5. Other Considerations/Implications

Risk Implications	Not having an effective Adult Social Care Workforce Strategy creates risks in terms of delivering safe and effective services and meeting statutory duties.
Financial Considerations	There are no financial considerations directly associated with the Adult Social Care Workforce Strategy, which will be delivered within existing resources. Not having an effective Adult Social Care Workforce Strategy can result in workforce pressures and associated costs to ensure that statutory duties are met.
Subsidy Control	There are no subsidy control risks associated with this report.
Legal Considerations	The Adult Social Care Workforce Strategy supports the delivery of the requirements of the Care Act 2014.
Single Impact Assessment	N/A
Staff Considerations	The Adult Social Care Workforce Strategy aims to ensure that staff are supported in terms of wellbeing, career development and effective leadership and management.
Asset Management Considerations	There are no asset management considerations associated with this report.

Environment, Sustainability and Climate Change	There are no environment, sustainability and climate change considerations associated with this report.
Consultation	Information from the annual health check, which captures views of adult social care staff, has been taken into account in the development of this strategy along with the views of adult social care commissioned providers.

6. Recommendation

6.1. It is recommended that the Adult Services and Public Health Committee approve the updated Adult Social Care Workforce Strategy 2026-2030 and the Implementation Plan 2026-2028.

7. Reason for Recommendation

7.1. The workforce is critical to supporting individuals with social care needs and delivering the Council's vision for adult social care.

8. Contact Officer

Jill Harrison
Executive Director of Adult Services and Public Health
jill.harrison@hartlepool.gov.uk

Sign Off:-

Chief Executive	Date: 14.10.2026
Director of Finance, IT and Digital	Date: 14.10.2026
Director of Legal, Governance and HR	Date: 14.10.2026



Hartlepool
Borough Council

Item 6.2 – Appendix 1

ADULT SOCIAL CARE WORKFORCE STRATEGY 2026-2030

1. Introducing our Workforce Strategy

Welcome to our Adult Social Care Workforce Strategy 2026-2030.

We recognise that our workforce is our greatest asset and through the dedication and commitment of our staff we are able to provide high-quality care and support to the residents of Hartlepool. Our strategy is designed to support continuous professional development and sustainability in our workforce.

The strategy sets out our plans for the next four years and has been informed by data collection, learning and staff feedback. The strategy acknowledges and seeks to address current workforce risks, contextual challenges and build resilience into the workforce.

The strategy links to our Practice Framework, Practice Standards and our ongoing commitment to continuous learning and improvement.

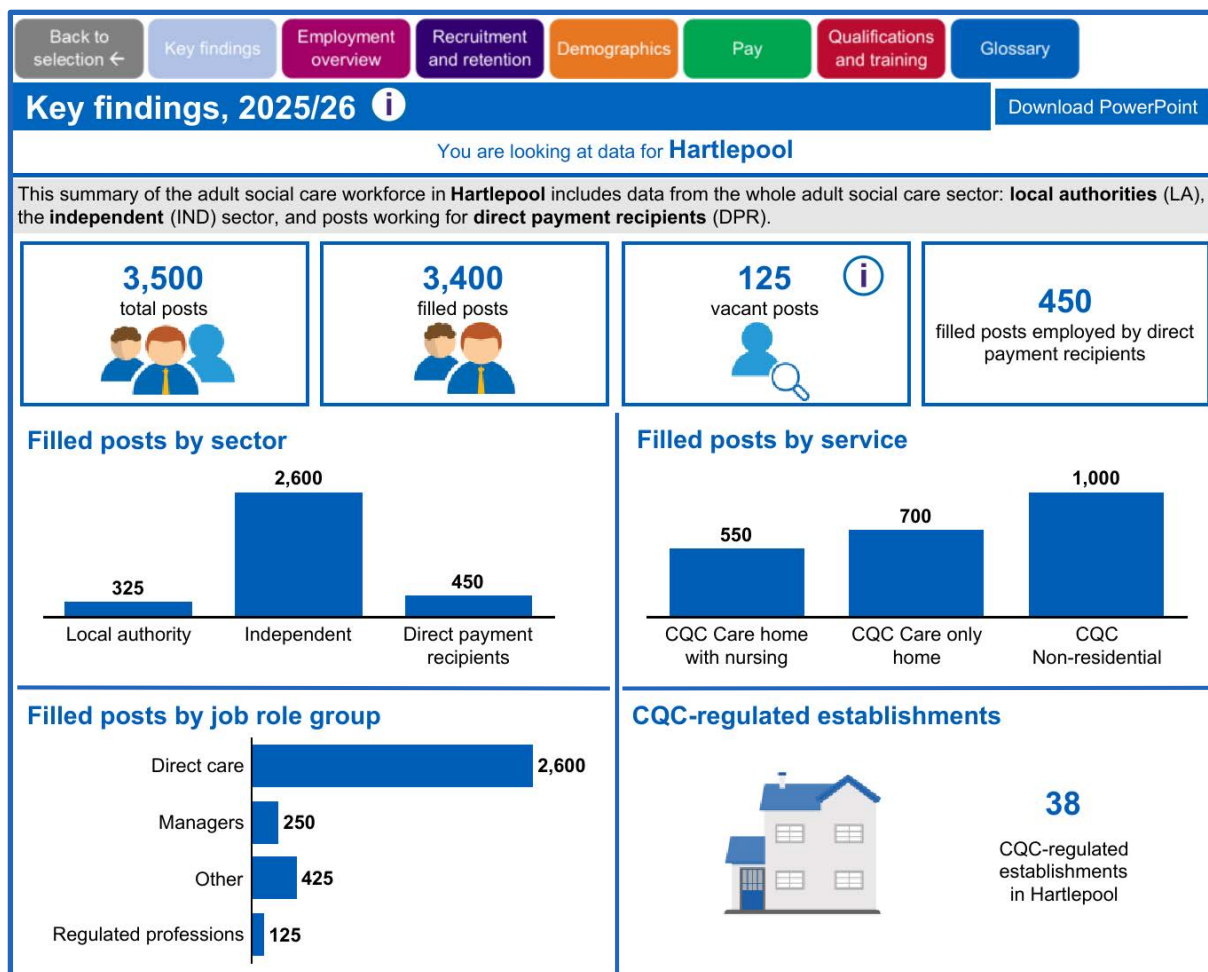
The vision sets out aspirations for Hartlepool Borough Council Adult Social Care to have a confident, stable, skilled, and compassionate workforce that supports people to achieve good outcomes, prevents escalation and integrates well with health, housing and community assets.

Our ambition is that everyone working in adult social care in Hartlepool will

- feel valued and listened to
- have opportunities to develop and progress
- be equipped with the skills and knowledge that they need
- feel confident about using new technology and digital solutions
- strive for excellence and celebrate achievements
- be confident that their health and wellbeing is taken seriously and promoted
- have good working relationships with partners
- be well led and supported in their role
- be empowered to look for new and better ways of working
- have equality of opportunity and be treated with dignity and respect



2. The Adult Social Care Workforce



Metric	Independent Sector	Local Authority
Number of posts	2,600	325
Vacancy rate	2.9%	1.8%
Turnover rate	30%	5.8%
Average sickness days	7.9	10.9
Gender profile	86% female	90% female
Ethnicity	8% ethnically diverse	1% ethnically diverse
Under 25 workforce	9%	4%
Over 55 workforce	30%	33%
Average hourly pay	£12.83	£13.65
Hold relevant qualification	45%	59%

From Skills for Care 2025/26 data, published 14/10/26



3. What the data tells us

Our workforce data tells a positive story about the stability and commitment of the adult social care workforce in Hartlepool. Vacancy and turnover rates within the Council remain low, demonstrating our success in attracting and retaining skilled staff.

However, the data also highlights important future challenges, including an ageing workforce, the need to improve diversity and representation, and ensuring the workforce is equipped to meet growing demand. To better understand these opportunities and challenges, we also sought feedback from our workforce.



4. What our staff tell us

Feedback received from staff reinforces many of the strengths identified within our workforce data, particularly around culture, leadership, support and development opportunities. It also highlights areas where continued investment is needed, including wellbeing, career progression, digital confidence and workforce sustainability.

I feel that Hartlepool Borough Council are a supportive local authority to work for and have always felt valued and supported with all that I have achieved so far within the council.

There is an understanding at all levels that it is essential for the wellbeing of Social Workers to work within an empowering culture.

Managers are genuinely interested in the worker's perspective and are supportive of career progression.

Very supportive managers

Love my job and the impact it has on the people of Hartlepool. Very proud to be able to help people in my local community and feel that my management are incredibly supportive around myself and my work.

I feel proud to have been working for the department for 19 years and for them to have invested in my career so that I can become a Social Worker

I am very happy with my employment at HBC. I feel seen, heard and valued.

Having worked here for a long time I can absolutely hand on heart say that we have an open, transparent and safe culture

I feel valued every day in my role, even during the most difficult and challenging periods.



5. Our strengths and challenges

Our workforce profile, organisational performance and staff feedback have identified a number of strengths that provide a solid foundation for the future alongside challenges that will be addressed over the lifetime of this strategy.

STRENGTHS

- Hartlepool has passionate, experienced and committed staff working in adult social care with a low staff turnover rate compared to other areas.
- The Council has no long-term vacancies in adult social and has had zero spend on agency staff for many years.
- There is a strong and stable leadership team in the Council which provides continuity along with a drive for continuous improvement.
- The Council has a very successful 'Grow our Own' approach, offering development and progression opportunities across all teams.
- There is an effective offer for newly qualified Social Workers who feel well supported in the Council.
- Feedback from staff in relation to the supportive culture in adult social care and the availability of development opportunities is excellent.

CHALLENGES

- A growing demand for adult social care and increasing complexity and acuity of needs of people who use care and support services.
- Responding to the changing demands of our population and communities at a time of significant financial pressure for Councils and care providers.
- Recruitment challenges linked to pay and terms and conditions in the care sector and the need for more robust career pathways and prospects.
- Responding to digital developments that have potential to deliver change and improvements requires investment in digital skills that build the confidence and competence of the workforce.
- Adult social care has an ageing workforce that requires effective succession planning alongside promotion of social care as a long-term career of choice.
- Supporting the health and wellbeing of the workforce is a priority, given the unique pressures associated with providing care and support for people with increasingly complex needs.
- The need to ensure that the social care workforce is representative of the increasingly diverse communities in the borough.



The strengths outlined above position us well for the future, while the challenges highlight where focused action is required. To achieve our ambition of a confident, stable, skilled and compassionate workforce, we have identified a set of workforce priorities that will guide our activity between 2026 and 2030.



6. Our Workforce Priorities

Our workforce priorities have been developed directly from the evidence presented within this strategy. They are designed to address current workforce risks, build on existing strengths and ensure that Adult Social Care in Hartlepool continues to attract, develop and retain talented people. Collectively, these priorities will support the delivery of high-quality services and positive outcomes for residents.



PRIORITY 1: RECRUIT & RETAIN

ACTIONS	SUCCESS MEASURES
<p>Growing the workforce to meet demand</p> <ul style="list-style-type: none"> • Work with communities to raise awareness of social care jobs, understand barriers to employment and develop pathways into adult social care, including work with schools. • Work with the local teaching partnership to attract and develop the future social care workforce. • Develop work experience placements to promote adult social care as a career. • Explore opportunities for collaborative secondments / appointments and shared opportunities. • Work with HR to improve job adverts and to consider innovative approaches to recruitment. • Develop plans to attract more men, and younger people into the workforce, alongside efforts to create diverse and representative workplaces. <p>Supporting the current workforce</p> <ul style="list-style-type: none"> • Ensure the existing workforce and potential future employees are aware of the staff benefits available. • Continue to engage with and promote staff wellbeing advocates. • Regularly review staff feedback on terms and conditions and develop flexible ways of working to meet need. • Implement learning from national and regional best practice. 	<ul style="list-style-type: none"> • Staff turnover • Vacancy rates • Diversity of the workforce • Age profile of the workforce • Number of applicants for vacancies • Maintaining zero use of agency staff • Annual Healthcheck feedback • Staff sickness rates



Staff Profile – Grow Your Own: Social Work

Nicole Bolton – Social Worker



I have been employed by Hartlepool Borough Council Adult Services since September 2005, starting my career as an Administration Apprentice and then progressing to Social Care Officer. In October 2022, I progressed further to Social Work Apprentice after I was fortunate to have been supported and encouraged to secure a place on the Integrated Degree Apprenticeship with the University of Sunderland. This has given me the opportunity to follow my career aspiration of working towards my Social Work

qualification, with protected time to attend University and study days, whilst also gaining valuable knowledge and experience on the job.

The department has been very supportive throughout my studies, including shifting the mind set of colleagues to allow me to have the student experience, whilst also giving me opportunities to learn, grow and develop professionally. My mentor within the Workforce and Development Team has been a huge source of support, setting up group apprenticeship supervision and support sessions for all of the apprentices to promote peer support and encourage peer-learning, as well as one to one sessions to discuss more personal matters, and provide bespoke support as required. During my studies I have been given the opportunity to have two placements in contrasting teams in order for me to gain further knowledge and experience in different service areas in the department and these placements have been invaluable to my development, practice and academic studies.

Hartlepool Borough Council's Adult Services Department continues to support staff, especially those developing by finding learning opportunities and being flexible when extra support is needed.

“Within Hartlepool Borough Council’s Adult Services Department staff are aware of who they can contact if they need support; from colleagues/peers, other teams and line management. As well as Heads of Services and Assistant Directors being readily available when needed”.



Staff Profile – Grow Your Own: Occupational Therapy

Jo Ainsley – Occupational Therapy Assistant



My journey with Hartlepool Borough Council began in 1996 when I joined as an Administrative Apprentice providing me with skills and confidence. In 2007, I moved to the Occupational Therapy Team and progressed to the Senior Team Clerk a few years later. After developing an interest in the Occupational Therapy Assistant role, I successfully applied for a part-time position within the team enabling me to work over the two roles and get a feel for being more hands on which I loved and I became a full-time Occupational Therapy Assistant in 2016.

My role naturally progressed across other areas of the service giving me an insight in Falls Prevention and the Duty Referral Team which broadened my skills and understanding and making me a better practitioner.

I was recently successful in gaining my Assistant Practitioner Degree at Teesside University. The course strengthened my knowledge, up-skilling me to provide a better service to the people I serve. A big part of this was the opportunity to learn from a range of other professionals and services helping me think more holistically. Balancing study, work and family life was challenging, but I was well supported by my colleagues, mentor and family who believed in me and made it all possible.

Maintaining a healthy work-life balance has always been important to me. Flexible working arrangements over my career have allowed me to manage my time to support my daughters school years which I am grateful for as it has made my progression seem possible throughout my career.

I am proud of the opportunities I have been given and the progress I have made since joining the Council as an apprentice and recently celebrating 30 years' service. Continuous learning remains important to me, and I hope to continue my studies become a registered Occupational Therapist in the future.

"I am grateful for the support and opportunities I have been provided with and look forward to continuing to help people live independently and achieve their goals"



Staff Profile – Flexible Retirement

Jayne Gardner – Mental Capacity Lead/DoLS Team Manager



Hartlepool Borough Council (HBC) is an outstanding employer for social workers and social care staff.

Having worked for HBC for most of my career, I have seen so many colleagues supported and developed to improve their skills and knowledge and offered opportunities that many employers do not give. The culture in the organisation is one of pride in the Town, a deep desire to provide the best service to the people who live here and valuing employees to be their very best.

I have been employed by Hartlepool Borough Council since 1995, initially as a newly qualified social worker in a Children and Families Team, moving to an Adult Mental Health Team in 1997. Since that time HBC has supported me in my career to progress to qualify as an Approved Mental Health Professional and developed my skills and knowledge to become AMHP Lead in an integrated team which I managed for over 17 years. I was enabled during this time to complete a degree course BSC (Hons) Psychological Therapies, which has provided expertise I have continued to use throughout my career.

Having reached the age of 60 in 2021 I wished to reduce my hours for health reasons and HBC supported this decision, agreeing to my taking flexible retirement. I have continued to work as manager of the DOLS Team since then and was given the opportunity to complete my Best Interests Assessor training to better support my team.

HBC have given me so much as a social worker over many years; always with great support and encouragement from colleagues and managers. I have utmost respect for our AD and Director who are always interested in and available to staff of all levels, listening to ideas to improve our services and always seeking to achieve high standards.

“I firmly believe that HBC is an exceptional employer and that this is borne out by the excellent retention of staff, which in turn leads to greater stability, with the flexibility needed to develop staff to be the best professionals we can be.”



PRIORITY 2: DEVELOP & TRAIN

ACTIONS	SUCCESS MEASURES
<p>Support staff to develop and progress</p> <ul style="list-style-type: none"> Continue to build on our learning culture offering high support and high challenge to the workforce. Invest in coaching skills across the adult social care workforce. Develop pathways for succession planning and a mentoring programme for staff who want to progress. Improve development pathways for Occupational Therapy. <p>Provide training opportunities that meet current and future need</p> <ul style="list-style-type: none"> Use feedback from annual appraisals to identify future learning needs. Continue delivering and developing the bite size learning offer. Evaluate feedback on training that has been delivered to understand impact and to inform future developments. Work with health and education providers to develop the Health and Social Care Academy offer. Identify people with lived experience to co-design and deliver training. Raise awareness of digital tools and give people the skills and confidence to use them effectively. Identify digital leaders and champions to embed technology solutions. Embed learning in relation to Inclusion and Belonging. 	<ul style="list-style-type: none"> Training and development opportunities reflect the needs of the workforce Evidence that training is impacting on practice Number of staff completing qualifications Vacancy rate in leadership posts Number of digital leaders / champions Successful implementation of digital developments.



Staff Profile – Succession Planning through Developing Managers

Kim Malcolm – Team Manager



My journey with Hartlepool Borough Council started during my third-year social work placement in the Adult Social Work Team. I applied for a permanent role and, after qualifying as a social worker at age 21, I joined the Council in 2003.

Over the last 23 years, I've had the opportunity to work across a variety of adult social care teams, meeting and learning from lots of colleagues, people who use services and students along the way. My career has progressed from Social Worker to

Assistant Team Manager and now Team Manager, most recently within the Learning Disability Team. I was also pleased to be one of the first Council employees to complete the Deprivation of Liberty training and qualify as a Best Interests Assessor.

Like many people working in social care, I have needed to balance my career with family life. I'm mum to two boys and, when they were younger, I was able to reduce my working hours so that I could meet the needs of my children, both of whom have additional needs. Having that flexibility allowed me to continue developing my career while being there for my family when they needed me most.

I'm also a Health and Wellbeing Advocate for the Council, a role that I really value. It helps me stay informed about the support available to colleagues and the opportunities that can enhance wellbeing across the organisation.

I'm also a big believer in continuous learning and love a hobby! Over the past three years, I've been studying through the apprenticeship route for a Chartered Business Management Degree at Teesside University. It's been an interesting experience and has helped me understand more about how different parts of the Council work together, how decisions are made and how strong leadership can help achieve the best outcomes for the people we support.

“Looking back, I'm proud that a student placement turned into a career that's spanned more than two decades. It's been a journey full of opportunities to learn, develop, support others and make a difference to people's lives”.



Staff Profile – Skills Development and Progression

Oliver Watt – Project Officer



I joined Hartlepool Borough Council knowing that I wanted to work with people, but I wasn't really sure how I could use my previous qualifications, including a Business Management degree and an MSc in Project Management. In July 2021, I successfully applied for a role within the Support Hub.

At the start of my journey, my knowledge of the sector was fairly limited. Most of my training focused on mandatory areas such as safeguarding and information governance. As I settled into the role and the Hubs reopened following COVID-19, I quickly realised that I needed to develop my skills around mental health and supporting people through often complex situations.

To help with this, I completed a three-day Motivational Interviewing course, which gave me the tools to better understand the root causes of people's challenges and support them to find their own motivation to make positive changes. I also completed courses such as Level 3 First Aid for Mental Health and Suicide Awareness training, along with several others that helped me feel more confident supporting people with their mental health and wellbeing.

I was then fortunate enough to be given the opportunity to move into a senior role, leading the team I had previously been part of. While it was an exciting step, I knew I had limited experience in managing a team. During this time, I regularly reached out to Workforce Development for support in building my leadership and management skills. I completed training such as 'Manager as a Coach' and Grievance and Disciplinary Training.

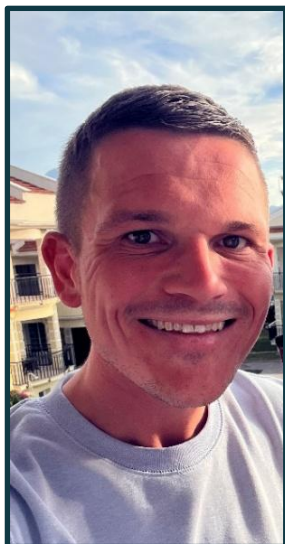
As my career continued to develop, I looked for ways to further expand my knowledge and progress professionally. Most recently, I completed the Lead Practitioner in Adult Care apprenticeship, which gave me a much deeper understanding of both Adult Social Care practice and leadership. Thanks to the support of my managers and Workforce Development, I was also proud to be awarded Social Care Apprentice of the Year at Sunderland College.

“The training and support available through Workforce Development have played a huge role in helping me build my confidence, progress my career and ultimately provide better support to the people and communities we serve”.



Staff Profile – Developing Skills for the Future

Jamie Walbank – Performance and Information Development Officer



I started with Hartlepool Borough Council as a Business Administration apprentice in 2011, which gave me a great foundation in administrative work and allowed me to begin building my career within the organisation. In 2013, I secured a role as a Team Clerk within the Reablement Team, where I gained my first real insight into adult social care.

My keen interest in IT and information systems led me to become an Information Analyst for the department in 2018. Since then, I've progressed through several roles within the same team, most recently into a career-grade post where I've taken on additional responsibility by supervising a small subset of the team.

Throughout my time at the council, I've been fortunate to receive fantastic support with my learning and development. I've had opportunities to build my knowledge, lead on key projects and take on increasing responsibility as my career has progressed. One of the highlights has been leading the implementation of Power BI within the department.

One of the best things about working in adult social care is knowing that the work you do genuinely makes a difference to people's lives.

Alongside my role, I'm currently studying towards a degree in Cyber Security that is fully funded and supported by the council, which I'm incredibly grateful for. It's helping me develop specialist skills that not only support my own career ambitions but also benefit the organisation as developments around technology and information security continue to evolve.

"It's rewarding to see how far I've come since joining as an apprentice in 2011. The council has continually invested in my development and gave me opportunities to progress and take on new challenges, and I'm proud to have built my career here".



Staff Profile – Filling a Skills Gap

Kate Russell, Social Worker



The Level 5 Deafblindness training for myself has highlighted the importance of supporting individuals to understand their own needs and the range of support that may be available to them. Many people accept a decline in their hearing or sight as a natural part of ageing and may not seek support, instead attempting to adapt independently.

The course has provided me with the knowledge and practical skills to identify individuals who may be experiencing deafblindness and to ensure they are supported to participate fully in their assessments and care and support planning.

In my role within ISPA, I am often one of the first points of contact that people have with the local authority. Having the ability to recognise and respond to sensory loss helps to ensure that individuals are placed at the centre of their assessment from the very beginning of their journey.

Sensory loss can often leave a person feeling isolated, excluded, and alone. Completing this training has enabled me to take a more holistic approach and ensure that individuals receive the right support to maximise their independence, wellbeing, and involvement in decision-making.

“The Level 5 course has enhanced my understanding of the wider impact of deafblindness and the importance of considering all available information when identifying a person's care and support needs.”



Staff Profile – Supporting Apprenticeships

Sophie Gallagher – Occupational Therapy Assistant



I started at Hartlepool Borough Council in 2016 as a Business Administration Apprentice and had placements in the Learning Disability Team and Occupational Therapy Team. When my apprenticeship was complete, I worked in the Falls Prevention Team as a Team Clerk before progressing to an Occupational Therapy Assistant role. I spent time in OT Duty, Falls Prevention, the Live Well Suite and OT Assessment Team where I am today.

In 2024, I had the opportunity to do an Assistant Practitioner Foundation Degree apprenticeship with Teesside University. The apprenticeship route allowed me to continue to work whilst having study leave 1 day a week to go to university to learn and put theory to practice.

“Hartlepool Council has supported me to learn and develop. I am proud that starting all those years ago as an apprentice has led me to where I am today”

7. Implementation, Monitoring and Review

An annual action plan will support the delivery of the workforce strategy, with progress monitored by the Adult Social Care Continuous Improvement Group.

The strategy will be reviewed on an annual basis to ensure that it takes account of changing national and local context and is informed by feedback from staff.



PRIORITY 1 – Recruit and Retain				
The Goal	Workstream	Actions and Deliverables 2026-2028	Lead	Measures of Success
<i>We have a stable, confident, capable and qualified workforce with the right values and behaviours who deliver high quality, strengths-based support and want to stay with us.</i>	Workforce Attraction and Recruitment	<ul style="list-style-type: none"> Targeted recruitment campaigns; Strengthen relationships with Hartlepool College, Health & Social Care Academy and local schools. Build on positive relationship with local universities. Continued attendance at recruitment fairs. Consider co-production as part of recruitment and selection process. 	HR/Workforce Development, PSW, POT	<ul style="list-style-type: none"> Maintained or reduced vacancy rate Increased applications. Increase in employees under 25.
	Retention and Wellbeing	<ul style="list-style-type: none"> Promote staff wellbeing offer. Promote flexible working options. Maintain a dedicated CPD offer. Promote staff benefits. Maintain workforce engagement through briefings and focus groups. 	HR Lead, Workforce Development, PSW, POT	<ul style="list-style-type: none"> Reduced turnover. Reduced sickness absence. Improved engagement. Maintain excellent HealthCheck feedback.

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	Apprenticeships and Career Entry Routes	<ul style="list-style-type: none"> • Expand apprenticeships, placements and entry routes into care careers. • Identify staff for progression as part of succession planning and maintaining staffing capacity. 	Workforce Development	<ul style="list-style-type: none"> • Increased apprenticeship starts and completion. • Vacancy rate in management roles.
	Equality, Diversity and Inclusion	<ul style="list-style-type: none"> • Develop more inclusive recruitment processes; • Implementation of the ASC-WRES Action Plan to better understand workforce diversity. • Work with under-represented communities to increase awareness of opportunities and progression in social care e.g. Care Leavers, young people with additional needs and minority ethnic communities. 	HR/EDI Lead	<ul style="list-style-type: none"> • More diverse workforce. • ASC-WRES Action Plan delivered.

PRIORITY 2 – Develop and Train				
The Goal	Workstream	Actions and Deliverables 2026-2028	Lead	Measure of Success
<i>To increase workforce capability by identifying development needs, delivering relevant training, and supporting staff growth to enhance individual performance, team effectiveness, and service outcomes and ensuring our practice aligns with our vision and values (strengths based, community led support).</i>	Learning and Development	<ul style="list-style-type: none"> Annual learning needs analysis informed through staff annual reviews and a training programme which reflects identified needs. Bespoke training offered in line with identified need e.g. investigating complaints, Family Group Conferencing and Quality Assurance. Embed Inclusion and Belonging training across all areas of the workforce. 	Workforce Development Team, PSW, POT	<ul style="list-style-type: none"> Training compliance above target, Improvements in practice identified through Quality Assurance Work, Audits and Training Evaluations.
	Professional Practice	<ul style="list-style-type: none"> Support CPD ensuring essential mandatory training and post qualifying training opportunities are made available, in addition to 	Workforce Development, Heads of Service, PSW, POT, Team Managers	<ul style="list-style-type: none"> Improved capability skills, knowledge and practice.

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		<p>a programme of professional development linked to practice standards and framework.</p> <ul style="list-style-type: none"> • Support registration and specialist development pathways. 		<ul style="list-style-type: none"> • Professional registration compliance.
	Leadership Development	<ul style="list-style-type: none"> • Leadership programmes including coaching and mentoring to support future progression. • Involvement in regional and national development networks, (AMHP, PSW, DoLS Safeguarding etc) 	HR/Workforce Development, PSW, POT, Heads of Service	<ul style="list-style-type: none"> • Increased leadership capacity and succession readiness. • Evidence of learning from regional and national work.
	Digital Skills	<ul style="list-style-type: none"> • Digital champions network established to support use of technology to reduce administrative tasks and support community engagement. 	Head of Service Transformation	<ul style="list-style-type: none"> • Improved digital confidence. • Increased use of innovative technology in the community to promote independence.

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	Succession Planning	<ul style="list-style-type: none">• Identify critical roles and maintain succession plans,• Identify progression opportunities across all areas of social care and ensure staff have resources to support their development.• Dedicated workstream in place to support retention of regulated professionals alongside NE ADASS.	HR/Workforce Development, PSW, POT, Heads of Service	<ul style="list-style-type: none">• Reduction in vacancies.• Stable and capable workforce.• Retention of regulated professionals.
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Adult Services and Public Health Committee

5 November 2026

Report of: Executive Director of Adult Services & Public Health

Subject: ADULT SOCIAL CARE COMMISSIONING STRATEGY

Decision Type: Non-key decision

1. Council Plan Priority

Hartlepool will be a place:
where people live healthier, safe and independent lives. (People)

2. Purpose of Report

2.1. To present the Adult Social Care Commissioning Strategy which has been refreshed for the period 2026-2030 and an Implementation Plan for 2026-2028.

3. Background

3.1. Commissioned services play a critical role in ensuring that the Local Authority meets the social care needs of the population in accordance with the Care Act 2014. A broad range of services are commissioned within Adult Social Care to ensure that people's needs are met including early intervention services, home care, assistive technology, residential care and support for unpaid carers.

4. Proposals

4.1. The Adult Social Care Commissioning Strategy sets out commissioning principles and priorities based on current needs. The focus within Adult Social Care in recent years has been the implementation of a strengths-based Community Led Support approach and the commissioning strategy is focused on ensuring that this approach is fully embedded across Adult Social Care. The

strategy is reviewed regularly so that priorities can be updated if required to reflect changing needs.

- 4.2. The updated Adult Social Care Commissioning Strategy 2026-2030 is attached as **Appendix 1** and the Implementation Plan 2026-2028 is attached as **Appendix 2**.

5. Other Considerations/Implications

Risk Implications	Not having an effective Adult Social Care Commissioning Strategy creates risks in terms of delivering safe and effective services and meeting statutory duties.
Financial Considerations	There are no financial considerations directly associated with the Adult Social Care Commissioning Strategy, which will be delivered within existing resources. Not having an effective Adult Social Care Commissioning Strategy can result in a care market that does not meet local need, which impacts on the delivery of statutory duties.
Subsidy Control	There are no subsidy control risks associated with this report.
Legal Considerations	The Adult Social Care Commissioning Strategy supports the delivery of the requirements of the Care Act 2014.
Single Impact Assessment	N/A
Staff Considerations	There are no staff considerations associated with this report. The Adult Social Care Commissioning Strategy will be delivered within existing resources.
Asset Management Considerations	There are no asset management considerations associated with this report.
Environment, Sustainability and Climate Change	There are no environment, sustainability and climate change considerations associated with this report.
Consultation	The Adult Social Care Commissioning Strategy sets out a range of commissioning priorities, which will be delivered using co-production and consultation as required.

6. Recommendation

6.1. It is recommended that the Adult Services and Public Health Committee approve the Adult Social Care Commissioning Strategy 2026-2030 and the Implementation Plan 2026-2028.

7. Reason for Recommendation

7.1. Commissioned services play a critical role in ensuring that we meet the social care needs of the population and meet our obligations within the Care Act 2014.

8. Contact Officer

Jill Harrison
Executive Director of Adult Services and Public Health
jill.harrison@hartlepool.gov.uk

Sign Off:-

Chief Executive	Date: 14.10.2026
Director of Finance, IT and Digital	Date: 14.10.2026
Director of Legal, Governance and HR	Date: 14.10.2026



Hartlepool
Borough Council

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ADULT SOCIAL CARE COMMISSIONING STRATEGY 2026-2030

1. Introducing our Commissioning Strategy

The Commissioning Strategy supports the delivery of our adult social care vision:

‘We all want to live in a place we call home with the people and things that we love, in communities where we look out for one another, doing things that matter to us.’

People tell us that what is important to them is:

- staying connected and reducing loneliness;
- being as independent as possible and choosing how they are supported; and
- being able to access good quality services with skilled staff.

Our Adult Social Care Commissioning Strategy sets out how we understand local need, shape the care market and determine how services and support will be developed, purchased, improved and monitored to achieve better outcomes for local people.

We recognise that demand for adult social care cannot be met solely through traditional services and we will prioritise prevention, community support, technology and strengths-based approaches that help people maintain independence and delay the need for long-term care.

The strategy will address five key questions:

- What do people need?
- What services and support are available?
- What needs to change over the next 4 years?
- How will we deliver those changes?
- How will impact be measured?

To deliver this strategy we will work collaboratively with people who receive support, providers, partners and the wider community to ensure that the services and support we commission help people in Hartlepool who need adult social care support to live their best life and achieve good outcomes.



2. What do people need?

Our Commissioning Strategy is based on data, evidence and local intelligence. The key themes that will inform our commissioning priorities are:

Older People

- 20% of Hartlepool's population is aged over 65 years and the over 65 population is expected to rise by approximately 40% by 2035 with the 90+ population predicted to increase by over 60%.
- 6.1% of households have people aged 65 and over living alone.

Dementia

- There is a higher prevalence of dementia in Hartlepool than regionally and nationally and, due to the ageing population, the numbers are expected to grow from 1,368 in 2025 to 2,053 by 2045.

Long Term Conditions and Disability

- The number of people with a long-term illness or disability are significantly above national averages.
- The number of adults with autistic spectrum disorder was estimated to be 726 in 2025. It is predicted that this will rise to 777 by 2035.

Sensory Loss

- The number of people experiencing some hearing loss is predicted to increase by over 30% by 2040.
- The number of people experiencing sight loss is expected to increase by 15% by 2035.

Young People moving to Adult Services

- A comprehensive needs assessment of young people with Special Educational Needs and Disabilities in 2019 highlighted that the number of young people with complex needs who will need adult social care support when they reach the age of 18 is increasing.

Ethnicity

- Hartlepool has a relatively small proportion of residents from minority ethnic groups: 3.5% based on 2021 census data (an increase of 54% since 2011).



Further detail can be found in the Joint Strategic Needs Assessment which brings together insights from a wide range of contributors and data sources to identify and address the health and wellbeing needs of Hartlepool's population.

It is informed by local plans, strategies and policies developed through needs assessments, data analysis, and research. It is a centralised resource that enables partners to evaluate progress against public health outcomes and align commissioning strategies to better serve areas of greatest need.

[Joint Strategic Needs Assessment – Hartlepool Borough Council](#)

Information is also available in the Adult Social Care Market Position Statement:

<https://www.hartlepool.gov.uk/adult-social-care/hartlepool-market-position-statement-mps-2026>

The Market Position Statement is used to understand the current market for adult social care services and to identify future demand. It is our intention that this acts as a starting point for meaningful discussions between the Council and providers as well as potential providers of services to ensure we can collectively meet need.

Housing Care and Support

We recognise that housing is integral to meeting a person's care and support needs and have made a commitment to the North East and North Cumbria Housing Health and Care Programme. This regional work is based on the principle of 'better homes and healthier lives and has three key priorities:

- Older people: We need more choices such as bungalows and supported living with care, for people with dementia, frailty or complex needs.
- People who need complex support: We need safe, supported homes for people with learning disabilities, autism, or mental health needs. Good quality homes with the right support can help people stay out of institutional care.
- Warm, dry homes: Everyone needs a home that is safe, warm and dry. Damp, mould, fall or electrical risks affect our health.

The Market Position Statement produced as part of the regional programme identifies that in Hartlepool by 2029:

- 215 additional homes with care and support are needed for older people.
- 11 additional homes are required for people with complex support needs.



Information from the North East and North Cumbria Housing Health and Care Programme Market Position Statement will be used alongside local intelligence about housing requirements for people with care and support needs to inform our Local Supported Housing Strategy from April 2027.

We already know that:

- Not having appropriate housing can result in discharge from hospital being delayed.
- Poor housing can directly contribute to declining physical and mental health, for example through falls and reduced mobility if homes are inaccessible; exacerbation of long-term conditions if a home is cold and damp or; and stress and anxiety caused by housing insecurity or homelessness.
- Supported living, extra care housing and specialist accommodation can often provide better outcomes for people than institutional care.
- There is a shortage of adapted properties available to meet the needs of people with disabilities.
- Overnight home care can support people to stay at home who may otherwise need 24 hour care in a residential setting.

What does this mean for commissioning?

Analysis of local need, market intelligence and engagement suggests that there are four key challenges for the adult social care system in Hartlepool:

1. Supporting a growing older population with increasing complexity of need.
2. Expanding alternatives to residential care and supporting more people of all ages to live independently.
3. Ensuring sufficient housing, care and support options for people with complex needs.
4. Maintaining a sustainable and high-quality provider market.



3. What services and support are available?

The Council provides and commissions a range of services for people with eligible social care needs including:

- older people, including people living with dementia;
- adults with learning disabilities or physical disabilities;
- people with mental health needs;
- adults with substance misuse issues;
- people with sensory loss; and
- unpaid carers.

Services include:

- information and advice;
- day services;
- home care;
- extra care housing;
- supported living;
- residential and nursing care;
- direct payments;
- advocacy;
- carers support; and
- home equipment and adaptations.

The type of support that people want and use has changed and will continue to change. People consistently tell us that they want to live independently in their own homes for as long as possible and services have developed to support this.

Market analysis tells us that in the last three years:

- The number of older people living in care homes has reduced by 10%.
- The number of older people living in extra care housing has increased by 25%.
- The number of people receiving care in their own home has increased by 4%.

In addition to people using commissioned services in 2025/26:

- Over 160 people had an Individual Service Fund.
- Over 350 people had a Direct Payment.
- Over 840 carers received support including 225 with a Direct Payment.



4. What needs to change over the next four years?

We need to make changes to how we commission services to ensure that people can continue to access high quality, sustainable services that meet their needs. We recognise that we need to be innovative and explore creative solutions for people, making use of new technology where appropriate, and ensuring that services are person-centred and strengths based with a focus on promoting independence.

We will work with people with lived experience, community organisations and providers to enable people to get the right support at the right time

We will do this by:

- Understanding the needs of our community now and in the future using information, local intelligence and feedback to predict need.
- Commissioning online support offers that develop help-seeking behaviour, empowering people to engage online if this is their need or preference.
- Enabling people to make connections in their communities so they are not lonely through looking for opportunities to further develop the Community Led Support offer in our commissioning activity.
- Using our Social Workers to develop and commission bespoke support arrangements that meet assessed need and achieve good outcomes.

We will enable people to have more choice in how they live independently.

We will do this by:

- Effectively using supported living and extra care housing as alternatives to residential care.
- Broadening our community offer for people living with dementia and family carers.
- Developing more alternatives to residential care, such as Shared Lives and Small Supports services.
- Considering different ways of supporting people with learning or physical disabilities or mental health needs, such as specialist home care support.
- Developing technology enabled care that can support people to be more independent in their own homes.
- Working with Children's Services to understand the needs and aspirations of young people who will require care and support as adults so that we can develop options that meet those needs.



We will ensure people receive high-quality support when they need it.

We will do this by:

- Working with providers to identify and address recruitment and retention challenges and promote adult social care careers.
- Working alongside providers to improve and sustain quality of services.
- Promoting a diverse, sustainable and high-quality care market and encouraging innovation to ensure that people have access to a broad range of care and support options.
- Working with NHS partners to ensure there is sufficient capacity to support safe and timely discharges from hospital.

We will work collaboratively to ensure that needs are met.

We will do this by:

- Working with partners to deliver a new mental health community-based offer that improves access to services.
- Working with housing services and providers to ensure that people have access to the right home, with the right support, at the right time.
- Jointly commissioning with partners when it's in the best interests of Hartlepool residents.
- Working as a system to try out new approaches that aim to improve how services are delivered, such as Integrated Neighbourhood Teams and the Changing Futures Programme.
- Exploring opportunities for the council to provide support when the market is not responding to need.



5. How will we deliver those changes?

Commissioning is the process of deciding how to use the resources available to improve outcomes in the most efficient, effective, equitable and sustainable way.

We follow the commissioning cycle to ensure that the services we 'buy' meet the needs of our residents. This includes understanding the need, looking at the options available to meet those needs, working with the market so providers understand our needs, a tendering process to procure services and a review process to understand if the provider is meeting the needs.



We will use our commissioning activity to shape the market, stimulate innovation, encourage collaboration and ensure that resources are directed towards services that deliver the greatest impact for people and communities.

We will use our commissioning principles which are centred around co-production, promoting equality and inclusion, choice and outcome-focused services, prevention and promoting independence, improving quality and working in partnership to translate our values into practical commissioning behaviour, to demonstrate that we are meeting Care Act duties and to provide guidance to providers and partners.

Our Commissioning Principles

Co-production

- We will build co-production into all elements of commissioning and quality.
- We will ensure that people who use services, carers and families are involved in the review, design and delivery of our work.
- We will ensure that the language we use and how we communicate with people is inclusive and accessible.
- We will listen and learn, improving the way we work and ensuring we tell people about the difference their contribution has made.



Promoting Equality and Inclusion

- We will design, commission and deliver services that are accessible, inclusive and responsive to the needs of people and communities within Hartlepool.
- We will use data on equality, diversity and protected characteristics to inform how we identify need.
- We will complete meaningful Equality Impact Assessments that inform our work.

Choice and Outcome Focused-Support

- We will commission services that use strength-based approaches.
- We will work with people who use services, carers and families to design services that focus on outcomes, rather than outputs.
- We will commission services that are flexible, and work when and where people need and want them.
- We will respond to needs and outcomes identified in assessments and reviews.
- We will use outcome-based reporting to better understand performance.

Prevention and Promoting Independence

- We will commission services that offer support at the right time to help people build confidence and live as independently as possible.
- We will actively consider ways to prevent or delay the need for further care and support across all service areas.

Improving Quality

- We will continuously review our quality monitoring systems, processes and intelligence and take a proactive approach to improving quality and identifying early warning signs of concerns.
- We will build effective relationships with providers and work with them to support sustainability of provision.
- When concerns are identified we will respond quickly and work with providers to make improvements.

Working in partnership

- We will continue to foster open and positive relationships with providers.
- We will actively engage with the market throughout the commissioning process and encourage the development of new and innovative services.
- We will continue to develop opportunities for integrated commissioning, lead provider arrangements and pooled budgets where appropriate.
- We will work collaboratively to improve quality and performance in services.



6. How will impact be measured?

The most important part of our Commissioning Strategy is how we measure impact. This will tell us whether our commissioning activity is making a meaningful difference to people's lives, and will focus on outcomes not activity and outputs.

We will use the following outcome measures to assess the impact of our work:

Measure	Our Baseline (2025/26)	Our Ambition for 2030
Permanent admissions to residential care	109	104
Proportion of older adults living independently	96.4%	96.6%
Proportion of adults with learning disabilities living in their own home or with family	87.6%	90%
Satisfaction rates of people who use services	74.5%	80%
Carer satisfaction rates	55.9%	65%
Proportion of people who report that they have control over their daily life	83.1%	85%
Provider failure rate	0	0
Proportion of services rated good or outstanding	95.6%	100%
Number of out of area placements	99	80
Vacancy rate in the independent care sector	2.9%	2.5%

Progress against these measures will be reviewed at least annually.

We will continue to collect feedback from people who use services through support plan reviews, contract reviews, surveys, compliments and complaints and will use this qualitative feedback to help us measure impact.

We will review our commissioning priorities regularly to ensure that we are responsive to changing needs and market conditions.



Adult Social Care Commissioning Strategy 2026-2030 Implementation Plan 2026-2028

Priority 1: Enable People to Get the Right Support at the Right Time

No.	Objective	Key Actions	Success Measures	Lead	Expected date
1	Improve understanding of need.	<ul style="list-style-type: none"> Refresh JSNA and Market Position Statement. Strengthen commissioning intelligence and demand forecasting. 	<ul style="list-style-type: none"> Commissioning decisions informed by robust needs analysis. Improved business analysis tools. 	Head of Commissioning. Performance Analysts.	June 2027 August 2027
2	Commission online support offers that encourage self-help behaviours.	<ul style="list-style-type: none"> Continue to develop and enhance digital information and self-help resources. 	<ul style="list-style-type: none"> Increased use of advice services. 	Head of Commissioning / Head of Transformation	March 2028
3	Supporting community connections.	<ul style="list-style-type: none"> Work with partners to ensure options are in place to reduce loneliness. 	<ul style="list-style-type: none"> More people supported in the community. Use of befriending offer. 	Head of Commissioning	December 2027
4	Person centred solutions	<ul style="list-style-type: none"> Support our social care workforce to continue developing innovative and bespoke support options for people. 	<ul style="list-style-type: none"> Improved outcomes for people measured by satisfaction rates. More people supported in the community. 	Assistant Director – Adult Services / Principal Social Worker	March 2028

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Priority 2: Enable People to Have More Choice in How They Live Independently

No.	Objective	Key Actions	Success Measures	Lead	Expected date
5	Effective use of alternatives to residential care.	<ul style="list-style-type: none"> Ensure that the use of Home Care, Extra Care Housing, Supported Living and Individual 'Service Funds is being maximised. 	<ul style="list-style-type: none"> Reduced residential care admissions. 	Head of Commissioning.	March 2027
6	Develop innovative models of care & support.	<ul style="list-style-type: none"> Develop Shared Lives and Small Supports models, including services supporting people living with dementia. Support increased use of co-production. 	<ul style="list-style-type: none"> More community alternatives available. Evidence of involvement of people in service design. 	Head of Commissioning / Head of Transformation.	October 2027 Ongoing
7	Further develop Technology Enabled Care.	<ul style="list-style-type: none"> Extend TEC offer including Vocala & Howz through implementation of the Digital Innovation Project. 	<ul style="list-style-type: none"> More people supported safely at home using technology. 	Head of Commissioning / Head of Transformation.	December 2027
8	Develop support options for young people in transition.	<ul style="list-style-type: none"> Strengthen transition planning to inform earlier planning. Consider how small supports, shared lives and technology can provide options for young people. 	<ul style="list-style-type: none"> Positive transition outcomes. More young people supported in the community and accessing work or volunteering. 	Heads of Service & Children's Services Leads.	October 2028

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Priority 3: Ensure People Receive High-Quality Support When They Need It

No.	Objective	Key Actions	Success Measures	Lead	Expected date
9	Market sustainability.	<ul style="list-style-type: none"> Provider engagement and market oversight. Quality Standards Framework used with all providers, including Independent Service Funds (ISFs). 	<ul style="list-style-type: none"> Stable provider market. CQC ratings for providers Quality demonstrated across a range of ISF providers. 	Commissioned Services Team	Ongoing Ongoing October 2027
10	Quality improvement.	<ul style="list-style-type: none"> Targeted provider improvement support. Development of advocacy options. 	<ul style="list-style-type: none"> CQC ratings for providers. Increased uptake of advocacy services. 	Commissioned Services Team. Head of Commissioning	Ongoing October 2027
11	Workforce sustainability.	<ul style="list-style-type: none"> Support recruitment, retention and skills. 	<ul style="list-style-type: none"> Reduced vacancy and turnover rates. Appropriately trained staff. 	Workforce Development / Head of Commissioning	July 2027
12	Assurance.	<ul style="list-style-type: none"> Enhanced contract monitoring. Improve use of feedback from people with lived experience and carers. 	<ul style="list-style-type: none"> Improved quality intelligence. Improved satisfaction rates. 	Commissioned Services Team	April 2028

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Priority 4: Work Collaboratively to Ensure Needs are Met

No.	Objective	Key Actions	Success Measures	Lead	Expected date
13	Housing and support.	<ul style="list-style-type: none"> Deliver Local Supported Housing Strategy. Work with local housing providers to develop solutions to meet identified needs. 	<ul style="list-style-type: none"> Improved understanding of current and future needs and agreed priorities. More people in settled accommodation. 	Assistant Director – Adult Services / Assistant Director – Housing & Communities.	March 2027 December 2028
14	Mental Health.	<ul style="list-style-type: none"> Work with partners to deliver a new mental health community-based offer that improves access to services. 	<ul style="list-style-type: none"> Improved access to services through 24/7 Community Mental Health Hub. 	Assistant Director – Adult Services / Head of Safeguarding & Specialist Services	December 2027
15	Use learning from integrated programmes to inform future priorities.	<ul style="list-style-type: none"> Understand need and trends linked to Changing Futures and Neighbourhood Health. Develop alternative provision where required. 	<ul style="list-style-type: none"> Reduced unmet need. Less use of residential placements. 	Head of Strategic Commissioning.	April 2028

Item 6.3 – Appendix 2

Outcome Measures (2026-2028)

Measure	Baseline	2028 Target
Permanent admissions to residential care	109	107
Older people living independently	96.4%	96.5%
Service user satisfaction	74.5%	77%
Carer satisfaction	55.9%	60%
Good or Outstanding services	95.6%	98%
Out-of-area placements	99	90