ADULT AND PUBLIC HEALTH PORTFOLIO

DECISION SCHEDULE

HARTLEPOOL
BOROUGH COUNCIL

Tuesday 17th April 2007

at 9.00 am

in Committee Room 'B'

Councillor R Waller, Cabinet Member responsible for Adult and Public Health will consider the following items.

1. **KEY DECISIONS**
    No items

2. **OTHER ITEMS REQUIRING DECISION**
    2.1   Adult and Community Services Departmental Plan 2007/8 - 2009/10 – *Director of Adult and Community Services*
    2.2   Restructure of Support Services – *Director of Adult and Community Services, Chief Financial Officer and Chief Personnel Services Officer*

3. **ITEMS FOR INFORMATION**
    3.1   The Personal Social Services User Experience Survey 2006 – *Director of Adult and Community Services*
    3.2   Fair Access to Care Services – *Director of Adult and Community Services*

4. **REPORTS FROM OVERVIEW OF SCRUTINY FORUMS**
    No items

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ADULT & PUBLIC HEALTH PORTFOLIO
Report To Portfolio Holder
17th April 2007

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Report of: Director of Adult and Community Services

Subject: ADULT AND COMMUNITY SERVICES
DEPARTMENTAL PLAN 2007/8 - 2009/10

SUMMARY

1.0   PURPOSE OF REPORT

1.1   To submit the Departmental Plan for Adult and Community Services Department for Portfolio Holder consideration.

2.0   SUMMARY OF CONTENTS

2.1   The report outlines the key content of the Departmental Plan detailing the vision for the department, key objectives and performance indicators.

3.0   RELEVANCE TO PORTFOLIO MEMBER

3.1   The Departmental Plan is of relevance as outlines the strategic framework for the Department.

4.0   TYPE OF DECISION

4.1   Non-key

5.0   DECISION MAKING ROUTE

5.0   Adult and Public Health Portfolio and Culture, Leisure & Transportation Portfolio.

6.0   DECISION(S) REQUIRED

6.1   Portfolio holder is requested to endorse the proposed Departmental Plan.

Report of: Director of Adult and Community Services

Subject: ADULT AND COMMUNITY SERVICES
DEPARTMENTAL PLAN 2007/8 - 2009/10

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1.   **PURPOSE OF REPORT**

1.1   This report presents the Adult and Community Services Departmental Plan for Portfolio holder consideration. It highlights the direction of travel for the Department over the forthcoming three years.

2.   **BACKGROUND**

2.1   <u>Overview of the Plan</u> - The Departmental Plan sets out the direction of travel for Adult and Community Services for the next three years. This is the first annual update and outlines progress on previous year's work. The plan enables us to ensure that we are able to respond to new initiatives and legislation that may affect the Council or the Department itself.

2.2   The unified approach to business planning adopted last year has been updated within the Council this year, with explicit links between the Corporate Plan, the Local Area Agreement outcomes, and Departmental plans.

2.3   This plan is intended to inform the reader about Adult and Community Services and how we as an organisation determine what we do, how we do it and how well we do it.

2.4   It is intended to signpost the reader to where they may find more out about a specific services area or aspect of what we do. To this end our plan is not an exhaustive document but an overview of the priorities and initiatives that are specific to this department.

2.5   The Departmental Plan for Adult and Community Services has been written in accordance with the agreed corporate format, and has clear linkages with the Corporate Plan. Moreover, within the Department, Service Plans, Team Plans and indeed individual officers' objectives can be clearly linked to the Corporate Plan.

2.6   The Department recognises the importance of the plan and regards it as essential to the delivery of services that achieve its strategic objectives. Additionally it is the means by which people at all levels of the organisation can understand how their work contributes to the achievements of those strategic objectives.

2.7   The following service plans are being developed under the strategic umbrella of the overall Departmental Plan:

- Older People
- Disabilities
- Mental Health
- Support Services
- Adult Education
- Libraries
- Sports & Recreation
- Museums and Heritage
- Parks & Countryside
- Strategic Arts

Each team, or establishment will also have a plan.

2.8   <u>Strategic Direction for Adult Services</u> – In January 2006 the Department of Health produced a White Paper "Our Health, Our Care, Our Say". This set out a clear vision for the future of adult social care services which includes:

- A greater focus on the prevention of ill health and the promotion of well being

- More personalised care

- Services closer to people's homes

- Better co-ordination and integration with health services

- Increased choice and control

- Focus on prevention

2.9   A report to Cabinet was made on 27 February 2006 outlining the content and implications of the White Paper. This continues to be an important driver for our work.

2.10   The key drivers for the Department's Community Services are wide and varied and include:

- Improving the Adult Education Service to focus on creating a strong emphasis on improving work skills and Skills for Life. Family Learning is also seen as a key priority, as is the maintenance of a wide range of 'First Step' provision to introduce adults to learning.

- Much of the work of Community Services is undertaken in collaboration with external partners and significant funding is sourced from regeneration schemes, government agencies and income generation to support a range of innovative schemes and services through:

    - Libraries
    - Sports and Recreation
    - Leisure and Cultural Services

2.11   The opportunities for new partnership both within and outwith the department are exciting, and the potential to increase the quality of services offered to Hartlepool's residents through better integration is huge. The management of services within their own compartments is a thing of the past.

2.12   The future lies in demonstrating leadership across traditional boundaries, and then putting citizens in control of the services they want and need and of their future design. The skills and experience of everyone in Adult and Community Services will be central to this task.

2.13   This plan explains our future priorities and sets out the Department's objectives. Implicit within that is our determination to improve things even further and provide services that offer quality, independence and choice in line with what citizens of Hartlepool tell us they want.

2.14   <u>Monitoring and Reporting</u> - The action plan detailing how the department will meet its main aims/objectives for the forthcoming year will be monitored constantly, and a quarterly report will be given to Portfolio Holder to update them on progress and highlight any key areas of achievement and concern.

2.15   Throughout the year, in certain circumstances, it may become necessary to either remove or amend an aim/objective or specific action from the annual plan. This could be for a number of reasons, such as changing priorities or a delay in implementing a particular scheme through unforeseen circumstances. Any amendments to the plan will only be made with full agreement of the relevant Portfolio Holder(s).

2.16   <u>Reviewing the Plan</u> - The overall departmental plan contains the key priorities for the next three years that will affect the department. Naturally these will change over time and will need to be reviewed and updated to reflect these changing priorities. As a revised Departmental Plan will be produced on an annual basis the overall priorities will be reviewed once a year.

3.   FINANCIAL IMPLICATIONS

3.1   Nil.

4.   RECOMMENDATIONS

4.1   The Portfolio Holder is requested to endorse the Departmental Plan.

ADULT AND COMMUNITY SERVICES DEPARTMENT

DEPARTMENTAL PLAN
2007/8 – 2009/10

HARTLEPOOL
BOROUGH COUNCIL

Updated 29 March 2007

Document: MH93

CONTENTS

Page No.

WELCOME TO OUR PLAN

Welcome to the Departmental Plan for Adult and Community Services Department. This plan sets out the direction of travel for Adult and Community Services for the next three years. This is the first annual update.

This plan is intended to inform the reader about Adult and Community Services and how we as an organisation determine what we do, how we do it and how well we do it.

It is intended to signpost the reader to where they may find more out about a specific services area or aspect of what we do. To this end our plan is not an exhaustive document but an overview of the priorities and initiatives that are specific to this department.

In June 2005 as a result of a number of key drivers, which included the Council's Way Forward Programme and The Children Bill, the Council undertook a major restructuring exercise from which the Department of Adult and Community Services was created. The department is now well embedded and a number of key appointments have been made to the structure.

In January 2006 the Department of Health produced a white paper "Our Health, Our Care, Our Say". This set out a clear vision for the future of adult social care services which includes:

- A greater focus on the prevention of ill health and the promotion of well being

- More personalised care

- Services closer to peoples homes

- Better Co-ordination and integration with health services

- Increased choice and control

- Focus on prevention.

The key drivers for the Department's Community Services are wide and varied and include:

- Improving the Adult Education Service to focus on creating a strong emphasis on improving work skills and Skills for Life. Family Learning is also seen as a key priority, as is the maintenance of a wide range of 'First Step' provision to introduce adults to learning.

- Much of the work of Community Services is undertaken in collaboration with external partners and significant funding is sourced from regeneration schemes, government agencies and income generation to support a range of innovative schemes and services through:

    - Libraries
    - Sports and Recreation
    - Cultural Heritage and Arts
    - Parks and Countryside

The opportunities for new partnership both within and out with the department are exciting, and the potential to increase the quality of services offered to Hartlepool's residents through better integration is huge. The management of services within their own compartments is a thing of the past.

The future lies in demonstrating leadership across traditional boundaries, and then putting citizens in control of the services they want and need and of their future design. The skills and experience of everyone in Adult and Community Services will be central to this task.

This plan explains our future priorities and sets out the Department's objectives. Implicit within that is our determination to improve things even further and provide services which offer quality, independence and choice in line with what citizens of Hartlepool tell us they want.

Key Achievements Last Year in Adult Social Care

- The Council has commenced building work (with our partners) on the 'Hartfields' Extra Care Retirement Village at Middle Warren.

- There has been a significant increase in the number and range of people receiving Direct Payments to enable them to arrange their own support and care.

- The numbers of people supported by the Council to live at home continue to compare well to the top performing Councils across the country.

- 100% of assessments have commenced within two days of referral.

- There has been an increase in intermediate care with a corresponding impact on reducing nursing and residential care. Intermediate care is a range of personal care services provided at home to maintain people's independence and prevent them moving into unnecessary hospital/residential care admissions.

- The Older People strategy was published, and the action plan that was developed is now being implemented.

- There has been increased access to services for recuperation and rehabilitation.

- More service users are accessing mainstream sport and leisure facilities.

- Low level floating support schemes have been developed. This is housing related support to help people live in their own homes.

- Telecare Services have been introduced. Telecare is the remote or enhanced delivery of health and social services to people in their own homes by means of telecommunications and computerised systems.

- Work commenced on integration of Health and Social Care Team, with one team now being located in the community.

- Real progress has been made with Connected Care in the Owton Ward. The social audit has been used to develop a model of service delivery.

- There has been an increase in the number of carers assessments.

The Public Opinion of our Services

Recent surveys have found that:-

- Around half of residents were satisfied or fairly satisfied with personal social services provided by the Council.

- 86% of the people who used the department's statutory complaint and representations framework said that the information they obtained was clear and easy to understand and they were either very satisfied or quite satisfied with the quality of the investigation and handling of their complaint.

- A survey amongst people using Direct Payments indicated a very high level of user satisfaction.

A questionnaire seeking carers' views on how the Carers' Grant should be spent and on carers' experience of assessment was sent to over 400 carers in October 2006. Feedback from this has led to an additional commitment concerning provision for emergencies being incorporated into the Hartlepool Multi-Agency Carers' Strategy.

In Community Services
- Improvements to Grayfields Recreation ground, supported by a Football Foundation grant, included a new changing room complex and artificial turf pitch, were completed in Nov 2006. This is complemented by the excellent work undertaken within Sports Development and the Football Development Officer and the Outdoor activities officer in particular.

- The Headland sports hall and fitness suite developed as an extension to the Borough Hall was opened for business in February 2006, usages have exceeded all expectations and new courses are constantly being developed to meet demand.

- The Maritime Festival in July 2006 was very successful, attracting in the region of 60,000 visitors.

- Hartlepool, in partnership with PD Ports and Hartlepool Marina, successfully bid to be Tall Ships Host Port 2010 and work planning this has commenced with key partners. This is an incredible opportunity for the Department and the town as a whole.

- Successful HLF Lottery bid for £250k was submitted to secure the conversion and restoration of PSS Wingfield Castle as an education resource centre as part of the Hartlepool Maritime Experience capital developments. This HLF success was complemented by the success of the Heugh Gun Battery Trust in achieving a £300k HLF award for their restoration and interpretation.

- The Face of Asia exhibition by Steve McCurry, Hartlepool was the only UK venue, this was a resounding success, followed in Dec 2006 with landscape photographer Jo Cornish incorporating locally commissioned work.

- The Library Service hosted the National Children's Book Festival at St Hilds School in November, a sell out and the largest festival of its kind in the country.

- Progress has been made on the 'delivered' book service review, this is expected to be implemented by April 2007.

- The Race for Life has been attracted to Hartlepool for the first time, in June 2007

- The first Hartlepool Youth Games are planned for 2007 as a successor to the Teesside Youth Games.

- The renewal of the Waverley allotment site and the re-establishment of Briarfields allotments have been successfully achieved, the former with involvement from the learning disabilities unit who will be developing a comprehensive practical unit.

Public Opinions of our Services

A Viewpoint survey in early 2006 found that: -

- More than three quarters of residents are very satisfied or fairly satisfied with the borough's Libraries

- Almost 73% of residents stated that they thought overall Cultural facilities which include theatres and museums, have got better in the last three years.

- Over 57% of people are very or fairly satisfied with the overall Cultural and Recreational services provided by the Council

The 3 yearly Mori satisfaction survey was published in February 2007.

Overall satisfaction rates were good:

Service	% Satisfied (NRF)	% (Wider Hartlepool Figure)
Museums/Art Galleries	86%	91%
Libraries	91%	94%
Sports Club Facilities	74%	68%
Youth & Community Centres	74%	74%
Public Parks and Open Spaces	73%	85%

There are also figures for usage of local services which show that public parks and open spaces are the most used (53%), closely followed by libraries (50%) and museums and art galleries (28%).

Margaret Hunt has a copy of the full report if you are interested.

Nicola Bailey – Director of Adult & Community Services

INTRODUCTION

This document is the Adult & Community Services Departmental Plan for 2007/08-2009/10 and forms part of the Councils overall Service Planning arrangements. The plan details the key priorities and issues facing the department over the next three years, and includes a detailed action plan for the next 12 months. This plan will be reviewed on an annual basis, which will allow for any emerging priorities to be included.

The plan details how the Department will meet the Council's key priorities as stated in the Corporate Plan.

This plan should be looked at in conjunction with both the Council's Corporate Plan, and the individual service plans, that together form part of the Council's overall Service Planning Arrangements. Figure 1, below, demonstrates how the plans are linked:

Tier 1 – Corporate Plan

The Plan details the key, Council-wide, strategic aims/objectives identified as being a priority for the next year. Also included are key actions associated with each aim/objective.

Tier 2 – Departmental Plan

The Plan details the key issues facing the Department over the next 3 years. It also includes a detailed Annual Action Plan stating how they will deliver the relevant key actions identified in the Corporate Plan.

Tier 3 – Service Plan

The Plan will be produced by each individual service within a Department. This will detail the services key aims/objectives for the forthcoming year, and how the service will meet the key actions included in the Department Plan.

This approach ensures that any aim/objective that appears in the Corporate Plan can be traced through to specific actions in the service plan, and vice versa. It allows the employees delivering services to explicitly see how their actions contribute to the Council's overall aims and objectives.

CHAPTER 1

Departmental Structure

This section contains the following:-

1. The Senior Officer structure – DMT and Directorate membership

2. Chief Officer accountabilities

3. Overview of Departmental structure, and where Department sits in overall Authority structure

4. The services that are provided by the Department

CORPORATE MANAGEMENT TEAM

CHIEF EXECUTIVE

| Assistant Chief Executive | Chief Personnel Services Officer | Chief Financial Officer | Chief Solicitor | **Director of Adult and Community Services** | Director of Children's Services | Director of Neighbourhood Services | Director of Regeneration and Planning |

Chief Executive's Management Team
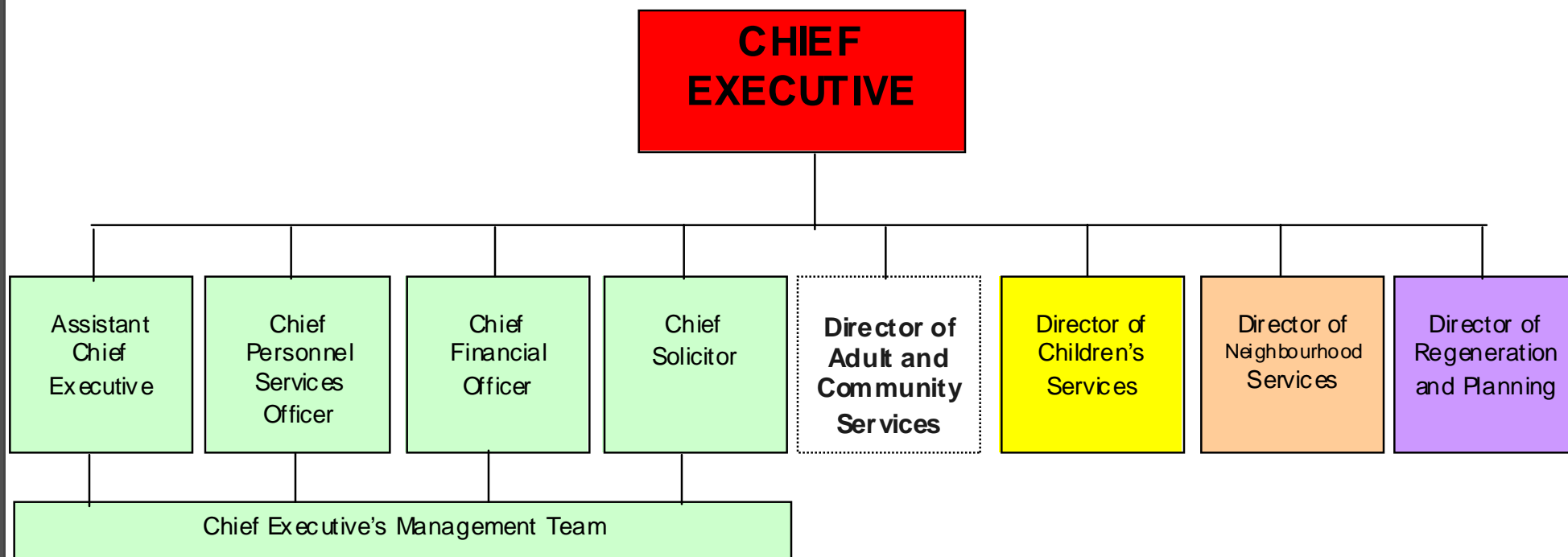
DIRECTORATE

DIRECTOR OF ADULT &
COMMUNITY SERVICES
Nicola Bailey

ASSISTANT DIRECTOR
(ADULTS COMMISSIONING)
Ewen Weir

ASSISTANT DIRECTOR
(COMMUNITY SERVICES)
John Mennear

ASSISTANT DIRECTOR
(SUPPORT SERVICES)
Alan Dobby

DMT STRUCTURE

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                    │   COMMUNITY SERVICES    │
                    │     Nicola Bailey       │
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ASSISTANT DIRECTOR (ADULTS COMMISSIONING) Ewen Weir	ASSISTANT DIRECTOR (COMMUNITY SERVICES) John Mennear	ASSISTANT DIRECTOR (SUPPORT SERVICES) Alan Dobby

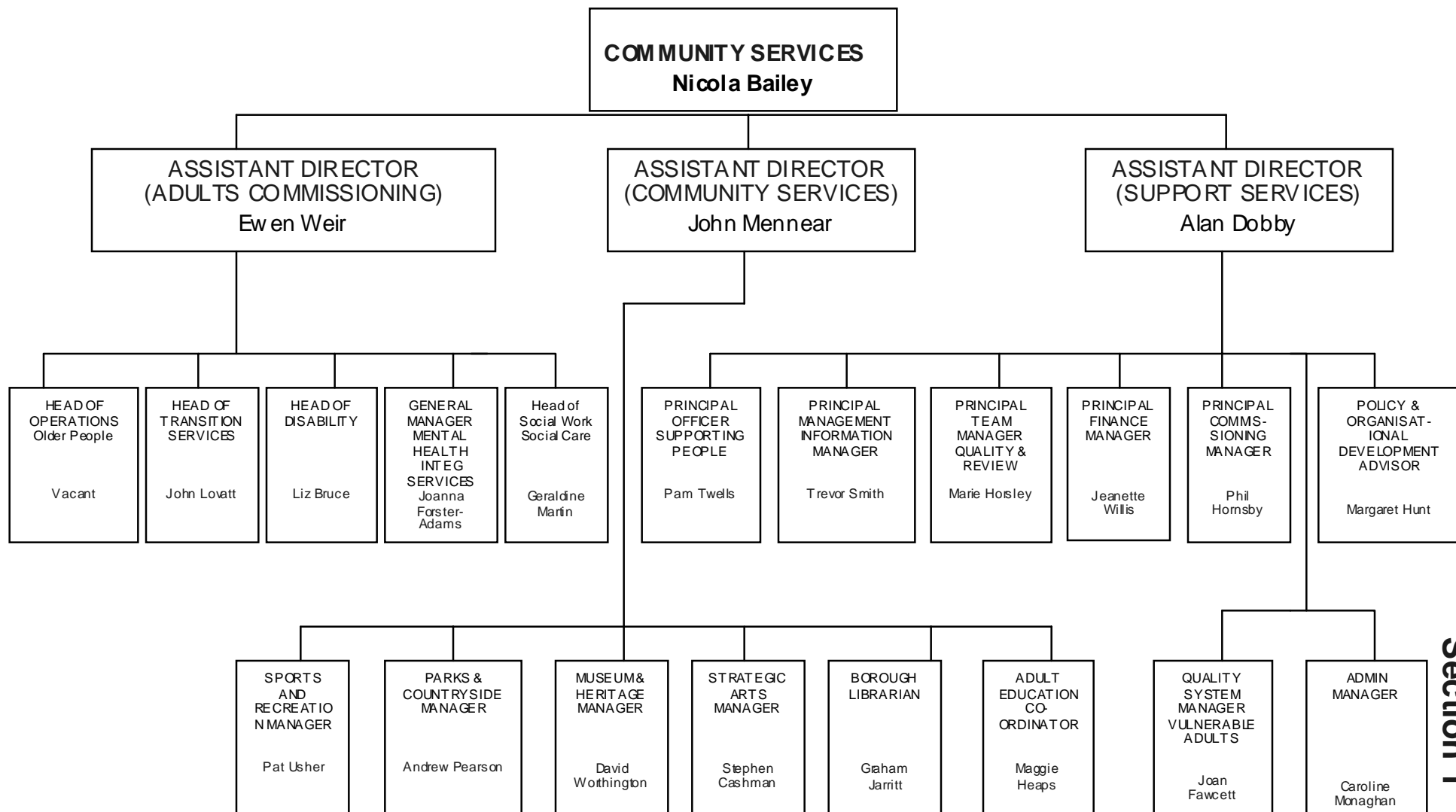| HEAD OF OPERATIONS Older People Vacant	HEAD OF TRANSITION SERVICES John Lovatt	HEAD OF DISABILITY Liz Bruce	GENERAL MANAGER MENTAL HEALTH INTEG SERVICES Joanna Forster-Adams	Head of Social Work Social Care Geraldine Martin

PRINCIPAL OFFICER SUPPORTING PEOPLE Pam Twells	PRINCIPAL MANAGEMENT INFORMATION MANAGER Trevor Smith	PRINCIPAL TEAM MANAGER QUALITY & REVIEW Marie Horsley	PRINCIPAL FINANCE MANAGER Jeanette Willis	PRINCIPAL COMMS-SIONING MANAGER Phil Hornsby	POLICY & ORGANISAT-IONAL DEVELOPMENT ADVISOR Margaret Hunt

SPORTS AND RECREATION MANAGER Pat Usher	PARKS & COUNTRYSIDE MANAGER Andrew Pearson	MUSEUM & HERITAGE MANAGER David Worthington	STRATEGIC ARTS MANAGER Stephen Cashman	BOROUGH LIBRARIAN Graham Jarritt	ADULT EDUCATION CO-ORDINATOR Maggie Heaps	QUALITY SYSTEM MANAGER VULNERABLE ADULTS Joan Fawcett	ADMIN MANAGER Caroline Monaghan

Section 1

Section 2

CHIEF OFFICER ACCOUNTABILITIES
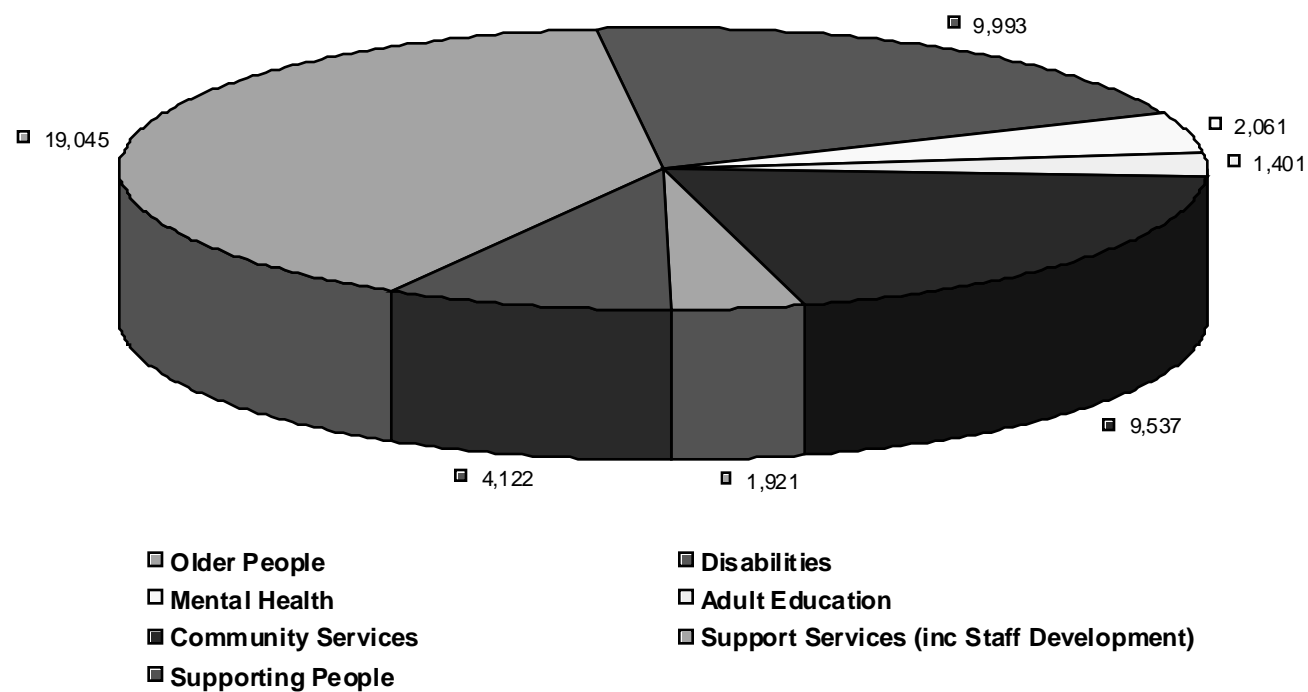
The new Adult and Community Services Department has a net budget in excess of £27m and over 600 staff working in the following divisions:
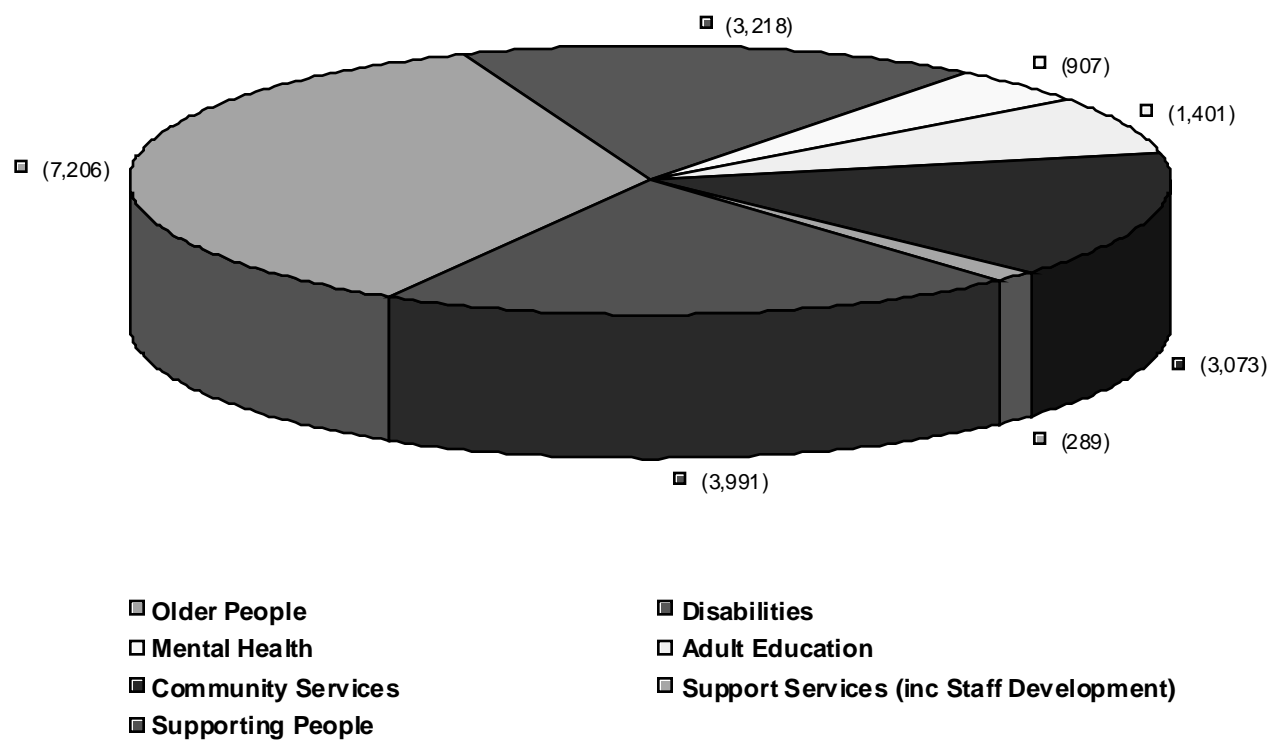
Assistant Director Adult Commissioning	*Adult Social Care services*	*Ewen Weir*
Assistant Director Community Services	*Community Services Adult Education*	*John Mennear*
Assistant Director Support Services	*Support Services*	*Alan Dobby*

The Department is starting to build innovative joint projects – initiatives that have been highlighted by the bringing together all services for adults. The formal structure provides the opportunity for further integrated approaches.

GROSS EXPENDITURE £ 000's - ADULT & COMMUNITY SERVICES 2007/2008

TOTAL GROSS EXPENDITURE - £48,081,000

9,993

2,061

1,401

19,045

9,537

4,122

1,921

- Older People
- Disabilities
- Mental Health
- Adult Education
- Community Services
- Support Services (inc Staff Development)
- Supporting People

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INCOME £ 000's - ADULT & COMMUNITY SERVICES 2007/2008

TOTAL INCOME £20,084,000

(3,218)

(907)

(1,401)

(7,206)

(3,073)

(289)

(3,991)

☐ **Older People**   ☐ **Disabilities**

☐ **Mental Health**   ☐ **Adult Education**

☐ **Community Services**   ☐ **Support Services (inc Staff Development)**

☐ **Supporting People**

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Section 3

This section contains the Department structure and an overview of the overall Local Authority structure.

ADULTS DIVISION

ASSISTANT DIRECTOR
(ADULTS COMMISSIONING)
Ewen Weir

HEAD OF SOCIAL
WORK/SOCIAL CARE
Geraldine Martin

HEAD OF
OPERATIONS
OLDER PEOPLE
Vacant

HEAD OF TRANSITION
SERVICES
John Lovatt

HEAD OF
DISABILITY
Liz Bruce

GENERAL MANAGER
MENTAL HEALTH
Joanna Forster-Adams

COMMUNITY SERVICES DIVISION

ASSISTANT DIRECTOR
(COMMUNITY SERVICES)
John Mennear

SPORTS AND RECREATION MANAGER	PARKS & COUNTRYSIDE MANAGER	MUSEUM & HERITAGE MANAGER	STRATEGIC ARTS MANAGER	BOROUGH LIBRARIAN	ADULT EDUCATION CO-ORDINATOR
Pat Usher	Andrew Pearson	David Worthington	Stephen Cashman	Graham Jarritt	Maggie Heaps

SUPPORT SERVICES

ASSISTANT DIRECTOR
(SUPPORT SERVICES)
Alan Dobby (CO)

PRINCIPAL FINANCE MANAGER	PRINCIPAL MANAGEMENT INFORMATION MANAGER	PRINCIPAL COMMISSIONING MANAGER	PRINCIPAL TEAM MANAGER QUALITY AND REVIEW	POLICY & ORGANISATIONAL DEVELOPMENT ADVISOR	PRINCIPAL OFFICER (SUPPORTING PEOPLE)	SITE AND SYSTEMS ADMIN OFFICER	STAFF DEVELOP-MENT OFFICER	VULNERABLE ADULTS CO-ORDINATOR
Jeanette Willis	Trevor Smith	Phil Hornsby	Marie Horsley	Margaret Hunt	Pam Twells	Caroline Monaghan	Gwenda Pout	Joan Fawcett SO1

Section 4

SERVICES PROVIDED

Services that are provided by the department. Here is an overview of each part of the Department.

COMMUNITY SERVICES

Adult Education

The Service works in partnership with a range of agencies to ensure that access is both locally available and varied. There is continual consultation with these partners to make sure provision contributes to local, regional and national priorities for learning.

Around 50% of our courses lead to an accreditation, and these include opportunities to gain vocational qualifications. We also provide a range of opportunities that are designed to encourage participation in learning.

The Services receives the majority of its funding from the Learning and Skills Council; with a total LSC grant for 2006-2007 of approximately £900,000. Additional funding is received from other funding agencies such as the Single Regeneration Budget and European Social Fund.

In addition to over 50 staff, including 35 tutors, we employ development and support teams to ensure that under represented priority groups are not disadvantaged from accessing provision.

Culture and Leisure Services

Culture and Leisure Services cover a wide range of facilities and activities provided by Libraries, Parks and Countryside, Sport and Recreation and Arts, Museums and Events. The total budget for these services is £6.1m, and over 300 staff are employed. Areas of work include:

- The provision of Museum and Heritage support services including the Museum of Hartlepool and Hartlepool Art Gallery, the PSS Wingfield Castle and the Hartlepool Historic Quay; in partnership with HMS Trincomalee. The Marina based attractions are marketed as the Hartlepool Maritime Experience.

- Town Hall Theatre and Borough Hall with associated arts events and activities. Main events include the biennial Maritime Festival and the Seaton Carew fireworks display.

- The central library and reference service is complemented with a six branch library network, a mobile library and a bookbus service and home library

service.

- Access to open spaces through four parks, six Local Nature Reserves, fifteen playgrounds, 1040 allotments and Summerhill Country park.

- Opportunities for sport and recreation through sports development schemes and through facilities such as Mill House Leisure Centre, Eldon Grove, Headlands Sports Centre, a managing arrangement with Brierton Sports college, sports pitches and outdoor bowling greens.

- The archaeological service for Teesside; and the joint archive service for Teesside.

- Community Centres, available for use by voluntary organisations and the community, providing a wide range of services and facilities e.g. drop-in advice surgeries, benefit campaigns, training and workshops.

- Foreshore services, including beach lifeguards and amenities.

Much of the section's work is delivered in collaboration with external partners and significant funding is sourced from regeneration schemes, government agencies and income generation.

Our work not only responds to community interest in the core areas, but also plays an important role in contributing to health and well-being, tourism, lifelong learning and environmental management within the Borough. Cultural Services feature in the upper quartiles of 'Best Value Performance Planning' annual national tables.

Adult Social Care

Strategies for Adult Social Care Services in Hartlepool are well developed through the work of local interagency planning teams. There is a rich and varied range of stakeholders involved in these planning processes, with user and carer participation being a strong feature.   Adult Care Services, as measured by the Performance Assessment Framework, are rated as 2 Star (out of a maximum of 3).

There are plans to integrate Adult Social Care Services with the PCT and other NHS services. Older People's teams are already integrated into three geographic teams with PCT nursing colleagues. These teams will move to integrated management by 2008.

Plans are also in progress to integrate Physical Disability Services and PCT Long Term Conditions. By 2008 there will also be an integrated Learning Disability Service with the Tees Esk and Wear Valleys NHS Trust.

There is also a project called Connected Care with aims to provide a "locally owned" service comprising a multi-agency partnership between Hartlepool Council, the PCT and a range of community groups.

Finally Adult Social Care is a national pilot for "In Control" – Total Transformation which aims to ensure all service users/carers will have a right to choose an individual budget in order to purchase services for themselves. This will commence in 2007 and be phased in over 2 years.

Older People Services

With a gross budget in excess of £19 million, we provide services to more than 3000 people and have over 220 staff, including a small in-house rapid response home care team. All other direct provision is purchased from independent providers.

The Multi-Link Team, who respond to assist hospital discharges and to prevent admission, has won a national award for excellence.

The Duty Team is the main first point of contact for people wishing to access support to meet the social care needs of themselves or others. It is based at the Civic Centre.

Assessment and care management is currently provided by three geographically based teams and a Long Term Care Management Team. They ensure support and services are provided to meet the eligible needs of older people and their carers.

Depending on their assessed needs people may be enabled to access home care, occupational therapy or other support to remain at home. In some cases they may be assisted to enter residential care.
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Learning Disability Services

There are currently more than 250 people with learning disabilities receiving help and support from a social care team of around 60. The total gross budget for learning disabilities in 2005/6 is over £6 million, including money transferred from health services to provide for continuing needs. Direct provision by the Council is limited to the Day Opportunities Service.

Support Staff based at Warren Road enable people with learning disabilities to access a range of day opportunities in mainstream community settings of their choosing.

The emphasis is on including people in all aspects of community life, developing skills, building on social networks and gaining experiences which lead to fulfilling and rewarding lives (employment, education leisure and recreating, arts, drama, etc).

For people with more complex physical health care needs, therapy based services are available, including physiotherapy, speech therapy and other sensory programmes. However, support is also available on a one to one basis to enable people with more physical health care needs to access other community activities.

The service can be accessed following a community care assessment of need by a social worker or community nursing health professional in learning disability services.

The Employment Link Team have won the National Social Services Team of the Year Award.

Mental Health Services

Mental Health Services for adults under 65 are now fully integrated with the NHS Trust providing services to Hartlepool. The total Council mental health gross budget is £2 million, and the integrated service offers provision to over 1000 people. There are 35 local authority employees working in the integrated service at present.

A number of specialist teams provide assessment, care planning and support to people living in the community. The Integrated Day Service also provides assistance to people with a mental health problem and their carers.

There is hospital care available if required, along with post discharge support and rehabilitation.

The Dual Diagnosis Service, based in Whitby Street, provides advice, treatment and support for people who misuse alcohol and/or drugs.

Confidential emotional support can be accessed via the Mental health Matters Helpline (0845 045 7110).

Service to People with Physical or Sensory Disability

Services to people with disability are currently managed within the Disability Business Unit. With a gross budget of £1.8 million, we provide services to over 600 people with the help and support of 20 staff.

One Social Work/Care Management team provides assessment and care management support to people with learning disabilities, and another provides for people with physical disabilities.

The Community Support/Sensory Loss team supports people with learning disabilities in their own homes. This helps with personal care and daily living skills.

Sensory Loss provides specialist assessment and rehabilitation programmes including equipment for people across age ranges.

The Employment Link team supports disabled people and people with mental health problems into paid work.

A small Occupational Therapy team focuses on rehabilitation and promotion of independent living for people with a disability.

Support staff at Havelock Centre promote and enable people with physical disabilities to access opportunities within the centre and within the wider community.

The emphasis is on developing skills, building social networks and gaining experiences which lead to fulfilling and rewarding lives (employment, education, leisure and recreating, arts, drama, etc).

Support Services
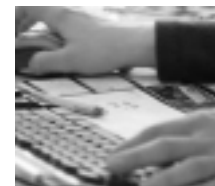
Support Services provide specialist assistance at Departmental level. A restructure is currently underway, but the functions delivered will include:

- Management Information; information technology; and support to performance management.

- Financial planning and management; and creditor/debtor processes.

- Specialist support to commissioning, contracting and procurement processes.

- Planning of commissioning the Supporting People programme on behalf of the partnership.

- Workforce planning and development; Quality Assurance; and organisation development/governance.

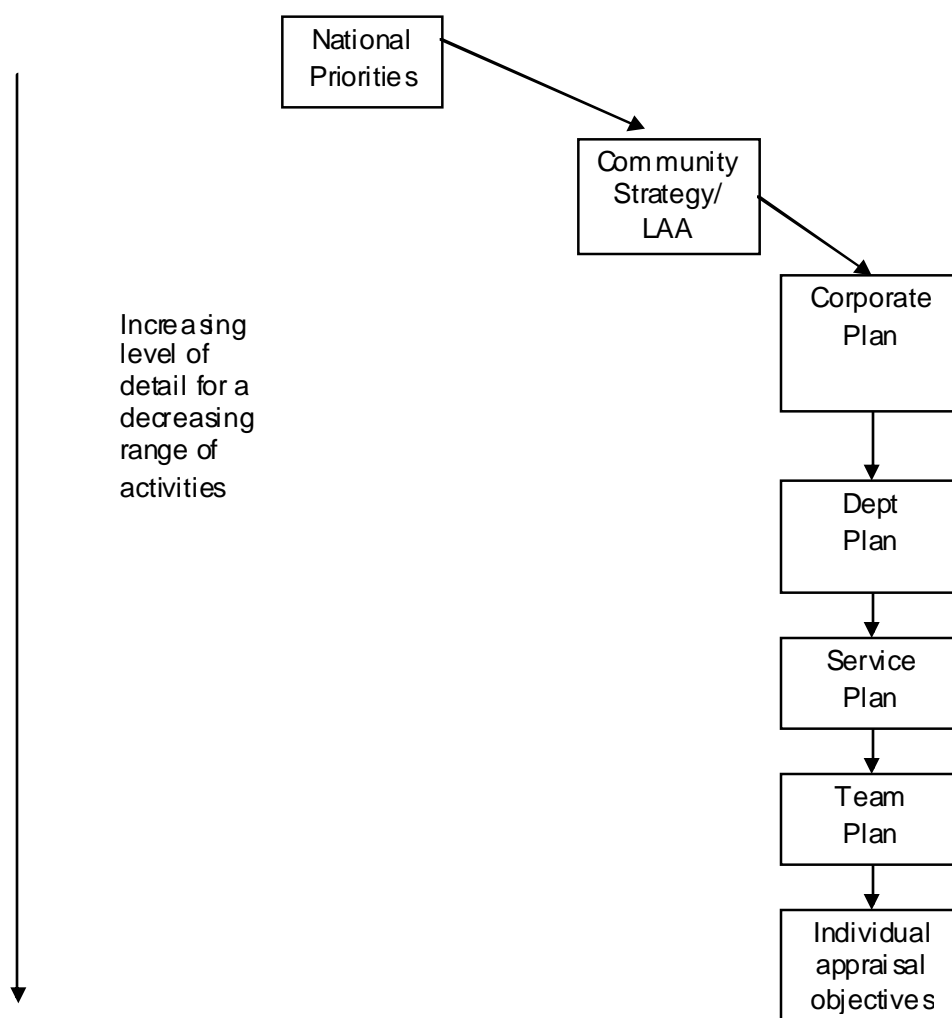- Safeguarding Adults; and complaints for the department.

Our focus is on maintaining and improving services for those who use them, and ensuring that the Department works effectively within the wider local authority, and partnerships. This will include leading and ensuring efficiency savings, and re-engineering of business processes.

CHAPTER 2

Performance Management Framework

We have adopted a performance management framework to ensure that national and local targets are translated into departmental, service, team and individual objectives and targets. The Governments targets for Adult and Community Services have been adopted by the Local Strategic Partnership and are within the Local Area Agreement alongside locally agreed priorities and targets.

The following diagram illustrates how this framework cascades the national and local targets throughout the organisation.

Increasing level of detail for a decreasing range of activities

National Priorities

Community Strategy/ LAA

Corporate Plan

Dept Plan

Service Plan

Team Plan

Individual appraisal objectives

Our challenge is to be more explicit about what we intend to do and ensure everyone within the department understands their responsibilities identified so they understand how and what they do contributes to the councils strategic objectives.

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To this end as well as having Departmental and service plans, we will be:

- Developing Commissioning Strategies to identify how we are going to meet the future needs of people who require adult social care services

- Continue to develop service specific business cases for all new developments, eg, the H_2O Centre

- Further develop Business Planning to engage our employees in developing team plans and targets

- Ensure our staff have access to regular support and appraisal opportunities linked to continuing personal and professional developments.

External Performance Management

In addition to internal performance management Adult Social Care is rigorously performance managed through CSCI (Commission for Social Care Inspections), with an annual DIS (Delivery and Improvement Statistics) process, Annual Review of Performance which examines PI Performance, and progress against a number of key areas this culminating with an annual performance rating.

In 2006 CSCI judged Hartlepool as 2 stars and serving most people well.

Adult Education is also subject to periodic inspection by the Adult Learning Inspectorate.

Monitoring and Reporting

The action plan detailing how the department will meet its main aims/objectives for the forthcoming year will be monitored constantly, and a quarterly report will be given to Portfolio Holders to update them on progress and highlight any key areas of achievement and concern.

Throughout the year, in certain circumstances, it may become necessary to either remove or amend an aim/objective or specific action from the annual departmental plan. This could be for a number of reasons, such as changing priorities or a delay in implementing a particular scheme through unforeseen circumstances.

Any amendments to the plan will only be made with full agreement of the relevant portfolio holder(s).

Communication

The Department has developed a statement of communication standards. This detailed standards re. internal communications and will cover team meetings, minutes, management forum and the use of the department hard drive.

As a new department it is essential to have a coherent approach to internal communication. At the Management Forum we have looked at a number of issues which impact on the whole department but give managers across the whole department the opportunity to meet, work together and explore linkages. This will continue to be built on over the next year.

 With our wider audience we have a Public Engagement strategy which was originally developed for Social Services Department. This has been developed to cover the whole department. We have a range of meetings with our providers of social care to discuss developments and policies.

We meet with key stakeholders to discuss performance as follows:

- CSCI regular quarterly meeting
- LSC (Learning & Skills Council)
- LSP – themed partnership discuss their performance with the public via an annual event. These occur for the following themed partnerships:

    - Health & Wellbeing
    - Lifelong Learning and
    - Culture and Leisure

They provide a valuable opportunity to discuss key issues and progress.

More formal links with the Voluntary Sector will also be developed.

The Community Portal and Council website have recently been replaced, and we will be using this as a medium for people to access information and services. An intranet provides a similar function for staff.

Reviewing the Plan

As previously explained the annual action plan will be constantly monitored and reviewed, with any proposed changes being presented to portfolio holder for agreement.

The overall departmental plan also contains the key priorities for the next three years that will affect the department. Naturally these will change over time and will need to be reviewed and updated to reflect these changing priorities. As a revised Departmental Plan will be produced on an annual basis the overall priorities will be reviewed on an annual basis and reflected in future years
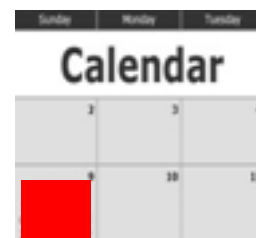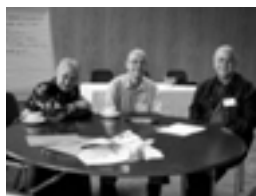
departmental plans.

CHAPTER 3

Priorities

Vision Statement

The Department's guiding vision is to encourage comprehensive and collaborative links across a wide number of services and agencies – thus providing greater opportunities for people to learn; to be better able to access relevant vocational, cultural and leisure activities; and for care to be delivered in responsive, person-centred ways.

Through this vision we aim to make social inclusion a reality for all; provide opportunities that will increase independence and choice for individuals; enhance environmental and economic well being; and, by means of greater involvement and control, provide a climate in which people will stay fit, involved and enjoy well being.

The Policy direction for the Department comes from the following initiatives:

- Implementing the Framework For the Future of the Libraries
- The Game Plan in Sports and Recreation
- Renaissance in the Regions in Culture
- Implementing the vision in the White Paper 'Our Health, Our Care, Our Say'.

Priorities

The priorities for the Department are developed as a result of national and local priorities and the next 2 years they are as follows:

- ➢ Develop a Joint Commissioning Team in conjunction with Hartlepool Primary Care Trust (HPCT)

- ➢ Development of integrated teams with Hartlepool PCT, Tees Esk and Wear Valley NHS Trust for Older People and working age adults

- ➢ Supporting carers to continue to care via the development of new support, Direct Payments and short break options

- ➢ Implementing new commissioning models including Connected Care and examining regional efficiency approaches (eg. regional procurement)

- ➢ Modernisation of disability services to focus on social inclusion and community participation

- ➢ Development of self directed services for vulnerable adults

➤ Having a robust approach to risk and asset management which is firmly embedded in the business planning process

➤ Developing a public access strategy covering indoor facilities and sports facilities.
➤ Increasing access to cultural, leisure and community learning activities

➤ Review the Cultural Strategy

➤ Develop the H_2O Delivery Plan

➤ Development of a Tall Ships Delivery Plan

➤ Responding to the Supporting People Inspection findings

➤ Development of a Department wide efficiency strategy which incorporates ICT and BPR (Business Process Re-engineering)

➤ Development of a Voluntary Sector Strategy

➤ Development of an Older People Housing care support and commissioning strategy in partnership with housing and Supporting People low level

➤ Development of a Preventative Strategy

➤ To develop a Department wide response to Business Continuity, Risk and Emergency Planning.

➤ Develop the Management Team to ensure the provision of synergy, and better ways of working.

➤ Achieve Investors In People Award

➤ Achieve Level 3 Equality Standard. Ensure INRAs/DIAs are completed

➤ Accommodation

➤ Information Sharing

➤ Links (Local Involvement Networks) Development (for public engagement re Health and Social Care)

CHAPTER 4

Workforce Planning

Introduction

The Adult and Community Services Department employs over 650 people in a wide and diverse range of jobs. All of these jobs contribute to providing services or arranging responses to and with the people living in the town. The Department is committed to developing its workforce to enable us to deliver the highest quality service.

Nationally the government has set a challenging agenda designed to improve outcomes for people who use services. They have also set monitoring inspection and audit arrangements that provides feedback on performance. The department takes this accountability seriously and is committed to monitor quality and seek continuous development.

Analysis of Workforce

The Department is fully committed to the IIP standard which provides an excellent framework for managing and developing the Department's most important asset which is its workforce. The three former departments were separately accredited to IIP. The Department will aim to obtain accreditation either in its own right, or as part of a corporate approach to gaining IIP.

The qualifications audit carried out in 2006/7 will allow us to provide staff data on:

- Staff numbers
- Qualifications held
- Qualification needs

A database has been developed and work to input a complete set of staff data will be completed in the final quarter. From April 2007 data recorded on this system will also include records of training & development activity.

The information on the system can be accessed in detailed or summary formats as required and will be accessible to senior management for equality and financial monitoring. It will also provide statistical information to support departmental and service planning and government submissions.

Breakdown of grades cannot be provided by the database at this point but it is anticipated that as the system develops a field will be entered. Staff turnover will be recorded on the database. Information at this time suggests that a high percentage of staff hold or are working towards the appropriate qualification for their current post.

Total staff at April 2006 was 668 and various staffing information is detailed below.

Information by Age

132   6   52   90

200   188

◻18-24 ■25-34 ◻35-44 ◻45-54 ■55-64 ◻65+

Information by Ethnicity

139   5 4

520

◻White British   ■Not Specified
◻White Any Other   ◻Asian British
■Mixed white and Bl ◻Mixed any other BA

Disability Information

119

33

516

◻Able ■Disabled ◻Not Stated

32
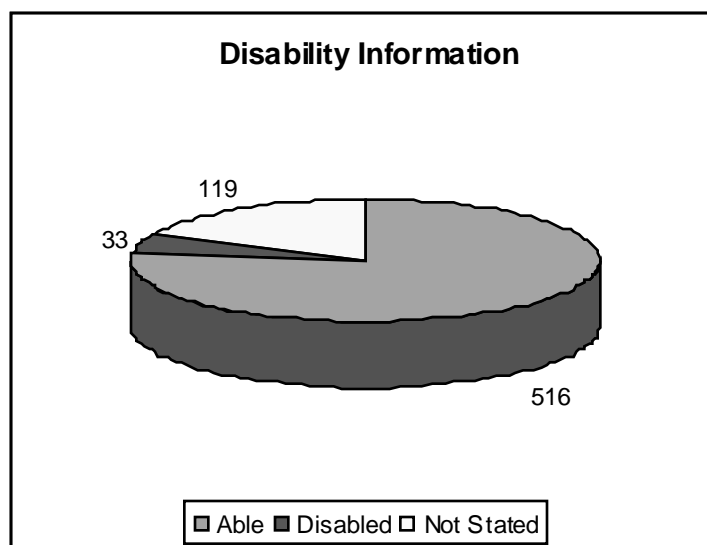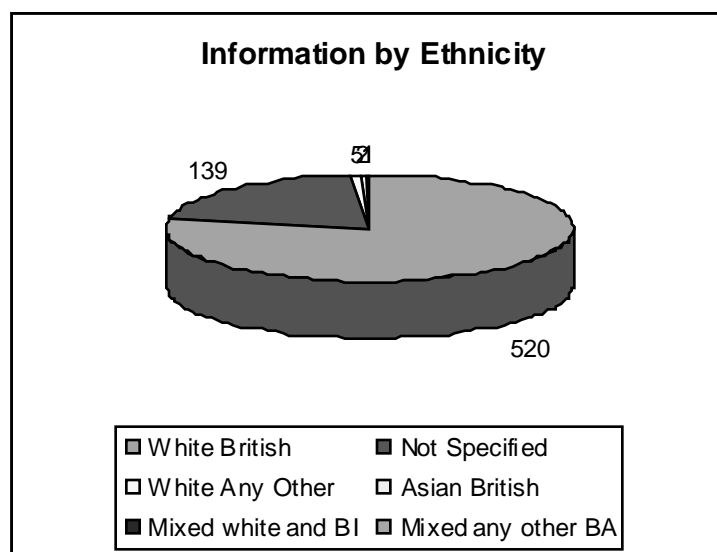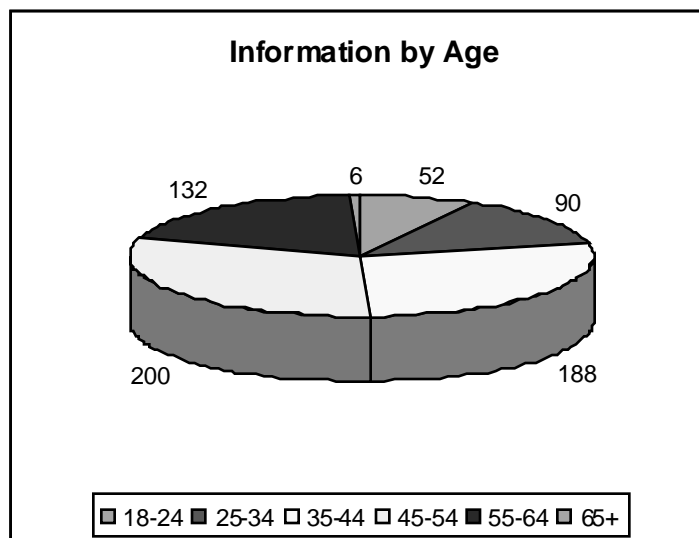
Key Workforce Issues

Traditionally there have been recruitment difficulties in Social Care. The Department has traditionally adopted a range of approaches to ensure we can recruit and retain social workers. This included a 'grow your own' approach.

Arrangements for Workforce Planning

What has been done

Throughout the year there has been considerable activity in reviewing every aspect of the Department's operational activity, and several key strategic shifts have been captured in the Community Strategy/LAA corporate Plan.

Workforce Development in Adult and Community Services has been supported through the existing arrangements of the three departments that formed Adult & Community Services. In the first quarter of 2007/8 the establishment of a Workforce Development Team is planned for the department.

A key aim is to ensure consistency of approach in workforce development across the workforce. To ensure this could happen, a qualification audit of the whole department was carried out to capture information on the benchmarked qualifications. The resulting staff training database will continue to be updated and will be an essential tool for workforce and training planning for the future.

A scoping exercise to identify the size and profile of all agencies and partnership organisations that provide care services for adults in Hartlepool including private and voluntary providers of services has taken place. Partner agencies are consulted and involved in the identification and access of benchmarked qualifications and training. The qualifications and skills of the workforces within these organisations will be established and accessed through the National Minimum Data Set for social care database.

What is planned

In the next year the department expects to see changes:

- Through restructuring of posts to provide more specific service focus
- Moves in Adult Services Social Care to individualised budgets for service users and self directed care
- Integration of Health and Social Care teams
- Implementation of the white papers 'Our Health Our Care Our Say' and 'Strong and Prosperous Local Communities'.

Access to departmental training budgets will be through workforce development plans linked to operational plans. Each section's workforce development plan should capture their key workforce development needs, the plans and resources in place to meet them and how they link to the objectives identified in their service plans. The workforce development plan is focused on development needs at section level but some of the development needs may well be cascaded down into Personal Development Plans.

A workforce development plan will be included at the end of each operational plan. In addition, all the department's workforce development plans will be collated into a single Adult & Community Services workforce development plan.

Succession planning arrangements

We need to develop a recruitment and retention strategy that will address, amongst others, providing career development and comprehensive training opportunities to build on existing achievements of 'grow your own' opportunities. Further work will be undertaken during the year to progress this.

Management development

There have been considerable demands on all managers of the first year of operating after reorganisation and the LDMP programme has provided a solid base for those who have completed it. We aim to ensure managers have the resources and mechanisms required to enable them to get the best outcomes, manage talent and ensure sharing of knowledge.

Development and Core

Training to meet legislative requirements and departmental standards will continue to have high priority in budget allocation.

Basic skill levels

Basic skill levels are being raised through the introduction of a number of initiatives. Further work will be done to roll out this procedure in the department.

Priorities

What skills our workforce of the future will need

Creation of the Adult & Community Services Department has seen many different professions brought together. The future workforce will require the ability to work flexibly in integrated and multi-agency settings.

Where we are now

Although the Adult and Community service workforce is embracing the ethos of joined-up integrated working, more work is needed to support this. At present different areas of the workforce have different profiles and access to qualification and development training.

In Adult Services there is also a lack of links between different professions' qualifications, leading to limited opportunities for people to move between professions. This may be addressed by national initiatives such as the planned Integrated Qualifications Framework (see below).

How the gap will be filled

Joint training and development programmes have been established in adult, disability and mental health services to support national minimum standards for care and improve integrated working and information sharing practice between agencies. This

will continue in 2007/8 with joint training and development opportunities in areas such as safeguarding adults, mental capacity act, moving and handling, dementia awareness, and outcome focussed training, diversity and valuing people initiatives.

Development of the wider social care workforce

Part of the process will be the plan for working with the Independent Sector.

How we will ensure that workforce planning i spart of the planning process

Operational planning mechanisms on workforce development for senior managers are being developed within the department. Workforce development and training planning by individual heads of business units and managers is being developed.

All Adult & Community Services in Hartlepool need to collaborate positively to develop effective workforce strategies and plans.

CHAPTER 5

ADULT & COMMUNITY SERVICES

Corporate Plan objective:
Links to Corporate Plan – LAA9 Improved health – reduce premature mortality rates and reduce inequalities in premature mortality rates between wards/neighbourhoods. (Independence, Well-being and Choice outcome)

Departmental Plan Objective: To develop proactive approaches to prevention of ill health by implementing actions within the Public Health Strategy and Action Plan		**Associated Risks:**

Ref:	Action	Date to be Completed	Responsible Officer	Associated PIs
A&C1.1	Manage Health and Care NRF Programme effectively to ensure LAA targets are met and programme stays within budget,	March 08	MH	
A&C1.2	Deliver Physical Activity Actions(or the Public Health Strategy) set within 2007/08 Action Plan	March 08	PU	
A&C1.3	Increase number of GP referrals completing 10 week programme of activity.	March 08	PU	
A&C1.4	Develop Adult Mental Health Commissioning Strategy	July 07	CB	
A&C1.5	Implement Action Plan of the Public Health Strategy, including those associated with Mental Health and Healthy Eating.	March 08	CB/MH	
A&C1.6	Reduce mortality rates by 2010 from suicide by at least 20%.	March 08	CB	
A&C1.7	Achieve general health screening in overview assessments.	March 08	EW	

Corporate Plan objective: Links to Corporate Plan LAA11 To support vulnerable adults to exercise choice and control and to retain dignity in all aspects of their life.				
Departmental Plan Objective: To ensure all service developments have involvement from service users and their carers.			**Associated Risks:**	
Ref:	**Action**	**Date to be Completed**	**Responsible Officer**	**Associated PIs**
A&C2.1	Increasing the number of people with a disability accessing education, leisure, sports and recreation opportunities by 10%.	March 08	LB	PI

A&C2.2	Implement plans for involving users and carers in:
	    Commissioning
	    Service development & evaluation
	    Staff Training
		March 08	EW	

A&C2.3	Undertake a review of advocacy services with a view to increasing quality and range.	September 07	EW	
A&C2.4	Ensure agreed protocols are in place and implemented for the transition of Service Users between age specific services.	March 08	EW	
Departmental Plan Objective: To increase the proportion of people who commission their own services.			**Associated Risks:**	
Ref:	**Action**	**Date to be Completed**	**Responsible Officer**	**Associated PIs**
A&C .5	Increase the number of people using Direct Payments and Self Directed Care.	March 08	EW	

Departmental Plan Objective: To work with Landlords and Supporting People to increase the number and range of supported accommodation options.			Associated Risks:	
Ref:	**Action**	**Date to be Completed**	**Responsible Officer**	**Associated Pls**
A&C3.1	Implement Supporting People Strategy			
A&C3.2	Progress Hart fields development, via eligibility criteria for personal care.	June 07	JL	
A&C3.3	Progress Hart fields development via contracts for Housing Support.	March 08	PT	
A&C3.4	Review Adults Placement Schemes with a view to increasing the range and quality.	September 07	PH	
A&C3.5	Implement the agreed actions from the Telecare Strategy.	March 08	EW	
A&C3.6	Increase the nature and range of housing options for vulnerable adults.	March 08	EW	

Departmental Plan Objective: To ensure a culture of person centred practice so that service users and their carers are at the centre of planning their support.			Associated Risks:	
Ref:	**Action**	**Date to be Completed**	**Responsible Officer**	**Associated Pls**
A&C4.1	Ensure all assessments are person centred and outcome focussed.	March 08	EW	

Corporate Plan objective:				
LAA12 Mental Wellbeing – To promote a positive approach to the mental wellbeing of Hartlepool residents.				

Departmental Plan Objective: To increase social inclusion for people with mental health issues.			Associated Risks:	
Ref:	**Action**	**Date to be Completed**	**Responsible Officer**	**Associated Pls**
A&C5.1	Implement the social inclusion strategy and action plan to ensure increase social inclusion for people with mental health issues.	March 08	CB	
A&C5.2	Ensure Community Services are easily accessible to vulnerable groups and contribute to the preventative mental wellbeing agenda.	March 08	GJ/AP	

Corporate Plan objective:				
LAA13 Access to Services – to support easier access to services which are integrated and tailored to individual need				

Departmental Plan Objective: To work with the community in Owton to design and implement a Connected Care Scheme.			Associated Risks:	
Ref:	**Action**	**Date to be Completed**	**Responsible Officer**	**Associated PIs**
A&C6.1	Implement and evaluate the Connected Care Pilot in Owton	March 08	EW	

Departmental Plan Objective: To implement Vision for Care in conjunction with Hartlepool Primary Care Trust			Associated Risks:	
Ref:	**Action**	**Date to be Completed**	**Responsible Officer**	**Associated PIs**
A&C7.1	Progress the implementation agenda	March 08	EW	
A&C7.2	Develop joint commissioning team responsible to both the LA and PCT.	December 07	EW	

Departmental Plan Objective: To ensure that services are culturally sensitive and are able to respond flexibly to the diverse needs of the community.			Associated Risks:	
Ref:	**Action**	**Date to be Completed**	**Responsible Officer**	**Associated PIs**
A&C8.1	Increase number of people from BMEC who have an assessment and receive culturally sensitive services.	March 08	EW	
A&C8.2	Ensure assessment and Care Management Processes reflects Hartlepools diverse community.	March 08	EW	

Departmental Plan Objective: To support easier access to universal services and targeted services which will be tailored to individual needs at a neighbourhood level.			Associated Risks:	
Ref:	**Action**	**Date to be Completed**	**Responsible Officer**	**Associated PIs**
A&C9.1	Develop a strategy for neighbourhood working.	March 08	EW	

Departmental Plan Objective: To ensure services are fully compliant with the Disability Discrimination Act.			Associated Risks:	
Ref:	**Action**	**Date to be Completed**	**Responsible Officer**	**Associated PIs**
A&C10.1	Implement buildings audit.	March 08	AD	

Corporate Plan objective:				
Links to Corporate Plan – To develop the capacity of the voluntary independent and community sector to respond to the challenges of the White Paper in supporting vulnerable members of society				

Departmental Plan Objective: To develop appropriate partnerships with the voluntary sector by developing a co-ordinated strategy.			Associated Risks:	
Ref:	**Action**	**Date to be Completed**	**Responsible Officer**	**Associated PIs**
A&C11.1	Develop a comprehensive strategy with the voluntary sector outlining the plans for commissioning and delivery of services.	March 08	NB	
A&C11,2	Provide targeted financial assistance to the voluntary sector through grant giving in accordance with established criteria for 2007/08.	March 08	PU	

Departmental Plan Objective: To ensure that carers are supported effectively to support their family members for as long as they wish.			Associated Risks:	
Ref:	**Action**	**Date to be Completed**	**Responsible Officer**	**Associated PIs**
A&C12.1	Continue to implement Carers Strategy and action plan.	March 08	JW	
A&C12.2	Review and revise contracts with Hartlepool Carers.	March 08	PH	
A&C12.3	Increase: - The number of carers who have a carer's assessment from 867 to 1600 - The number of carers receiving services in their own right 282 to 420. - The range of information and short breaks to support carers.	March 08	EW	

Corporate Plan objective:

LAA25 Meeting Housing and Support Needs

Departmental Plan Objective: To provide support services to increase the opportunity for residents to live independently in the community			**Associated Risks:**	
Ref:	**Action**	**Date to be Completed**	**Responsible Officer**	**Associated PIs**
A&C13.1	Increase the number of people supported to live in their own home and enabling them to access mainstream services.	March 08	EW	

Departmental Plan Objective:			**Associated Risks:**	
Ref:	**Action**	**Date to be Completed**	**Responsible Officer**	**Associated PIs**
A&C14.1	Develop a strategic supported living plan for older people	September 07	EW	

Departmental Plan Objective: To carry out enforcement duties and deliver high quality services through efficient and effective use of resources.			**Associated Risks:**	
Ref:	**Action**	**Date to be Completed**	**Responsible Officer**	**Associated PIs**
A&C15.1	Review and implement the supporting people strategy (Strategic Housing Ref SH020)	September 07 March 08	Pam Twells	

Departmental Plan Objective: To provide accommodation and services for vulnerable people (including the homeless, disabled and mentally ill), and to increase the opportunities for residents to live independently in the community			**Associated Risks:**	
Ref:	**Action**	**Date to be Completed**	**Responsible Officer**	**Associated PIs**
A&C16.1	Actions included above.			

Corporate Plan objective:				
Links to Corporate Plan – LAA 29 Enrich individual lives, strengthen communities and improve places where people live through enjoyment of leisure, culture and sport				
Departmental Plan Objective: Develop and improve cultural and leisure facilities and events.			**Associated Risks:**	
Ref:	**Action**	**Date to be Completed**	**Responsible Officer**	**Associated PIs**
A&C17.1	Provide support for the Culture and Leisure Theme Group Partnership to contribute to the Hartlepool LSP – including performance management.	March 08	JM	
A&C17.2	Achieve service accreditation for at least two service areas at a total of four sites.	January 08	PU/AP	
A&C17.3	Agree key milestones for the delivery of H2O by 2012.	July 07	JM	
A&C17.4	Agree Action Plan and key milestones for the delivery of Tall Ships in 2010.	July 07	JM	
A&C17.5	Develop milestones and strategies to deliver improvements of facilities and services areas.	March 08	PU/DW/GJ/AP/SC	
A&C17.6	Host at least two regional sporting and recreational events	December 07	PU	
A&C17.7	Review Hartlepool Cultural Strategy	March 09	JM	
Departmental Plan Objective: To ensure the public have access to a wide range of information about leisure, culture and sporting opportunities in a variety of accessible mediums.			**Associated Risks:**	
Ref:	**Action**	**Date to be Completed**	**Responsible Officer**	**Associated PIs**
A&C18.1	Review of all Community Services service literature to be undertaken to confirm information availability and identify gaps.	March 08	SC/GJ/JM/AP/PU/DW	
A&C18.2	Establish key centralised information points across the town and publicise these.	March 08	SC/MHe/GJ/AP/PU/DW	

Corporate Plan objective:
Links to Corporate Plan – LAA 30 Cultural and Leisure Services, including libraries, better meet the needs of the community, especially disadvantaged areas

Departmental Plan Objective:	Associated Risks:
To increase opportunities for participation in a wide range of cultural and leisure activity focussing on areas of disadvantage.	

Ref:	Action	Date to be Completed	Responsible Officer	Associated PIs
A&C19.1	Conduct review of concessionary charging policy across Community Services with a view to establishing one consistent approach.	July 07	SC/GJ/PU/AP/DW	
A&C19.2	Develop Action Plan with key milestones for the targeted promotion of services and activities which embrace diversity and increase social inclusion.	March 08	JM	
A&C19.3	Implement the delivered library services review and action plan.	July 07	GJ	
A&C19.3	Deliver "Arts at the Strategic Centre", action plan to improve arts promotion networking and partnership developments.	March 08	SC	
A&C19.4	Provide Library services targeted towards hard to reach groups and individuals.	March 08	GJ	
A&C19.5	Deliver Renaissance in the Regions initiatives to improve access to services and develop new audiences.	March 08	DW	

Corporate Plan objective:
Links to Corporate Plan – To maximise the opportunities for disabled people to enter paid employment

Departmental Plan Objective: (Service Plan) To increase the number of socially excluded adults in paid employment	Associated Risks:

Ref:	Action	Date to be Completed	Responsible Officer	Associated PIs
A&C20.1	To ensure Disability and Mental Health services increase the numbers of socially excluded adults in paid employment.	March 08	EW	

Corporate Plan objective:
Links to Corporate Plan – LAA 8 Increase provision of high quality learning and skills opportunities that drive economic competitiveness, widen participation, and build social justice.

Departmental Plan Objective: To increase universal access to high quality learning and skills opportunities.			Associated Risks:	
Ref:	**Action**	**Date to be Completed**	**Responsible Officer**	**Associated PIs**
A&C21.1	Increase percentage of adults holding nationally recognised qualifications.	March 08	MHe	

Departmental Plan Objective: To increase universal access to high quality learning and skills opportunities from disadvantaged/socially excluded groups.			Associated Risks:	
Ref:	**Action**	**Date to be Completed**	**Responsible Officer**	**Associated PIs**
A&C22.1	Increase participation in learning from priority groups.	March 08	MHe	

Corporate Plan objective:				
Links to Corporate Plan – Improve the natural and built environment and ensure the proper planning of the area..				

Departmental Plan Objective: Develop the Councils Long Term Accommodation Strategy and manage the Councils asset base via an integrated "Capital Strategy / Asset Management Plan"			Associated Risks:	
Ref:	**Action**	**Date to be Completed**	**Responsible Officer**	**Associated PIs**
A&C23.1	Agree Capital Strategy/Asset Management Plan for the Department.	September 07	AD	

Departmental Plan Objective: Maximise funding contributions from developers and other funders for play and recreational service development.			Associated Risks:	
Ref:	**Action**	**Date to be Completed**	**Responsible Officer**	**Associated PIs**
A&C24.1	Develop and adopt the PPG17 open space strategy and indoor sports facility strategy.	September 07	JM/AP/PU	

Corporate Plan objective:				
Links to Corporate Plan – Strengthening Communities – Empower local people to have a voice, especially hard to reach groups.				

Departmental Plan Objective: Improve Public Engagement with hard to reach groups which will act on qualitative information/feedback from citizens			Associated Risks:	
Ref:	**Action**	**Date to be Completed**	**Responsible Officer**	**Associated PIs**
A&C25.1	Develop and implement the public engagement strategy.	March 08	AD	
A&C25.2	Develop and implement LINks public engagement	March 08	MH	

Corporate Plan objective:
Links to Corporate Plan – Organisational Development Priorities

Departmental Plan Objective: To implement a performance framework which includes, service and team planning process	**Associated Risks:**		
Ref:	**Action**	**Date to be Completed**	**Responsible Officer**	**Associated PIs**
A&C26.1	Produce department, service, and team plans, and monitoring arrangements.	March 08	MH	
Departmental Plan Objective: Ensure robust risk management arrangements are in place	**Associated Risks:**		
Ref:	**Action**	**Date to be Completed**	**Responsible Officer**	**Associated PIs**
A&C27.1	Department Risk register reviewed and monitored quarterly	March 08	AD	
Departmental Plan Objective: Develop and implement information security plans (departmental)	**Associated Risks:**		
Ref:	**Action**	**Date to be Completed**	**Responsible Officer**	**Associated PIs**
A&C28.1	Develop Department Information Security Action Plan.	September 07	TS	
Departmental Plan Objective: Ensure arrangements in place to deal with new and existing legislation (departmental)	**Associated Risks:**		
Ref:	**Action**	**Date to be Completed**	**Responsible Officer**	**Associated PIs**
A&C29.1	DMT receives reports on new legislation and guidance and ensure appropriate implementation	March 08	NB	

Departmental Plan Objective: Implement communication plans relating to key issues (departmental)		Associated Risks:		
Ref:	**Action**	**Date to be Completed**	**Responsible Officer**	**Associated PIs**
A&C30.1	Implement department Communication Strategy	March 08	NB	

Departmental Plan Objective: Implement a programme of service linkages for Contact Centre (departmental)		Associated Risks:		
Ref:	**Action**	**Date to be Completed**	**Responsible Officer**	**Associated PIs**
A&C31.1	Integrate agreed elements of Adult and Community Services into Contact Centre, including financial and efficiency measures/targets.	March 08	MH/JW	

Departmental Plan Objective: Develop Efficiency Strategy for Department (departmental) **(To develop an effective approach to efficiency.)**		Associated Risks:		
Ref:	**Action**	**Date to be Completed**	**Responsible Officer**	**Associated PIs**
A&C32.1	Develop and implement a medium term efficiency strategy.	March 08	AD/JW	
A&C32.2	Develop programme of BPR activity.	March 08	AD	

Departmental Plan Objective: Deliver the ICT Strategy to support corporate and departmental objectives		Associated Risks:		
Ref:	**Action**	**Date to be Completed**	**Responsible Officer**	**Associated PIs**
A&C33.1	Agree ICT Strategy	July 07	TS	
A&C33.2	Implement ICT Action Plan	March 08	TS	ASC15.2

Departmental Plan Objective: Develop Strategic medium term Financial Plan for Adult and Community Services			Associated Risks:	
Ref:	**Action**	**Date to be Completed**	**Responsible Officer**	**Associated PIs**
A&C34.1	Develop Financial Plans for the Department, in line with demand, eligibility and corporate codes.	March 08	JW	

Departmental Plan Objective: Implement new Governance Arrangements for health & well-being partnership, and culture and leisure partnership			Associated Risks:	
Ref:	**Action**	**Date to be Completed**	**Responsible Officer**	**Associated PIs**
A&C35.1	Establish new structures for Health and Care Strategy Group and subgroups to fit LSP and integrated teams and Children's Trust.	March 08	MH	
A&C35.2	Re-design the Culture and Leisure Theme Partnership and subgroups structure to incorporate changes to the lifelong learning partnership.	October 07	JM	

Departmental Plan Objective: Achieve overall financial balance for Department (departmental)			Associated Risks:	
Ref:	**Action**	**Date to be Completed**	**Responsible Officer**	**Associated PIs**
A&C36.1	2007/8 outturn within budget, including appropriate use of resources	March 08	AD/JW	

Departmental Plan Objective: Development of Commissioning and Financial Systems (departmental)			Associated Risks:	
Ref:	**Action**	**Date to be Completed**	**Responsible Officer**	**Associated PIs**
A&C37.1	Develop financial arrangements for new or integrated services.	March 08	AD/JW	
A&C 37.2	Review commissioning and financial systems for Supporting People	March 08	AD	

Departmental Plan Objective: Development of Commissioning and Financial Systems			Associated Risks:	
Ref:	**Action**	**Date to be Completed**	**Responsible Officer**	**Associated PIs**
A&C38.1	Implement Corporate Procurement Strategy.	March 08	PH	
A&C38.2	Implement contract management and financial monitoring IT system	August 07	PH/JW	
Corporate Plan objective:				
Links to Corporate Plan – Implement the People Strategy and the Workforce Development Strategy				
Departmental Plan Objective: Develop and promote active, visible and effective leadership			Associated Risks:	
Ref:	**Action**	**Date to be Completed**	**Responsible Officer**	**Associated PIs**
A&C39.1	Develop and implement management standards.	December 07	MH	
Departmental Plan Objective: Continually Improve what we do			Associated Risks:	
Ref:	**Action**	**Date to be Completed**	**Responsible Officer**	**Associated PIs**
A&C40.1	Implement Supervision and Appraisal Policy	March 08	GP	
A&C40.2	Achieve IIP Standard	March 08	GP	
Departmental Plan Objective: Develop skills of the Workforce			Associated Risks:	
Ref:	**Action**	**Date to be Completed**	**Responsible Officer**	**Associated PIs**
A&C41.1	Workforce Development Plan for department	April 07	GP	

Departmental Plan Objective: Promote Healthy Working		Associated Risks:		
Ref:	**Action**	**Date to be Completed**	**Responsible Officer**	**Associated PIs**
A&C42.1	Implement Health & Safety Policy	March 08	MH	
A&C42.2	Implement departmental health stress check.	March 08	AD	
A&C42.3	Lower Departmental Sickness levels	March 08	NB	
Departmental Plan Objective: Effectively Recognise, engage and reward the Workforce		Associated Risks:		
Ref:	**Action**	**Date to be Completed**	**Responsible Officer**	**Associated PIs**
A&C43.1	Implement and contribute to corporate approach to reward.	March 08	MH	
Departmental Plan Objective: Effectively use resources and invest in the future.		Associated Risks:		
Ref:	**Action**	**Date to be Completed**	**Responsible Officer**	**Associated PIs**
A&C44.1	Manage departmental training budget		GP	

Corporate Plan objective:

CORPORATE PLAN   Enhance Equality and Diversity arrangements and mainstream into all council activities.

Departmental Plan Objective: Improve Equality & Diversity Leadership and Corporate Commitment		Associated Risks:	
	Action	**Date to be Completed**	**Responsible Officer**	**Associated PIs**
A&C45.1	Implement departmental elements of the Council's Diversity Action Plan through the Departmental Working Group	March 08	MH	

Departmental Plan Objective: Improve Consultation Community Development and Scrutiny		Associated Risks:	
	Action	**Date to be Completed**	**Responsible Officer**	**Associated PIs**
A&C46.1	Ensure effective consultation plan linked to INRA's / DIA's	March 08	MH	

Departmental Plan Objective: **Improve Service delivery and Customer care**		Associated Risks:	
	Action	**Date to be Completed**	**Responsible Officer**	**Associated PIs**
A&C47.1	Complete INRAs for all services and DIA's as agreed	March 08	MH	

Departmental Plan Objective: **Improve Employment and Training arrangements**		Associated Risks:	
	Action	**Date to be Completed**	**Responsible Officer**	**Associated PIs**
A&C48.1	Deliver Diversity training	March 08	GP	

CHAPTER 6

TO BE UPDATED WHEN OUTTURN DATA IS AVAILABLE.

Reference	Definition	Outturn 2005/06 [Est]	Targets 2006/07					Annual (Y/N)
			Quarter 1	Quarter 2	Quarter 3	Quarter 4	Overall	
	A6 Emergency Psychiatric Readmissions (INTERFACE)	TBC	-	-	-	-	TBC	"Health"
	A60 Participation in Drug Treatment programmes	TBC	-	-	-	-	TBC	"Health"
	B11 Intensive HC as a proportion of intensive Home and Residential Care	26.3%	-	-	-	-	30%	Annual
	B12 Cost of intensive Social Care for Adults	TBC	-	-	-	-	£430	Annual
	B13 Unit costs of residential and nursing care for Older people	TBC	-	-	-	-	£454	Annual
	B17 Unit costs of Home care for adults.	TBC	-	-	-	-	£13.6	Annual
	C26/C72 Supported admissions of older people to residential/nursing care	57.2					TBD	Monthly
	C27/73 Supported admissions of adults aged 18-64 to Res/Nurs. care	0.37					TBC	Monthly
	C28 Intensive Home Care	15.7	-	-	-	-	17	Annual
	C29 Adults with physical disabilities helped to live at home	8.1	11	11	11	11	11	Qtr
ASC 1.3	C30 Adults with learning disabilities helped to live at home	3.9	3.9	4.0	4.0	4.1	4.1	Qtr
	C31 Adults with mental health problems helped to live at home	3.2	4.5	4.5	4.5	4.5	4.5	Qtr
HC16.2	C32 Older people (aged 65 or over) helped to live at home	124.3	125	125	125	125	125	Qtr
HC10.1	C51 Direct Payments	49.6	88	97	106	114	114	Qtr
HC20.6	C62 Services for Carers	TBC	9%	10%	11%	12%	12%	Qtr
	D37 Allocation/Availability of single rooms	100%	-	-	-	-	100%	Annual
	D39 % of people receiving a statement of their needs and how met.	97%	-	-	-	-	100%	Annual
	D40 Clients receiving a review	74.2%	75%	75%	75%	75%	75%	Qtr
	D41 Delayed Transfers of Care (INTERFACE)	TBC	-	-	-	-	12%	"Health"
	D42 Carer assessments	18%	22%	26%	30%	35%	35%	Qtr
	D54 % of items of equipment and adaptations delivered within 7 working days	83%	85%	85%	85%	85%	85%	Qtr
	D55 Acceptable Waiting times for assessments	84.1%	80%	80%	80%	80%	80%	Qtr
	D56 Acceptable Waiting times for care packages	84.8%	-	85%	-	85%	85%	Twice yearly
	D59 Practice Learning	TBC		Change in definition expected				Annual
	E47 Ethnicity of people receiving assessment	0.49	1.0	1.0	1.0	1.0	1.0	Qtr
	E48 Ethnicity of adults receiving services following an assessment	0.63	1.0	1.0	1.0	1.0	1.0	Qtr

Reference	Definition	Outturn 2005/06 [Est]	Targets 2006/07					Annual (Y/N)
			Quarter 1	Quarter 2	Quarter 3	Quarter 4	Overall	
	E50 Assessments leading to provision of service	TBC					TBC	Qtr
	E61 Assessments of new clients aged 65 or over	TBC					TBC	Qtr
	NEW : No. users 65+ who already have 1 item of Telecare in their home (Mar 06)	1680	1680	1680	1680	1680	1680	Qtr
HC11.4	**NEW :** No. users 65+ provider with 1 item of Telecare in their home (06/07)	0	30	60	90	120	120	Qtr
	Number of Intermediate Care referrals: percentage from the community	TBC	50%	50%	50%	50%	50%	Qtr
HC1.6	Number of Suicides	TBC					TBC	Qtr
HC11.5	Number of Extra Care Housing Places	0	0	0	0	0	0	Qtr
HC11.3	Number of Adult Placement Places						10	Qtr
ASC1.2	Valuing People C2							Qtr
ASC14.3	Number of days sick per employee	18.5	17.5	16.5	15.0	13.4	13.4	Qtr
JE10.3	Number of Vulnerable Adults in paid employment	100	105	110	115	120	120	Qtr
HC16.3	Number of Older People in Residential Care (SRI)	490	475	455	435	415	415	Qtr
ASC6.1	Percentage of public information in accessible format	TBC					TBC	Qtr
HC16.5	Number of episodes of Intermediate Care						1100	Qtr
CL3.1	LPSA 9a/9b	TBC						Qtr

Reference	Definition	Outturn 2005/06 [Est]	Targets 2006/07					Annual (Y/N)
			Quarter 1	Quarter 2	Quarter 3	Quarter 4	Overall	
CL6.1	BVPI 119e % of residents satisfied with parks and open spaces	29%	-	-	-	29%	29%	Survey year
CL6.9	BVPI 170a No. Visits/usage of museums per 1000 population	2,669.2	525	755	500	525	2,305	Qtr
	BVPI 170b No. Visits in person of museums per 1000 population	2,030.6	400	585	380	400	1,765	Qtr
CL6.6	BVPI 170c No pupils vist'g musm's/gall's in schl grps	7,600	2200	2200	1200	1600	7,200	Qtr
	BVPI 178 % of total length of footpaths and other r.o.w which were easy to use	89.3		95		95	95	Twice Yearly
CL6.4	BVPI 220 Compliance against Public Library Service Stds (PLSS)	4	4	4	4	4	4	Qtr
	BVPI 226a Total amount spent by LA on advice and guidance services provided by external orgs	114.130					TBC	Qtr
CL6.2	LPICS2a (LPSA 7i) Overall annual attendance at Eldon Grove and Mill House	338,831	90,625	101,500	72,500	97,875	362,500	Qtr
CL6.2	LPICS 2b (LPSA 7ii) Proportion of Overall attendance from 9 Neighbourhood Renewal Fund Ward	54%	-	-	-	-	55%	Annual
	LPICS2c (LPSA 7iii) No concess. members of the Leisure Card attending centre 4 time or more during the yr	1,472	438	490	350	472	1,750	Qtr
	LPICS 10 % of residents satisfied with play areas	29%					29	Survey year
CL6.3	LPICS 12a (LPSA 8i) No Hsbound ppl rec home library service once evry 3 weeks	508	-	-	-	-	505	Annual
HC19.3	LPICS 13a No vol/comm groups supported by the council	31					31	Qtr
	LPICS 13b Level of grant aid provided to vol/comm groups	378,694					445,162	Annual
LL8.1	LPI ACS 1 - Number of adults in all forms of learning (Academic Year)	2,900	-	-	-	-	3,100	Annual
LL8.1	LPI ACS 2 - Number of families participating in learning	180	-	-	-	-	190	Annual
LL8.1	LPI ACS 3 - Number of adults participating in basic skill classes	410	-	-	-	-	320	Annual
LL9.3	LPI ACS 4 - Number of adults achieving level 1 and level 2 qualifications	875	-	-	-	-	945	Annual
	LPI ACS 5 - Number of adults achieving a basic skill qualification	140	-	-	-	-	150	Annual
LL9.2	LPI ED 5 - Percentage of adults learners who are male	26	-	-	-	-	28	Annual
ASC1.4	Number of people with disability accessing FE, Leisure, Sport and Recreation	34	35	36	37	38	38	Qtr

TO BE UPDATED

CHAPTER 7

MANAGING THE RISKS OF NOT ACHIEVING DEPARTMENTAL OBJECTIVES

Departmental Service	Departmental Service Objectives	Key Risks to Achieving Departmental Service Objectives	Priority H/M/L	Procedures/Processes/Management Arrangements/Controls in Place to Mitigate Identified Risks	Method of Review	Date of Review Last/Next	Responsible Officer
Adults	To work with RSL's & SP to increase supported accommodation options	SOC 2.1 Opposition to service delivery point location.	M	Careful consultation and reassurance – Active Press Policy.	Quarterly		N Bailey
Support Services	To ensure services are fully compliant with DDA	POL 3.5 Public Buildings inaccessible for people with disabilities.	H	Liaison with Property Services to include in programming. Undertake smaller works from department budget.	Quarterly		M Hunt
Support Services	To develop appropriate partnerships with the voluntary sector	FIN 2.3 Voluntary sector vulnerable to funding shortfalls	M	Take wider view of financial support to voluntary sector across department and with PCT. Use of NRF budget and Community Pool.	Quarterly		A Dobby / M. Hunt / J. Mennear
Adults	To develop proactive approaches to prevention of ill health.	Concentration of resources on high dependency cases for financial reasons.	M	Consider as part of FACS Consultation process.	Quarterly		N. Bailey / E Weir
Adults/ Support Services	To ensure all service developments have information from service users and their carers	Capacity of people to be involved.

Ability to attract from "hard to reach" groups. | M | Capacity building (e.g. Connected Care)
Consider payment for those involved | Quarterly | | E Weir/ M Horsley |

Adult Education	Increase percentage of adults holding nationally recognised qualifications	ASS 3.2 Insufficient venues for Adult Education	L	Regular review of venues and scan for opportunities which arise.	Quarterly		M. Heaps
		RER 3.3 Staff not configured to deliver changing Adult Education priorities.	L	Flexibility built into structure. Staff Development opportunities in place.	Quarterly		M. Heaps
Adults	To develop effective partnerships with Connexions and Job Centre to increase number of disabled people in employment.	POL 1.1 Ineffective or inefficient partnership arrangements	M	Develop LAA and Theme Partnerships. Use guidance on effective partnerships.	Quarterly		A Dobby / L. Bruce
Support Services	To develop Capital and Asset Management for the Department	ENV 3.1 Failure to meet Health and Safety standards at premises	M	Health and Safety Training, discussed at team meetings.	Quarterly		M Hunt
		ASS 1.1 Inadequate working environment and conditions	M	Work with corporate colleagues to optimise use of buildings. Mobile Working Pilot.			M Hunt
		ASS 1.2 Failure to keep buildings fit for purpose	M	Identify issues in budget process – planned maintenance. Work with Fire Brigade on arson risks.			M Hunt
			M	Asset Management Plan			

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Departmental	To implement new and existing legislation and guidance	POL 1.2 Failure to implement White Paper "Our Health, Our Care, Our Say". POL 1.3 Failure to meet performance standards POL 1.4 Legal action by a service user CPS 3.1 Failure of service under contract POL 3.9 Changing priorities affecting provision of Adult Education	L H M M M	Keep plans in line with national direction of travel Restructure to enhance capacity to deliver agenda. Performance management on agendas; regular monitoring of business plans / action plans. Address complaints promptly. Supervisions and Appraisals. Monitor provision and have contingency plans. Review services in light of government guidance.	Quarterly		N. Bailey / E Weir A Dobby N Bailey P. Hornsby M Heaps
Departmental/ Mental Health	To increase social inclusion for people with mental health problems	People not getting support to access universal services. Mainstream services unprepared to accept people with Mental Health problems	M M	Develop and implement a social inclusion strategy Review accessibility of community services for people with mental health problems (and other vulnerable adults)	Quarterly Quarterly		J. Forster Adams J. Mennear
Support Services/ Adults **Adults**	To improve public engagement with hard to reach groups. To integrate services with Contact Centre	Information not reaching hard to reach groups. Inappropriate filtering by Contact Centre for Social Care. Inefficient procedures created or perpetuated.	M M M M	Produce more information in accessible formats. Involve users and carers in design of material. Business Process Re-engineering of referrals etc. Access strategy for Social Care.	Quarterly Quarterly Quarterly		A. Dobby / M. Horsley E Weir

Departmental	To enhance workforce development and planning for the Department	PER 1.4 Insufficient skilled people to meet changing need	M	Develop a workforce plan, including external providers / PCT, and use of Adults Education. Implement IIP.			E Weir
		PER 1.2 Violence to staff	H	Process and guidance in place, and picked up in induction / training. Two way radios.			E Weir
		PER 1.1 Inability to recruit key workers	M	Trainee Schemes and recruitment initiatives.			N Bailey
		PER 1.3 Re-organisations affecting staff retention and productivity	H	Communication strategy. Address high risk areas. Follow HR guidelines. Learn from experience.			N Bailey
		PER 3.3 Staff not configures to deliver to guidelines and priorities in Adult Education	L	Staff Development opportunities. Flexibility built into structure. Change management.			M Heaps
Support Services	To deliver the ICT strategy to meet corporate and departmental objectives	ICT 4.1 Inadequate equipment, networks and software	L	Plan for use of Information for Social Care Grant and mainstream budgets.			A Dobby
		ICT 3.1 Failure of IT Systems	M	Information Security policies on access etc. Continuity Plan.			
Adult / Support Services	To implement Vision for Care in conjunction with PCT	No governance structures for integrated working.	M	Introduce Joint Commissioning Team. Revise Health and Care Strategy Group, within LAA arrangements.			N. Bailey / A. Dobby
		Uncertainty are PCT future and funding.	M	Minimise risks by use of aligned budgets and incremental timescale.			N. Bailey / A. Dobby

Support Services	To develop strategic financial plans for the Department To achieve overall financial balance for Department.	FIN 1.1 Insufficient budget allocation for Department CPS 1.1 Market pressures on social care placements STRATEGIC: unclear boundaries with health FIN 3.3 Loss of external funding	M M M M	Agree programme of efficiencies and savings. Clear Commissioning plans. Market Management. Alternative provision. Local arrangements for agreement, and national guidance expected Close monitoring. Exit Strategies.	Quarterly		A Dobby E Weir N. Bailey A Dobby
Adults	To increase the proportion of people who commission their own services.	Perceived barriers as part of care managers. Lack of awareness amongst user and carers. Lack of model for combining budgets and option to buy Local Authority Services	M M M	Pick up messages from other authorities (including LIG) and deliver staff training. Revise and reissue leaflets etc. Include discussion in assessment processes. Report on individual budgets pilots, and In control.			E Weir / L. Bruce E Weir / L. Bruce E Weir / L. Bruce
Adults	To provide a culture of Person Centred Practice.	Processes not Person Centred Models of Care not person centred.	M M	Update assessment processes for Older People and disabilities. New models of care for Mental Health			S, Thomas / L. Bruce J. Forster Adams
Departmental	To ensure people with disabilities to have as much choice, independence and control over their lives as possible	Lack of information and support for those wanting to live independently.	M M	Commission advocacy services. Make information widely available, including accessible formats.			L. Bruce

Community Services	To increase opportunities for participation in a wide range of culture and leisure activity	FN 3.1 Threat to discretionary budgets.	M	Make sure profile of services is high and impact of closure clear.			J. Mennear
		ASS1.2 Poor condition of building stock.	M	Service Asset Management Plan			M. Hunt

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│       ADULT AND PUBLIC HEALTH PORTFOLIO           │
│            Report To Portfolio Holder             │
│                  17 April 2007                    │
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Report of: Director of Adult & Community Services, Chief Financial Officer and Chief Personnel Services Officer

Subject: RESTRUCTURE OF SUPPORT SERVICES

SUMMARY

1.0   PURPOSE OF REPORT

To seek approval to a restructure within the Support Services Division of Adult and Community Services Department, including the funding arrangements.

2.0   SUMMARY OF CONTENTS

The report outlines the background to the restructure, and the expected benefits, plus the funding package proposal.

3.0   RELEVANCE TO PORTFOLIO MEMBER

The staff concerned provide a vital support role in the services to Adults, and part of the funding is from Adult Services.

4.0   TYPE OF DECISION

Non-key.

5.0   DECISION MAKING ROUTE

Adult and Public Health Portfolio 17 April 2007.

6.0   DECISION(S) REQUIRED

That the proposed changes to structure, including the funding arrangements be approved.

Report of: Director of Adult & Community Services, Chief Financial Officer and Chief Personnel Services Officer

Subject: RESTRUCTURE OF SUPPORT SERVICES

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1. PURPOSE OF REPORT

1.1 To seek approval to a restructure within the Support Services Division of Adult and Community Services Department, including the funding arrangements.

1.2 Portfolio Holder approval is required because of the small transfer of funding from the non-staffing heading in relation to the additional resources approved by Cabinet and Council from Supporting People and its support.

2. INTRODUCTION

2.1 The Support Services Division was formed in 2005 following the corporate restructure, bringing together elements from the former Social Services Department and Community Services Department. It was always expected that the posts and structure would be reconsidered once the support requirements of the new Adult and Community Services Department were established. With the benefit of experience, it is clear that better use of the resources could be made.

2.2 Over the past six months evidence and views have been collected from the wider Department, and information and formal consultations have taken place with the Managers and staff affected.

2.3 The result is a proposed structure which is better suited to the future needs of the Department and the Council.

3. BENEFITS

3.1 The changes proposed (**Appendix 1**) have a number of benefits.

- Two administration teams will be combined and streamlined
- Additional financial management capacity will be created to deal with growing areas of business such as grant bids, efficiency, individual budgets, etc.
- An additional IS/IT Technician will improve the support to staff, hardware and systems, and allow the Manager scope to further

- develop areas such as information strategies and performance management.
- An additional Contracts Officer will offer more support to the commissioning and contracting process across the Department, drawing in the service review function
- The Department has several quality initiatives, but there is a need to bring these together and develop them, so that we can be assured that proper controls are in place for all in-house and contracted provision. A post is created to lead on this work.
- Posts dealing with Protection of Vulnerable Adults and Complaints are brought together and reshaped into a more robust structure, including a training resource
- Workforce Development and Planning is extended from social care to cover the whole Department.
- Responsibility for Departmental Planning, Diversity, Health and Safety, partnership work, and internal and external communications are made clearer.

4.   IMPLICATIONS

4.1   This requires the establishment of 14.5 new fte posts, and the deletion of 14 fte's. The cost in 2007/8 would be slightly less, but at top of scale would be higher by £21,352.

4.2   The new structure will enable better support to Supporting People from the Assistant Director (Accountable Officer) and from the functional teams. A contribution of £5,000 would, therefore, be made from the increased Supporting People budget.

4.3   A major beneficiary would also be Adult Services, particularly in the areas of Commissioning and Adult Protection, and a transfer of £16,352 from savings in the older persons purchasing budget is proposed.

4.4   The overall proposals are therefore fully funded.

4.5   Staffing implications have been discussed with employees and their Trade Union representatives as determined by the Council's Change Protocol. As a result of vacancies only nine staff would be "at risk" from the proposals, and they would be considered against the 14.5 new posts according to the agreed procedures. No employees would be subject to voluntary redundancy or early retirement. None of the other posts in the division would be affected.

5.   RECOMMENDATION

5.1   That the proposed changes to structure, including the funding arrangements be approved.

Staff Restructure Procedures

1. Introduction

Hartlepool Borough Council

The new Constitution introduced in 2002/3 provides new guidance on responsibilities for approving staff restructures. This replaces the previous arrangements, that depended upon the classification of a restructure as either a mini-reorganisation or a major reorganisation.

The guiding principle in the drafting of the new arrangements was that Members should only consider restructures in exceptional circumstances, so that in most cases officers should make restructure decisions. The guidance in the Constitution is summarised as follows:

Cabinet will consider restructures:
i)   the principles and funding of significant management restructuring involving more than one department
ii) of senior management, involving posts appointed to by Members (ie Chief Officers and above)
iii) that require additional Council resources
iv) referred to them by the Portfolio member or officer with constitutional responsibility

Portfolio members will consider restructures:
v)   of departments, that fall in their portfolio, where permanent funding from non-staffing budgets is required
vi) referred to them by the officer with constitutional responsibility

The Chief Executive/Directors will consider restructures:
vii) within approved staffing budgets and in line with service priorities, with the agreement of the Chief Financial Officer and the Chief Personnel Services Officer, where the restructures is not in a category reserved for Members.

It is intended that more detailed guidance will be provided, as the detailed interpretation of the application of the Constitution is developed. The detailed guidance is set out below:.

1) Grant Funded Posts
As no additional resources are required for posts that are fully funded from grants no Member approval is required for a grant-funded post, unless it is part of a restructure that requires Member approval for another reason. However, under employment law, the position of anyone employed on a succession of short-term contracts for 4 years must become permanent, unless they are released.

Thus, after 4 years the Council would effectively require permanent funding and at that time Member approval would be required, even though grant might continue to be available in the short-term. In practice this should be avoided if possible, by addressing the funding position in the previous year's annual budget.

Staff Restructure Procedures

2. Working Paper – Post Details

This worksheet records details of posts involved in the restructure

Hartlepool Borough Council

NOTES ON COMPLETION

– CELLS ON THIS WORKSHEET ARE COLOUR CODED AS FOLLOWS:

LIGHT BLUE CELLS MUST BE COMPLETED FOR THE YEAR AND DATE OF IMPLEMENTATION AT THE TOP OF THE 'DATA TO INPUT' RANGE. THEY MUST ALSO BE COMPLETED FOR EACH POST AS THEY FEED THROUGH TO THE SUMMARY WORKSHEET

DARK BLUE CELLS ARE OPTIONAL AND ALLOW YOU TO RECORD OTHER DETAILS OF THE POSTS ON THIS WORKSHEET

GREEN CELLS CONTAIN THE RESULTS OF CALCULATIONS ON DATA ENTERED IN LIGHT BLUE CELLS

– USE LIST BOXES TO SELECT DATE OF IMPLEMENTATION AND WHETHER POST IS IN CURRENT, PROPOSED OR BOTH STRUCTURES

– TO REMOVE ANY DATA YOU'VE INPUT SELECT EDIT THEN CLEAR THEN CONTENTS

– THE SALARIES FOR THE CURRENT YEAR FOR THE PROPOSED STRUCTURE ARE CALCULATED AUTOMATICALLY ON THE BASIS OF THE DATE OF IMPLEMENTATION SELECTED, HOWEVER, YOU CAN AMEND AN INDIVIDUAL POST TOTAL BY ENTERING AN AMOUNT IN ITS 'MANUAL ADJUSTMENT' CELL, THEN DESCRIBE WHATS BEEN DONE IN ITS 'COMMENTS' CELL.

– IF THE ANNUAL PAY AWARD HASN'T BEEN AGREED USE THE ESTIMATED AWARD USED IN BASE BUDGET

DATA TO INPUT

Year reorganisation to be implemented	2007/8
Date of Implementation	April 1st / May 1st → April 1st

Post Details

	POST NUMBER 1	
General Post Details	Post (Establishment Number and Description)	Q&R Team Manager
	Is post in current/proposed/both structure(s) ? Current ▲ / Proposed ▼	Current
Current Post Details	Current Grade	PO12 +2
	Maximum Salary in current structure	£40,306
	Salary in current year at current grade	£40,306
Proposed Post Details	Proposed Grade	
	Maximum Salary in proposed structure	
	Salary at appointment to new structure	
	Calculation of salary in current year in proposed structure:	
	Current salary to date of restructure	£0
	Proposed salary after date of restructure	£0
	Manual adjustment	
	Salary in current year in proposed structure:	£0
Optional Details	Postholder name (Name or 'Vacant')	
	Prolog Department Code: in current structure/in proposed structure	
	Coda element 2 code: in current structure/in proposed structure	17346
Comments	Post to be deleted as part of restructure	

	POST NUMBER 2	
General Post Details	Post (Establishment Number and Description)	Prin Review Mgr
	Is post in current/proposed/both structure(s) Current ▲ / Proposed ▼	Current
Current Post Details	Current Grade	PO7 +2
	Maximum Salary in current structure	£36,036
	Salary in current year at current grade	£36,036
Proposed Post Details	Proposed Grade	
	Maximum Salary in proposed structure	
	Salary at appointment to new structure	
	Calculation of salary in current year in proposed structure:	
	Current salary to date of restructure	£0
	Proposed salary after date of restructure	£0
	Manual adjustment	£0
	Salary in current year in proposed structure:	£0
Optional Details	Postholder name (Name or 'Vacant')	
	Prolog Department Code: in current structure/in proposed structure	
	Coda element 2 code: in current structure/in proposed structure	17346
Comments	Post to be deleted as part of restructure	

	POST NUMBER 3	
General Post Details	Post (Establishment Number and Description)	Review Mgr
	Is post in current/proposed/both structure(s) ? [Current ▲ / Proposed ▼]	Current
Current Post Details	Current Grade	PO4 +2
	Maximum Salary in current structure	£33,461
	Salary in current year at current grade	£33,461
Proposed Post Details	Proposed Grade	
	Maximum Salary in proposed structure	
	Salary at appointment to new structure	
	Calculation of salary in current year in proposed structure:	
	Current salary to date of restructure	£0
	Proposed salary after date of restructure	£0
	Manual adjustment	
	Salary in current year in proposed structure:	£0
Optional Details	Postholder name (Name or 'Vacant')	
	Prolog Department Code: in current structure/in proposed structure	
	Coda element 2 code: in current structure/in proposed structure	17346
Comments	Post to be deleted as part of restructure	

	POST NUMBER 4	
General Post Details	Post (Establishment Number and Description)	Policy & Org Dev Adv
	Is post in current/proposed/both structure(s) ? [▲ / Current ▼]	Current
Current Post Details	Current Grade	PO20
	Maximum Salary in current structure	£46,241
	Salary in current year at current grade	£46,241
Proposed Post Details	Proposed Grade	
	Maximum Salary in proposed structure	
	Salary at appointment to new structure	
	Calculation of salary in current year in proposed structure:	
	Current salary to date of restructure	£0
	Proposed salary after date of restructure	£0
	Manual adjustment	
	Salary in current year in proposed structure:	£0
Optional Details	Postholder name (Name or 'Vacant')	
	Prolog Department Code: in current structure/in proposed structure	
	Coda element 2 code: in current structure/in proposed structure	17342
Comments	Post to be deleted as part of restructure	

	POST NUMBER 5	
General Post Details	Post (Establishment Number and Description)	Senior Admin Off
	Is post in current/proposed/both structure(s) ? ▲ Current ▼	Current
Current Post Details	Current Grade	SO1/SO2
	Maximum Salary in current structure	£27,736
	Salary in current year at current grade	£27,736
Proposed Post Details	Proposed Grade	
	Maximum Salary in proposed structure	
	Salary at appointment to new structure	
	Calculation of salary in current year in proposed structure:	
	Current salary to date of restructure	£0
	Proposed salary after date of restructure	£0
	Manual adjustment	
	Salary in current year in proposed structure:	£0
Optional Details	Postholder name (Name or 'Vacant')	
	Prolog Department Code: in current structure/in proposed structure	
	Coda element 2 code: in current structure/in proposed structure	17346
Comments	Post to be deleted as part of restructure	

	POST NUMBER 6	
General Post Details	Post (Establishment Number and Description)	Site & Sys Admin Off
	Is post in current/proposed/both structure(s) Current ▲ Proposed ▼	Current
Current Post Details	Current Grade	PO2
	Maximum Salary in current structure	£29,880
	Salary in current year at current grade	£29,068
Proposed Post Details	Proposed Grade	
	Maximum Salary in proposed structure	
	Salary at appointment to new structure	
	Calculation of salary in current year in proposed structure:	
	Current salary to date of restructure	£0
	Proposed salary after date of restructure	£0
	Manual adjustment	
	Salary in current year in proposed structure:	£0
Optional Details	Postholder name (Name or 'Vacant')	
	Prolog Department Code: in current structure/in proposed structure	
	Coda element 2 code: in current structure/in proposed structure	17353
Comments	Post to be deleted as part of restructure	

	POST NUMBER 7	
General Post Details	Post (Establishment Number and Description)	Workf Dev Mgr
	Is post in current/proposed/both structure(s) ? Current ▲ Proposed ▼	Current
Current Post Details	Current Grade	PO7 +2
	Maximum Salary in current structure	£36,036
	Salary in current year at current grade	£36,036
Proposed Post Details	Proposed Grade	
	Maximum Salary in proposed structure	
	Salary at appointment to new structure	
	Calculation of salary in current year in proposed structure:	
	Current salary to date of restructure	£0
	Proposed salary after date of restructure	£0
	Manual adjustment	
	Salary in current year in proposed structure:	£0
Optional Details	Postholder name (Name or 'Vacant')	
	Prolog Department Code: in current structure/in proposed structure	
	Coda element 2 code: in current structure/in proposed structure	17355
Comments	Post to be deleted as part of restructure	

	POST NUMBER 8	
General Post Details	Post (Establishment Number and Description)	Quality Sys Mgr
	Is post in current/proposed/both structure(s) Current ▲ Proposed ▼	Current
Current Post Details	Current Grade	SO1
	Maximum Salary in current structure	£25,449
	Salary in current year at current grade	£25,449
Proposed Post Details	Proposed Grade	
	Maximum Salary in proposed structure	
	Salary at appointment to new structure	
	Calculation of salary in current year in proposed structure:	
	Current salary to date of restructure	£0
	Proposed salary after date of restructure	£0
	Manual adjustment	
	Salary in current year in proposed structure:	£0
Optional Details	Postholder name (Name or 'Vacant')	
	Prolog Department Code: in current structure/in proposed structure	
	Coda element 2 code: in current structure/in proposed structure	17264
Comments	Post to be deleted as part of restructure	

		POST NUMBER 9		
General Post Details	Post (Establishment Number and Description)			Senior Fin Asst
	Is post in current/proposed/both structure(s)	Current ▲		Current
		Proposed ▼		
Current Post Details	Current Grade			Scale 5
	Maximum Salary in current structure			£20,842
	Salary in current year at current grade			£20,842
Proposed Post Details	Proposed Grade			
	Maximum Salary in proposed structure			
	Salary at appointment to new structure			
	Calculation of salary in current year in proposed structure:			
	Current salary to date of restructure			£0
	Proposed salary after date of restructure			£0
	Manual adjustment			
	Salary in current year in proposed structure:			£0
Optional Details	Postholder name (Name or 'Vacant')			
	Prolog Department Code: in current structure/in proposed structure			
	Coda element 2 code: in current structure/in proposed structure			17350
Comments	Post to be deleted as part of restructure			

		POST NUMBER 10		
General Post Details	Post (Establishment Number and Description)			Finance Tech
	Is post in current/proposed/both structure(s)	Current ▲		Current
		Proposed ▼		
Current Post Details	Current Grade			Scale 3-6
	Maximum Salary in current structure			£22,962
	Salary in current year at current grade			£19,563
Proposed Post Details	Proposed Grade			
	Maximum Salary in proposed structure (18.5hrs)			
	Salary at appointment to new structure (18.5hrs)			
	Calculation of salary in current year in proposed structure:			
	Current salary to date of restructure			£0
	Proposed salary after date of restructure			£0
	Manual adjustment			
	Salary in current year in proposed structure:			£0
Optional Details	Postholder name (Name or 'Vacant')			
	Prolog Department Code: in current structure/in proposed structure			
	Coda element 2 code: in current structure/in proposed structure			17350
Comments	Post to be deleted as part of restructure			

POST NUMBER 11

General Post Details	Post (Establishment Number and Description)		Workf Dev Proj Off
	Is post in current/proposed/both structure(s)	Current ▲ / Proposed ▼	Current
Current Post Details	Current Grade		Scale 5
	Maximum Salary in current structure		£20,842
	Salary in current year at current grade		£20,842
Proposed Post Details	Proposed Grade		
	Maximum Salary in proposed structure		
	Salary at appointment to new structure		
	Calculation of salary in current year in proposed structure:		
	Current salary to date of restructure		£0
	Proposed salary after date of restructure		£0
	Manual adjustment		
	Salary in current year in proposed structure:		£0
Optional Details	Postholder name (Name or 'Vacant')		
	Prolog Department Code: in current structure/in proposed structure		
	Coda element 2 code: in current structure/in proposed structure		17355
Comments	Post to be deleted as part of restructure		

POST NUMBER 12

General Post Details	Post (Establishment Number and Description)		Modern Apprentice
	Is post in current/proposed/both structure(s)	Current ▲ / Proposed ▼	Current
Current Post Details	Current Grade		Modern Apprentice
	Maximum Salary in current structure		£8,585
	Salary in current year at current grade		£8,585
Proposed Post Details	Proposed Grade		
	Maximum Salary in proposed structure		
	Salary at appointment to new structure		
	Calculation of salary in current year in proposed structure:		
	Current salary to date of restructure		£0
	Proposed salary after date of restructure		£0
	Manual adjustment		
	Salary in current year in proposed structure:		£0
Optional Details	Postholder name (Name or 'Vacant')		
	Prolog Department Code: in current structure/in proposed structure		
	Coda element 2 code: in current structure/in proposed structure		17353
Comments	Post to be deleted as part of restructure		

	POST NUMBER 13	
General Post Details	Post (Establishment Number and Description)	Asst Finance Mgr
	Is post in current/proposed/both structure(s) [Proposed ▲ / Both ▼]	Proposed
Current Post Details	Current Grade	
	Maximum Salary in current structure	
	Salary in current year at current grade	
Proposed Post Details	Proposed Grade	PO1
	Maximum Salary in proposed structure	£29,067
	Salary at appointment to new structure	£26,973
	Calculation of salary in current year in proposed structure:	
	Current salary to date of restructure	£0
	Proposed salary after date of restructure	£26,973
	Manual adjustment	
	Salary in current year in proposed structure:	£26,973
Optional Details	Postholder name (Name or 'Vacant')	
	Prolog Department Code: in current structure/in proposed structure	
	Coda element 2 code: in current structure/in proposed structure	17350
Comments	New post in revised structure	

	POST NUMBER 14	
General Post Details	Post (Establishment Number and Description)	Finance Asst
	Is post in current/proposed/both structure(s) [Current ▲ / Proposed ▼]	Proposed
Current Post Details	Current Grade	
	Maximum Salary in current structure	
	Salary in current year at current grade	
Proposed Post Details	Proposed Grade	Scale 3
	Maximum Salary in proposed structure	£16,300
	Salary at appointment to new structure	£15,231
	Calculation of salary in current year in proposed structure:	
	Current salary to date of restructure	£0
	Proposed salary after date of restructure	£15,231
	Manual adjustment	
	Salary in current year in proposed structure:	£15,231
Optional Details	Postholder name (Name or 'Vacant')	
	Prolog Department Code: in current structure/in proposed structure	
	Coda element 2 code: in current structure/in proposed structure	17350
Comments	New post in revised structure	

	POST NUMBER 15		
General Post Details	Post (Establishment Number and Description)		IS/IT Technician
	Is post in current/proposed/both structure(s) ? Proposed / Both ▲ ▼		Proposed
Current Post Details	Current Grade		
	Maximum Salary in current structure		
	Salary in current year at current grade		
Proposed Post Details	Proposed Grade		Scale 3-4
	Maximum Salary in proposed structure		£18,525
	Salary at appointment to new structure		£15,230
	Calculation of salary in current year in proposed structure:		
	Current salary to date of restructure		£0
	Proposed salary after date of restructure		£15,230
	Manual adjustment		
	Salary in current year in proposed structure:		£15,230
Optional Details	Postholder name (Name or 'Vacant')		
	Prolog Department Code: in current structure/in proposed structure		
	Coda element 2 code: in current structure/in proposed structure	17343	
Comments	New post in revised structure		

	POST NUMBER 16		
General Post Details	Post (Establishment Number and Description)		Contracts Officer
	Is post in current/proposed/both structure(s) Current / Proposed ▲ ▼		Proposed
Current Post Details	Current Grade		
	Maximum Salary in current structure		
	Salary in current year at current grade		
Proposed Post Details	Proposed Grade		PO1
	Maximum Salary in proposed structure		£29,067
	Salary at appointment to new structure		£26,973
	Calculation of salary in current year in proposed structure:		
	Current salary to date of restructure		£0
	Proposed salary after date of restructure		£26,973
	Manual adjustment		
	Salary in current year in proposed structure:		£26,973
Optional Details	Postholder name (Name or 'Vacant')		
	Prolog Department Code: in current structure/in proposed structure		
	Coda element 2 code: in current structure/in proposed structure	17344	
Comments	New post in revised structure		

	POST NUMBER 17	
General Post Details	Post (Establishment Number and Description)	SA Co-Ordinator
	Is post in current/proposed/both structure(s) ? Proposed ▲ / Both ▼	Proposed
Current Post Details	Current Grade	
	Maximum Salary in current structure	
	Salary in current year at current grade	
Proposed Post Details	Proposed Grade	PO 9
	Maximum Salary in proposed structure	£36,036
	Salary at appointment to new structure	£33,461
	Calculation of salary in current year in proposed structure:	
	Current salary to date of restructure	£0
	Proposed salary after date of restructure	£33,461
	Manual adjustment	
	Salary in current year in proposed structure:	£33,461
Optional Details	Postholder name (Name or 'Vacant')	
	Prolog Department Code: in current structure/in proposed structure	
	Coda element 2 code: in current structure/in proposed structure	17264
Comments	New post in revised structure	

	POST NUMBER 18	
General Post Details	Post (Establishment Number and Description)	Complaints Officer
	Is post in current/proposed/both structure(s) ? Proposed ▲ / Both ▼	Proposed
Current Post Details	Current Grade	
	Maximum Salary in current structure	
	Salary in current year at current grade	
Proposed Post Details	Proposed Grade	SO 1
	Maximum Salary in proposed structure	£25,449
	Salary at appointment to new structure	£23,870
	Calculation of salary in current year in proposed structure:	
	Current salary to date of restructure	£0
	Proposed salary after date of restructure	£23,870
	Manual adjustment	
	Salary in current year in proposed structure:	£23,870
Optional Details	Postholder name (Name or 'Vacant')	
	Prolog Department Code: in current structure/in proposed structure	
	Coda element 2 code: in current structure/in proposed structure	17264
Comments	New post in revised structure	

POST NUMBER 19		
General Post Details	Post (Establishment Number and Description)	Vulnerable Adults Clerk
	Is post in current/proposed/both structure(s) ? Current ▲ Proposed ▼	Proposed
Current Post Details	Current Grade	
	Maximum Salary in current structure	
	Salary in current year at current grade	
Proposed Post Details	Proposed Grade (18.5hrs)	Scale 3 (18.5hrs)
	Maximum Salary in proposed structure	£8,150
	Salary at appointment to new structure	£7,616
	Calculation of salary in current year in proposed structure:	
	Current salary to date of restructure	£0
	Proposed salary after date of restructure	£7,616
	Manual adjustment	
	Salary in current year in proposed structure:	£7,616
Optional Details	Postholder name (Name or 'Vacant')	
	Prolog Department Code: in current structure/in proposed structure	
	Coda element 2 code: in current structure/in proposed structure	17264
Comments	New post in revised structure	

POST NUMBER 20		
General Post Details	Post (Establishment Number and Description)	Admin Mgr
	Is post in current/proposed/both structure(s) ? Proposed ▲ Both ▼	Proposed
Current Post Details	Current Grade	
	Maximum Salary in current structure	
	Salary in current year at current grade	
Proposed Post Details	Proposed Grade	PO 4
	Maximum Salary in proposed structure	£31,768
	Salary at appointment to new structure	£29,068
	Calculation of salary in current year in proposed structure:	
	Current salary to date of restructure	£0
	Proposed salary after date of restructure	£29,068
	Manual adjustment	
	Salary in current year in proposed structure:	£29,068
Optional Details	Postholder name (Name or 'Vacant')	
	Prolog Department Code: in current structure/in proposed structure	
	Coda element 2 code: in current structure/in proposed structure	17353
Comments	New post in revised structure	

POST NUMBER 21

General Post Details	Post (Establishment Number and Description)	Admin Clerk
	Is post in current/proposed/both structure(s) [Proposed ▲ / Both ▼]	Proposed
Current Post Details	Current Grade	
	Maximum Salary in current structure	
	Salary in current year at current grade	
Proposed Post Details	Proposed Grade	Scale 2
	Maximum Salary in proposed structure	£14,958
	Salary at appointment to new structure	£14,270
	Calculation of salary in current year in proposed structure:	
	Current salary to date of restructure	£0
	Proposed salary after date of restructure	£14,270
	Manual adjustment	
	Salary in current year in proposed structure:	£14,270
Optional Details	Postholder name (Name or 'Vacant')	
	Prolog Department Code: in current structure/in proposed structure	
	Coda element 2 code: in current structure/in proposed structure	17353
Comments	New post in revised structure	

POST NUMBER 22

General Post Details	Post (Establishment Number and Description)	QA Officer
	Is post in current/proposed/both structure(s) [Proposed ▲ / Both ▼]	Proposed
Current Post Details	Current Grade	
	Maximum Salary in current structure	
	Salary in current year at current grade	
Proposed Post Details	Proposed Grade	PO 1
	Maximum Salary in proposed structure	£29,068
	Salary at appointment to new structure	£26,973
	Calculation of salary in current year in proposed structure:	
	Current salary to date of restructure	£0
	Proposed salary after date of restructure	£26,973
	Manual adjustment	
	Salary in current year in proposed structure:	£26,973
Optional Details	Postholder name (Name or 'Vacant')	
	Prolog Department Code: in current structure/in proposed structure	
	Coda element 2 code: in current structure/in proposed structure	
Comments	New post in revised structure	

		POST NUMBER 23	
General Post Details	Post (Establishment Number and Description)		Development Mgr
	Is post in current/proposed/both structure(s) Proposed ▲ / Both ▼		Proposed
Current Post Details	Current Grade		
	Maximum Salary in current structure		
	Salary in current year at current grade		
Proposed Post Details	Proposed Grade		PO20
	Maximum Salary in proposed structure		£46,242
	Salary at appointment to new structure		£46,242
	Calculation of salary in current year in proposed structure:		
	Current salary to date of restructure		£0
	Proposed salary after date of restructure		£46,242
	Manual adjustment		
	Salary in current year in proposed structure:		£46,242
Optional Details	Postholder name (Name or 'Vacant')		
	Prolog Department Code: in current structure/in proposed structure		
	Coda element 2 code: in current structure/in proposed structure		
Comments	New post in revised structure		

		POST NUMBER 24	
General Post Details	Post (Establishment Number and Description)		Development Officer
	Is post in current/proposed/both structure(s) Proposed ▲ / Both ▼		Proposed
Current Post Details	Current Grade		
	Maximum Salary in current structure		
	Salary in current year at current grade		
Proposed Post Details	Proposed Grade		PO 9
	Maximum Salary in proposed structure		£36,036
	Salary at appointment to new structure		£33,461
	Calculation of salary in current year in proposed structure:		
	Current salary to date of restructure		£0
	Proposed salary after date of restructure		£33,461
	Manual adjustment		
	Salary in current year in proposed structure:		£33,461
Optional Details	Postholder name (Name or 'Vacant')		Vacant
	Prolog Department Code: in current structure/in proposed structure		
	Coda element 2 code: in current structure/in proposed structure		
Comments	New post in revised structure		

POST NUMBER 25		
General Post Details	Post (Establishment Number and Description)	Developpment Asst
	Is post in current/proposed/both structure(s) Current ▲ Proposed ▼	Proposed
Current Post Details	Current Grade	
	Maximum Salary in current structure	
	Salary in current year at current grade	
Proposed Post Details	Proposed Grade	Scale 5
	Maximum Salary in proposed structure	£20,842
	Salary at appointment to new structure	£19,004
	Calculation of salary in current year in proposed structure:	
	Current salary to date of restructure	£0
	Proposed salary after date of restructure	£19,004
	Manual adjustment	
	Salary in current year in proposed structure:	£19,004
Optional Details	Postholder name (Name or 'Vacant')	Vacant
	Prolog Department Code: in current structure/in proposed structure	
	Coda element 2 code: in current structure/in proposed structure	
Comments	New post in revised structure	

POST NUMBER 26		
General Post Details	Post (Establishment Number and Description)	WF Dev & Plan Mgr
	Is post in current/proposed/both structure(s) Current ▲ Proposed ▼	Proposed
Current Post Details	Current Grade	
	Maximum Salary in current structure	
	Salary in current year at current grade	
.	Proposed Grade	PO 9
	Maximum Salary in proposed structure	£36,036
	Salary at appointment to new structure	£33,461
	Calculation of salary in current year in proposed structure:	
	Current salary to date of restructure	£0
	Proposed salary after date of restructure	£33,461
	Manual adjustment	
	Salary in current year in proposed structure:	£33,461
Optional Details	Postholder name (Name or 'Vacant')	Vacant
	Prolog Department Code: in current structure/in proposed structure	
	Coda element 2 code: in current structure/in proposed structure	
Comments	New post in revised structure	

	POST NUMBER 27	
General Post Details	Post (Establishment Number and Description)	WF Dev & Plan Proj Officer
	Is post in current/proposed/both structure(s) [Proposed ▲ / Both ▼]	Proposed
Current Post Details	Current Grade	
	Maximum Salary in current structure (30hrs)	
	Salary in current year at current grade (30hrs)	
Proposed Post Details	Proposed Grade	Scale 4-5
	Maximum Salary in proposed structure	£20,842
	Salary at appointment to new structure	£16,621
	Calculation of salary in current year in proposed structure:	
	Current salary to date of restructure	£0
	Proposed salary after date of restructure	£16,621
	Manual adjustment	
	Salary in current year in proposed structure:	£16,621
Optional Details	Postholder name (Name or 'Vacant')	Vacant
	Prolog Department Code: in current structure/in proposed structure	
	Coda element 2 code: in current structure/in proposed structure	
Comments	New post in revised structure	

	POST NUMBER 28	
General Post Details	Post (Establishment Number and Description)	Support Wkr - ISCT
	Is post in current/proposed/both structure(s) [Current ▲ / Proposed ▼]	Current
Current Post Details	Current Grade	SW Scale B
	Maximum Salary in current structure	£17,873
	Salary in current year at current grade	£15,923
Proposed Post Details	Proposed Grade	
	Maximum Salary in proposed structure	
	Salary at appointment to new structure	
	Calculation of salary in current year in proposed structure:	
	Current salary to date of restructure	
	Proposed salary after date of restructure	
	Manual adjustment	
	Salary in current year in proposed structure:	
Optional Details	Postholder name (Name or 'Vacant')	Vacant
	Prolog Department Code: in current structure/in proposed structure	
	Coda element 2 code: in current structure/in proposed structure	17005
Comments	Post Deleted from structure	

	POST NUMBER 29	
General Post	Post (Establishment Number and Description)	Workforce Dev Officer
	Is post in current/proposed/both structure(s) [▲ / Current ▼]	Current
Current Post	Current Grade	PO3
	Maximum Salary in current structure (18.5hrs)	£15,378

Details	Salary in current year at current grade (18.5hrs)	£14,159
Proposed Post Details	Proposed Grade	
	Maximum Salary in proposed structure	
	Salary at appointment to new structure	
	Calculation of salary in current year in proposed structure:	
	Current salary to date of restructure	
	Proposed salary after date of restructure	
	Manual adjustment	
	Salary in current year in proposed structure:	
Optional Details	Postholder name (Name or 'Vacant')	Vacant
	Prolog Department Code: in current structure/in proposed structure	
	Coda element 2 code: in current structure/in proposed structure	17355
Comments	Post Deleted from structure	

Staff Restructure Procedures

3. Working Paper – Retirement and Release Details

This worksheet records details of individuals retired or released as part of the restructure

Ref Number	Post	Grade	Postholder Name	Retirement or Release?

Staff Restructure Procedures

4. Working Paper – Financing Details

This worksheet records details of the costs and funding arrangements of the proposals

Hartlepool Borough Council

NOTE 1 – CELLS ON THIS WORKSHEET ARE COLOUR CODED AS FOLLOWS:

LIGHT BLUE CELLS MUST BE COMPLETED AS THEY FEED THROUGH TO THE SUMMARY WORKSHEET

DARK BLUE CELLS ARE OPTIONAL AND ALLOW YOU TO RECORD OTHER DETAILS ON THIS WORKSHEET

GREEN CELLS CONTAIN THE RESULTS OF CALCULATIONS ON DATA ENTERED IN LIGHT BLUE CELLS ON THIS WORKSHEET AND THE 'WORKING PAPER – POST DETAILS' WORKSHEET

Please summarise below the costs of your proposals and show the funding arrangements of the proposed structure

Costs

		Current Year £	At Maximum £
Total Basic Salary Costs of Proposed Structure		368,454	398,386
Add salary on-costs:			
National Insurance at	9.3%	34,266	37,050
Superannuation at	18.1%	66,690	72,108
Add other additional on-costs (please detail)			
Total Cost of Proposed Structure		469,410	507,544

(A)

Funding of Proposed Structure

		Budget in Current Year £	At Maximum Salary £
Total Basic Salary Costs of Current Structure		374,247	381,627
Add salary on-costs:			
National Insurance at	9.3%	34,805	35,491
Superannuation at	18.1%	67,739	69,074
OP Hartlepool Housing Contract - Orwell Flats		16,352	16,352
Supporting People		5,000	5,000
Total Budgets Available to Fund Proposed Structure		498,142	507,544
Net Additional Cost/(Saving)		-28732	0

(B)

(C) = (A) – (B)

Please detail below either how the additional costs of your proposals will be funded or alternatively where your budgeted savings should be transferred to

Current Year:

Savings will be kept within Support Services as they depend on incremental costs on appointed posts.

At Maximum Salary:

Staff Restructure Procedures

Statement of Costs and Funding

Hartlepool Borough Council

Col 1	Col 2	Col 3	Col 4	Col 5	Col 6	Col 7	Col 8	Col 9	Col 10
Ref Number	Post	Is Post in Current Structure? Yes/No	Is Post in Proposed Structure? Yes/No	Current Structure — Current Grade	Actual Salary 2007/8 £	Maximum Salary £	Proposed Structure — Proposed Grade	Proposed Salary 2007/8 £	Maximum Salary £
1	Q&R Team Manager	Y	N	PO12 +2	40,306	40,306			
2	Prin Review Mgr	Y	N	PO7 +2	36,036	36,036			
3	Review Mgr	Y	N	PO4 +2	33,461	33,461			
4	Policy & Org Dev Adv	Y	N	PO20	46,241	46,241			
5	Senior Admin Off	Y	N	SO1/SO2	27,736	27,736			
6	Site & Sys Admin Off	Y	N	PO2	29,068	29,880			
7	Workf Dev Mgr	Y	N	PO7 +2	36,036	36,036			
8	Quality Sys Mgr	Y	N	SO1	25,449	25,449			
9	Senior Fin Asst	Y	N	Scale 5	20,842	20,842			
10	Finance Tech	Y	N	Scale 3-6	19,563	22,962			
11	Workf Dev Proj Off	Y	N	Scale 5	20,842	20,842			
12	Modern Apprentice	Y	N	Modern Apprentice	8,585	8,585			
13	Asst Finance Mgr	N	Y				PO1	26,973	29,067
14	Finance Asst	N	Y				Scale 3	15,231	16,300
15	IS/IT Technician	N	Y				Scale 3-4	15,230	18,525
16	Contracts Officer	N	Y				PO1	26,973	29,067
17	SA Co-Ordinator	N	Y				PO 9	33,461	36,036
18	Complaints Officer	N	Y				SO 1	23,870	25,449
19	Vulnerable Adults Clerk	N	Y				Scale 3 (18.5hrs)	7,616	8,150
20	Admin Mgr	N	Y				PO 4	29,068	31,768
21	Admin Clerk	N	Y				Scale 2	14,270	14,958
22	QA Officer	N	Y				PO 1	26,973	29,068
23	Development Mgr	N	Y				PO20	46,242	46,242
24	Development Officer	N	Y				PO 9	33,461	36,036
25	Developpment Asst	N	Y				Scale 5	19,004	20,842
26	WF Dev & Plan Mgr	N	Y				PO 9	33,461	36,036
27	WF Dev & Plan Proj Officer	N	Y				Scale 4-5	16,621	20,842
28	Support Wkr - ISCT	Y	N	SW Scale B	15,923	17,873			
29	Workforce Dev Officer	Y	N	PO3	14,159	15,378			
	Total Basic Salary Cost				374,247	381,627		368,454	398,386
	Add National Insurance and Superannuation				102,544	104,566		100,956	109,158
	Add Other On-Costs							0	0
	Total Including On-Costs				476,790	486,192		469,410	507,544

Less Available Funding:

Existing Salary Budgets (including National Insurance and Superannuation on-costs)		476,790	486,192
Other (please provide details)			
OP Hartlepool Housing Contract Saving - Orwell Flats (17008)		16,352	16,352
Supporting People Funding		5,000	5,000
		0	0

Net Additional Cost/(Saving)   -28732   0

As part of the above restructure the following retirements and releases have been agreed under the retirement/release arrangement

Ref Number	Post	Grade	Retirement or Release?

	Please tick one box
Under the constitutional arrangements we confirm that:	
The above restructure should be referred to Cabinet as :	
it involves more than one department and is significan	
it relates to senior management, involving posts appointed by Members (ie Chief Officers and above)	
it requires additional Council resources	
we have determined to refer it for other reasons detailed below	
The above restructure should be referred to the Portfolio Member for _____ as:	
it is departmental, falls in the above portfolio and permanent funding from non-staffing budgets is required	
we have determined to refer it for other reasons detailed below	
We approve the restructure, including the detailed retirements and/or releases, as:	
it is within approved staffing budgets, in line with service priorities and is not in a category reserved	

The restructure has been referred to Members for the following reason(s):

Chief Executive/Director	Chief Financial Officer:	Chief Personnel Services Officer:
Date:	Date:	Date:

Staff Restructure Procedures

Summary Schedule of Proposed Staffing Changes

Hartlepool Borough Council

Current				Proposed				Comments
Post	Department	Division	Grade	Post	Department	Division	Grade	
Q&R Team Manager			PO12 +2					
Prin Review Mgr			PO7 +2					
Review Mgr			PO4 +2					
Policy & Org Dev Adv			PO20					
Senior Admin Off			SO1/SO2					
Site & Sys Admin Off			PO2					
Workf Dev Mgr			PO7 +2					
Quality Sys Mgr			SO1					
Senior Fin Asst			Scale 5					
Finance Tech			Scale 3-6					
Workf Dev Proj Off			Scale 5					
Modern Apprentice			Modern Apprentice					
				Asst Finance Mgr			PO1	
				Finance Asst			Scale 3	
				I S/I T Technician			Scale 3-4	
				Contracts Officer			PO1	
				SA Co-Ordinator			PO 9	
				Complaints Officer			SO 1	
				Vulnerable Adults Clerk			Scale 3 (18.5hrs)	
				Admin Mgr			PO 4	

Staff Restructure Procedures

Summary of Costs and Funding of
Proposed Staffing Changes

Hartlepool Borough Council

	Actual £	Maximum £
Costs		
Salary including on-costs by department & division	469,410	507,544
Total Salary including on-costs by department & division	469,410	507,544
Other costs by department & division		
Total other costs by department & division	0	0
Total costs A	**469,410**	**507,544**
Funding		
Salary budgets (including on-costs)	476,790	486,192
Other budgets	21,352	21,352
Total Funding B	**498,142**	**507,544**
Additional Funding Required / (Savings) C = A – B	**(28,732)**	**(0)**

ADULT SERVICES PORTFOLIO
Report To Portfolio Holder
17 April 2007

Report of: Director of Adult & Community Services

Subject: THE PERSONAL SOCIAL SERVICES USER
EXPERIENCE SURVEY 2006

SUMMARY

1.0   PURPOSE OF REPORT

1.1   To note the results of the Personal social Services User Experience
Survey 2006.

2.0   SUMMARY OF CONTENTS

2.1   The Survey is a requirement of the Department of Health and was
carried out in March 2006.

2.2   The overall findings of the survey are positive reflecting high levels of
satisfaction with home care service. Particular areas for improvement
in quality of service will be progressed through the Quality Care Forum.

3.0   RELEVANCE TO PORTFOLIO MEMBER

3.1   The services is within the Portfolio Member's responsibility.

4.0   TYPE OF DECISION

4.1   Non key.

5.0   DECISION MAKING ROUTE

5.1   Adult Services Portfolio, 17 April 2007.

6.0   DECISION(S) REQUIRED

6.1   None.

Report of: Director of Adult & Community Services

Subject: THE PERSONAL SOCIAL SERVICES USER EXPERIENCE SURVEY 2006

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1.   PURPOSE OF REPORT

1.1   To report the result of the Personal Social Services User Experience Survey 2006.

1.2   To provide a summary of the findings of the PSS Survey, (a copy of the report is attached at **APPENDIX 1**), including some comparison with results of other authorities.

2.   BACKGROUND

2.1   The Department of Health (DH) introduced the national PSS user experience survey in 2000/2001.   Each year the DH provides the framework and outlines the actions authorities should take to survey a prescribed sample of service users to provide information to the DH for two Best Value PAF Performance Indicators.   In 2006, these questions related to satisfaction in Home Care; whether the carer did the things the service user wanted to be done.   The aim is to gain user perceptions on the quality of service which will contribute to an analysis of performance.

2.2   In addition to the compulsory questions there was an opportunity to participate in an extension to the survey organised by the Personal Social Services Research Unit (PSSRU) at the University of Kent.   The additional questions were designed to assist further development of quality measures in home care services and to this end, Hartlepool, together with 49 other local authorities, opted to participate in the extended survey.

3.   OVERVIEW AND SUMMARY OF FINDINGS

3.1   The Survey achieved an excellent response rate with 389 of the 439 eligible people responding.   This represented 89% and is an improvement on the 75% response rate of the previous Home Care Survey in 2004.

3.2   Approximately 24% of service users in the survey received a service from the in-house home care teams (including the Intermediate Care Team) and 74% received a service from independent domiciliary care agencies contracted with the Department.   The remainder received services via a combination of independent and in-house provision.

3.3   Overall 362 (93%) service users were satisfied with the help they received in their own home and 114 people who had asked for changes in the service always had these met.

3.4   The overall message from the PSS Survey is very positive.   People were motivated to reply, had high levels of satisfaction with the service generally and made many positive responses to questions.

3.5   Areas in which service users responses indicated a user significantly better quality service related to the following areas – feeling safe - having contact with others – sufficient visits – knowledge of direct payments.

3.6   Particular areas where the Survey has identified areas for improvement in the quality of service are:

- Provision of care workers to enable greater continuity of service
- Perception by service users that care workers gossip

4   FEEDBACK TO RESPONDENTS AND PROVIDERS

4.1   Feedback to independent providers and in house staff is through the Home Care Quality Forum.   Each provider will receive a copy of the report and also specific feedback in relation to findings regarding their own agency provision.   Follow up work will be through ongoing contract monitoring arrangements.   However, there were no particular themes arising requiring action by individual providers of Home Care.

4.2   Discussions on lessons to be learned from the results of the survey will take place within Older People's and Commissioning Business Units.

4.3   Individual letters will be sent to all respondents outlining the main findings of the Survey.   Information to the wider public will be given through the health and Social Care Supplement of the Hartlepool Mail.

5   RECOMMENDATIONS

5.1   The Survey Report be noted.

Report of the Personal Social Services User Experience Survey 2006

Elderly Service Users (65 and over) of Home Care Services

February 2007

Adult and Community Services Department
Quality and Review Team

Marie C Horsley

CONTENTS

Page No

1. **Introduction**

1.1 This report presents the outcomes for the Personal Social Services (PSS) User Experience Survey for Hartlepool in 2006. This is part of a rolling programme of surveys which are intended to benchmark how well services are meeting service users' and carers' needs within the performance framework for Social Care.

2. **Background**

2.1 The Government White Paper Modernising Social Services in 1998 highlighted the requirement for nationally comparable satisfaction surveys.

2.2 In 2000/2001 Councils in England were required by the Department of Health (DH) to carry out surveys of people who have been assessed by Social Services departments. This was the first step in a broader programme of surveys of PSS User Experiences.

2.3 To date surveys have been undertaken of Home Care services in 2003 and 2006; a survey of service users who had physical disabilities and sensory impairment was carried out in 2004.

3. **Context**

3.1 The 2006 Survey focuses on key factors and outcomes associated with the White Paper 'Our Health, Our Care, Our Say', Independence, Choice and Control. Awareness of Direct Payments is also included in the Survey.

3.2 One performance indicator included in the 2005/2006 Personal Social Services (PSS) Performance Assessment Framework (PAF) is.based on the User Experience Survey of people aged 65 and over receiving Home Care that is funded wholly or in part by Social Services.

3.3 In Hartlepool we opted to participate in an optional extended survey which meant additional questions being incorporated with coordination between participating authorities undertaken by the University of Kent. As previously, this work was endorsed by the Department of Health (DH), the Association of Directors of Social Services (ADSS) Research Group, the Social Services Research Group and an organisation of independent Home Care providers (UKHCA).

3.4 The Survey has been undertaken in 50 local authorities; some of which, like Hartlepool, opted to include additional questions that could provide more detailed information and feedback on the Home Care service.

3.5 As the Survey is directed at some of the most vulnerable members of the community, steps were taken to enable support to be offered for completion of the Survey by way of personal interviews. This ensured that issues such as communication difficulties, visual impairment, or hearing problems did not prevent anyone from taking part. To this end, interviewer support was provided by Hartlepool Borough Council's Corporate Strategy interviewer team to 75 people. This gave access to trained and experienced interviewers who were able to provide valuable support to service users and also achieved a good response rate.

4. Response

4.1   Level of response is an important factor in both the overall value of the survey and also confidence in its results. To this end, attempts were made to involve as many services users as possible by including *all* eligible service users in the survey rather then only a sample group. Support to complete the survey was also made available for those who required this.

4.2   In Hartlepool, the overall response rate achieved was approximately 89% compared to a reported average response rate of 59% nationally and, a 75% response in Hartlepool for the previous Home Care Survey undertaken in 2004. Although there has been some variation in the level of responses to individual questions in Hartlepool the high level of response to the 2006 survey does enable us to be reasonably confident in the accuracy of the picture provided through the Survey.

4.3   Results in this report are based upon *valid* responses. Anyone who responded to one or more questions was classed as having responded to the Survey. This allowed service user views to be taken into account even if they had not completed the entire Survey.

5.   **Profile of Respondents**

5.1   Detailed information regarding the profile of respondents is provided at tables 31-38. Respondents to the 2006 survey were as follows:

- 44% aged 75-84 years.
- 34.9% aged 85 years or over.
- 74% female and 26% male
- 24% received In House Home Care.
- 74% received independent domiciliary care.
- 2% received a service from a combination of In House and independent domiciliary care providers.

6.   Summary of Results

6.1   One Survey question relating to overall satisfaction will feed into the PAF indicators for 2006. The indicator is, however, based on people who are 'extremely' or 'very' satisfied with their home care service. Thus, those who answered that they were 'quite satisfied' are excluded from the Department of Health PAF calculations as they are interpreted as having a degree of dissatisfaction in their care.

6.2 Responses for people's overall satisfaction with their home care service in Hartlepool are given in Table 1 below. The majority of people, (94%), were satisfied with services.

Table 1 (Q.1) – Overall Satisfaction with the Help from Social Services

Response	Number	Percentage
Extremely satisfied	89	23.2%
Very satisfied	135	35.2%
Quite satisfied	138	36%
Neither satisfied nor dissatisfied	11	2.9%
Fairly dissatisfied	7	1.8%
Very dissatisfied	2	0.5%
Extremely dissatisfied	1	0.3%
TOTAL	383	100.0%

6.3 Responses in relation to people's view of their service being provided at times that suited them are given at table 2.

Table 2 (Q.2) – Care Workers Coming at Times That Suit

Response	Number	Percentage
Always	148	38.5%
Usually	188	49.0%
Sometimes	45	11.7%
Never	3	0.8%
TOTAL	384	100.0%

6.4 Feedback regarding responses to service users' requests for change is given at table 3.

Table 3 (Q3) – Being Kept Informed about Changes

Response	Number	Percentage
Always	114	30.2%
Sometimes	168	44.4%
Never	63	16.7%
Never requested	33	8.7%
TOTAL	378	100.0%

6.5 The responses about whether service users felt that they got things that they wanted to be done are given at table 4.

Table 4 (Q4) – Get the Things You Want Done

Response	Number	Percentage
Always	247	64.5%
Nearly always	102	26.6%
Sometimes	33	8.6%
Never	1	0.3%
TOTAL	383	100.0%

6.6   A further aim of the White Paper, 'Our health, Our Care, Our Say', is to give people greater choice over the care that they receive. The Survey sought service users' views regarding the times at which the home care service was provided, whether they were informed about any changes and also whether the tasks that they required to be completed were fulfilled.

6.7   Effective Social Care services are intended to increase the independence of people supported by care services. The Survey aims to evaluate how independent service users felt. Thus, questions were included regarding how safe people believed they were; whether they had sufficient contact with others and also their views as to the amount of control they felt they had over their daily life.

6.8   Responses regarding whether people felt they knew how to complain is given in table 5.

Table 5 (Q5) – Knowing How to Complain

Response	Number	Percentage
Yes, feel could	275	72.3%
Yes, feel couldn't	39	10.3%
No	66	17.4%
TOTAL	**380**	**100.0%**

6.9   Tables 6 – 11 below detail people's responses regarding their views on their quality of life.

Table 6 (Q6) - Feeling Safe

Response	Number	Percentage
Strongly Agree	180	50.2%
Agree	170	47.5%
Disagree	6	1.7%
Strongly Disagree	2	0.6%
TOTAL	**358**	**100.0%**

Table 7 (Q6) – Enough Contact With Other People

Response	Number	Percentage
Strongly Agree	125	37.0%
Agree	175	51.8%
Disagree	34	10.1%
Strongly Disagree	4	1.1%
TOTAL	**338**	**100.0%**

Table 8 (Q6) – Going to Bed and Getting up at Times That Suit

Response	Number	Percentage
Strongly Agree	163	47.7%
Agree	168	49.1%
Disagree	8	2.3%
Strongly Disagree	3	0.9%
TOTAL	**342**	**100.0%**

Table 9 (Q6) – Feeling Clean

Response	Number	Percentage
Strongly Agree	161	46.5%
Agree	175	50.6%
Disagree	8	2.3%
Strongly Disagree	2	0.6%
TOTAL	**346**	**100.0%**

Table 10 (Q6) – Feeling Comfortable

Response	Number	Percentage
Strongly Agree	136	40.4%
Agree	180	53.4%
Disagree	21	6.2%
Strongly Disagree	0	0.0%
TOTAL	**337**	**100.0%**

Table 11 (Q6) – Feeling Bored

Response	Number	Percentage
Strongly Agree	31	9.7
Agree	95	29.8
Disagree	149	46.7%
Strongly Disagree	44	13.8%
TOTAL	**319**	**100.0%**

Table 12 (Q7) – Feeling in Control of Daily Life

Response	Number	Percentage
Feel in Control	165	44.5%
Services Help	156	42.0%
Not enough Control	41	11.1%
No Control	9	2.4%
TOTAL	**371**	**100.0%**

6.10   Tables 13 – 29 below capture service users' views about the service quality they receive and also perceptions about the service provider.

Table 13 (Q8) Carers Arriving on Time

Response	Number	Percentage
Never	4	1.0%
Sometimes	66	17.5%
Often	154	40.7%
Always	147	38.9%
Never know when will come	7	1.9%
TOTAL	**378**	**100%**

Table 14 (Q9) – Spending Less Time Than Supposed To

Response	Number	Percentage
Never less	249	67.8%
Sometimes less	100	27.3%
Often less	10	2.7%
Always less	8	2.2%
TOTAL	**367**	**100.0%**

Table 15 (Q10) – Care Workers in a Rush

Response	Number	Percentage
Never	186	49.1%
Sometimes	161	42.4%
Often	23	6.1%
Always	9	2.4%
TOTAL	**379**	**100.0%**

Table 16 (Q11) – Sufficient Visits from Care Workers

Response	Number	Percentage
Yes	369	96.6%
Need a few more	12	3.1%
Needs lots more	1	0.3%
TOTAL	**382**	**100.0%**

Table 17 (Q12) – Same Care Workers

Response	Number	Percentage
Always	101	26.3%
Nearly always	265	68.8%
Hardly ever	17	4.4%
Never	2	0.5%
TOTAL	**385**	**100.0%**

Table 18 (Q13) – Overall Treatment by Carers

Response	Number	Percentage
Always happy	292	75.8%
Usually happy	85	22.1%
Sometimes happy	8	2.1%
Never happy	0	0.0%
TOTAL	**385**	**100.0%**

Table 19 (Q14) – Care Workers Obliging

Response	Number	Percentage
Strongly agree	193	51.2%
Agree	182	48.3%
Disagree	2	0.5%
Strongly Disagree	0	0.0%
TOTAL	**377**	**100.0%**

Table 20 (Q14) – Care Workers Unfriendly

Response	Number	Percentage
Strongly Agree	5	1.6%
Agree	6	1.9%
Disagree	134	41.5%
Strongly Disagree	177	55.0%
TOTAL	**322**	**100.0%**

Table 21 (Q14) – Care Workers Keep Details to Themselves

Response	Number	Percentage
Strongly Agree	136	37.6%
Agree	215	59.6%
Disagree	8	2.2%
Strongly Disagree	2	0.6%
TOTAL	**361**	**100.0%**

Table 22 (Q14) – Care Workers Gossip

Response	Number	Percentage
Strongly Agree	3	0.9%
Agree	17	5.1%
Disagree	173	51.8%
Strongly Disagree	141	42.2%
TOTAL	**334**	**100.0%**

Table 23 (Q14) – Care Workers Excellent

Response	Number	Percentage
Strongly Agree	154	42.7%
Agree	187	51.8%
Disagree	19	5.2%
Strongly Disagree	1	0.3%
TOTAL	**361**	**100.0%**

Table 24 (Q14) – Care Workers Less Thorough

Response	Number	Percentage
Strongly Agree	9	2.7%
Agree	52	15.8%
Disagree	175	53.0%
Strongly Disagree	94	28.5%
TOTAL	**330**	**100.0%**

Table 25 (Q14) – Care Workers Respect

Response	Number	Percentage
Strongly Agree	220	59.8%
Agree	145	39.4%
Disagree	3	0.8%
Strongly Disagree	0	0.0%
TOTAL	**368**	**100.0%**

Table 26 (Q14) – Care Workers Do It Their Way

Response	Number	Percentage
Strongly Agree	16	4.8%
Agree	79	23.5%
Disagree	179	53.3%
Strongly Disagree	62	18.5%
TOTAL	**336**	**100.0%**

Table 27 (Q14) – Care Workers Careless

Response	Number	Percentage
Strongly Agree	3	0.9%
Agree	10	3.0%
Disagree	182	55.2%
Strongly Disagree	135	40.9%
TOTAL	**330**	**100.0%**

Table 28 (Q14) – Care Workers Honest

Response	Number	Percentage
Strongly Agree	221	60.1%
Agree	142	38.6%
Disagree	3	0.8%
Strongly Disagree	2	0.5%
TOTAL	**368**	**100.0%**

6.11 Direct Payments are cash payments that are made in lieu of Social Services provisions. These are made to individuals who have been assessed as needing services. The aim of Direct Payments is to give greater flexibility in the way services are provided to individuals who are assessed as being eligible for Care Support. Underpinning Direct Payments is the intention of giving people greater choice and control over their lives so that they can make decisions as to how their care is delivered.

Table 29 (Q17) – Told About Direct Payments

Response	Number	Percentage
Yes	155	42.6%
No	109	29.9%
Don't Know	100	27.5%
TOTAL	**364**	**100.0%**

6.12   Tables 30 – 32 summarise the nature of the service received.

Table 30 (Q18) Receiving Practical Help

Response	Number	Percentage
Yes, from someone in household	77	19.6%
Yes, from other household	264	67.5%
No	50	12.8%
TOTAL	**391**	**100.3%**

Table 31 (Q19) Services Receiving

Response	Number	Percentage
Meals on Wheels	32	13.4%
Day Centre	99	41.4%
Community Nursing	92	38.5%
Other	16	6.7%

Table 32 (Q25) Length of Time in Receipt of Services

Response	Number	Percentage
< 6 months	10	2.8%
6 months – 1 year	57	15.8%
1 – 2 years	86	23.8%
2 – 5 years	122	33.8%
> 5 years	86	23.8%
TOTAL	**361**	**100.0%**

6.13   Tables 33 – 35 provide a profile of respondents to the survey. This includes details regarding gender, age, ethnicity; also perceived disability and health.

Table 33 (Q21) Gender

Response	Number	Percentage
Male	114	26.0%
Female	325	74.0%
TOTAL	**439**	**100.0%**

Table 34 (Q22) Age Group

Response	Number	Percentage
65 – 74	93	21.2%
75 – 84	193	44.0%
85 or over	153	34.8%
TOTAL	**439**	**100.0%**

Table 35 (Q23) Ethnic Origin

Response	Number	Percentage
White	388	99.8%
Mixed	0	0%
Asian	1	0.2%
Black	0	0%
Chinese	0	0%
Other	0	0%
TOTAL	**389**	**100.0%**

Table 36 (Q26) Perceived Health

Response	Number	Percentage
Very Good	8	2.2%
Good	67	18.4%
Fair	222	60.8%
Bad	50	13.7%
Very Bad	18	4.9%
TOTAL	**365**	**100.0%**

Table 37 Level of Disability; needing help doing tasks

Response	Number	Percentage
Get dressed/undressed	168	46.2%
Transfer from bed to chair	100	28.9%
Wash face and hands	88	25.1%
Prepare hot meals	234	63.8%

6.14   Table 38 – Summarises the method by which the information was provided for the survey.

Table 38 Survey Method of Completion/Response to Survey

Response	Number	Percentage
Posted	265	68.0%
Face to Face	75	19.0%
Telephone	0	0.0%
Non-response	49	13.0%
TOTAL	**439**	**100.0%**

Table 39 (Q24) Help with Completion

Response	Number	Percentage
Self	106	29.1%
Help from Care Worker	20	5.5%
Help from Other	238	65.4%
TOTAL	**364**	**100.0%**

6.15 Response to the question asking service users about the number of Home Care hours they received showed the maximum number of Home Care hours to be 119 hours per week. This figure is higher than the *planned* maximum number of hours to be delivered recorded by the Department.

Table 40 Planned Number of Care Hours For Each Service User Per Week

Response	Number
Average	8.00
Minimum	0.50
Maximum	57.0
TOTAL	65.50

Table 41 Type of Provider

Response	Percentage
In House	24.1%
Independent	73.6%
Both	2.3%
TOTAL	100.0%

7. Conclusions and Way Forward

7.1 An extremely high proportion of eligible service users were motivated to participate in the Survey and their responses demonstrate good levels of satisfaction with the services received. Furthermore, the findings of the survey will have the potential to inform the Department's Commissioning and Monitoring processes as part of continued improvement of Home Care Services.

7.2 A comparison of the results of Hartlepool with those of other Authorities participating in this survey has indicated a small number of areas where performance in Hartlepool is significantly different from those recorded elsewhere. Areas in which Hartlepool's results show a 5% difference are detailed below:

- Higher/Better Than Others

  - Feeling Safe

  - Contact with Others

  - Sufficient Visits

  - Direct Payments

- Lower or Worse Than Others

  - Same Care Workers

  - Perception that Care Workers gossip

7.3   Feedback from Service Users through this Survey has highlighted a number of areas for targeted continuous improvement:

- Continuity of Care/Prior Notification of any changes in Home Care input.

- Provision of Care for the Allotted Time.

- Finding out service users' preferences about the tasks to be undertaken as part of their care packages.

- Development of ways to capture ongoing feedback on service users' satisfaction with the services received.

- Further promotion of Direct Payments among users of Home Care Services.

7.3   Preliminary feedback on the Survey has been provided to the Department Management Team and also to the Quality Forum attended by Independent Providers and in-house staff of Adult and Community Services. Further information will be provided via:

- Feedback to respondents

- Management systems within the Older Person's Business Unit

- Contract management arrangements with Independent Providers

- Individual provider/service specific information to Independent Providers

HARTLEPOOL BOROUGH COUNCIL

Adult and Community Services Department

Older People's Home Care
User Experience Survey 2006

Your Home Care Service

What we would like you to do
We would like you to help us by taking a few minutes to give us your
views about the home care services you receive. If you do not wish to
answer the questions, this won't affect the services you receive.

What to do if you need help
If you would like, you can ask a friend or a relative to help you
complete the questionnaire.

**What to do if you have queries or would like to obtain information
on the results**
If you, or your friend or relative, have questions you would like to ask
about the questionnaire, please ring Val Stewart or Jenette Donkin on
01429 523861 Monday to Friday between 10.00 a.m. and 12.00 p.m.
or between 2.00 p.m. and 4.00 p.m

Why you were selected
Your name is just one of many that have been selected at random from
Adult and Community Services (formerly Social Services) records.

What will be done with the results of the survey
The results of the survey will be used by the Commission for Social
Care Inspection, the Department of Health and your local Adult and
Community Services to see how happy people are with the home care
services, to see whether improvements need to be made to local care
services and for research purposes.

Confidentiality
Your answers will be treated as confidential: they will not be passed on
to your care workers, your social worker or anyone else responsible for
providing you with home care or other help (except that they may be
provided to your home care provider after being anonymised).
If you say on the form that you are being hurt or harmed by anybody,
someone (but not your care worker) will contact you to talk about it.

Sending back the completed questionnaire
Once you have completed the questionnaire please return it in the
envelope provided by Monday 20th February 2006. You don't need to
put a stamp on the envelope.

Thank you for helping us by completing this questionnaire.

1. **Overall, how satisfied are you with the help from Adult and Community Services that you receive in your own home?**

Please tick [✔] one box

I am <u>extremely</u> satisfied ☐ 1

I am <u>very</u> satisfied ☐ 2

I am <u>quite</u> satisfied ☐ 3

I am <u>neither satisfied nor dissatisfied</u> ☐ 4

I am <u>quite</u> dissatisfied ☐ 5

I am <u>very</u> dissatisfied ☐ 6

I am <u>extremely</u> dissatisfied ☐ 7

2. **Do your care workers come at times that suit you?**

Please tick [✔] one box

They <u>always</u> come at times that suit me ☐ 1

They <u>usually</u> come at times that suit me ☐ 2

They <u>sometimes</u> come at times that suit me ☐ 3

They <u>never</u> come at times that suit me ☐ 4

3. Are you kept informed, by your home care service, about changes in your care? (e.g. your visit will be late or you'll have a different carer)

Please tick [✔] one box

Someone <u>always </u>lets me know about changes ☐ 1

Someone <u>usually </u>lets me know about changes ☐ 2

They <u>hardly ever</u> let me know about changes ☐ 3

They <u>never</u> let me know about changes ☐ 4

4. Do your care workers do the things that <u>you</u> want done?

Please tick [✔] one box

They <u>always</u> do the things I want done ☐ 1

They nearly always do the things I want done ☐ 2

They <u>sometimes</u> do the things I want done ☐ 3

They <u>never</u> do the things I want done ☐ 4

Please list other things you want your care workers to do in this box

☐

5. **Do you know how to make a complaint about the Home Care Service?**

<div align="right">

Please tick [✔] one box

</div>

Yes and I feel I could if I wanted to   ☐ ¹

Yes but I do not feel I could if I wanted to   ☐ ²

No I do not know how to make a complaint   ☐ ³

6. **Please read the following statements and then put a tick (✔) next to the answer which comes closest to the one you want to give.**

	Strongly agree (1)	Agree (2)	Disagree (3)	Strongly disagree (4)
I feel safe in my home				
I have as much contact with other people as I want I get up and go to bed at times that suit me				
I am always as clean as I want to be				
I always feel comfortable				
I spend too long with nothing interesting to do				

7. Which of the following statements best describes your present situation?

By 'control over daily life' we mean you have the choice to do what you want when you want to, for example having meals, going to bed and getting up, going out etc.

Please tick [✓] one box

I feel in control of my daily life ☐ 1

Services help me to feel in control of my daily life ☐ 2

I have some control over my daily life but not enough ☐ 3

I have no control over my daily life ☐ 4

8. Do your care workers arrive on time?

Please tick [✔] one box

My care workers are <u>never</u> on time ☐ 1

My care workers are <u>sometimes</u> on time ☐ 2

My care workers are <u>often</u> on time ☐ 3

My care workers are <u>always</u> on time ☐ 4

I never know what time my care workers is going to arrive ☐ 5

9. **Do your care workers spend less time with you than they are supposed to?**

Please tick [✔] one box

They <u>never</u> spend less time with me than they are supposed to ☐ 1

They <u>sometimes</u> spend less time with me than they are supposed to ☐ 2

They <u>often</u> spend less time with me than they are supposed to ☐ 3

They <u>always</u> spend less time with me than they are supposed to ☐ 4

10. **Are your care workers in a rush?**

Please tick [✔] one box

They are <u>never</u> in a rush ☐ 1

They are <u>sometimes</u> in a rush ☐ 2

They are <u>often</u> in a rush ☐ 3

They are <u>always</u> in a rush ☐ 4

11. **Do you have as many visits from your care workers as you need?**

Please tick [✔] one box

Yes, I have as many visits as I need ☐ 1

No, I need a few more visits ☐ 2

No, I need a lot more visits ☐ 3

12. **Do you always see the same care workers?**

Please tick [✔] one box

Yes, I always see the same care workers ☐ 1

No, but I nearly always see the same care workers ☐ 2

No, I hardly ever see the same care workers ☐ 3

No, I never see the same care workers ☐ 4

13. **Overall, how do you feel about the way your care workers treat you? (e.g. whether they are understanding and treat you with respect)**

Please tick [✔] one box

I am always happy with the way my care workers treat me ☐ 1

I am usually happy with the way my care workers treat me ☐ 2

I am sometimes happy with the way my care workers treat me ☐ 3

I am never happy with the way my care workers treat me ☐ 4

14. **Now, please read the following statements and then put a tick [✔] next to each statement under the answer which comes closest to the one you want to give.**

	Strongly agree (1)	Agree (2)	Disagree (3)	Strongly disagree (4)
My care workers are obliging				
My care workers are unfriendly				
As far as I know, my care workers keep any personal details they know about me to themselves				
My care workers gossip to me about other people they care for				
My care workers are excellent at what they do				
My care workers are less thorough than I would like				
My care workers treat me with respect				
My care workers do things in their way rather than mine				
My care workers are careless				
My care workers are				

honest				

15. **If you could change <u>one</u> thing about your home care services, what would it be?**

    Please write your answer in this box

16. **Please write any other comments you would like to make about the home care you receive in this box**

17. <u>Direct payments</u> is the option for you to purchase some or all of the services you are eligible for directly yourself, using money provided by Adult and Community services. This should not be confused with welfare benefits that are usually paid directly into an account which are also called direct payments.

Has your social worker or care manager told you about <u>direct payments</u>?

Please tick [✔] one box

Yes ☐ 1

No ☐ 2

Don't know ☐ 3

The answers to the next group of questions will be used to make sure that we have a balanced sample of home care users.

18. **Do you receive any practical help from any friends, neighbours or family members?**

Please tick [✔] all those that apply

Yes, from someone living in my household [ ] 1

Yes, from someone living in another household [ ] 1

No [ ] 0

19. **During the past month did you use any of the following care services?**

Please tick [✔] one box for each service

	Yes	No
Meals on wheels	[ ] 1	[ ] 2
Day centre	[ ] 1	[ ] 2
Community/district nursing services	[ ] 1	[ ] 2
Other care services (eg short breaks/residential care)	[ ] 1	[ ] 2

Please describe in this box

20. **How many hours of home care do you usually receive each week?**

Please write your answer in this box

21. **Are you male or female?**

Please tick [✔] one box

Male ☐ 1

Female ☐ 2

22. **How old are you?**

Please tick [✔] one box

Under 65 ☐ 1

65-74 ☐ 2

75-84 ☐ 3

85 or over ☐ 4

23. **To which of these groups do you consider you belong?**

Please tick [✔] one box

a) White (British, Irish, any other white background) [ ] 39

b) Mixed (White and Black Caribbean, White and Black African, White and Asian, any other mixed background) [ ] 29

c) Asian or Asian British (Indian, Pakistani, Bangladeshi, any other Asian background) [ ] 59

d) Black or Black British (Caribbean, African or any other Black background) [ ] 69

e) Chinese [ ] 81

f) Any other ethnic group [ ] 89

24. **Did you fill in this questionnaire by yourself or did you have help from someone else?**

Please tick [✔] one box

I filled it in myself [ ] 1

I had help from a care worker [ ] 2

I had help from someone else [ ] 3

25. **For how long have you been receiving help from Social Services in your own home?**

Please tick [✔] one box

Less than 6 months	☐	1
6 months to 1 year	☐	2
1 to 2 years	☐	3
2 to 5 years	☐	4
More than 5 years	☐	5

26. **How is your health in general?**

Please tick [✔] one box

Very Good	☐	1
Good	☐	2
Fair	☐	3
Bad	☐	4
Very Bad	☐	5

27. **Do you need help from somebody to:**

Please tick [✔] one box for each statement

	Yes	No
Get dressed or undressed	[ ] ¹	[ ] ²
Get in and out of bed or a chair	[ ] ¹	[ ] ²
Wash face and hands	[ ] ¹	[ ] ²
Prepare hot meals	[ ] ¹	[ ] ²

28. **If further research about home care services were to take place, would you be happy for us to contact you?**

Please tick [✔] one box

Yes [ ] ¹

No [ ] ²

Thank you for helping us by filling in this questionnaire.

**Please post it back to us in the envelope provided.
You don't need to put a stamp on the envelope.**

**For your view to count please return this form by
Monday 20ᵗʰ February 2006**

Summary of Topics/Tables detailed within Section 6 of Report

Table	Description	Page No
1	Overall Satisfaction	5
2	Times That Suit	5
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4	Get the Things You Want Done	5
5	Knowing How to Complain	6
6	Feeling Safe	6
7	Contact with Other People	6
8	Going to Bed/Getting Up at Times that Suit	6
9	Feeling Clean	7
10	Feeling Comfortable	7
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17	Same Care Workers	8
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19	Care Workers Obliging	8
20	Care Workers Unfriendly	9
21	Care Workers Keep Details to Themselves	9
22	Care Workers Gossip	9
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26	Care Workers Do It Their Way	10
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28	Care Workers Honest	10
29	Told About Direct Payments	10
30	Receiving Practical Help	11
31	Services Receiving	11
32	Time in Receipt of Services	11
33	Gender	11
34	Age Group	11
35	Ethnic Origin	12
36	Perceived Health	12
37	Level of Disability	12
38	Survey Method of Completion	12
39	Help with Completion	12
40	Planned Number of Care Hours per week	13
41	Type of Provider	13

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│   ADULT AND PUBLIC HEALTH PORTFOLIO              │
│          Report To Portfolio Holder              │
│               17ᵗʰ April 2007                    │
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ADULT AND PUBLIC HEALTH PORTFOLIO
Report To Portfolio Holder
17th April 2007

Report of: Director of Adult and Community Services

Subject: FAIR ACCESS TO CARE SERVICES

SUMMARY

1.0   PURPOSE OF REPORT

1.1   To report on the implementation plan for the change in eligibility criteria for social care services.

2.0   SUMMARY OF CONTENTS

2.1   Cabinet have decided to raise the threshold for eligibility for social care services from the 'moderate' band to 'substantial'. This report summarises the arrangements being made to implement the change in a safe and sensible fashion.

3.0   **RELEVANCE TO PORTFOLIO MEMBER**

3.1   The Portfolio Member carries responsibilities in relation to social care and the safety of vulnerable adults.

4.0   TYPE OF DECISION

4.1   Non-key.

5.0   DECISION MAKING ROUTE

5.1   Adult and Public Health Portfolio meeting 17th April 2007.

6.0   DECISION(S) REQUIRED

6.1   To note the implementation plans, and make any comments.

Report of: Director of Adult and Community Services

Subject: FAIR ACCESS TO CARE SERVICES (FACS)

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1.   PURPOSE OF REPORT

1.1   To report on the implementation plan for the change in eligibility criteria for social care services.

2.   BACKGROUND

2.1   Access to statutory care services is given to an individual following an assessment of need. The assessment identifies their level of need in terms of a FACS banding, and each authority decides which of the four nationally specified bands it will provide services to. Those bands are low, moderate, substantial and critical. Local authorities are expected to review this threshold annually.

2.2   At its meeting on 5th February 2007, and following extensive consultation, Cabinet agreed to the raising of the threshold from 'moderate' needs to 'substantial', with the recommendation that an implementation plan be brought to the Portfolio Holder. (**Appendix 1**)

2.3   Responses to the consultation raised concerns about the impact of the change on safety and quality of life, queries about accessing alternative low level community based services, a request to develop peoples understanding of the FACS criteria and assessment process, and queries about use of the savings. These issues and the necessary safeguards will be picked up in the implementation phase.

3.   MANAGING THE IMPACT

3.1   A number of measures are planned to minimise any adverse effect for vulnerable people, and deal with the other issues raised:

1.   No one currently receiving an item of equipment and/or minor adaptation only would have it removed as a result of this change.

2.   No one would have a service removed before receiving a proper re-assessment which confirmed their needs banding as moderate or low.

3. Staff training will be arranged to ensure that individual assessments are done consistently and holistically, and any impact is understood and explained properly to the service users. Advocates provided.

4. If a re-assessment suggested that removing a service would rapidly lead to a deterioration and to substantial risks, then that service will be continued. Community based services may still be drawn to the users attention in addition to statutory provision.

5. Arrangements will be put in place on an interim/longer term basis to signpost people who do not qualify for statutory services to appropriate community-based alternatives. This will include producing clear information in various formats.

6. Service users will also be advised on income maximisation as part of the assessment process.

7. The new threshold will not be applied until July 2007, to give adequate time for preparation. Those assessed or re-assessed in the interim will be informed about the possible effect for their care after July of the revision of the threshold.

8. The statutory complaints system will be made available to any service user who feels that the process or outcome was unfair or incorrect.

9. Those cases where a service is to be withdrawn will be carefully checked by a Panel, then followed up within 6 months to ensure that they still do not qualify for statutory services.

10. Views on gaps in community-based services were collected via the consultation exercise, but additional intelligence will be collected from cases being referred to the community sector.

11. The impact of the change (e.g. on services, on budgets, on young people with a disability approaching transition to adult services, and on the wider health and care economy) will be monitored and reported back to Cabinet and Scrutiny 6 months after implementation. A Diversity Impact Assessment was carried out on the consultation, and will be followed up in relation to the implementation phase.

12. The savings should build up over time as assessments and re-assessments are carried out. In accordance with the budget decisions, initial use of the savings in 2007/8 will help fund a range of service improvements for those in higher need bands.

13. Resources will also be made available for any immediate developments required to ensure that people affected can access alternative community based services. Further developments in the sector will be in accordance with a low-level prevention strategy, which will be completed soon.

3.2 These actions are set out in the outline implementation plan attached (**Appendix 2**)

4. FINANCIAL IMPLICATIONS

4.1 Around 400 people currently receiving services are likely to be re-assessed onto a moderate banding between July 2007 and June 2008. It is expected that less than 100 would have any services removed. The main effect would probably be on contracted home care.

4.2 Each year perhaps 50 or 60 of those people assessed for the first time will have moderate needs. Previously most would have gone on to receive home care, some may have received Direct Payments, and a few day care.

4.3 The financial effect of raising the threshold will be monitored as it builds up over the next few years, but it is estimated that it could eventually save over £200,000 annum. Savings of £135,000 are already earmarked for re-investment into services for those with higher levels of need, and further savings will be required for improving access to low level services for those not eligible for statutory services.

5. RECOMMENDATIONS

5.1 That the Portfolio Member notes the implementation plans and makes any comment.

CABINET REPORT

5 February 2007

Report of: Director of Adult and Community Services

Subject: FAIR ACCESS TO CARE SERVICES (FACS)

SUMMARY

1. **PURPOSE OF REPORT**

1.1 To report to Cabinet the results of the consultation on the possibility of raising the FACS eligibility threshold.

1.2 To invite Members to decide on the options available.

2. **SUMMARY OF CONTENTS**

The report gives the background to the consultation, the process and results, and the options available to members. It also sets out actions to minimise the impact on individuals should the threshold be raised.

3. **RELEVANCE TO CABINET**

The decision will affect vulnerable adults and their carers across the town. It is also key to future financial planning.

4. **TYPE OF DECISION**

Key test (i) and (ii).

5. **DECISION MAKING ROUTE**

Cabinet 5 February 2007.

6. **DECISION(S) REQUIRED**

To decide whether to raise the eligibility threshold for statutory care services to exclude those on the "moderate" FACS banding.

Report of: Director of Adult and Community Services

Subject: FAIR ACCESS TO CARE SERVICES (FACS)

SECTION A – INTRODUCTION

1.   **PURPOSE OF REPORT**

1.1   To report to Cabinet the results of the consultation on the possibility of raising the FACS eligibility threshold.

1.2   To invite Members to decide on the options available.

2.   **BACKGROUND**

2.1   Access to Statutory Care Services (such as home care and day care) is given to an individual following an assessment of need. The assessment identifies their level of need in terms of a FACS banding and the local authority decides which of the four nationally specified bands it will provide services to. Local Authorities are expected to review this threshold annually as part of their budget considerations.

2.2   In Hartlepool the top three bands (moderate, substantial, critical) are entitled to statutory care services. In January 2006 Cabinet agreed (24 January 2006) to a consultation on raising the threshold to exclude the third ("moderate") band. This consultation was carried out through the period October to December 2006.

2.3   Section B of this report, plus appendices, describes the process which was carried out and sets out a summary of the results. Alongside this consultation process the views of Scrutiny were sought, and these are also set out in Section B.

2.4   Section C analyses the options and makes a recommendation. It also describes some of the actions which could be taken to minimise any adverse impact on individual service users, present and future.

SECTION B – THE CONSULTATION PROCESS

1.   Consultation Background

1.1   In September 2006 a consultation plan was put together by the Department's Fair Access to Care Services (FACS) Project Group. The plan is attached at **APPENDIX 1** to the report for information.

1.2   All existing service users supported in the community (currently helped to live at home) were included within the consultation process by letter. The exceptions were those people in receipt of residential care services and those individuals who were not subject to a regular FACS review (i.e. in receipt of minor aids and adaptations only).

1.3   The purpose of the consultation was to establish whether people agreed or disagreed with the idea of raising the eligibility criteria threshold for statutory care services and re-investing some of the savings in community based services open to all. We also asked people to indicate what sort of community based services they would like to see supported. If respondents disagreed with the proposal or were unsure we asked them to provide the reasons for this decision.

1.4   Consultation information comprising a letter, questionnaire and supporting information explaining the consultation process was agreed by the Project Group. The range of consultation documents are provided at **Appendices 2 to 6** of the report.

1.5   A Diversity Impact Assessment (DIA) was completed taking account of ways in which the department would involve representatives from ethnic minority communities within the consultation process **(APPENDIX 7).**

1.6   The Fair Access to Care Services (FACS) Consultation commenced on 27th September and closed on 31st December 2006.

2.   Consultation Process

2.1   The consultation process was thorough and extensive, further details of which are described within the following sections of the report. The Council was congratulated on its approach to the consultation by members of the 50 Plus Forum.

2.2   Social Workers applied a screening process prior to the production of the final mail merge sets (names and addresses), in order to remove recently deceased records and to pick up those people who needed information producing in different formats.

2.3   All the consultation documents (as mentioned at 1.4 of the report) were made available in different formats including large print, easy read with pictures, Braille, audio tape, and different languages. A DVD explaining the current FACS criteria and the consultation proposals was produced for the Learning Disability client group.

2.4   A dedicated helpline was made available to enable service users, or their family or friends to contact the department to discuss their concerns, request a home visit or to receive help in completing questionnaires. The helpline was manned by five members of staff (Planning and Implementation Officers) skilled in social care assessment and care management processes.

2.5   Twenty seven stakeholder meetings were arranged over a 3 month period (October to December 2006). Existing forums were used where possible which included planning/implementation groups from health and social care, voluntary bodies, contracted service providers, health agencies and Public and Patient Involvement Forums. Staff attended meetings to answer queries, record views and hand out questionnaires and public information. A full list of stakeholders is reproduced at **APPENDIX 8** to the report.

2.6   Four open public meetings (day/evening meetings) were arranged. Councillor Ray Waller, Portfolio Holder for Health and Social Care, together with members of the Directorate presented details of the consultation process at the open public meetings.

2.7   Six dedicated focus groups were arranged (day/evening meetings) for the blind and Deaf Communities, Learning Disability client group and Talking with Communities consultation group (ethnic minority communities).

2.8   Given the complexity of issues involved in the consultation, Senior Staff of the Departments Directorate agreed to use a FACS script when leading on stakeholder consultation meetings. This ensured that presentations would be consistent and unbiased.

2.9   In October 2006 Senior Officers of the Department attended the Health and Social Care Scrutiny Forum to explain the consultation process.

2.10   On 8th December 2006 staff attended Carers Rights Day to provide direct support and information to Carers regarding the consultation process.

2.11   Raising awareness and promotion of the consultation exercise was achieved through Social Workers, Team Managers, Councillors, Neighbourhood Forums, local media, and the Councils website. Support was also provided by Hartlepool Carers and Hartlepool Voluntary Development Agency by circulating information within the wider community.

3. **How We Consulted**

We consulted through the postal survey, by holding a series of closed and open consultation meetings and promoted contact through the dedicated helpline, Social Workers and the Council's Community Portal.

Information and Mailing (Postal Survey)

In October 2006 a mailing was sent to **1,979** people as follows:

Group	Number
Service Users	1838
Representative of Residents Associations	47
Providers of Contracted Services	32
Voluntary/Other Organisations	62
Total	**1,979**

3.3 The mailing provided information on how to attend consultation meetings, contact the helpline and request information in various formats if this was required. The consultation pack consisted of the following documents (as explained previously at section 1.4 of the report).

- a letter
- a questionnaire
- a summary leaflet about Fair Access to Care Services Criteria
- proposals for changing the FACS criteria threshold
- examples of low, moderate, substantial and critical bandings.
- a prepaid reply envelope to return responses.

3.4 The information was produced in Braille, easy read with pictures, audio tape and DVD and these formats were specifically used within dedicated focus groups for the Learning Disability Service Group, Deaf and Blind Communities.

3.5 The consultation information was also produced in two different languages (Urdu and Bengali) at the request of three individual service users. This was noted within the results of the Department's Diversity Impact Assessment at the close of the consultation period.

3.6 Hartlepool Voluntary Development Agency assisted in circulating the consultation information to **62** organisations within the town.

3.7 Hartlepool Carers agreed to include an article within their autumn newsletter promoting attendance at public meetings and use of the help line. Over **400 flyers** (as inserts to the newsletter) were produced by the Department and despatched by Hartlepool Carers.

Consultation Meetings

3.8 A total of **27** consultation meetings were completed by senior representatives of the department (Including **4** open public meetings and **6** closed focus group meetings for specific client groups (as described previously at sections 2.5 to 2.11 of the report).

3.9 People used the meetings as an opportunity to air their views, raise important questions and seek further clarification on the proposals. Senior staff attended meetings to provide answers to difficult questions and to speak to individuals after each meeting in order to address any individual problems raised.

Consultation Responses

Statistical Analysis of Returns

4.1 People responded well to the consultation by completing questionnaires, attending stakeholder and focus group meetings, contacting the dedicated helpline and sending personal letters.

All questionnaires and comments were entered onto a computerised recording system to assist with the analysis of the results. The Department was mindful of confidentiality issues and handled personal information carefully.

4.3 **743** postal questionnaires were returned, a good return rate of **38%.** A breakdown of the volumes received by client group, gender and age range is provided at **APPENDIX 8** to the report.

4.4 When analysing the returns by client/service group, all service groups were represented including Learning Disabilities, Mental Health, Service, Younger Physical Disabilities and Various Organisations. The highest number of returns **(471)** were received from the Older Peoples Service Group.

4.5 When looking at the breakdown of returns by gender type, the highest number **(417)** were received from females.

4.6 The breakdown by age range revealed that the highest number of participants **(237)** to complete questionnaires were those aged 80 years or more.

4.7 Over **350** free format comments were detailed on the returns. A summary of views can be found at section 5 of the report.

4.8   A number of personal letters **(10)** were addressed to the Director expressing concerns over the potential change to the eligibility criteria and seeking further clarification on the impact of the proposed changes to their individual circumstances. All letters were responded to and the views expressed, collated at the close of the consultation process.

4.9   Over **400** people attended consultation meetings (A number of people attended more than one meeting due to the range of forms used). Views were exchanged and noted at each of the meetings and summarised at the close of the consultation process.

4.10   The helpline proved to be successful with staff receiving **165** telephone contacts over the consultation period. People contacted the help line for a variety or reasons, including requests for home visits, help in completing forms, and seeking clarification and explanation of the eligibility criteria. Some participants used the help line to highlight the need for a review of their personal circumstances.

5.   Consultation Findings

5.1   We asked people to indicate if they agreed or disagreed with the Council's proposal to remove the moderate FACS banding and invest some savings into community based services for all.

5.2   If people did not agree with the proposal, or were unsure we asked them to provide the reasons why. Comments (in the form of summary phrases) have been included within this section of the report to present a picture of what was thought or felt by those participating in the consultation process.

Postal survey – Outcome

5.3   The overall message from the outcome of the postal survey was mixed. **45%** of respondents **(338)** agreed in principle to the proposals, **20% (150)** people disagreed, **31% (228)** were unsure, and **4% (27)** could not reach a decision. **APPENDIX 9** to the report provides a breakdown of the decision by group.

Consultation Views – Postal Returns

5.4   The Department received over **350** free format comments detailed on the returned questionnaires.

5.5   There were a considerable number of objections to the proposals. People spoke passionately, presenting a picture of their struggles to maintain their independence and retain a quality of life.

5.6   Strong fears were expressed at the possible withdrawal of existing care services and how this would impact on the health of service users and their carers, possibly leading to isolation, neglect and crisis situations. One service user stated **"It is the difference between life and death".**

5.7   It is important to note that all services users (helped to live at home) were invited to comment on the proposals irrespective of their FACS banding. Responses to the consultation clearly include the views of those not currently assessed at the moderate FACS banding, however, due to the nature of the returns this figure could not be quantified.

5.8   A good range of community based services were suggested by service users, and their carers, details of which are provided at **APPENDICES 11 to the report.** They felt that these were important community services.

5.9   Those people who agreed in principle to the changes to the eligibility criteria also provided comments expressing the need for the provision of safeguards, quality systems and clear and accessible communication channels to alternative services (including advocacy).

5.10   The majority of people who had indicated they were unsure about the proposal felt they were unable to reach a decision due to the following reasons:

- People did not know how the proposed changes would affect them personally.

- People did not understand the existing eligibility criteria or what band they were currently assessed at.

- Some people did not understand the consultation proposal or the questions asked of them.

- Some people were not prepared to make a decision until they found out more about the proposed new system and what investment was going to be made to which community organisations.

5.11   The following section of the report provides a summary of the comments provided by all participants (Service Users, Carers, Organisations and Agencies) involved in the consultation process. The detailed individual comments are retained within confidential files as evidence gathered during the consultation process.

5.12   Those consultation views expressed at the dedicated focus groups for the Learning Disability Service Group, and the Blind and Deaf communities are incorporated within the following summaries:

- People greatly valued the current services they received from the department and felt these were a life-line. They questioned the need for change.

- The consultation process caused anxiety and concern and people expressed fear of the unknown.

- Some people felt it was a cost cutting exercise and the decision was already made and that money had been wasted on the consultation process.

- Many respondents were not aware of what banding they were currently assessed at and therefore were unsure what services would be withdrawn.

- The Department needs to promote its eligibility criteria more widely and provide information which is clear and easy to understand.

- People from the Deaf Community felt that taking the moderate band away would affect them greatly as they currently qualified for services and equipment in this banding. Also that it may affect people who work and care for someone who is deaf and they may have to stop working.

- People from the Blind Community raised a number of concerns regarding the removal of services but were unsure how the proposal would directly affect them. They stressed the importance of knowing the people who cared for them, and if they had to deal with different people from various organisations this would cause difficulties.

- Representatives from Mental Health Services felt that if support is removed from those with lower level needs they may no longer be able to set up and run user led services or be involved in the planning of those services.

- People responding who used Learning Disability Services were worried about the impact of not being able to attend the day centre and therefore would miss out on social activities and making friends.

- Carers of people using Learning Disability Services looked upon the proposal as cuts to services and increasing risks to the most vulnerable people in society. They were worried that their sons/daughters would not be eligible for support to attend social activities, employment placements or the day centre.

- Assessment processes need to thorough and accurate, Staff require training in FACS criteria.

- People feared isolation and felt this would have a detrimental impact on the quality of their lives (not seeing people from week to week).

- Respondents felt that withdrawal of moderate care services will push people into the substantial and critical categories – this will cost the authority more money.

- People very concerned about the financial impact of the decision, for individuals especially with regard to extra costs for alterative services, and potential loss of personal benefits and entitlements.

- Concerns were raised about the potential impact to those people in receipt of direct payments (especially with regard to making staff redundant)

- People questioned how the system would cope with people who had fluctuating care needs and feared that the new system would not pick this up.

- People queried how people would become aware of the alternative services available and how they would receive information.

- Concerns raised for those people who do not currently receive help and questioned how they would access services.

- Services such as respite or sitting services were seen as critical to ensure a quality of life for carers and families.
- Increased burden on carers, possibly leading to crisis.

- Concern regarding the impact on those people with disabilities and mental health problems.

- Concerns over timescales on possible withdrawal of services.

- People questioned which organisations would be providing services within the community and how the Council would assure quality of services.

- People wanted re-assurance and guarantees that service users and carers would be checked regularly irrespective of whether or not they were banded in the lower level of care.

Summary of Organisations/Agencies views

5.13   A number of views and suggestions were provided by Organisations/Agencies either by completing questionnaires or attending stakeholder meetings. Some views mirrored those already presented by service users and their carers. In addition, the following summary views were collated for the purposes of the report.

- Investing more money in preventative services at the lower band could prevent people falling into the higher categories of care.

- Concerns for Service Users and Carers slipping through the system and not being noticed until in crisis.

- How would those vulnerable people with no support networks in place, access services or gain information.

- Questioned whether the process will actually make savings.

- Not convinced that the savings will be adequate enough to fund services.

- Some organisations would welcome clearer definition of the FACS eligibility criteria.

- Some respondents felt that the authority should have completed an in-depth impact analysis to inform service users/carers/other stakeholders of the potential benefits of such a proposal. Many other local authorities have been through this process.

- Concerned that the consultation provides little detail on how the system will be re-designed to offer effective services likely to meet the needs of those not eligible for statutory care services.

- People need to consider various options. There should be flexibility/choice over what type of care and housing support people may wish to see delivered in the future.

- Some organisations acknowledged the financial pressures the authority faced but queried what groups would be given support and whether the Mayor or Councillors would make the final decision regarding investment.

- Many people with moderate levels of need currently don't get services but actually receive help from the voluntary sector. Hope savings will be re-invested in these services.

- Concerns regarding capacity within the voluntary sector to cope with increased demand for services and being unable to respond.

- Concerned with having to meet the costs of handling the higher levels of service.

- Sustainable funding will be needed for the voluntary sector.

- Issues with continuity of service – high levels of staff turnover within the voluntary care sector.

- Lack of volunteers – how are they to be found?

- Unfair to expect the voluntary sector to undertake the shortfall in social care which should be provided by the local authority.

- Unsure of the impact on patients who are discharged from hospital.

- Communication/information – concerns raised around how people will be signposted to receive the relevant type of support suggested a central point of contact (a person from the voluntary sector) to act as a co-ordinator.

- Assessment process must consider whole picture.

- If short breaks for carers and services users were affected this would have a major knock on effect 'crisis situation would occur.

- Withdrawal of transport services would put people at risk.

5.14 On 26th October 2006, Adult and Community Services and Health Scrutiny Forum considered the proposals. Further information was provided at the subsequent meeting on 19th December. The two major points to emerge were that Scrutiny would welcome the opportunity to be involved in a partnership with the Executive in relation to monitoring the effects of any change in threshold, and that their final views on appropriate investment in community based services would be dependent upon the findings of their ongoing investigation into social prescribing.

6. **Community Based Services – Suggestions**

6.1 We asked people to give an indication of the type of community based services they would want to see supported by the Council.

6.2 People were asked to place a tick against a range of services detailed on the postal questionnaire. In addition to this predefined list, people were also asked to detail 'any other' service suggestions at the bottom of the questionnaire.

6.3 The following table provides the consultation responses by pre-defined service suggestion (in order of highest interest).

Community Based Services	Count
Help getting to appointment	402
Transport	377
Prescription Collection	318
Day Care	309
Cleaning	304
Shopping	300
Sitting Service	286
Meal Preparation	264
Meeting People	249
Laundry	187
Money Collection	135

A wide range of 'other community services' were suggested which people felt would help them to remain independent and assist with a good quality of life. These services are detailed at **APPENDIX 11** to the report.

SECTION C – OPTIONS AND RECOMMENDATIONS

1. **Context**

1.1 Adult social care faces ongoing financial pressures, which are recognised nationally, in terms of cost pressures, quality expectations, and especially demographic effects. These pressures have been quantified for 2007/8 as £808,000 in the draft pressures/priorities, plus £278,000 in contingency for residential fee increases. These are over and above normal inflation levels.

1.2 Significant efficiency gains have been made to set against these pressures, predominantly from re-shaping and modernising care services within a reduced funding level. However, the pressures seem set to exceed the opportunity for efficiencies year on year, and this would pose a chronic financial problem for the Council.

1.3 Other authorities face a similar dilemma, and the great majority have already raised their criteria to "substantial", with the rest considering doing so in the near future. It is recognised that there needs to be a balance between meeting the needs of the most vulnerable, and preventing people reaching crisis point. However, a greater number of people could potentially benefit from universal services than from statutory services targeted at the moderate band.

1.4 We should, therefore, seek to improve low level preventative services in the community open to all, but given the above financial pressures the funds to do so are drying up rather than increasing.

2. **Options**

2.1   The first option is to do nothing. There would be limited resources available for services to the substantial and critical bands, leading to degeneration in quality and failure to meet best practice standards of care. Ultimately we would face waiting lists and progressive cuts; and possibly closures. We would also be unable to fund community based services open to all.

2.2   The alternative is to raise the threshold and use part of the funds released to better support the most vulnerable, and the remainder to improve community based preventative services.

2.3   The 2007/8 draft revenue budget includes a saving of £135,000, largely from raising the FACS criteria. If this does not go ahead either some of the agreed pressures would not be met, or cuts would need to be made from within the items previously rejected by Cabinet.

3. **Financial and Service Implications**

3.1   At any one time approximately 3000 people receive regular social care support to live at home. Around a third of these will be in the moderate band, but those in receipt of appliances or adaptations only would not be reassessed. Perhaps 400 people with 'moderate needs' would be reviewed against the new threshold over the course of a 12 month period. Two thirds of those would be over 65 years. Most would be receiving some home care, some would attend day services, and a few would be in receipt of direct payments.

3.2   If the assessing officer felt that withdrawing statutory services could destabilise their condition and quickly lead to higher levels of risk, then services would be continued. Experience from other authorities suggests that in most cases, services would be continued. The effect on services and individuals should therefore be small and manageable. The savings from existing users would also be small – perhaps £50,000 pa in home care packages etc, built up over 2 years.

3.3   New cases are referred and assessed all the time. In those cases the new threshold would be applied straight away, and there would be a cumulative effect on time as the caseload turns over. Perhaps 50 or 60 people a year who would otherwise have received services at the moderate band would instead be signposted for community based services, and others who would have received support with adaptations and appliances may not be eligible. These savings could amount to over £300,000 pa, building gradually over a number of years. The final total would depend on the drop in the need for day care, and how far savings could be realised as result.

4. **Conclusion**

4.1   The status quo is not a viable option if Adult and Community Services is to stay within its budget whilst concentrating its resources on the most vulnerable and those with greatest risk to their independence. Increasing demand for services attributable to demographic changes such as the higher number of older people in Hartlepool will inevitably raise problems maintaining a moderate band of eligibility.

4.2   The raising of the FACS eligibility threshold is an essential mechanism to help manage increasing demand where there is not a corresponding increase in resources. However, such a change is not without risk – in particular because a person's circumstances might deteriorate more quickly because support is not available early on. The consultation revealed the genuine concerns of service users and carers in this respect.

4.3   FACS should be applied consistently across service groups following an individual assessment of need. There is an imperative to maximise the resources for the most vulnerable and it is estimated that by removing the moderate banding a substantial saving will be achieved. It is also proposed to develop systems to safely review existing moderate band service users and only withdraw services if no risk of deterioration is expected. It is anticipated that the vast majority of existing moderate band service users will continue to receive the services they currently enjoy. For those who will loose services they will be directed towards appropriate low-level support during a twelve week period before withdrawal. The department will also rigorously monitor those individuals and any new service user who no longer qualifies for statutory social care support.

4.4   Finally we should develop and finance a voluntary organisation to signpost people to existing low-level support services for all age groups. There will also be an opportunity invest in more preventative services.

5. **Managing the Impact**

5.1   Should Cabinet agree to increasing the FACS banding to substantial and critical, and removing the moderate banding then it is proposed a number of actions take place to manage and mitigate the impact on people.

5.2   Current Service Users

No-one who is currently in receipt of a minor and/or adaptations but is assessed at moderate banding will have that aid or adaptation removed. This is because the department would not traditionally review the service received anyway.

Anyone else will have their needs reviewed as per the existing annual review process. People on a moderate banding will be then assessed in the light of the impact of removal of that service and it is anticipated the vast majority will be assessed as in need of retaining the service. However, for those who are identified as no longer being eligible for service, a period of up to twelve weeks will be agreed before withdrawal. Further, anyone who is assessed for that withdrawal will be signposted by the department to alternative low level preventative services and the twelve week period used to maximise that exercise. Anyone for whom a service is withdrawn will also be followed up six months after by the department to ensure they have not deteriorated and have become eligible for Adult and Community Service provision. Scrutiny Forum expressed an interest in receiving a report on the results of this monitoring.

5.3   New/Prospective Service Users

5.3.1   Anyone who in the future is assessed as falling into the moderate banding and, therefore, not eligible for direct adult social care provision will be signposted to low-level support services.

5.3.2   As a result of the detailed consultation process it has become apparent that, whilst Hartlepool does have a broad and vibrant voluntary sector, there will be a need to develop an agreement, probably with a single voluntary sector provider to deliver signposting to low level support. A number of the types of services that people would welcome are highlighted in **APPENDIX 11.**

5.3.3   The main thrust of demand would appear to focus on household tasks – general cleaning, laundry, dusting, changing light bulbs, vacuuming, etc. There would also be a need to ensure that other areas of provision are developed, besides practical support to include social/emotional support such as befriending, and also housing/tenancy support.

5.3.4   Government thinking on low-level support to date has been unclear although there is an emerging consensus that low-level support should not be ignored and that in the longer term ignoring low-level support may be a false economy. Certainly the Social Exclusion Unit gave a confident endorsement of the value of low level services, emphasising their contribution to quality of life. A recent Joseph Rowntree Foundation report "That bit of help; The high value of low level preventative services for older people" recognises that low level services, like help with housework, gardening, laundry and home maintenance and repairs, enhances the quality of life for older people and helps them maintain their independence.

5.3.5 It is, therefore, proposed that Adult and Community Services Department develops a strategy to enhance and co-ordinate low level support for all ages with a voluntary sector provider. This is likely to involve not only investment in an agreement but also co-ordinated and enhanced funding to the voluntary sector to provide low-level support. At this stage there is no detailed agreement drawn up and, therefore, no detailed financial implications are available.

5.3.6 In respect of individuals assessed as not eligible for social care by virtue of falling into the moderate band it is proposed that a panel system is created to monitor numbers, impact and possible implications for future low level service development. In conjunction with intelligence from the voluntary sector it should then be entirely feasible to develop future plans for low-level support as needs may change.

6. RECOMMENDATIONS

6.1 That Cabinet agree in principle to the raising of the FACS eligibility threshold.

6.2 That plans for implementation be agreed at Adult and Public Health Portfolio, including early investment in an appropriate signposting service within the voluntary and community sector.

6.3 That effects of the change be monitored and reported back to Cabinet and Scrutiny by December 2007.

FACS IMPLEMENTATION PLAN		F	M	A	M	J	J	A	S	O	N	D	J
FEEDBACK TO STAKEHOLDERS													
Publicity, Hartbeat, Portal	CA/AD	x	x										
Script for groups consulted	AD/CA	x	x										
Staff email and then newsletter	AD/EW	x	x										
Revise public information leaflets	DO			x	x	x	x						
Discuss effects with Childrens Dept etc				x	x	x	x						
Inform individuals affected as assessed							x	x	x	x	x	x	x
IMPLEMENTATION PLAN													
Draft overall plan	AD/EW	x	x										
Confirm and adopt plan	FACS Grp		x										
Report plan to Portfolio	EW/AD			x									
Monitor plan actions	DMT			x	x	x	x	x	x	x	x	x	x
LOW LEVEL SUPPORT													
Make interim signposting arrangements				x	x	x	x	x	x				
Draft signposting spec/contract outcome focussed, incl quality checks, impact monitoring, assess gaps	EW GM			x	x	x							
Tender and let contract	PH						x	x	x				
Contract operational	VCS									x	x	x	x
Notify stakeholders and public								x	x				
Provide budget for contract	EW				x								
Draft low level prevention strategy	EW	x	x	x									
Identify future investment needs	EW/AD				x	x	x	x					
ASST and REVIEW													
Documentation and procedures	JL/LB	x	x	x	x	x							
Plan and deliver Training	EW/GP/JL/LB	x	x	x	x								
Est Panel	EW	x	x	x	x							x	
Assts and reviews carried out							x	x	x	x	x	x	x
Plan/send 6 month follow up letters	JL/JQ									x	x	x	x
Est Flag/codes for those affected	TS/JQ		x	x	x								
MONITORING and REPORTING													
Track individual impacts	JL/LB/VCS						x	x	x	x	x	x	x
Monitor/estimate savings	AD/JWs										x	x	x
PIs, DD, A&E, services?	AD/TS										x	x	x
Monitor Non-care managed services	TS										x	x	x
Report to Scrutiny/Cabinet	EW/AD											x	x