

Thurrock: A place of opportunity, enterprise and excellence, where
individuals, communities and businesses flourish

Health and Wellbeing Overview and Scrutiny Committee

The meeting will be held at **7.00 pm** on **2 September 2014**

Committee Room 1, Civic Offices, New Road, Grays, Essex, RM17 6SL

Membership:

Councillors Charles Curtis (Chair), Charlie Key (Vice-Chair), Mark Coxshall,
Yash Gupta (MBE), Sue Gray and Maggie O'Keeffe-Ray

Joyce Sweeney, HealthWatch Thurrock Representative
Ian Evans, Thurrock Coalition Representative

Substitutes:

Councillors Jan Baker, James Halden, Cathy Kent and Joycelyn Redsell

Agenda

Open to Public and Press

	Page
1 Apologies for Absence	
2 Minutes	5 - 12
To approve as a correct record the minutes of the Health and Wellbeing Overview and Scrutiny Committee meeting held on 29 July 2014.	
3 Urgent Items	
To receive additional items that the Chair is of the opinion should be considered as a matter of urgency, in accordance with Section 100B (4) (b) of the Local Government Act 1972.	
4 Declarations of Interests	

5 Items raised by HealthWatch

This item is reserved to discuss any issues raised by the HealthWatch co-opted member or designated representative.

6	Budget Reductions : Voluntary Sector Contracts, Learning Disability Development Fund, HealthWatch and Homeless Early Intervention	13 - 40
7	The Care Act - Proposed Changes and the Council's State of Readiness	41 - 78
8	Adult Social Care Complaints and Representations Annual Report 2013/14	79 - 112
9	Work Programme	113 - 114

Queries regarding this Agenda or notification of apologies:

Please contact Matthew Boulter, Senior Democratic Services Officer by sending an email to Direct.Democracy@thurrock.gov.uk

Agenda published on: **22 August 2014**

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DECLARING INTERESTS FLOWCHART – QUESTIONS TO ASK YOURSELF

Breaching those parts identified as a pecuniary interest is potentially a criminal offence

Helpful Reminders for Members

- *Is your register of interests up to date?*
- *In particular have you declared to the Monitoring Officer all disclosable pecuniary interests?*
- *Have you checked the register to ensure that they have been recorded correctly?*

When should you declare an interest *at a meeting*?

- **What matters are being discussed at the meeting?** (including Council, Cabinet, Committees, Subs, Joint Committees and Joint Subs); or
- If you are a Cabinet Member making decisions other than in Cabinet **what matter is before you for single member decision?**



Does the business to be transacted at the meeting

- relate to; or
- likely to affect

any of your registered interests and in particular any of your Disclosable Pecuniary Interests?

Disclosable Pecuniary Interests shall include your interests or those of:

- your spouse or civil partner's
- a person you are living with as husband/ wife
- a person you are living with as if you were civil partners

where you are aware that this other person has the interest.

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If the interest is not already in the register you must (unless the interest has been agreed by the Monitoring Officer to be sensitive) disclose the existence and nature of the interest to the meeting

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Unless you have received dispensation upon previous application from the Monitoring Officer, you must:

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If you are a Cabinet Member you may make arrangements for the matter to be dealt with by a third person but take no further steps

Non- pecuniary

Declare the nature and extent of your interest including enough detail to allow a member of the public to understand its nature



You may participate and vote in the usual way but you should seek advice on Predetermination and Bias from the Monitoring Officer.

Thurrock: A place of opportunity, enterprise and excellence, where individuals, communities and businesses flourish

To achieve our vision, we have identified five strategic priorities:

1. Create a great place for learning and opportunity

- Ensure that every place of learning is rated “Good” or better
- Raise levels of aspirations and attainment so that local residents can take advantage of job opportunities in the local area
- Support families to give children the best possible start in life

2. Encourage and promote job creation and economic prosperity

- Provide the infrastructure to promote and sustain growth and prosperity
- Support local businesses and develop the skilled workforce they will require
- Work with communities to regenerate Thurrock’s physical environment

3. Build pride, responsibility and respect to create safer communities

- Create safer welcoming communities who value diversity and respect cultural heritage
- Involve communities in shaping where they live and their quality of life
- Reduce crime, anti-social behaviour and safeguard the vulnerable

4. Improve health and well-being

- Ensure people stay healthy longer, adding years to life and life to years
- Reduce inequalities in health and well-being
- Empower communities to take responsibility for their own health and wellbeing

5. Protect and promote our clean and green environment

- Enhance access to Thurrock’s river frontage, cultural assets and leisure opportunities
- Promote Thurrock’s natural environment and biodiversity
- Ensure Thurrock’s streets and parks and open spaces are clean and well maintained

Minutes of the Meeting of the Health and Wellbeing Overview and Scrutiny Committee held on 29 July 2014 at 7.00 pm

Present: Councillors Charles Curtis (Chair), Charlie Key (Vice-Chair), Yash Gupta (MBE) and Maggie O'Keeffe-Ray

Ian Evans, Thurrock Coalition Representative
Kim James, Healthwatch Thurrock Representative

Apologies: Councillors Mark Coxshall and Sue Gray

In attendance: Councillor Barbara Rice, Portfolio Holder for Adult Health Services
Roger Harris, Director of Adults, Health and Commissioning
Dr Andrea Atherton, Director of Public Health
Debbie Maynard, Head of Public Health
Angela Clarke, Service Manager - Provider Services
Alison Nicholls, Carers Strategy Officer
Sarah Turner, Commissioning Officer - Older People
Matthew Boulter, Principal Democratic Services Officer

Before the start of the Meeting, all present were advised that the meeting may be filmed and was being recorded, with the audio recording to be made available on the Council's website.

1. Minutes

The Minutes of the Health and Well-being Overview and Scrutiny Committee, held on 11 March 2014, were approved as a correct record.

2. Declarations of Interests

Councillor Gupta declared a non-pecuniary interest in respect of Agenda Item 6 as he was associated with a number of voluntary organisations including Thurrock CVS and the Older People's Parliament. He also declared a non-pecuniary interest in respect to agenda item 8 as his daughter was disabled and he was a carer.

Councillor Curtis declared a non-pecuniary interest in respect to Agenda Item 6 as his daughter worked in adult social care, his wife was a member of HealthWatch and that he worked with the Citizen's Advice Bureau.

Mr Evans declared a non-pecuniary interest in respect to agenda item 6 as he was a director of HealthWatch and Thurrock Coalition, which was related to the Thurrock Centre for Independent Living.

Ms James declared a non-pecuniary interest in respect to agenda item 6 as she was a representative of HealthWatch.

3. Items raised by HealthWatch

The Committee noted that there were no issues to be raised at this meeting.

4. Budget Update Savings Proposals

The Committee noted the Equality Impact Assessment document provided by Thurrock Coalition to be considered in conjunction with this report.

The Committee learnt that the Council had to save around £37.7 million over three years. £15 million worth of savings had been identified so far but there was a budget gap still to be closed. More savings were needed and these would be brought forward to Cabinet in August and September. The budget calculations were based on a number of assumptions including that a 1% pay increase and increment awards would be given to staff and that council tax would be raised. More specifically, the adult social care budgets had not taken into account any possible additional costs caused by the forthcoming Care Act. It was assumed these would be funded by central government.

The pressures on adult social care were increasing as it was very much demand led and two thirds of the budget was spent on placements.

Members understood the savings were being made as a response to a reduction in local government grants by central government plus an increase in demand for the services. It was also discussed why the savings were only impacting on the year 2015/16 and not on future years. It was explained that the department had endeavoured to put as much savings in the first year as possible and although the savings would be made continually throughout ensuing years, they were only registered as savings when they were taken from the base budget.

Officers clarified that public consultation took the form of online surveys, taking the reports to overview and scrutiny committees but also through formal consultations like the one conducted for the meals on wheels service. The final decision on all budget items would not be taken until February 2015.

Officers stated that the department was a low spend department and to make savings they had focussed on protecting statutory duties, making savings as much as they could through improving procurement and obtaining external funding.

Efficiency in Public Health Commissioning

Councillor Gupta raised concerns that the savings made to a variety of services would decrease the effectiveness of them. Officers replied that all the services were still running and that the efficiencies made (which had reduced the duplication of work among other changes) had actually improved service

delivery to residents. For example, in terms of weight management services, the money was being put into projects that provided community activities and support that reached a more diverse base of residents for longer than a twelve week programme. Officers clarified that the 'other' category was a sum of money reserved for any projects or issues that the community identified as needing more support. There was potential for this money to bolster one of the services which had been reviewed but officers were confident that the services were performing better and therefore would not require further funding.

Older People Voluntary Sector Contracts

Councillor Gupta felt that this saving needed to be returned to Cabinet for more discussion. He stated that older people, as a section of the population, were increasing and that the majority of the support these organisations provided were vital to the communities they served. Councillor Rice agreed with this view but stated that savings had to be made and if the council did not make savings to these contracts, then the savings would have to be made to other services. Officers suggested that a full impact assessment be made in relation to this item and be brought back to the next meeting.

Learning Disability, Mental Health and Other Third Sector Contracts

The majority of these contracts had been historically funded through the Learning Disability Development Fund. When this had ceased, the Council had continued funding. The proposal was to stop this funding and help the organisations seek external funding sources. With regards to HealthWatch, the proposal was to reduce funding by a third. Officers clarified this reduction by a third affected the entire HealthWatch budget.

It was noted that the reduction in grants would affect numerous cross organisation projects. Officers agreed to provide a breakdown of all the proposed savings for voluntary sector grants so the organisations could see which projects would be affected.

Officers would be reviewing the advocacy service contract as soon as it was up for renewal but added this was a statutory service so would be suitably funded in the future.

The committee agreed that this item required an equality impact assessment, which included effects on the disabled community.

Councillor Key requested that the council look at how to re-model the advocacy and advice services so that savings could be made but also provide a service to those communities that required help. He also felt that Age Concern UK was vitally important to helping older people with living and should be part of the impact assessment.

Officers highlighted that the Council had expanded the voluntary sector in previous years and this should be taken into account.

Equipment

Savings would be made by deleting one post and re-negotiating the contract for equipment with Essex County Council. The Committee was assured that remaining staff would have the skills to provide a suitable service.

Supported Living Review

This area related to services that had previously been funded under the Supporting People Budget and had been divided into five categories, namely:

- Category 1 – those services that would be stopped.
- Category 2 – those services that would be supported by housing in the future
- Category 3 – those services yet to be decided upon.
- Category 4 – those services that may reduce.
- Category 5 – those services that would continue but may be funded through external or alternative sources.

Within category 1, the services being stopped were the young people's mediation service (which had received a low uptake in the community), Homeless Prevention Service (this would be covered by a Housing service) and Leaseholders Payment (which was an historic benefit from 2001-2003 that affected a very small number of older people).

Ian Evans added that mental health and housing was a significant issue and it was important that the council ensured appropriate housing for people with mental health issues to reduce suicides and admissions to specialist services.

RESOLVED: That:

- 1. The above comments be noted by Cabinet in future budget considerations.**
 - 2. The Equality Impact Assessment provided by Thurrock Coalition be noted in conjunction with this report.**
 - 3. Impact assessments would be brought back to the September meeting on the voluntary sector reductions and Categories 3 and 4 under the Supporting People budgets.**
- 5. Meals on Wheels Public Consultation Results**

The results of the consultation had shown that 70% of services users preferred the service to remain the same. 10% had preferred the option that overview and scrutiny had originally agreed to go out for consultation last municipal year.

Councillor Gupta stated that he had visited residents in his ward who received the meals on wheels service and they were all very elderly and disabled. He felt that a change in service would have a massive impact on them and therefore, he was inclined on this evidence to keep the service the same. Officers responded that there was no guarantee that when the contract came up for renewal, the current providers would remain as this service would be subject to tender. Under the proposed change these service users would be able to receive the same type of service. In addition, the proposed service redesign would save the council £2.75 per meal per day.

Councillor O’Keeffe-Ray highlighted that most of those receiving the service were lonely and it was important to maintain human contact with their meal delivery people.

RESOLVED:

That a combination of option 3 and 6 be presented to Cabinet for decision.

6. The Future of Short Break Services for Disabled Adults in Thurrock

The Committee learnt that there were two residential short break services in operation in Thurrock up to April 2014. The Breakaway service was being renegotiated so that instead of the Council paying for exclusive use of three beds under a block contract, service users would be able to use a personal budget and pay Breakaway directly for the number of nights stayed at the service. An earlier negotiation with Breakaway had already achieved a 10% reduction in costs. Hathaway Road, the second service, which had also provided short break services for disabled people, would no longer be used for short breaks. This closure of the service at Hathaway Road would affect nine residents, although many were already using Breakaway as an alternative. The staff affected had already been re-deployed.

The reason for ceasing short break services at Hathaway Road was partly due to low demand. Many disabled people and their carers preferred different forms of respite care. Many users wanted to be with their friends or go on holiday rather than stay in residential care, or receive care in their own home. HealthWatch had been involved in the review of this service and Kim James highlighted that many carers did not want to move their loved ones from their homes when they themselves went out for the day or evening or on holiday.

Included in the review of short breaks was a desire to increase the range of short break options in Thurrock, both residential and non-residential, so that people had a wider choice.

The proposed change in access to the Breakaway services from block contract to spot purchase, as well as the intended increase in short break options meant that a fair and open system for allocating time there or the amount of the personal budget should be devised. A couple of different

options for this were presented in the appendix of the report. Councillor Key stated that he preferred the second system.

It was clarified that the exact savings figure was uncertain but would range between £50,000 and £65,000.

RESOLVED: That:

- 1. The Committee note a wide review and initial work to develop short break options for disabled adults has now started and the results of that review will be reported back to Committee.**
- 2. The Committee note the decision of the Director of Adults, Health and Commissioning, in consultation with the portfolio holder, that Hathaway Road Short break Service is permanently closed.**
- 3. The comments on the allocation system above be noted by officers.**

7. An Introduction to Public Health

The Committee received a presentation on Public Health that set out to introduce the service, its roles and responsibilities as well as its current projects. The presentation took in the following key issues:

- The health profile of Thurrock, which highlighted a higher proportion of children living in poverty, a lower female life expectancy and lower levels of statutory homelessness compared to the England average.
The challenges surrounding eating habits and levels of physical activity and the proportion of adults who smoke.
- The key roles of health improvement, health protection and healthcare public health.
- The provision of specific services including sexual health and contraceptive services, national child measurement programme and the NHS Health Check Programme.
- Projects undertaken including the very successful 'Beat the Street' and 'New year, New You' Campaign.

The Director for Adults, Health and Commissioning stated that Public Health had made a major and positive impact upon the Council's priorities since it had joined the Council.

8. Proposal for new services for children's weight management, adult's weight management and school nursing provision from 1 April 2015

Public Health had worked with five comparative councils to understand how they spent their money on these services. Following on from this they had consulted relevant community groups including schools and the Youth Cabinet to understand what the needs for these services were. As a result of

this work, a new model of delivering school nursing and weight management was designed. In relation to school nursing, the model has met approval with the schools and nurses themselves. The changes included the nurse wearing a uniform and working in clusters to effectively provide support. Before the Council goes out to tender, officers are working with a company called Benson Model to provide detail to the contract requirements.

With regards to weight management, residents had identified the need for locally specific services and this is what will be supported. Services for very obese people would require specialist support that would be provided at a regional level.

RESOLVED that the report be noted.

9. Work Programme

RESOLVED that the impact assessments on the savings for HealthWatch, the Voluntary Sector Organisations and Supporting People be categories 3 and 4 provided at September's meeting.

The meeting finished at 9.36 pm

Approved as a true and correct record

CHAIR

DATE

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2 September 2014	ITEM: 6
Health and Well-being Overview and Scrutiny Committee	
Budget reductions : Voluntary Sector Contracts, Learning Disability Development Fund, HealthWatch and Homeless Early Intervention	
Wards and communities affected: All	Key Decision: Key
Report of: Catherine Wilson Strategic Lead - Commissioning and Procurement	
Accountable Head of Service: N/A	
Accountable Director: Roger Harris – Director of Health, Adults and Commissioning	
This report is Public	

Executive Summary

A series of budget savings proposals have been drawn together to contribute to the overall savings targets set by Thurrock Council. The impact of the proposed savings on the citizens of Thurrock has been identified within the attached Equality Impact Assessments.

The Council has a legal responsibility to deliver a balanced budget and the report presented to Health and Well Being Overview and Scrutiny Committee on the 29th July 2014 detailed the background to the financial pressures that the Council faces and the work to date that has achieved significant savings. Over the next 3 years these financial pressures are going to increase and this will limit the extent to which services can be provided without a significant reduction in current spend.

The proposed voluntary sector contracts for budget savings are as follows:

- The World of Work TCIL £60K
- Keeping Safe BATIAS £30K
- Star Dating BATIAS £30K
- Thurrock Asian Association £17,790
- Thurrock Over Fifties Forum £5,000
- Age Concern Thurrock £2,600
- Age UK Essex Home Support £25,000

This is a reduction of approx. £ 170k on an Adults voluntary sector contracts budget of £ 770k

In addition a reduction of £ 50k is proposed to HealthWatch which is an arms-length social enterprise managed by the CVS.

A reduction of £ 34,064 in the Homeless Early Intervention project is also covered in the attached EIA's.

The overall individual impact for each equality group of each proposal together with the cumulative impact is one that reduces the availability of the identified services. Each contract or grant provides a service that supports individuals to gain information and/or direct support with specific issues that affect their lives. The contracts give an independent voice to people in Thurrock to influence and comment on service provision.

For each budget savings proposal mitigation of the impact for each equality group where appropriate has been noted and either officers will support organisations to seek alternative funding or some of the work will be directed to already existing services or forums.

1. Recommendation(s)

1.1 That the Health and Well Being Overview and Scrutiny Committee note and comment on the impact across all equality groups of the proposed budget savings.

1.2 That the Health and Well Being Overview and Scrutiny Committee are informed about the proposed mitigation of the impact across equality groups.

2. Introduction and Background

2.1 Each proposed budget saving has been carefully considered balancing the requirement to make savings against the need for each contract to deliver the support and services detailed in the service specifications to the citizens of Thurrock. Each contract or grant has been awarded through a fair and equitable process with, in the case of HealthWatch, a requirement of the Local Authority to commission the services.

2.2 Each individual Equality Impact Assessment has identified the impact across each equality group and it is clear that the impact of the proposed budget savings across all areas will have some negative impacts. In some cases certain equality groups will be disproportionately affected through the proposals particularly older people and disabled people. The savings will mean that the ability of organisations to deliver the services outlined in their contracts or grant agreements will be reduced.

- 2.3 Each individual Equality Impact Assessment outlines where possible the mitigation that will reduce the impact of the budget savings across Thurrock. Officers will, where ever possible, support organisations to find alternative sources of funding. Some recommendations will be made to support organisations to recruit more volunteers to deliver their services. Some of the broader agenda's will be met in part by forums and services that already exist in the community or the Council.
- 2.4 The summary for each Equality Impact Assessment is detailed in the table below outlining the proposed saving, the service and potential impact and the mitigation where appropriate.

Proposal	Service and Potential Impact	Mitigation of Impact
The World of Work £60K	This is the only service we commission that supports people with learning disabilities to seek work. The loss of this service will mean that people with a learning disability and Autism may find it difficult to engage in training and find employment, which can cause social isolation and limit participation in public life and the community.	The Job Centre have a programme called 'Work Choice' which is delivered by a provider at a local level for people with long term disabilities and learning disabilities to assist with the developing of CV's and supporting people to be job ready with appropriate skills.
Keeping Safe BATIAS £30K	The Staying Safe project supports people with a learning disability to understand how to keep safe in the home, out side in the community and online there is a risk that without this support people with a learning disability will be at risk and more safeguarding issues will be raised	Thurrock Community Safety Partnership develop and manage the community safety events in Thurrock for vulnerable groups. Some of the topics covered are personal safety, hate crime and internet safety where awareness is raised and the ability to report incidents.
Star Dating BATIAS £30K	The Star Dating project supports people with a learning disability to be able to meet other people in a safe environment with a view to dating but also to learn how to keep safe. It has been successful in	The Thurrock demographic is relatively compact where there are strong local links with voluntary services and the Thurrock Coalition who link in with numerous disability groups including

	<p>reducing people's social isolation.</p> <p>Without this service people with a learning disability will be less likely to have the opportunity to find a partner and get married / live together within a relationship and live a life that reflects their dreams and wishes.</p>	<p>Thurrock Diversity Network and Water Assisted Disabled Exercise and Rehabilitation Scheme (WADERS).</p>
<p>Thurrock Asian Association £17,790</p>	<p>TAA provides opportunities for socialisation to Asian elders and to signpost people to other services. Those individuals who are non-English speaking are supported in accessing services and volunteers advocate on their behalf. The TAA also provide facilities to other groups working with older people (especially those from a BME background). Please note that £11,000 of this funding is for rent on the centre (former shop) owned by the Council. If alternative funding is not found there would be an adverse impact on Asian Elders.</p>	<p>The actions that will be taken (apart from assistance to seek alternative funding) will need to ensure that additional mechanism for equality of access are put in place e.g. greater availability of information in Asian languages.</p> <p>Advocacy is available through another contract. This includes the provision of a translator for people who are non-English speaking.</p>
<p>Thurrock Over Fifties Forum £5,000</p>	<p>Thurrock Over Fifties Forum (TOFFs) was set up to represent the needs and interests of older people in Thurrock and to ensure that older people were engaged in the planning, development and evaluation of services and the local community.</p> <p>If alternative funding is not</p>	<p>This organisation was put in place to ensure that the voice of older people was heard in decision making. Alternative mechanisms of engagement would need to be strengthened to ensure that this continues e.g. Older People's Partnership Board, Thurrock Coalition and links created with other</p>

	secured there would be the risk of an adverse impact on older people.	older people organisations e.g. U3A
Age Concern Thurrock £2,600	<p>A volunteer led organisation that provides information and advice to older people and their families from the availability of local social activities to more specific help around the completion of attendance allowance forms (last year to supported older people to claim £82k).</p> <p>If alternative funding is not secured there would be an adverse impact on older people. There could also be an impact on other services as people may seek alternative help with the completion of forms. This may also result in increased social isolation and poverty for older people.</p>	<p>It is difficult to mitigate the risk and reduce it to a low rating without significant investment (investing in hard copies of information about social activities, greater use of LAC's and publishing more advice about completing forms). This investment would likely to cost more than the annual grant.</p>
Age UK Essex Home Support £25,000	<p>This service provides practical help to stay at home e.g. help with shopping and cleaning. If alternative funding is not secured there would be an adverse impact on older people. The funding has been used to subsidise the unit cost (hourly rate). This will result in the organisation having to introduce a full cost recovery model.</p>	<p>There is no mitigating action; removal of this funding will result in a higher hourly rate for older people if they continue to choose to stay with this provider.</p>

<p>Homeless Early Intervention Contract £34,064</p>	<p>The current contract provides support to 7 individuals/families at any one time and is available to all sectors of the community. Whilst there are additional Council-commissioned services that aim to prevent homelessness, these services are not available to everyone. For example, the homelessness prevention service commissioned by Housing is only available to Council tenants and deals with rent arrears only. Therefore it is likely that those most affected by this proposed termination of service will be people in the private sector.</p>	<p>The Family Intervention Project that is commissioned by Children's Social Care has a primary objective of stopping the anti-social behaviour of families and restore safety to their homes and to the wider community. The project also tackles the causes of anti-social behaviour, with issues such as drug and alcohol misuse, poor health, domestic violence, unemployment and debt. As a result the project also delivers other objectives such as preventing homelessness, enabling families to sustain tenancies and helping to achieve the five Every Child Matters outcomes for children and young people.</p> <p>For those families and individuals that do not meet the criteria of the above services, then the Council will signpost enquirers to alternative support services and community support organisations.</p>
<p>HealthWatch £50K</p>	<p>This reduction represents 30% the current grant to HealthWatch and would effectively reduce the organisations capacity to offer the current levels of service.</p> <p>The organisation undertakes an invaluable role in monitoring local health and social care</p>	<p>The organisation would be supported to find alternative funding to replace the reduction in funding</p>

	<p>services and supports service users, carers and patients. It is a requirement that each local authority commissions a local service however there is no ring fenced grant for health watch it is now part of the general fund</p>	
	<p>HealthWatch provides a vital independent role in supporting the population of Thurrock and this ability would be reduced significantly if funding was reduced</p>	

3. Issues, Options and Analysis of Options

3.1 N/A

4. Reasons for Recommendation

4.1 Thurrock Council are required to deliver a balanced budget.

4.2 That Health and Well Being Overview and Scrutiny Committee are informed regarding the potential impact on all equality groups of the proposed budget

5. Consultation (including Overview and Scrutiny, if applicable)

5.1 Further discussions will be held with the groups affected.

6. Impact on corporate policies, priorities, performance and community impact

6.1 In order to continue to deliver services to people in Thurrock the Council is required to make significant savings. The budget savings proposals will support Adult Social Care to deliver the proportion of the Council's savings allocated to the Directorate. In so doing it will have a significant negative impact on the wider corporate policies and priorities together with the community of Thurrock. The reduction in the HealthWatch contract and the grant for TOFF's will lessen the independent voice of those who use services

7. Implications

7.1 **Financial**

Implications verified by: **Roger Harris**
Director Adults Health and Commissioning
Mike Jones
Management Accountant

This report adds more detail to the impact of the proposed budget savings contained within the report presented to Health and Well Being Overview and Scrutiny Committee on the 29th July 2014. The financial implications are the same.

7.2 **Legal**

Implications verified by: **David Lawson**

Deputy Head of Legal & Deputy Monitoring Officer

There are no direct legal implications within the context of this report although there is the possibility of legal challenge if budget savings are realised and EqIA's were not appropriately completed.

7.3 **Diversity and Equality**

Implications verified by: **Teresa Evans**
Equalities and Cohesion Officer

This report details the impact across all equality groups, the risks and mitigation. The Community Development and Equalities Team will prepare a report with regards to the cumulative impact of all budget proposals on the Thurrock community. Commissioning managers will ensure the actions identified to mitigate impact are implemented Consultation and engagement will continue.

7.4 **Other implications** (where significant) – i.e. Staff, Health, Sustainability, Crime and Disorder)

N/A

8. **Background papers used in preparing the report** (including their location on the Council's website or identification whether any are exempt or protected by copyright):

- N/A

9. **Appendices to the report**

- EqlA's HealthWatch, Older People, Learning Disability (LDDF) and Homelessness Prevention

Report Author:

Catherine Wilson

Strategic Lead Commissioning and Procurement

Adults, Health and Commissioning

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EQUALITY IMPACT ANALYSIS FORM

STAGE1: INITIAL EQUALITY IMPACT ANALYSIS

This stage will establish whether a policy, strategy, plan, function or a change initiative (proposed step) is likely to have an adverse or positive impact on human rights or on the grounds of a protected characteristic i.e. race, gender, disability, age, religion or belief, sexual orientation. (Refer to [Guidance Document](#))

Title of Proposed Step	Not to renew Voluntary Sector Grants
-------------------------------	---

Name of Author: Kelly Jenkins	Dept: Adult Social Care
	Ext: 2676

Q 1. What is the aim of the proposed step? Is it likely to have a positive impact, such as promoting human rights, tackling discrimination, improving access, promoting community cohesion or addressing socio-economic inequality? If “yes”, summarise evidence from stakeholders, corporate diversity team, research or data:

The Council is having to reduce its budget by over 20% over the next 3 years. We have had to identify savings in the voluntary sector contracts budget by a similar percentage. We have done this by protecting core statutory functions undertaken by the voluntary sector but it has meant that other areas such as these grants are not being prioritised. It will have a negative impact on those service users who receive a service from these groups.

Q 2. Can the positive impact be further enhanced to benefit a wider range of people than originally envisaged?

Not Applicable

Q 3. Is there likely to be an adverse impact as a result of this proposed step? If **NO**, explain why here. If **YES** a more detailed analysis of impact will be required go to **Stage 2**.

Yes, there is likely to be an adverse impact

Note: The boxes in **stage 2** should be marked with **Not Applicable** when terminating the process at **Q.3**. The administration section must still be fully completed.

STAGE 2: FULL EQUALITY IMPACT ANALYSIS

This stage examines the proposed step in more detail in order to obtain further information about its potential negative impact. It will help inform whether any remedial action needs to be taken, and may form part of a continuing assessment framework as the proposal develops.

Q 4. What research/data/information is there on any equality or human rights issues, or the relevant equality groups impacted? What differential impact is there between equality groups?

The Grants affected are:

1. The World of Work (TCIL) £60,000
2. Keeping Safe (Batias) £30,000
3. Star Dating (Batias) £30,000

These were originally funded through the Learning Disability Development Fund (LDDF), which ended in 2012. Thurrock decided to continue with the same level of funding out of the Revenue Budget for the projects listed. Grant agreements for a period of 2 years were agreed and are due to end 31st March 2015. The proposal is not to renew the Grant agreements.

These grants are for people with a learning disability

Gender: The services are provided to both male and female. The approx split based on the general population of Thurrock is females 1,234.3 being 50.4% and males 1,214.7 being 49.6% - *Figures provided by PANSI*

Race: 86.62% of people in Thurrock are white, 3.97% of people in Thurrock are Asian, 7.42% of people in Thurrock are Black/Caribbean, 0.67% of people in Thurrock are 'other'

Age: Between the ages of 18 – 64 there are approx 2,449 people in Thurrock considered to have a Learning Disability which is approximately 2.44% of the Thurrock population; 560 of which are considered moderate or severe and are in receipt of a service and approx 213 who reside with their parents. These figures are expected to rise.

There are approx 999 people with Autism.

Religion/belief: These proposals should not specifically affect these protected categories

Sexual orientation: These proposals should not specifically affect these protected categories

Gender Reassignment: These proposals should not specifically affect these protected categories

Marriage / Civil Partnerships: These proposals should not specifically affect these protected categories

Q 5. Have you received advice on equality requirements or issues? Provide a summary of the equalities and human rights advice received from the corporate diversity team:

This proposal will be reviewed electronically by the diversity team. If further clarification is required, a follow up meeting will be arranged.

Q 6. Have the proposed steps been revised following a consultation? What steps have been taken to mitigate any adverse impact/ reduce/eliminate inequalities? Give an analysis of any specific factors which have been taken into account? If no consultation was undertaken please say why.

This assessment has been completed and will be presented to a public meeting of the Health and Well-Being Scrutiny Committee.

If these savings proposals advance, Officers will work with the voluntary organisations to seek alternative funding.

Q 7. Does the potential negative impact fall within the very **high** to **medium** range of the risk assessment - see risk assessment grid. What actions will be taken to reduce risk to **low** and improve outcomes?

The World of Work £60,000 – High impact

The World of Work meets the Valuing People Now principles and outcomes by Supporting learning disabled people and people with Autism / Aspergers to obtain work skills, job training, a work based qualification and social inclusion. This is the only service we commission that supports people with learning disabilities back into work.

The loss of this service will mean that people with a learning disability and Autism may find it difficult to engage in training and find employment, which can cause social isolation and limit participation in public life and the community.

Mitigation – The Job Centre have a programme called ‘Work Choice’ which is delivered by a provider at a local level for people with long term disabilities and learning disabilities to assist with the developing of CV’s and supporting people to be job ready with appropriate skills.

Staying Safe £30,000 – Medium impact

The Staying Safe project supports people with a learning disability to understand how to keep safe in the home, out side in the community and online. They set up events and training in how to recognise abuse and how to report it promoting and creating ‘Champions’ within the area.

There is a risk that without this support people with a learning disability will be at risk and more safeguarding issues will be raised.

Mitigation – Thurrock Community Safety Partnership develop and manage the community safety events in Thurrock for vulnerable groups. Some of the topics covered are personal safety, hate crime and internet safety where awareness is raised and the ability to report incidents.

Star Dating £30,000 – Low impact

The Star Dating project supports people with a learning disability to be able to meet other people in a safe environment with a view to dating but also to learn appropriate behaviour and to keep safe. It has been successful in reducing people’s social isolation.

Without this service people with a learning disability will be less likely to have the opportunity to find a partner and get married / live together within a relationship and live a life that reflects their dreams and wishes.

Mitigation – The Thurrock demographic is relatively compact where there are strong local links with voluntary services and the Thurrock Coalition who link in with numerous disability groups including Thurrock Diversity Network and Water Assisted Disabled Exercise and Rehabilitation Scheme (WADERS).

Q. 8. How will the proposed steps be monitored and evaluated, including its impact? Where appropriate, what data systems or methods will be introduced to support monitoring or evaluation?

Should these services not be renewed, the Disability Partnership Board will provide ongoing monitoring and evaluation to measure the impact on the community.

Please send the form to The Corporate Diversity Team 3rd Floor Civic Offices or diversity@thurrock.gov.uk. We will complete the administration section and publish the document. The EqIA is not completed unless it is properly published.

Electronic signatures are acceptable

Corporate Diversity Team to complete	
EqIA Meeting Date:	EqIA Publication Date:
EqIA Submitted Date:	EqIA Review Date:

AUTHOR SIGNATURE:	
HEAD OF SERVICE SIGNATURE::	

EQUALITY IMPACT ANALYSIS FORM

STAGE1: INITIAL EQUALITY IMPACT ANALYSIS

This stage will establish whether a policy, strategy, plan, function or a change initiative (proposed step) is likely to have an adverse or positive impact on human rights or on the grounds of a protected characteristic i.e. race, gender, disability, age, religion or belief, sexual orientation. (Refer to [Guidance Document](#))

Title of Proposed Step	Reduction of HealthWatch Funding
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Name of Author: Catherine Wilson	Dept: Adults Health and Commissioning
	Ext: 2068

Q 1. What is the aim of the proposed step? Is it likely to have a positive impact, such as promoting human rights, tackling discrimination, improving access, promoting community cohesion or addressing socio-economic inequality? If “yes”, summarise evidence from stakeholders, corporate diversity team, research or data:

The Council is having to reduce its budget by over 20% over the next 3 years. We have undertaken a review of all of our funding of voluntary sector contracts and other areas. Overall we will be reducing these areas by an equivalent amount – 20% although some areas will receive higher reductions as we focus our funding and support on those areas that are mandated by law to deliver or commission.

Q 2. Can the positive impact be further enhanced to benefit a wider range of people than originally envisaged?

This is unlikely to have a positive impact

Q 3. Is there likely to be an adverse impact as a result of this proposed step? If **NO**, explain why here. If **YES** a more detailed analysis of impact will be required go to **Stage 2**.

Yes there is likely to be an adverse impact.

Note: The boxes in **stage 2** should be marked with **Not Applicable** when terminating the process at **Q.3**. The administration section must still be fully completed.

STAGE 2: FULL EQUALITY IMPACT ANALYSIS

This stage examines the proposed step in more detail in order to obtain further information about its potential negative impact. It will help inform whether any remedial action needs to be taken, and may form part of a continuing assessment framework as the proposal develops.

Q 4. What research/data/information is there on any equality or human rights issues, or the relevant equality groups impacted? What differential impact is there between equality groups?

Health Watch: £50,000

This is a service that the Council is required to commission. It replaced the old LINK service. It provides an advocacy service, acts as the patients' watchdog, provides advice and information for people wanting to access the NHS and is responsible for monitoring adult social care and children's social care. We currently fund Health Watch at over £150K a year and it is hosted via the CVS. Although difficult to achieve Health Watch will be encouraged to do more of its work through volunteers and seek funding from other sources to undertake specific pieces of work.

Age: The proposed savings should not disproportionately affect this protected characteristic

Race: The proposed savings should not disproportionately affect this protected characteristic

Sex: The proposed savings should not disproportionately affect this protected characteristic

Disability: The proposed savings should not disproportionately affect this protected characteristic

Religion or Belief: The proposed savings should not disproportionately affect this protected characteristic.

Sexual Orientation: The proposed savings should not disproportionately affect this protected characteristic.

Pregnancy and Maternity: The proposed savings should not disproportionately affect this protected characteristic

Gender Reassignment: The proposed savings should not disproportionately affect this protected characteristic

Marriage and Civil Partnerships: The proposed savings should not disproportionately affect this protected characteristic

Q 5. Have you received advice on equality requirements or issues? Provide a summary of the equalities and human rights advice received from the corporate diversity team:

This proposal will be reviewed electronically by the diversity team. If further clarification is required, a follow up meeting will be arranged.

Q 6. Have the proposed steps been revised following a consultation? What steps have been taken to mitigate any adverse impact/ reduce/eliminate inequalities? Give an analysis of any specific factors which have been taken into account? If no consultation was undertaken please say why.

This assessment has been completed prior to public consideration at the Health and Well-Being Overview and Scrutiny Committee.

If these savings proposals advance, Officers will support HealthWatch to seek alternative sources of funding.

Q 7. Does the potential negative impact fall within the very **high** to **medium** range of the risk assessment - see risk assessment grid. What actions will be taken to reduce risk to **low** and improve outcomes?

HealthWatch £50K High Impact

This reduction represents 30% of the current grant to HealthWatch and would effectively reduce the organisations capacity to offer the current levels of service.

The organisation undertakes an invaluable role in monitoring local health and social care services and supports service users, carers and patients. It is a requirement that each local authority commissions a local service however there is no ring fenced grant for health watch it is now part of the general fund

HealthWatch provides a vital independent role in supporting the population of Thurrock and this ability would be reduced significantly if funding was reduced.

The organisation would be supported to find alternative funding to replace the reduction in funding

--

Q. 8. How will the proposed steps be monitored and evaluated, including its impact? Where appropriate, what data systems or methods will be introduced to support monitoring or evaluation?

This overall reduction would be monitored through the regular meetings to highlight any reduction in services.

Please send the form to The Corporate Diversity Team 3rd Floor Civic Offices or diversity@thurrock.gov.uk. We will complete the administration section and publish the document. The EqIA is not completed unless it is properly published.

Electronic signatures are acceptable

Corporate Diversity Team to complete	
EqIA Meeting Date:	EqIA Publication Date:
EqIA Submitted Date:	EqIA Review Date:

AUTHOR SIGNATURE:	
HEAD OF SERVICE SIGNATURE::	

EQUALITY IMPACT ANALYSIS FORM

STAGE1: INITIAL EQUALITY IMPACT ANALYSIS

This stage will establish whether a policy, strategy, plan, function or a change initiative (proposed step) is likely to have an adverse or positive impact on human rights or on the grounds of a protected characteristic i.e. race, gender, disability, age, religion or belief, sexual orientation. (Refer to [Guidance Document](#))

Title of Proposed Step	Termination of a number of Older People's Voluntary Sector Grants
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Name of Author: Sarah Turner	Dept: Adult Social Care
	Ext: 2857

Q 1. What is the aim of the proposed step? Is it likely to have a positive impact, such as promoting human rights, tackling discrimination, improving access, promoting community cohesion or addressing socio-economic inequality? If "yes", summarise evidence from stakeholders, corporate diversity team, research or data:

The aim of this proposed step is to create savings to address current financial pressures. The Council is having to reduce its expenditure by over 20% over the next three years. We have reviewed all of our voluntary sector grants / contracts and we have had to focus on those areas that are statutory functions. The reduction in voluntary sector grants is equivalent to the 20% reduction across the Council.

Q 2. Can the positive impact be further enhanced to benefit a wider range of people than originally envisaged?

Not Applicable – unlikely to have a positive impact

Q 3. Is there likely to be an adverse impact as a result of this proposed step? If **NO**, explain why here. If **YES** a more detailed analysis of impact will be required go to [Stage 2](#).

Yes – there is likely to be an adverse impact

Note: The boxes in **stage 2** should be marked with **Not Applicable** when terminating the process at **Q.3**. The administration section must still be fully completed.

STAGE 2: FULL EQUALITY IMPACT ANALYSIS

This stage examines the proposed step in more detail in order to obtain further information about its potential negative impact. It will help inform whether any remedial action needs to be taken, and may form part of a continuing assessment framework as the proposal develops.

Q 4. What research/data/information is there on any equality or human rights issues, or the relevant equality groups impacted? What differential impact is there between equality groups?

The grants affected are;

1. Thurrock Asian Association £17,790 (net saving less due to rent paid to the Council)
2. TOFFs £5,000
3. Age Concern Thurrock £2,600
4. Age UK Essex Home Support £25,000

Although these grants are for older people and therefore impact on age, there are other protected characteristics that are affected.

Age: All of the proposed savings affect Older People. As such those aged 65 and over will be adversely affected compared to other age groups. However, the Council continues to provide significant funding for other older peoples services but these services are non-statutory.

Race: 97.38% of **older people** in Thurrock are White. The next largest ethnic group in the **older people** population is Asian/British Asian at 1.31% followed by Black/African/Caribbean/Black British at 0.92%

The termination of the Thurrock Asian Association's grant may adversely affected Asian Elders and their ability to access services. We will work with them to find alternative funding.

There should not be a disproportionate affect on Race from the other proposals.

Sex: In Thurrock, there are 12,300 females and 10,000 males aged 65 and over. This equates to 55% and 45% of the older people population respectively. As such, the termination of these services will affect females more than males.

Disability: Of the 22,300 people aged 65 and over, 5,902 people have a long term limiting illness whose day to day activities are limited a lot. This equates to approximately 27% of the older people population in Thurrock. As such, these changes are likely to adversely affect people with disabilities.

Religion or Belief: These proposals should not disproportionately affect this protected characteristic.

Sexual Orientation: These proposals should not disproportionately affect this protected characteristic.

Pregnancy and Maternity: There is unlikely to be an impact on this equality group.

Gender Reassignment: These proposals should not disproportionately affect this protected characteristic.

Marriage and Civil Partnerships: These proposals should not disproportionately affect this protected characteristic.

Q 5. Have you received advice on equality requirements or issues? Provide a summary of the equalities and human rights advice received from the corporate diversity team:

This proposal will be reviewed electronically by the diversity team. If further clarification is required, a follow meeting will be arranged.

Q 6. Have the proposed steps been revised following a consultation? What steps have been taken to mitigate any adverse impact/ reduce/eliminate inequalities? Give an analysis of any specific factors which have been taken into account? If no consultation was undertaken please say why.

This assessment has been completed prior to public consideration at the Health and Well-Being Overview and Scrutiny Committee in September.

If these savings proposals advance, Officers will work with the voluntary organisations to seek alternative funding.

Q 7. Does the potential negative impact fall within the very **high** to **medium** range of the risk assessment - see risk assessment grid. What actions will be taken to reduce risk to **low** and improve outcomes?

1. Termination of Thurrock Asian Association’s funding £17,790 – Medium impact.

TAA provides opportunities for socialisation to Asian elders and to signpost people to other services. Those individuals who are non-English speaking are supported in accessing services and volunteers advocate on their behalf. The TAA also provide facilities to other groups working with older people (especially those from a BME background). Please note that £11,000 of this funding is for rent on the centre (former shop) owned by the Council.

If alternative funding is not found there would be an adverse impact on Asian Elders.

Actions will be taken (apart from assistance to seek alternative funding) to ensure that additional mechanisms for equality of access are put in place e.g. greater availability of information in Asian languages.

Advocacy is available through another contract. This includes the provision of a translator for people who are non-English speaking.

2. TOFFs £5,000 – Low Risk

Thurrock Over Fifties Forum (TOFFs) was set up to represent the needs and interests of older people in Thurrock and to ensure that older people were engaged in the planning, development and evaluation of services and the local community.

If alternative funding is not secured there would be an adverse impact on older people.

This organisation was put in place to ensure that the voice of older people was heard in decision making. Alternative mechanisms of engagement would need to be strengthened to ensure that this continues e.g. Older People's Partnership Board, Thurrock Coalition and links created with other older people organisations e.g. U3A

3. Age Concern Thurrock £2,600 – Medium Risk

A volunteer led organisation that provides information and advice to older people and their families from the availability of local social activities to more specific help around the completion of attendance allowance forms (last year to supported older people to claim £82k).

If alternative funding is not secured there would be an adverse impact on older people. There could also be an impact on other services as people may seek alternative help with the completion of forms. This may also result in increased social isolation and poverty for older people.

It is difficult to mitigate the risk and reduce it to a low rating without significant investment (investing in hard copies of information about social activities, greater use of LAC's and publishing more advice about completing forms). This investment would likely to cost more than the annual grant.

4. Age UK Essex Home Support £25,000 – Medium Risk

This service provides practical help to stay at home e.g. help with shopping and cleaning. If alternative funding is not secured there would be an adverse impact on older people. The funding has been used to subsidise the unit cost (hourly

rate). This will result in the organisation having to introduce a full cost recover model.

There is no mitigating action; removal of this funding will result in a higher hourly rate for older people if they continue to choose to stay with this provider.

Q. 8. How will the proposed steps be monitored and evaluated, including its impact? Where appropriate, what data systems or methods will be introduced to support monitoring or evaluation?

Should these services not be renewed, the impact will be monitored through the Older People’s Parliament.

Please send the form to The Corporate Diversity Team 3rd Floor Civic Offices or diversity@thurrock.gov.uk. We will complete the administration section and publish the document. The EqlA is not completed unless it is properly published.

Electronic signatures are acceptable

Corporate Diversity Team to complete	
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AUTHOR SIGNATURE:	
HEAD OF SERVICE SIGNATURE::	

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EQUALITY IMPACT ANALYSIS FORM

STAGE1: INITIAL EQUALITY IMPACT ANALYSIS

This stage will establish whether a policy, strategy, plan, function or a change initiative (proposed step) is likely to have an adverse or positive impact on human rights or on the grounds of a protected characteristic i.e. race, gender, disability, age, religion or belief, sexual orientation. (Refer to [Guidance Document](#))

Title of Proposed Step	Termination of homeless early intervention service
-------------------------------	---

Name of Author: Sue Wellard	Dept: Adults, Health and Commissioning
	Ext: x2424

Q 1. What is the aim of the proposed step? Is it likely to have a positive impact, such as promoting human rights, tackling discrimination, improving access, promoting community cohesion or addressing socio-economic inequality? If “yes”, summarise evidence from stakeholders, corporate diversity team, research or data:

The aim of this proposed step is to create savings to address current financial pressures. The Council is having to deliver savings of over 20% over the next three years. We are having to focus on those areas that we must provide by statute whilst at the same time ensuring that there remains a core minimum, prevention service.

Q 2. Can the positive impact be further enhanced to benefit a wider range of people than originally envisaged?

Not applicable – unlikely to have a positive impact

Q 3. Is there likely to be an adverse impact as a result of this proposed step? If **NO**, explain why here. If **YES** a more detailed analysis of impact will be required go to **Stage 2**.

Yes – there is likely to be some adverse impact

Note: The boxes in **stage 2** should be marked with **Not Applicable** when terminating the process at **Q.3**. The administration section must still be fully completed.

STAGE 2: FULL EQUALITY IMPACT ANALYSIS

This stage examines the proposed step in more detail in order to obtain further information about its potential negative impact. It will help inform whether any remedial action needs to be taken, and may form part of a continuing assessment framework as the proposal develops.

Q 4. What research/data/information is there on any equality or human rights issues, or the relevant equality groups impacted? What differential impact is there between equality groups?

The proposal affects service for people who are at risk of becoming homeless due to rent/mortgage arrears, debt and chaotic lifestyles. This may involve people having substance abuse issues, exhibiting anti-social behaviour, involvement with the Criminal Justice System etc., all factors that would impact on their ability to sustain independent living. The aim of the service is to work with individuals to tackle these issues that are leading to potential homelessness and thereby prevent this from taking place

Age: These proposals should not disproportionately affect this protected characteristic

Race: These proposals should not disproportionately affect this protected characteristic.

Sex: These proposals should not disproportionately affect this protected characteristic.

Disability: These proposals should not disproportionately affect this protected characteristic.

Religion or Belief: These proposals should not disproportionately affect this protected characteristic.

Sexual Orientation: These proposals should not disproportionately affect this protected characteristic.

Pregnancy and Maternity: There is unlikely to be an impact on this equality group.

Gender Reassignment: These proposals should not disproportionately affect this protected characteristic.

Marriage and Civil Partnerships: These proposals should not disproportionately affect this protected characteristic.

Q 5. Have you received advice on equality requirements or issues? Provide a summary of the equalities and human rights advice received from the corporate diversity team:

This proposal will be reviewed electronically by the diversity team. If further clarification is required, a follow meeting will be arranged.

Q 6. Have the proposed steps been revised following a consultation? What steps have been taken to mitigate any adverse impact/ reduce/eliminate inequalities? Give an analysis of any specific factors which have been taken into account? If no consultation was undertaken please say why.

This assessment has been completed prior to public consideration at the Health and Well-Being Scrutiny Committee.

There are additional commissioned services which provide homeless prevention services – see info under Q7 - although these services are not available to all sectors of the community.

Q 7. Does the potential negative impact fall within the very **high** to **medium** range of the risk assessment - see risk assessment grid. What actions will be taken to reduce risk to **low** and improve outcomes?

Termination of Homeless Early Intervention Contract– £34,064 - Medium risk – the current contract provides support to 7 individuals/families at any one time and is available to all sectors of the community. Whilst there are additional Council-commissioned services that aim to prevent homelessness, these services are not available to everyone. For example, the homelessness prevention service commissioned by Housing is only available to Council tenants and deals primarily with rent arrears. Therefore it is likely that those most affected by this proposed termination of service will be people in the private sector.

The Family Intervention Project that is commissioned by Children’s Social Care has a primary objective of stopping the anti-social behaviour of families and restore safety to their homes and to the wider community. The project also tackles the causes of anti-social behaviour, with issues such as drug and alcohol misuse, poor health, domestic violence, unemployment and debt. As a result the project also delivers other objectives such as preventing homelessness, enabling families to sustain tenancies and helping to achieve the five Every Child Matters outcomes for children and young people.

For those families and individuals that do not meet the criteria of the above services, then the Council will signpost enquirers to alternative support services

and community support organisations. This will be looked at as the Council develops its wider advice and information offer.

Q. 8. How will the proposed steps be monitored and evaluated, including its impact? Where appropriate, what data systems or methods will be introduced to support monitoring or evaluation?

There will continue to be close liaison with the current support provider during the contract termination period for this contract. There will be a gradual wind-down of the service. This will include ensuring that people already utilising the services are supported to move to available alternative support services to ensure that current service users continue to receive appropriate support, as required.

There are no plans to support monitoring or evaluation of the proposed changes. However this decision may well impact on community organisations and the Council may wish to link with these to assess the ongoing position.

Please send the form to The Corporate Diversity Team 3rd Floor Civic Offices or diversity@thurrock.gov.uk. We will complete the administration section and publish the document. The EqlA is not completed unless it is properly published.

Electronic signatures are acceptable

Corporate Diversity Team to complete	
EqlA Meeting Date:	EqlA Publication Date:
EqlA Submitted Date:	EqlA Review Date:

AUTHOR SIGNATURE:	
HEAD OF SERVICE SIGNATURE::	

2 September 2014	ITEM: 7
Health and Wellbeing Overview and Scrutiny Committee	
The Care Act – Proposed Changes and the Council’s State of Readiness	
Wards and communities affected: All	Key Decision: Non-key
Report of: Ceri Armstrong, Strategy Officer, Adults, Health and Commissioning	
Accountable Head of Service: n/a	
Accountable Director: Roger Harris, Director of Adults, Health and Commissioning	
This report is Public	

Executive Summary

The Care Act received Royal Assent in May 2014. The Act is the first overhaul of social care legislation for more than 60 years, building on a ‘patchwork’ of Acts. Whilst much of the legislation leaves practice as it is now, there are a number of significant changes. These include:

- Introduction of a principle of wellbeing that needs to be applied to every element of care and support;
- A national minimum eligibility threshold;
- Carers being placed on an equal footing with service users;
- A general duty on local authorities to prevent, reduce and delay the need for care and support;
- Every person receiving care from the local authority to receive a personal budget;
- Adult Safeguarding Boards becoming a statutory requirement; and
- Local authorities having to promote greater integration with the NHS and health-related services – e.g. housing.

The Act also embodies the Dilnot recommendations for the funding of social care. These changes will not come in to effect until April 2016.

The report, and appended Department of Health presentation relating to part one of the Act, identify the Act’s key changes and how they are likely to impact on the Council. The report also evidences how the Council is ensuring compliance with the Act by April 2015.

1. Recommendation(s)

1.1 For the Committee to note the Care Act changes and their impact on the Council; and

1.2 For the Committee to note the Council's state of readiness to implement the Care Act's requirements and the steps being taken to ensure compliance by April 2015 and April 2016.

2. Introduction and Background

2.1 The Care Act received Royal Assent in May of this year. The Act has been described as the most significant piece of legislation affecting Adult Social Care for over 40 years. It builds on the review of the "patchwork" of Acts covering Adult services (e.g. National Assistance Act 1948, Health Services and Public Health Act 1968, Chronically Sick and Disabled Persons Act 1970 etc.) undertaken by the Law Commission and it puts into legislation the recommendations for how Adult Social Care is funded as proposed by the review undertaken by Sir Andrew Dilnot.

2.2 Local authorities will be required to meet the Care Act's duties, statutory guidance and regulations from April 2015. This is with the exception the parts of the Act related to charging which come in to effect as of April 2016. The 2015 changes fall under a number of themed sections:

- General responsibilities and universal services;
- First contact and identifying needs;
- Charging and financial assessment;
- Person-centred care and support planning;
- Adult Safeguarding;
- Integration and Partnership working;
- Moving between areas: inter-local authority and cross-border issues; and
- 'Other areas' – sight registers and transition to the new legal framework.

2.3 Whilst many of the Act's statutory duties transfer from previous legislation relatively unaltered, there are a number of fundamental changes which are explained further on in this paper. The Act also includes the introduction of a number of general duties which both broaden and change the nature of the relationship between the public sector and the individual:

- The duty to promote individual wellbeing;
- The duty to prevent the need for care and support;
- The duty to promote the integration of health and social care;
- The duty to provide information and advice; and
- The duty to provide diversity and quality in services.

- 2.4 The Care Act embodies a shift in philosophy and language and this is reflected by the very broad general duties mentioned in 2.3. The Act, alongside its related guidance and regulations, focus not on service provision, but on the delivery of ‘care and support’. There is a clear commitment to the individual being best placed to know what is best for them and the outcomes they wish to achieve. The Act and guidance are very clear about the need to prevent, reduce and delay need – the achievement of which requires a partnership approach beyond health and social care and including the community itself. The Council already embodies this philosophy within its Building Positive Futures Programme and Health and Social Care Transformation Programme.
- 2.5 The Council has established a Care Act Implementation Project Group to analyse and oversee the implementation of the Act’s requirements. The Group sits as part of the broader Health and Social Care Transformation Programme and meets monthly. The Group is chaired by the Director of Adults, Health and Commissioning.
- 2.6 To support the implementation of the Act, the Department of Health has released draft guidance and regulations relating to April 2015’s requirements. The changes relating to care funding will not be ‘live’ until April 2016, and guidance will not be released until late this year. Thurrock’s Care Act Implementation Project Group has already assessed the Council’s readiness to meet the Act’s 2015 requirements.
- 2.7 The Association of Directors of Adult Social Services in conjunction with the Local Government Association has set up a number of regional programmes to assist local authorities with their planning. The Council is well represented on the programme’s many work streams which allows access to best practice and problem solving. The Council attended a regional event in July where the Department of Health delivered a presentation on its consultation of part one of the Care Act’s draft regulations and guidance. This is attached at appendix 1 and provides a useful and concise summary of the non-Dilnot elements of the Act – i.e. those parts of the Act we will need to be compliant with from April 2015. The intention is to present the Department of Health’s presentation to the Committee at its meeting of the 2nd September.
- 2.8 The Committee is asked to note the key changes for the Council; its state of readiness; and the steps being taken to ensure compliance with the Act.

3. Issues, Options and Analysis of Options

- 3.1 Key changes and Thurrock response – the table below focuses on areas where there will be significant change or the greatest challenge to implement requirements:

Section	Key changes	Readiness
Promoting Wellbeing	The Council is expected	The concept is extremely

	<p>to promote wellbeing when it undertakes its care and support functions. The wellbeing principle applies equally to those who do not have eligible needs but come in to contact with the system. Assessments must move away from resulting in service provision, to meeting needs – which include identifying how resources in the local community could help the person to achieve their outcomes.</p>	<p>broad and relies on the practitioner undertaking a holistic assessment. We have already moved some way to undertaking assessments in this way, ensuring that they are based on the outcomes an individual wishes to achieve and that they focus on the individual's strengths. We will need to carry out ongoing training with practitioners to ensure consistency of assessments undertaken.</p>
Preventing, reducing or delaying needs	<p>This section of the Act details how councils are expected to shift the focus from providing services when individuals reach crisis point, to preventing and delaying the individual from needing a service at all. This includes early intervention – e.g. recognising when an individual may need support prior to them reaching crisis. Councils are also expected to identify how they can reduce an individual's level of need. The Act defines prevention in terms of 'primary', 'secondary', and 'tertiary' approaches.</p>	<p>The Council is well placed to deliver the requirements of this part of the Act (Building Positive Futures) and needs to build on the work it has started. We are also looking, in partnership with health colleagues and other council departments such as Housing, at how we can intervene early and well before people reach crisis – which also means ensuring that carers are well supported. Much of the requirements of this section are the focus of our Better Care Fund programme of work.</p>
Information and Advice	<p>This is an extremely broad duty and has links to a number of sections within the Care Act guidance. Councils will be required to provide</p>	<p>The Council already provides a range of information and advice, but the extent to which this is broad enough or joined up across</p>

	<p>information and advice about care and support – not only related to service provision, but related to how to access independent financial advice, and also related to the broader ‘promoting wellbeing’ requirement – e.g. information about housing, and information on what is available in the community. Information and advice will need to be broad enough to meet the Council’s responsibilities for preventing, reducing and delaying needs. Information and advice will need to be provided at a number of points of contact with care and support, be targeted and will need to be proportionate and appropriate to the needs of the person – e.g. not just web-based or via leaflets.</p>	<p>services is currently patchy and requires better co-ordination. Adult Social Care, as part of the Council’s Corporate Transformation Programme, is developing an information and advice hub. Work will take place to identify how clearer links to housing and health information can be made. Particular consideration will need to be given to the provision of information and advice in relation to preventing, reducing and delaying needs. Work is taking place with Thurrock Coalition to ensure that the delivery of information and advice requirements are co-produced and effectively targeted.</p>
<p>Market Shaping and commissioning of adult care and support</p>	<p>Councils will need to ensure that they develop the market sufficiently so that it can offer choice and support the individual to achieve a range of outcomes. This includes designing strategies that meet local needs; engaging with providers and local communities; understanding the market and developing the market; developing an integrated approach with local partners; and</p>	<p>The Council has developed a Market Position Statement (MPS). The MPS identifies what we want the care and support offer in Thurrock to consist of, and therefore where the market needs to be developed. This will inform how and what the Council commissions in the future. The Market Position Statement is to be signed off by the Health and Wellbeing Board at its September</p>

	ensuring market sustainability and quality.	meeting.
Assessment and Eligibility	The Care Act introduces a 'minimum national eligibility standard'. The threshold will remain set at substantial and critical – which is where it is currently set in Thurrock. Assessments will move away from being 'needs based'. They will need to be outcome focused, and need to consider how an individual's needs can be reduced and further needs prevented or delayed.	Whilst the Council's eligibility to care threshold is already set at substantial and critical, the regulations related to eligibility criteria are more prescriptive and may result in increased cost to the Council as the Council may be expected to provide care as part of meeting needs deemed substantial which are currently not considered 'substantial'.
Independent Advocacy	Local authorities must arrange an independent advocate to facilitate the involvement of a person in their assessment, in the preparation of their care and support plan and in the review of their care plan. The duty also applies to children who are approaching transition to adult care and support, and also those in their role as carers.	The Council provides advocacy through an external provider. There is a risk that the new duty will lead to a greater number of people requesting an advocate which may lead to us having insufficient capacity to meet the obligations. We will be working with our existing providers to identify how this will be managed.
Personal Budgets	Everyone whose needs are met by the local authority must have a personal budget. The personal budget gives the person an idea of the money that will be allocated to the needs identified. This allows the individual to identify what the Council will contribute towards meeting those costs, and what the individual	The Council currently does not have a Resource Allocation System in place to allow an individual to identify what their personal budget will be. A Resource Allocation System is being developed and will be in place prior to April 2015.

	themselves will have to contribute – subject to receiving a financial assessment.	
Safeguarding	For the first time, the Safeguarding Adult Board (SAB) is put on a statutory footing. The Act and guidance describes the requirements of the Board, the local authority's safeguarding obligations, and also the obligations of partners to cooperate.	Thurrock's Safeguarding Adult Board is well established and we are prepared for the new legal requirements. An action plan is in place to ensure that our current procedures are compliant.
Integration, cooperation and partnerships	There are a number of links between the Care Act and Better Care Fund. This chapter is one such example – for instance, local authorities must carry out their care and support responsibilities with the aim of promoting greater integration with the NHS and other health-related services (e.g. housing).	The Council is already working closely with Thurrock CCG, key health providers, and housing to develop greater integration. This was initially progressed through the Building Positive Futures Programme, and is now part of the Better Care Fund and Thurrock's Health and Social Care Transformation Programme. Our ambition is to develop an integrated commissioning team, a single vision and develop our local integrated teams around hubs of GP practices. This is also in line with the developing Primary Care Strategy.

- 3.2 In addition to detailing how the care and support needs of the individual are to be met through the implementation of the Care Act's requirements, the Act also ensures that carers receive equal status. This means that almost every section of the Act and its guidance details councils' responsibilities for the carer – e.g. provision of information and advice, taking in to account wellbeing of the carer, and preventing, reducing or delaying the need for care and

support – e.g. ensuring the sustainability of the carer. The greatest challenge for the Council will be the requirement that assessments will be carried out on the basis of appearance of need and will also not be linked to the person the carer supports having substantial or critical needs. It is yet to be confirmed whether carers will have their own eligibility criteria set in guidance or regulations. We have recently outsourced our information and advice service for carers to Cariads, who are strong on promoting carers' rights to a community and social life outside caring, as well as early intervention and preventative services and solutions within the community. The Council will work with Cariads to identify how the potential for an increased amount of assessments and assessment requests will be dealt with.

3.3 Whilst implementing the Care Act's requirements for 2015 will be challenging, the greatest challenge will result from the implementation of a care funding cap:

- There will be a cap of £72k on the care costs that an individual will pay over their lifetime – subject to their ability to pay. This will be based on their personal budget which will include local authority and individual contributions; and
- The upper capital limit will be raised from £23,500 to £118,000 from which point the state will not be making any contribution to someone's care costs.

The changes are of significant concern to the Council and will result in additional cost pressures with a significant loss of income through care charging and a likelihood of a significant increase of individuals requesting care assessments (e.g. those people currently self-funding the cost of their care). Further modelling is being carried out to ascertain the impact – which is dependent upon a number of assumptions being made.

3.4 The Government is currently consulting on funding allocations for the new Care Act duties. The Government has stated that councils are not expected to be 'out of pocket' as a result of the new duties. This will not be clear until the true costs of the Care Act to local authorities are known, and the proposed allocations are announced. The Council is carrying out financial modelling to try to identify as accurately as possible how much the new duties will cost.

3.5 All upper-tier local authorities have been awarded a one-off grant of £125k to implement the Care Act. The true cost of implementation is far higher and additional costs are expected to be met through the Better Care Fund – which is a pooled fund between local authorities and Clinical Commissioning Groups. The Better Care Fund is not new money.

4. Reasons for Recommendation

4.1 To enable the Committee to receive assurance that the arrangements that Council is putting in place for the implementation of the new Care Act duties will deliver compliance; and to understand the key changes and challenges that the Act will bring to the Council both in terms of implementation and delivery.

4.2 Further reports will be brought to the Committee as appropriate to ensure ongoing assurance of arrangements.

5. Consultation (including Overview and Scrutiny, if applicable)

5.1 The contents of this report have been informed by statutory guidance and by readiness assessments carried out by members of the Council's Care Act Implementation Project Group. The Project Group contains broad representation from the Council, health providers, Thurrock CCG, and Voluntary and Community Sector – via Thurrock Coalition.

5.2 The development and delivery of various statutory requirements will be carried out in consultation with a broader group of stakeholders – e.g. information and advice requirements are being developed in conjunction with Thurrock Coalition.

5.3 An Engagement Group is one of the Council and Thurrock Clinical Commissioning Group's Health and Social Care Transformation Programme arrangements. The Group has broad representation from the voluntary and community sector and is being kept fully informed and involved with regard to the Programme's various projects – including the Care Act.

6. Impact on corporate policies, priorities, performance and community impact

6.1 The implementation of the Care Act compliments the Council's corporate priority 'improve health and wellbeing'. Implementation is a key priority for the Council and is a critical element of the Health and Social Care Implementation Programme.

7. Implications

7.1 Financial

Implications verified by: **Sean Clark**
Head of Corporate Finance

The Care Act brings significant financial implications, the extent to which are in the process of being assessed. The full cost of the Care Act is unlikely to be known until the statutory requirements become live. This is due to the complexity and assumptions behind understanding the true costs of the Act for the Council.

The Government is currently consulting on funding allocations for new adult social care duties for 2015/16. This exercise will be repeated for the funding cap responsibilities that will become statutory as of April 2016.

No additional cost pressures have been added to the MTFs based on the Government's assertion that additional cost burdens arising from the Care Act will be met via the New Burdens grant. This has been recognised in various budget reports as a risk.

7.2 **Legal**

Implications verified by: **Roger Harris**
Director of Adults, Health and Commissioning

The Care Act, Guidance and Regulations contain statutory requirements that the Council will need to comply with from April 2015 and from April 2016 (charging). Legal implications are considered within the body of the report and we will be working with legal to assess the full implications prior to April 2015.

7.3 **Diversity and Equality**

Implications verified by: **Rebecca Price**
Community Development Officer

The Care Act 2014 seeks to provide a modern and up to date legal framework for all vulnerable adults. Its focus is to ensure that safeguarding, producing better outcomes and well-being are at the core of all adult social care activity. Some specific requirements e.g. the need to produce a register of people with visual impairments are targeted at specific groups.

The Council has established a Care Act Implementation Project Group to analyse and oversee the implementation of the Act's requirements. The Project Group contains broad representation from the Council, health providers, Thurrock CCG, and Voluntary and Community Sector – via Thurrock Coalition. An Engagement Group has also been established and is one of the Council and Thurrock Clinical Commissioning Group's Health and Social Care Transformation Programme arrangements. The Group has broad representation from the voluntary and community sector and is being kept fully informed and involved with regard to the Programme's various projects – including the Care Act.

The Council will develop its plans to meet the requirements of the Care Act over the next 6 months and will work closely with both the Project and Engagement Groups to identify equality and diversity implications arising from the implementation of the Act in Thurrock with a view to mitigating the potential for negative impact.

7.4 **Other implications** (where significant) – i.e. Staff, Health, Sustainability, Crime and Disorder)

None identified.

8. Background papers used in preparing the report (including their location on the Council's website or identification whether any are exempt or protected by copyright):

- Health and Social Care Transformation Programme Report to July 2014 Health and Wellbeing Board;
- Care Act Implementation Programme Section Assessments; and
- Care Act Draft Guidance (July 2014).

9. Appendices to the report

Appendix 1 – Department of Health presentation: 'a consultation on draft regulations and guidance for part one of the Care Act 2014'.

Report Author:

Ceri Armstrong

Strategy Officer

Adults, Health and Commissioning

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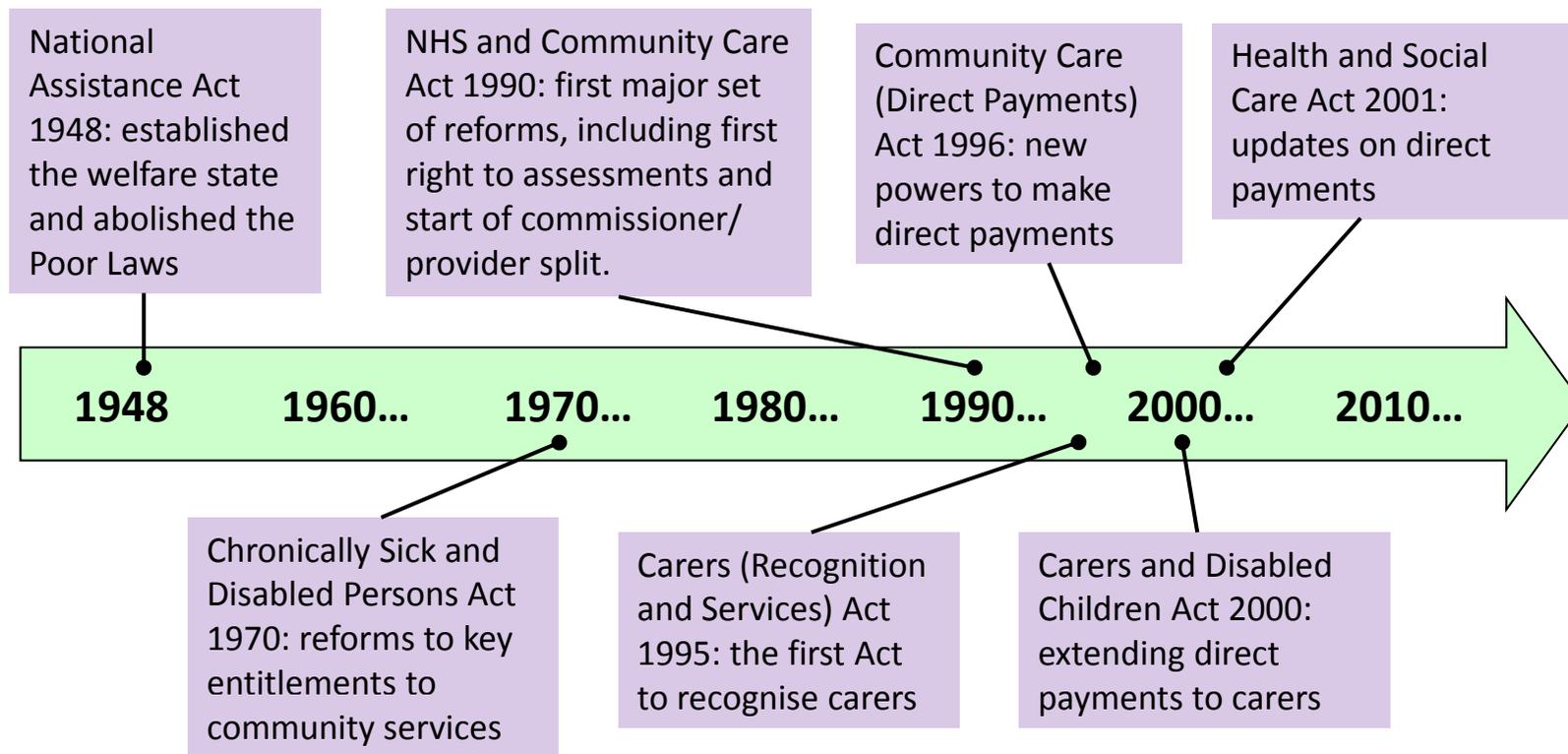


Department
of Health

A consultation on draft regulations and guidance for part one of the Care Act 2014

A brief history of care and support

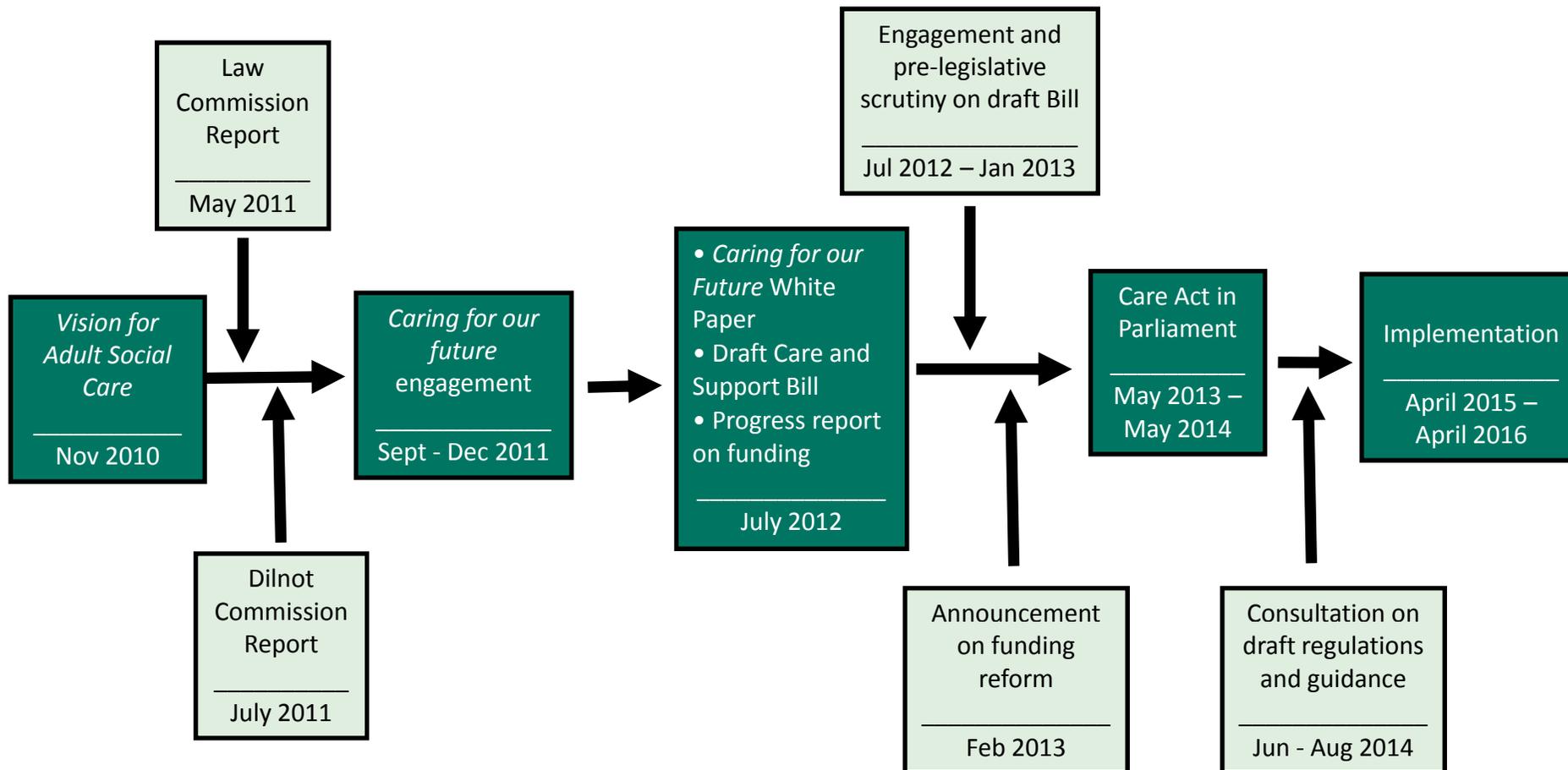
Social care law and policy has evolved over more than 65 years, incorporating around 30 Acts of Parliament, but reform has usually been piecemeal.



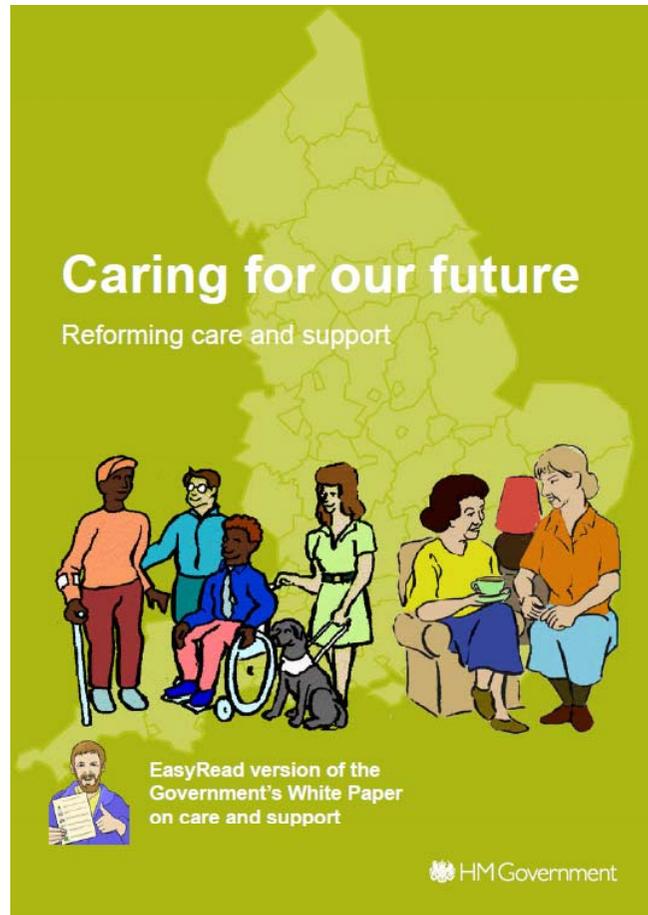
The reform timeline

The Care Act is the latest step in the timeline for reform, and builds the Government's *Vision for Adult Social Care* document and White Paper.

Page 55



Caring for our Future



The care and support White Paper was published in July 2012 and set out the Government's vision for the future system.

If adult care and support in England is going to respond to challenges it must help people to stay well and independent:

- Promote people's **wellbeing**
- Enable people to **prevent and postpone** the need for care and support
- Put **people in control** of their lives so they can pursue opportunities to realise their potential

The Care Act 2014 underpins and implements this vision.

What does the Care Act do?

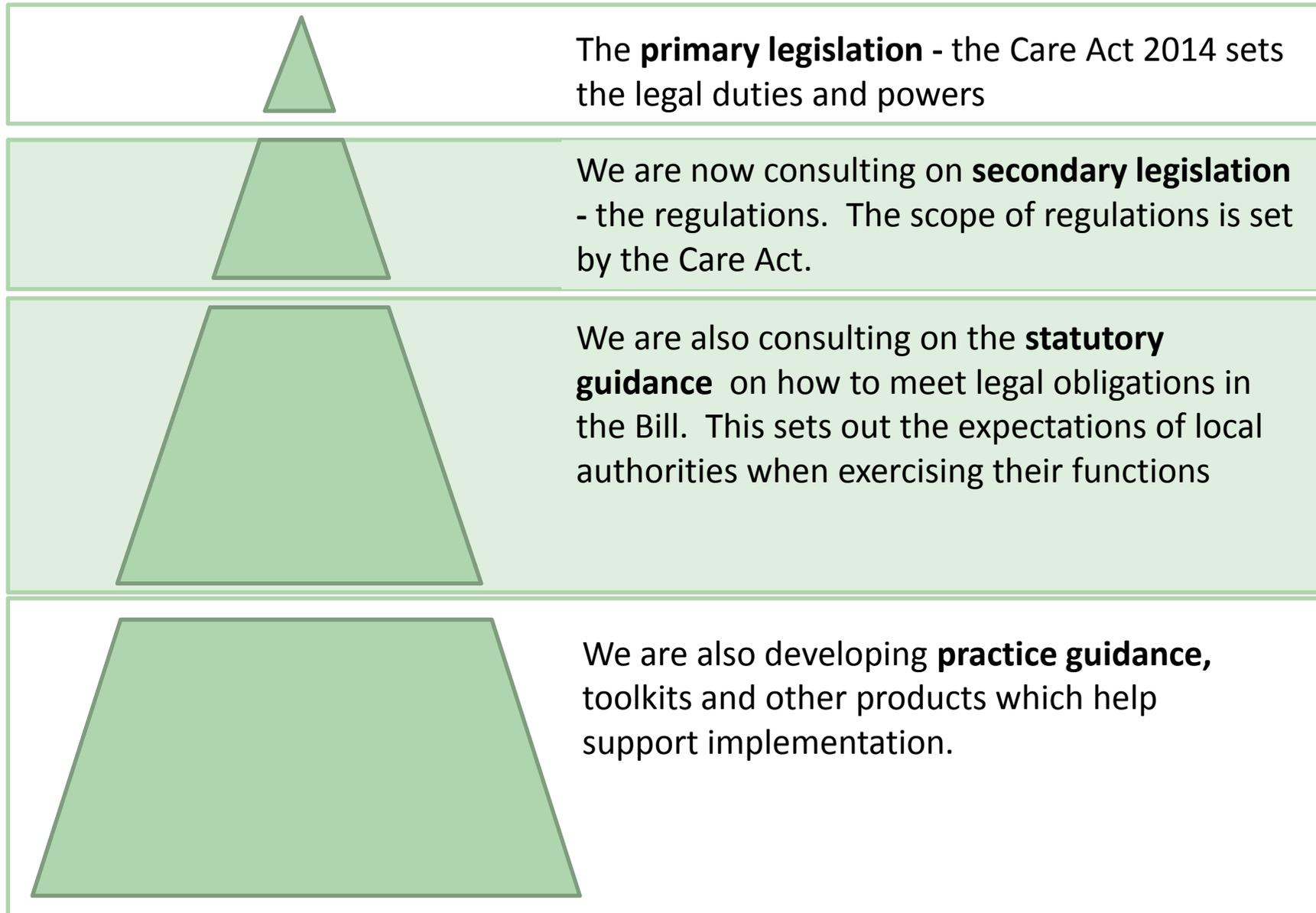
*The Act is **built around people**, it:*

- ensures that people's **well-being**, and the outcomes which matter to them, will be at the heart of every decision that is made;
- puts **carers** on the same footing as those they care for;
- creates a new focus on **preventing and delaying needs for care and support**, rather than only intervening at crisis point, and building on the strengths in the community;
- embeds rights to choice, through care plans and **personal budgets**, and ensuring a range of high quality services are available locally.

*The Act makes care and support **clearer and fairer**, it:*

- extends financial support to those who need it most, and protects everyone from catastrophic care costs through a **cap on the care costs** that people will incur.
- will ensure that people do not have to sell their homes in their lifetime to pay for residential care, by providing for a new **deferred payments** scheme;
- provides for a **single national threshold for eligibility** to care and support;
- supports people with **information, advice and advocacy** to understand their rights and responsibilities, access care when they need it, and plan for their future needs;
- gives new guarantees to ensure **continuity of care** when people move between areas, to remove the fear that people will be left without the care they need;
- includes new protections to ensure that **no one goes without care if their provider fails**, regardless of who pays for their care.

This consultation



This consultation

- Covers guidance and regulations for all elements of care and support reform that take effect in April 2015.
- It does not cover reforms for 2016/17 (including the cap on care costs) – there will be a separate consultation later this year.
- Runs from 6 June to 15 August 2014.

We want to hear what you think about the draft guidance and regulations

- We welcome views on anything included (or omitted) from the draft guidance and regulations.
- We are also asking specific questions in some areas.
- Do you have examples of best practice to help support delivery?

A quick note on our approach

- We haven't produced these drafts on our own! They were developed with a great deal of collaboration and stakeholder engagement – just like the Act itself.
- Within the guidance we've used examples and case studies to illustrate the guidance. Tell us if you think they're helpful or if you have better examples.
- We have tried to capture cross cutting issues throughout the guidance - have we succeeded?

The Care Act: Part One

draft guidance and regulations

The guidance: chapter by chapter

Ch	Topic
1	Promoting wellbeing
2	Preventing, reducing or delaying needs ☆
3	Information and advice
4	Market shaping and commissioning
5	Managing provider failure ☆
6	Assessment and eligibility ☆
7	Independent advocacy ☆
8	Charging and financial assessment ☆
9	Deferred payment agreements ☆
10	Care and support planning
11	Personal budgets ☆

Ch	Topic
12	Direct payments ☆
13	Review of care and support plans
14	Safeguarding
15	Integration, cooperation and partnerships ☆
16	Transition to adult care and support ☆
17	Prisons and approved premises
18	Delegation of local authority functions
19	Ordinary residence ☆
20	Continuity of care ☆
21	Cross-border placements ☆
22	Sight registers ☆
23	Transition to the new legal framework

☆ Areas with related draft regulations

General responsibilities and universal services

1. The wellbeing principle

- The wellbeing principle underpins the entire legal framework, and influences the way all functions are carried out in relation to individuals.
- How to define wellbeing – and how it relates to other areas in the Act.
- Duties and powers to “meet needs” replace previous entitlements to services.

2. Preventing, reducing and delaying needs

- Universal duty: applies equally to those not receiving services and their carers.
- Primary, Secondary and Tertiary prevention.
- Strategic approaches and working with partners and voluntary services.
- Regulations cover charging for prevention: limits and specific free provision.

General responsibilities and universal services

3. Information and advice

- Universal duty, but tailored information and advice for specific groups will be vital.
- Sets out how to provide information and advice, and to whom.
- Role of financial information and advice and how to help people benefit.

4. Market shaping and commissioning

- Commissioning focused on outcomes and promoting wellbeing.
- Promoting choice to drive quality and sustainability.
- Importance of workforce development and pay.

5. Managing provider failure

- Local authorities' responsibilities to meet needs in cases of provider failure. Emphasis on contingency planning and early warning. Regulations set out when there is a “business failure” to trigger local authority duty.
- New CQC oversight regime of financial health of “difficult to replace” providers. Regulations set out criteria for which providers are in regime.

First contact and identifying needs

6. Assessment and eligibility

- Duty to assess on appearance of need – for people who use care and carers.
- Must involve the person, and focus on their desired outcomes alongside needs.
- Must be proportionate to the person’s needs, goals and circumstances.
- Consider how to prevent or delay needs, and whether other types of support available locally may also benefit, alongside the assessment.
- Regulations set out requirements around assessment, including training/expertise.
- New **national minimum eligibility threshold** ensures more consistency, designed to maintain existing levels of access. Local authorities can meet other needs.
- Regulations set out eligibility criteria, based on “significant impact on wellbeing”.

7. Independent advocacy

- Duty to provide an independent advocate where someone has substantial difficulty being involved in the process and there is no one to act on their behalf.
- Regulations define “substantial difficulty” in involvement, requirements for an advocate, and what their role looks like.

Charging and financial assessment

8. Charging for care and support

- Charging framework clarified for 2015/16 but largely unchanged. Questions on small changes to 12-week disregard of property after entering a care home; and treatment of investment bonds/pre-paid funeral plans.
- Includes right to **choice of accommodation** and ability to make top-up payments. Question extension to other types of accommodation (e.g. extra care housing).
- Regulations set out process of financial assessment (including monies to be disregarded), limitations on power to charge and choice of accommodation.

9. Deferred payment agreements

- A person can 'defer' paying the costs of their care and support, so they do not have to sell their home at a point of crisis. New duty to offer to certain people.
- Amount that can be deferred usually based on loan-to-value ratio of home.
- Power to charge interest to offset risk and make cost-neutral.
- Questions on interest rate; extending scheme to extra care housing and supported living; and allowing people to keep some rental income.
- Regulations set out the criteria for DPAs, and other conditions.

Care and support planning

10. Care and support planning

- Duty to prepare a care and support plan for all those whose needs are being met, including carers. Must involve people in the planning process.
- Legal framework for combining or integrating plans for different people where appropriate.

11. Personal budgets

- Sets out what it will cost the local authority to meet the person's needs.
- Must be included with each plan.
- Process for calculating budget must be transparent.
- Can be combined with other public money, e.g. personal health budgets.
- Regulations specify that intermediate care and reablement are not included in a personal budget.

Care and support planning

12. Direct payments

- Right to request the amount identified in a personal budget as a cash payment, which people can use to purchase their own care and support.
- Direct payments must have proper oversight and be reviewed regularly, without being too burdensome.
- Questions on having first review after 6 months instead of 12; and easing restriction on paying family members to manage.
- Regulations set out situations where a local authority must not, or may not, offer a direct payment; and other conditions.

13. Reviews

- Review must be ongoing to ensure needs continue to be met over time.
- Planning and sharing timescales for regular reviews, and responding to a request for a review.
- Proportionality and timeliness of reviews.

Adult safeguarding

14. Safeguarding

- Definitions of “abuse” and “neglect”.
- The local authority role: new duty to carry out **enquiries** where risk of abuse or neglect. May require independent advocate.
- Requirement for all areas to establish a **Safeguarding Adults Board (SAB)**: to coordinate activity of partners to protect adults from abuse and neglect.
- Multi-agency working: roles, responsibilities and information-sharing.
- LA, NHS and police as core members of SAB: local discretion for others?
- SABs to carry out **safeguarding adults reviews** into cases of concern, to ensure lessons are learned.
- New ability for SABs to require information sharing from other partners to support reviews or other functions,

Integration and partnership working

15. Integration, cooperation and partnerships

- Promoting **integration** with NHS and other services (including housing).
- Requirement to work collaboratively and cooperate with other public authorities, both generally and in specific cases.
- **Working with the NHS** and managing the legal boundary with local authority responsibilities. Regulations set out details and the process for dispute resolution.
- Managing delayed transfers of care out of hospitals. Largely replicates existing scheme, but discretionary not mandatory. Regulations set out processes to follow.
- **Working with housing** to integrate provision and ensure focus on suitability of living accommodation. Considers how housing supports core responsibilities in the other parts of the guidance.
- **Working with employment and welfare services** – also often highly relevant to care and support and JobCentre Plus is “relevant partner” for cooperation.

Integration and partnership working

16. Transition to adult care and support

- Duty to assess young people and their carers in advance of transition from children's to adult services, where likely to need care and support as an adult.
- How to determine where there is "significant benefit" for timing of assessment.
- Regulations set out process for providing services to adult carers of children.

17. Prisons and approved premises

- Each local authority responsible for prisoners in custodial settings in its area.
- Principle of equivalence with those in the community, however complicated in some areas, e.g. aids & adaptations. Some rights do not apply.

18. Delegation of local authority functions

- New power for authorities to delegate certain functions to another organisation.
- Local authorities retain ultimate responsibility for how functions are carried out, so people always have redress. Good contract management and avoiding conflicts of interest essential.

Moving between areas

19. Ordinary residence

- Local authority responsible for meeting the eligible needs of all those ordinarily resident in their area (who may be living elsewhere some or all of the time).
- Example scenarios to help decisions and aid dispute resolution between areas.
- Regulations set out the types of accommodation where ordinary residence applies in relation to “out of area” placements and the process for dispute resolution.

20. Continuity of care

- When someone moves area, current local authority must share the care and support plan and other information relating to the person and their carer.
- Information before the move, assessment and arranging to meet the needs on the day of arrival, based on the previous care and support plan.
- Regulations set out the requirements on the day of the move.

21. Cross-border placements

- New power ability to arrange care home placements across the UK.

Other areas

22. Sight registers

- Local authorities must keep a register of adults who are severely sight impaired and sight impaired in their area. Regulations define who should be treated as sight-impaired or severely sight-impaired.
- Local authorities may also maintain registers of other people with disabilities.

23. Transition to the new legal framework

- Transition in 2015/16: passporting people currently in the system under the new legal framework in the Care Act.
- No automatic need for re-assessment or new eligibility determination; will depend on previous local policies
- Preparing for 2016/17: steps to take in 15/16 to prepare for funding reform: understanding likely demand, awareness-raising, capacity-building, and early assessments

The consultation: more information

www.careandsupportregs.dh.gov.uk

- Consultation document
- Draft guidance and regulations
- Easy Read document
- Factsheets
- Impact assessment and equality analysis

Implementing the reforms: more information

www.local.gov.uk/care-support-reform

- Clause-by-clause summary of Care Act and implications for implementation
- Details of networks to plug into
- Shared tools and guidance used by local authorities
- Regular bulletins

What happens next?

- Finalise 2015/16 regulations and guidance **October 2014**
- Ongoing work to develop practice guides, toolkits and implementation support **Over summer/autumn 2014**
- Separate consultation later this year on those elements of the Act that come into force in April 2016 (e.g. funding reform). **Late 2014**
- New statute comes into force **April 2015**
- Funding reforms come into effect **April 2016**

Please respond to the consultation

Comment online www.careandsupportregs.dh.gov.uk

E-mail us at careactconsultation@dh.gsi.gov.uk

Share your thoughts #careact2014

Write to
Care and Support Consultation,
Room 313, Richmond House, 79 Whitehall,
London, SW1A 2NS

Please make sure all consultation responses are received
by **15 August 2014**

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2 September 2014	ITEM 8
Health and Well-Being Overview and Scrutiny Committee	
Adult Social Care Complaints and Representations Annual Report 2013/14	
Report of: Roger Harris – Director of Adults, Health and Commissioning	
Wards and communities affected: All	Key Decision: No
Accountable Head of Service: Les Billingham – Head of Adult Social Care	
Accountable Director: Roger Harris – Director Adults, Health and Commissioning	
This report is Public	

EXECUTIVE SUMMARY

The annual report for Thurrock Council on the operation of the Adult Social Care Complaints Procedure covering the period 1 April 2013 – 31 March 2014 is attached as appendix one. It is a statutory requirement to produce an annual complaints report on adult social care complaints.

The adult social care complaints procedure is operated in accordance with the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009.

The report sets out the number of representations received in the year including, the number of complaints, key issues arising from complaints and the learning and improvement activity for the department.

A total of 351 representations were received during 2013-14 as detailed below:

- 201 Compliments
- 56 Complaints received
- 37 Concerns and issues received
- 12 MP enquiries
- 39 Member enquiries
- 6 Ombudsman enquiries

1. RECOMMENDATIONS

1.1 That Scrutiny Committee consider and note the report

2. Introduction and Background

- 2.1 This is the annual report for Thurrock Council on the operation of the Adults Social Care Complaints Procedure covering the period 1 April 2013 – 31 March 2014. It is a statutory requirement to produce an annual complaints report on Adults Social Care complaints.
- 2.2 The Adults social care complaints procedure is operated in accordance with the Local Authority Social Services and National Health Service Complaints (England) regulations 2009. A single approach to dealing with complaints regarding adult social care and health was introduced on 1 April 2009. This has allowed services to have more flexibility in how complaints are investigated and responded to, but still within statutory timescales.
- 2.3 Thurrock adult social care arranges and supports provision of a wide range of commissioned and in house to support people to live independently in their homes and increasing levels of choice and control over the support they receive. It also supports residential or nursing care when this becomes necessary. The department also has lead responsibility for safeguarding adults and provides some services jointly with Health.
- 2.4 Since 1 April 2009, complaints have been assessed in terms of their seriousness and how likely the issue is to recur so that appropriate and proportionate action can be taken in response. This is in line with the Department of Health's guidance 'Listening, Responding, Improving' where complaints are considered low, moderate or high risk.
- 2.5 Complaints that are more straightforward are considered low to moderate risk and will be dealt with by the team or line manager as local resolution with the aim of responding within 20 working days. Where possible this should be 10 working days. For more serious and complex complaints which are deemed high risk, an independent investigation will be arranged which can take between 20 and 65 working days from the date the complaint is agreed.
- 2.6 Staff are encouraged to resolve issues at the first point of contact in line with good practice as outlined by the Local Government Ombudsman.
- 2.7 The complaints procedure provides adult social care with an additional means of monitoring performance and improving service quality and provides an important opportunity to learn from complaints.

3. Issues, Options and Analysis of Options

- 3.1 This is a monitoring report for noting, therefore there is no options analysis. The annual report attached as appendix one includes consideration of reasons for complaints, issues arising from complaints and service learning and improvement activity in response.
- 3.2 The headline messages for this report are:

3.3 Summary of representations received 2013/14

- 201 Compliments
- 56 Complaints received
- 37 Concerns and issues received
- 12 MP enquiries
- 39 Member enquiries
- 6 Ombudsman enquiries

3.4 Compliments

Compliments are expressions of good feedback. The team recorded 201 compliments this year compared to 160 recorded last year and 90 recorded for 2011/12. Examples include:

I would like to thank ST and CT for all their work and help they have given us. It was excellent. My father is very happy at Collins House and could not be any better. Social worker and Collins House

Your care and attention were second to none and for this I thank you very much indeed. It is not often that someone goes one step beyond what they need to do, but you did. Respite care

Just to say thank you to the rapid response team, you all turned up promptly and as a team you are a credit for who you work for. Rapid Response Team

3.5 Complaints

The department received a total of 56 complaints in 2013/14, which is a decrease of 24% on the number of complaints (74) received for 2012/13.

While there is a falling trend in terms of complaints numbers, it is noticeable that complexity of complaint issues is rising. The majority of complaints are resolved quickly and without the need to be investigated formally. In addition increasing numbers of issues / concerns are being successfully resolved without recourse to the formal complaints procedure.

A number of factors are being explored in respect of the falling trend in complaints. This includes consideration of the arrangements for provision of care and support, with services increasingly externally provided or provided jointly with health partners. Complaints publicity materials will be reviewed this year to ensure that the procedure is accessible to all service users to ensure that they know how to make a complaint and feel able to do so.

3.6 Concerns and Issues

The complaints team recorded 37 concerns and issues for this reporting period which were successfully resolved within the teams without the need to record them as formal complaints. If the concern cannot be resolved, it will be

become a complaint and be processed in accordance with the complaints procedure.

3.7 MP and Councillor Enquiries

The complaints team also records MP and Member enquiries that are received on behalf of service users regarding adult social care. These are acknowledged and responded to in line with the Council's corporate timescales.

The trend for MP enquiries has remained the same over the last two years – 12 enquiries were received and recorded by adult social care in both 2012/13 and 2013/14. 39 councillor enquiries were received in 2013/14 – an increase of 44% from 27 in 2012/13.

3.8 Local Government Ombudsman (LGO)

There were six cases received by the Ombudsman's office for this reporting year. Of these, two cases were referred to the council for investigation through the complaints procedure, two were still in progress at the end of the reporting period and one case found that the council was not at fault.

One case found the council at 'fault causing in justice'. This was a joint case across adult and children's social care. The case resulted in the Ombudsman publishing her findings in a public report. This report was considered by Cabinet at its 12 March 2014 meeting. Cabinet referred the report to this committee for consideration. The report is therefore attached as appendix two.

Further detail on these cases as well as the process for LGO complaints is included in section 14 of the annual report (appendix one).

3.9 Learning from Complaints

Complaints and feedback provide the service with an opportunity to identify things that can be improved. The learning from complaints is an essential part of the process. Examples of the learning received this year are shown below. Further details are shown in section 18 of the annual report (appendix one).

Regarding a homecare provider – staff to be reminded of security issues and office staff reminded that they must liaise with the family on all occasions of late visits.

Staff reminded of the importance of calling service users and keeping them and their relevant family members updated. The consequences of delayed case action, using the investigation outcome as learning curb.

Reminder to officers involved with debt recovery that if it appears that a person could be deemed as vulnerable, the Council should consider if a

senior officer should undertake a review and obtain additional information where needed.

3.10 Looking Forward

Adult social care is undergoing a period of significant transformation across all services within Thurrock. The Care Act 2014 and associated funding reforms introduce further demand pressures alongside new requirements such as the duty on provision of information and advice. This will inevitably impact on the community and services received. These changes may create a higher volume and complexity of complaints and queries from service users and their families and carers. It is also expected to lead to an increased trend of complaints and service issues about services and support provided jointly across social care and health partners.

The Complaints Manager will work closely with community and user groups including Healthwatch (consumer champion for health and social care) and Thurrock Coalition (user led organisation) to ensure all feedback about adult social care is captured and to engage user participation regarding the changes to services and their experiences.

Working closely with external partners such as Health, advocacy groups and relevant stakeholders will remain a focus for 2014/15.

Complaints activity and learning will continue to be reported to the department throughout the year and disseminated to all staff.

A rolling program of visiting all social care teams will be commencing during the period 2014-15. This is to highlight the importance of learning from complaints and compliments, to ensure that all complaints and compliments are recorded and to promote the expertise available from the Complaints Manager in assisting complaints management.

4. Reason for Recommendation

- 4.1 It is a statutory requirement to produce an annual complaints report on adult social care complaints. It is best practice for this to be considered by Overview and Scrutiny. This report is for monitoring and noting.

5. Consultation (including Overview and Scrutiny, if applicable)

- 5.1 This report has been agreed with the Adult Social Care senior management team. Consideration of complaints issues and learning and improvement arising from them are identified as an ongoing priority in the report. This includes regular discussion with service user, carer and community and voluntary sector organisation representatives such as Thurrock Coalition.

6. Impact on corporate policies, priorities, performance and community impact

6.1 Complaints and other forms of feedback from people who use services and carers are opportunities for service development and improvement. Complaints provide an opportunity to put things right when things go wrong. They are therefore a key part of the adult social care performance and quality framework.

7. Implications

7.1 Financial

Implications verified by: **Roger Harris**
Director of Adults, Health and Commissioning

There are no specific financial implications arising from this report

7.2 Legal

Implications verified by: **Roger Harris**
Director of Adults, Health and Commissioning

There are no specific legal issues arising from the report as this is just for members information and so no formal legal referral was felt necessary

7.3 Diversity and Equality

Implications verified by: **Roger Harris**
Director of Adults, Health and Commissioning

There are no specific diversity issues arising from this report as this is just for members information.

7.4 Other implications (where significant) – i.e. Staff, Health, Sustainability, Crime and Disorder

None.

8. Background papers used in preparing the report (including their location on the council's website or identification whether they are exempt or protected by copyright)

9. Appendices to the report

- Appendix 1 – Adult Social Care Complaints and Representations Annual Report 2013/14
- Appendix 2 - Local Government Ombudsman – Report on an investigation into complaint numbers 12 012 268 and 12 005 756 against Thurrock Council

Report Author:

Rhodri Rowlands

Strategic Lead - Performance Quality and Information

Adults, Health and Commissioning Directorate

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Adult's Social Care Complaints and Representations

Annual Report 2013-14

Thurrock Council

Harminder Dhillon
Statutory Complaints & Engagement Manager
Adults, Health and Commissioning Services
August 2014

Contents

	Page
1. Introduction	3
2. The Complaints Process	3
3. Roles and Responsibilities	4
4. Leaflets and Information	4
5. Advocacy for Vulnerable People	4
6. Summary of Representations received	5
7. Complaints	6
8. Complaints breakdown by Service for 2013-14	6
9. Complaint issues	7
10. Externally Commissioned Services	7/8
11. Response Times	8
12. Complaint outcomes	9
13. Benchmarking	9
14. Local Government Ombudsman	10
15. Concerns/enquiries	11
16. MP and Member enquiries	11
17. Compliments	12
18. Learning from Complaints	13/14
19. Compensation	14
20. Training	14
21. Looking forward	14

1. Introduction

This is the annual report for Thurrock Council on the operation of the Adults Social Care Complaints Procedure covering the period 1 April 2013 – 31 March 2014. It is a statutory requirement to produce an annual complaints report on Adults Social Care complaints. The Adults social care complaints procedure is operated in accordance with the Local Authority Social Services and National Health Service Complaints (England) regulations 2009.

A single approach to dealing with complaints regarding adult social care and health was introduced on 1 April 2009. This has allowed services to have more flexibility in how complaints are investigated and responded to, but still within statutory timescales.

The report sets out the number of representations including complaints received, key issues arising and learning for the department.

Thurrock adult social care arranges and supports provision of a wide range of commissioned and in house to support people to live independently in their homes and increasing levels of choice and control over the support they receive. It also supports residential or nursing care when this becomes necessary. The department also has lead responsibility for safeguarding adults and provides some services jointly with Health.

2. The Complaints Process

Since 1 April 2009, complaints have been assessed in terms of their seriousness and how likely the issue is to recur so that appropriate and proportionate action can be taken in response. This is in line with the Department of Health's guidance 'listening, Responding, Improving' where complaints are considered low, moderate or high risk.

Complaints that are more straightforward are considered low to moderate risk and will be dealt with by the team or line manager as local resolution with the aim of responding within 20 working days. Where possible this should be 10 working days.

For more serious and complex complaints which are deemed high risk, an independent investigation will be arranged which can take between 20 and 65 working days from the date the complaint is agreed.

Staff are encouraged to resolve issues at the first point of contact in line with good practice as outlined by the Local Government Ombudsman.

The complaints procedure provides the Council with an additional means of monitoring performance and improving service quality and provides an important opportunity to learn from complaints.

3. *Roles and Responsibilities*

The Department of Health Guidance requires local authorities to have a Complaints Manager responsible for the management of the complaints procedure.

In order to contribute effectively to service development, the complaints management function is based within the Adults, Health and Commissioning Performance and Business Support service area.

The Complaints and Engagement Manager also has responsibility for Children's Social Care complaints and representations and produces a separate Annual Report for these.

4. *Leaflets and Information*

The complaints leaflet is distributed electronically to all service teams and front line services. Information on making a complaint or providing feedback is available on the Thurrock Council website.

Together with the complaints procedure, the complaints publicity materials will be reviewed during 2014/14 in order to ensure that information on making a complaint and providing feedback about adult social care services is both widely accessible and helpful to all sections of the community.

5. *Advocacy for vulnerable people*

The department funds advocacy agencies such as BATIAS, Thurrock Mind and the Thurrock Centre for Independent Living to provide advocacy support to vulnerable service users and when making complaints, to ensure that they have a strong and equal voice. The Council must also consult an advocate when making decisions for a person who lacks mental capacity and for vulnerable adults.

In addition, advocacy can be provided by friends, relatives and any other group or representative.

6. Summary of Representations received

A total of 351 representations were received during 2013-14 as detailed below:

- 56 Complaints received
- 37 Concerns and issues received
- 201 Compliments
- 12 MP enquiries
- 39 Member enquiries
- 6 Ombudsman enquiries

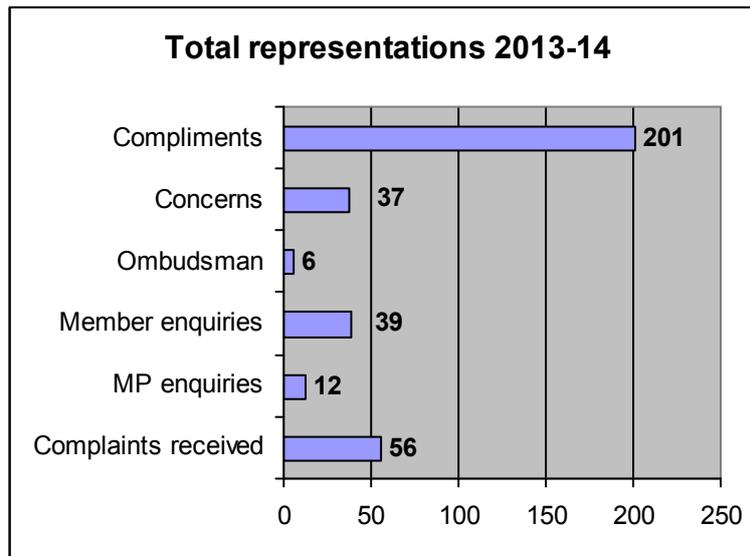


Figure 1

It is essential that all teams delivering services formally capture and record complaints. This includes commissioned services.

Feedback is recorded as received from service users by telephone, email and in writing as well as in person.

Other complaints and representations are referred directly to Ascfeedback as received by the Corporate Complaints team and service teams directly. All complaints are acknowledged within 3 working days as set out in the statutory guidance.

7. Complaints

The department received a total of 56 complaints in 2013/14, which is a decrease of 24% on the number of complaints (74) received for 2012/13. During this reporting period, the department has dealt with 1900 service users and carried out 958 new assessments.

Trends in complaints received from 2010-2014 are detailed as follows:

Year	Complaints
2013/14	56
2012/13	74
2011/12	91
2010/11	111

Table 1

In respect of the falling trends in complaints, factors such as the continued new arrangements for the provision of care and support which includes externally commissioned services and more jointly provided services. However the complaints publicity materials will be reviewed to ensure that the procedure is accessible to all service users to ensure that they know how to make a complaint and feel able to do so. The majority of complaints are resolved quickly and without the need to be investigated formally.

8. Complaints breakdown by Service* for 2013-14

* the breakdown below includes provider complaints for domiciliary care and residential care

Service	Number
Contracts & Commissioning	5
Blue Badge	1
ECDP	1
Customer Finance	6
Occupational Therapy	1
Safeguarding	1
Collins House	3
Reablement Team	3
Locality 1&2	2
Locality 3&4	1
Basildon Hospital	1
Grays Court Care	1
Hollywood Rest Home	1
Bennett Lodge	2
Ladyville Lodge	1
Bluebell Court	3
Merrie Loots Rest Home	1
John Stanley	4
Grapecroft	2
Fieldwork Mental Health	2
Intervention & Transition	3
Performance Quality	1
General social care	10
Total	56

Table 2

9. **Complaint issues**

Complaint Issue	Number
Assessment/Decision Making	2
Communication	6
Service Quality	10
Finance/Charging	10
Incorrect Medication	1
Missed appointments	2
Legal Issue	1
Multiple Issues	2
Health linked	5
Quality of care	8
Safeguarding	1
Staff conduct	8
Total	56

Table 3

Table 3 highlights that Charges for services and the quality of service received where the two main reasons for complaints received.

10. **Externally Commissioned Services**

The Care Quality Commission requires all care providers to have in place clear and robust complaint procedures. Anyone who receives a service from an externally provided service will usually complain directly to the provider and these will be responded to in accordance with the provider's own complaints process. Feedback received by the Council about externally provided services is closely monitored by the Contract Compliance & Brokerage team in line with the statutory Contracts Monitoring Framework. This helps to identify any areas of poor performance which require additional monitoring and support.

Direct Payment Scheme

Personal budgets are used to pay for support for services such as homecare or to employ a personal assistant (PA). The Council has a contract with ECDP with the delivery of the Direct Payment service for Thurrock residents to manage the scheme and raise awareness of how social care users can have greater choice and control in relation to their care.

Residential Care

The Council has commissioned independent care home providers for service users requiring residential care as based on their individual needs. Any complaints received regarding commissioned providers are referred to the Care Home provider to investigate in accordance with their own complaints procedure. The Care Quality Commission requires all providers to have effective complaint procedures in place. This is monitored by the Council's Contract Compliance & Brokerage team.

There were approximately 600 service users receiving residential care which includes nursing care during 2013/14. For this period, 12 complaints were received by the Council

and investigated. Generally the issues most frequently raised are around the quality of care provided and charges for care.

Domiciliary care

There is a huge demand for home care within Thurrock and the commissioned provider agencies work closely with Thurrock commissioning and contract services to ensure that service users receive the care package to meet their needs.

Over 800 service users received externally provided home care services during 2013/14. The issues mostly queried were the quality of care provided, delays to home visits, communication issues and funding. The provider agencies will generally respond to complaints and concerns about their service directly to the service user.

Any complaint that is received by the Council will be investigated of the response by the provider is not satisfactory to the complainant. Nine complaints were received by the Council which includes in house care.

11. Response Times

Since the introduction of the Social Services and National Health Service Complaint Regulations in 2009, the only mandatory requirement is that complainants should receive an acknowledgement within 3 working days. The legislation allows flexibility where it is negotiated that a complaint investigation be formally investigated within three months and the overall timescale for complaint to be resolved within six months. If there is further delay, a new action plan must be negotiated.

The time limit for making a complaint is within 12 months of the matter being complained about. However, the Council can exercise its discretion to allow complaints that are made over the 12 month rule, where it is satisfied that the complainant had good reason and where it is still possible to investigate the complaint effectively and fairly.

32 complaints were responded to within 10–20 working days. Eleven complaints exceeded this timescale and the reasons for delay included complex complaints requiring more time for investigation and delays caused by staff absence. There were 13 complaints that were incomplete at the end of the reporting period, as being referred to another service, withdrawn or still in progress.

12. Complaint outcomes

Upheld	15
Partially Upheld	18
Not Upheld	10
Withdrawn or Cancelled	12
In progress	1
Total	56

Table 4

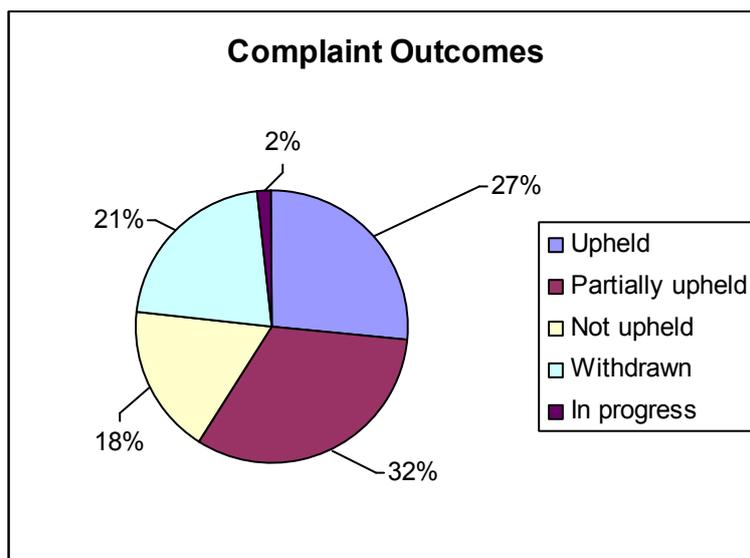


Figure 2

With regard to those complaints upheld, the Department offered apologies and advised the service users of any actions that would be taken to prevent the incident that lead to the complaint recurring. Further details regarding complaint outcomes are set out under 'Learning from Complaints' section of this report.

13. Benchmarking

Comparative annual data has not been provided in time for this report. The Complaints Manager is a member of the Essex Regional Complaints Group. The group's comparative data will also be provided in the periodic in year reporting for 2014/15.

14. Local Government Ombudsman

If a complainant is not satisfied with the outcome of the independent review panel, they have the right to take their complaint to the local Government Ombudsman. Complainants can refer their complaint to the Ombudsman's office at any time, although the Ombudsman may refer the complaint back to the Local Authority if it has not been fully considered through the complaints procedure.

The Ombudsman investigates complaints of injustice caused by 'maladministration' or 'service failure'. The Ombudsman cannot question whether a Council's decision is right or wrong simply because a complainant disagrees with it. The Ombudsman must consider whether there was fault in the way the decision was reached. If there has been fault, the Ombudsman considers whether there has been an injustice, and if there has, a remedy will be suggested.

There were six cases received by the Ombudsman's office for this reporting year as detailed below:

Case 1 - There was a joint investigation of both adults and children's social care services in respect of a complaint that the Council had failed to properly assess the complainant's own social care needs and there being no provision in place while the Council wanted the complainant to arrange for Direct Payments. The service user also complained in relation to the care needs for the complainant's disabled child. The Ombudsman finding was that there was **fault causing injustice**. The findings were published as a public report. (Please see report attached as Appendix A). The learning is included in the learning section.

Case 2 – Regarding the Council's recovery of overpayment of direct payments and whether there was a fault in the process when knowing that the complainant was deemed vulnerable. The Ombudsman's finding was **no maladministration**.

Two cases related to the Council's responsibility in relation to providing care needs and the reduction in Direct Payments. Both complaint investigations were still in progress at the end of the reporting period.

Two cases were referred back to the Council to be investigated through the complaints procedure.

15. Concerns/enquiries

Apart from complaints, the complaints team recorded all other representations received about adults social care services, as it is required to do. Representations can be positive comments and feedback or comments and queries regarding a service.

The complaints team recorded 37 concerns and issues for this reporting period which were successfully resolved within the teams without the need to record them as formal complaints. If the concern cannot be resolved, it will become a complaint and be processed in accordance with the complaints procedure.

16. MP and Member enquiries

The complaints team also records MP and Member enquiries that are received on behalf of service users regarding adult social care. These are acknowledged and responded to in line with the Council's corporate timescales.

The trend for MP enquiries has remained the same over the last 2 years. Member enquiries increased by 44% for this reporting year which may be linked to the council elections.

		2012/13	2013/14
Members	Volume	27	39
	on time	27	39
Total	% on time	100%	100%
MP			
MP	Volume	12	12
	on time	12	12
Total	% on time	100%	100%

Table 5

17. Compliments

Compliments are expressions of good feedback and the team recorded 201 compliments this year compared to 160 recorded last year and 90 recorded for 2011/12.

What they have said:

Your care and attention were second to none and for this I thank you very much indeed. It is not often that someone goes one step beyond what they need to do, but you did.

Respite care

Mrs P would like to pass on her thanks for all your help and support over the past few months. Mrs P said she does not know what she would have done without the support from the service and she told everyone what a marvellous service the reablement team are. **Reablement Team**

I would like to thank ST and CT for all their work and help they have given us. It was excellent. My father is very happy at Collins House and could not be any better. **Social worker and Collins House**

We would like to express our thanks to you and the carers at the Reablement Team for the wonderful support and care they provided to my mum during her last illness (before she passed away). The Council should be proud of such a team and such people, the service is second to none....your carers came into their own. Their gentleness, compassion, kindness and determination that mum would be supported in her last days was second to none. They supported us too with kind words, advice and comfort, making sure we were ok. **Reablement Team.**

Thank you for all your help when really needed. **Older People Mental Health Team**

On behalf of the family, I would like to thank you for all the care and kindness you have shown H during her time at Piggs Corner. **Piggs Corner**

J is compassionate, fair and understanding, patient and tolerant. You have been very supportive and helped me so much. I would not have been able to cope without you. I hope you get the recognition you deserve. You are a remarkable person. **Basildon Hospital Team.**

She wanted to thank you for your quick response when requesting a responsible adult. D said in the past when she has contacted other local authorities requesting an appropriate adult they have had difficulty and she thought she was going to get the same response from Thurrock. She said you were very helpful and arranged for an appropriate adult to attend Grays Police station for both Monday and Tuesday of this week and she is grateful for your help and assistance. **Safeguarding Team**

Just to say thank you to the rapid response team, you all turned up promptly and as a team you are a credit for who you work for. **Rapid Response Team**

18. Learning from Complaints

The following lessons have been learnt from the complaints investigated throughout the year, with changes already made based on learning.

Providers

Staff Training

- Regarding a homecare provider – staff to be reminded of security issues and office staff reminded that they must liaise with the family on all occasions of late visits.
- Regarding a residential care home - staff reminded about checking equipment before use i.e. wheelchairs and correct footplates. Staff attended updates on training and monitored through supervision and daily observations to ensure correct procedures are carried out and any resident requiring antibiotic medication the same day. The prescription to be dispensed locally to avoid any delay in administering the treatment.
- A residential care home provider to provide more training to its staff on stoma care.

Communication

- The homecare provider to liaise with Thurrock Council and service user and/or their next of kin if there are capacity issues.
- Direct Payments Provider to contact their clients as a matter of courtesy wherever possible, prior to removing under-spends from the Direct Payments account.

Review of Procedure

- Staff to review their procedures regarding domiciliary care to ensure that there is no overload of care packages due to external providers inability to provide a service.

Internal

Communication

- To ensure that the finance team emails all social care assessors to highlight that when they carry out assessments of need it is very important that they explain that all services are chargeable subject to a financial assessment. Also to make it clear that even when home care packages are not chargeable, respite care could be and this has been an important learning curve for all involved.
- Staff reminded of the importance of calling service users and keeping them and their relevant family members updated. The consequences of delayed case action, using the investigation outcome as learning curb.
- The decisions made by resource panels to be recorded and provided to service users.

Review of Procedure

- All professionals such as social workers and Contract Officers to ensure that service user's information is updated so the providers have the accurate information and the correct procedures can be followed.

- Reminder to officers involved with debt recovery that if it appears that a person could be deemed as vulnerable, the Council should consider if a senior officer should undertake a review and obtain additional information where needed.

Improve Service

- Timeliness of transition meetings and joint action between children's and adults services regarding tightening up the process of 17+ transition and closer working with the Disabled Children Team.

19. Compensation

A complainant received £750 for the adult social care complaint following an Ombudsman investigation of a joint Children's and Adults social care complaint and a payment of compensation was separately made for the Children's social care complaint.

20. Training

A rolling program of visiting all social care teams will be commencing during the period 2014-15. This is to highlight the importance of learning from complaints and compliments, to ensure that all complaints and compliments are recorded and to promote the expertise available from the Complaints Manager in assisting complaints management.

The Workforce Planning and Development team also provides an e-learning course on handling complaints.

21. Looking Forward

Adult social care is undergoing a period of huge transformation across all services within Thurrock. This will inevitably impact on the community and services received. These changes may create a higher volume of complaints and queries from service users and their families and carers.

The Complaints Manager will work closely with community and user groups including Healthwatch (consumer champion for health and social care) and Thurrock Coalition (user led organisation) to ensure all feedback about adult social care is captured and to engage user participation regarding the changes to services and their experiences.

Working closely with external partners such as Health, advocacy groups and relevant stakeholders will remain a focus for 2014/15.

Complaints activity and learning will continue to be reported to the department throughout the year and disseminated to all staff.

Report

on an investigation into
complaint numbers 12 012 268 and
12 005 756 against
Thurrock Council

10 October 2013

Investigation into complaint nos 12 012 268 and 12 005 756 against Thurrock Council

Table of Contents	Page
Report summary	1
Introduction	2
Legal and administrative background	2
The Council's obligations to children in need	3
The Children Act 1989 complaints procedure	3
The Council's obligations	3
The Council's guidance for resources panels	4
Investigation	4
Conclusion	6
Ms J's assessment	6
The direct payments for Ms J's care provision	7
Ms J's entitlement based on eligible need	7
Ms J's formal complaint about her daughter's care	7
Ms J's daughter's care provision	8
The direct payments for Ms J's daughter	8
Recommendation	8

The Local Government Act 1974, section 30(3) generally requires me to report without naming or identifying the complainant or other individuals. The personal names used in this report are therefore not the real names.

Key to names used

Ms J – the complainant

Child J – the complainant's daughter

Report summary

Subject

Ms J complained that the Council failed to properly assess her adult social care needs. She also said she was assessed as needing 10 hours of assistance each week but the Council reduced this to six hours with no explanation. Ms J said there was no provision in place while the Council wanted her to arrange direct payments.

Ms J also complained on behalf of her daughter, Child J. She said the Council consistently failed to provide care for Child J. When the care was arranged, Ms J said, it was of a poor standard. Ms J also complained she was pressured into accepting direct payments for Child J's care and the Council failed to respond to her concerns about these issues.

Finding

Fault causing injustice.

Recommendation

I recommend, and the Council has agreed to take the following steps to remedy the injustice caused to Ms J and Child J as a result of the faults identified.

- a. Pay Ms J £500 to acknowledge that between June 2011 and January 2012 she received no services despite being assessed as having an eligible need.
- b. Pay Ms J £1000 to acknowledge that the Council, on several occasions, did not provide care for Child J.
- c. Pay Ms J £250 for the time and trouble she has spent pursuing the matter because the Council failed to respond to her complaint.

Introduction

1. Ms J, who suffers from chronic fatigue syndrome and back pain along with other physical disabilities, moved to the Council's area in 2011. It commissioned and put in place a care plan for 70 hours assistance each week for her 11 year old daughter, Child J, who has been diagnosed with autism and various communication difficulties and who also has epilepsy and other physical conditions affecting her mobility. Ms J then asked for an assessment of her own needs which the Council completed in May 2011.
2. Ms J complained that the Council failed to carry out its assessment of her needs properly. She was also concerned that the Council decided she required fewer hours of support than were identified in the assessment and the Council had not explained why. In relation to her eligible needs, she said the Council pressured her to arrange the care herself and it failed to put provision in place in the interim.
3. In November 2011 Ms J raised concerns about the standard of care provided for Child J by an agency, and that the provision was erratic. The Council did not reply.
4. In July 2012, Ms J approached the Ombudsman as she was not satisfied with the action the Council had taken in response to her concerns. Part of the complaint related to assistance for her daughter. I am satisfied Ms J is a suitable person to bring this part of the complaint on her daughter's behalf.
5. One of my investigators has discussed the complaint with Ms J and made enquiries of the Council. She sent the Council her provisional views, which found fault by the Council causing injustice to Ms J. The Council failed to respond to the issues relating to Ms J's adult social care needs and did not accept the provisional conclusions in relation to how it had provided for her daughter's care needs. The Council and Ms J have since provided further comments.

Legal and administrative background

6. The Ombudsman investigates complaints about 'maladministration' and 'service failure'. In this report, I have used the word fault to refer to these. If there has been fault, the Ombudsman considers whether it has caused an injustice and, if it has, she may suggest a remedy. (*Local Government Act 1974, sections 26(1) and 26A(1)*)
7. The Ombudsman cannot question whether a council's decision is right or wrong simply because the complainant disagrees with it. She must consider

whether there was fault in the way the decision was reached. (*Local Government Act 1974, section 34(3)*)

The Council's obligations to children in need

8. Section 17 of the Children Act 1989 (the Act) places an obligation on local authorities to provide a range and level of services appropriate for 'children in need'. 'Children in need' are defined in section 17(10) (c) of the Act as including disabled children. The way local authorities determine the appropriate services is by carrying out an assessment of the child's needs under schedule II of the Act.

The Children Act 1989 complaints procedure

9. The Act contains a mechanism^[1] for service users to raise complaints about children's social care. It is a three stage process, which involves:
 - a) a response by the manager of the team complained about;
 - b) an independent investigation adjudicated by a senior council officer; and
 - c) a review of the investigation by a panel of independent persons, followed by a final decision by the director for children's social care.

The Council's obligations

10. Under section 47 of the NHS and Community Care Act 1990, councils must assess the care needs of a range of adults with disabilities who may qualify for community care services. If a council identifies that a person needs community care services and that person meets any eligibility criteria which the council has set, then it must provide those services, subject to any charging provisions. A care plan agreed with the service user should include a statement of the needs identified, the services to be provided and the objectives of providing the services.
11. The Department for Health has issued guidance on direct payments in the Children's Services setting – Guidance on Direct Payments: For Community Care, Services for Carers and Children's Services (the Guidance).
12. Paragraphs 52 and 53 of the Guidance outline council responsibilities when offering direct payments. Paragraph 52 says the council should be satisfied there is an understanding of what is involved in managing direct payments. Paragraph 53 says councils should make it clear that a person does not have to accept direct payments. The council should discuss with recipients what to do if they no longer wish to receive direct payments.

13. Paragraph 72 of the Guidance says, where someone deciding whether to accept direct payments does not already have provision in place, the council may need to provide services in the interim. Paragraph 74 says councils may wish to explore ways of assisting individuals in managing direct payments. Paragraph 77 says the council should make suitable arrangements to ensure direct payments do not continue if the person becomes incapable of managing the payments.

The Council's guidance for resources panels

14. The Council has provided a copy of a document called '*Adult Social Care: Managing Our Resources Effectively*' (the Resources Guidance). The Resources Guidance sets out the principles panels should follow when considering assessments and says:

The panel decision report will be signed by the chair at the time of panel (sic) with the decision and full details of the decision will be recorded ... with the reasons behind the decision making.

Investigation

15. Ms J contacted the Council on 4 April 2011 and requested an assessment to help her with household chores in caring for her daughter. She was not assessed until 25 May. The Council says this was partly because Ms J wanted to arrange for an advocate to be present during the assessment, but the reason for the delay recorded on the assessment form is lack of assessor availability.
16. The Council officer conducting the assessment completed a detailed background description of Ms J and her daughter and outlined the areas where it was considered she needed support. Ms J was assessed as having 'substantial' needs requiring 10.5 hours of support each week because of her parenting responsibilities.
17. A proposal, for 10 hours support for Ms J, was considered by the relevant Council's panel. Officers were told to liaise with the Children's Services team to see whether the cost of providing services to Ms J and her daughter could be reduced by joint provision. The departments met on 13 June to discuss the possibility of providing support to Ms J as a carer in the context of her daughter's support package. There is no record of any decision, or rationale for any decision.
18. On 16 June, Ms J complained to the Council she had not received a copy of her assessment. She wanted some of her daughter's care hours to be reallocated to help her in her carer's role.

19. The Council says that, based on the departmental discussions, it decided to provide six hours of support to Ms J, through direct payments managed by an agency. Ms J felt she needed more help with domestic tasks, which she set out in some detail to the Council and said that, in her view, she needed at least 16 hours. The Council said it considered six hours were sufficient but it would review the matter after three months if necessary.
20. Ms J asked why she was not receiving at least the 10.5 hours' support she had been assessed as needing. She also said the way the Council proposed to deliver the care (i.e. in two, three-hour sessions a week) was unworkable.
21. Ms J's assessment said the provision was to be made by direct payments, but she said she was too ill to put in place care for her daughter via direct payments, she had not received any care from Adult Care Services, and nobody had been in contact.
22. The Council says it referred Ms J to an agency which helps service users to manage direct payments. Ms J denies being referred to the support agency, but emails and file notes show she was in contact with it from August 2011. She was then encouraged to complete a job description for a personal assistant, but a file note from September says Ms J wanted to get support for her daughter arranged first before addressing her own direct payments. In December the Council reminded her that she could access the support.
23. In November, Ms J wrote to the Council about the care provided by the care agency for her daughter. She said that carers had failed to attend regularly, the Council had an obligation to provide the care package and the care agency had simply told her there were no carers available. The Council replied that it had no influence over the management of the care agency's staff and service provision, and she should address issues directly with the agency. Ms J said she did not wish to make a formal complaint, but her previous communications had been a request that the Council intervene. She also said the care agency continued to fail to provide care for her daughter and, when it was provided, it was of a poor standard. For example, Ms J complained that one carer did not engage with Child J adequately.
24. Ms J wrote to the Council in January 2012, again saying the care agency had failed to provide care and that there was no care booked for her daughter for the following week. She asked the Council to treat the letter as a formal complaint in the following terms.
 - a) The Council had failed to provide her daughter's care package.
 - b) The care that was being provided was inadequate.
 - c) Her daughter had no social worker support.

25. The Council offered to meet with Ms J and said it hoped to respond formally to the complaint by 6 February. Meantime, Ms J wrote again, saying the care agency continued to fail to provide care for her daughter. She also said she felt she was being forced to accept direct payments as a result of the agency's failings. The Council responded the same day, offering emergency respite care and explained it was trying to identify an alternative agency to provide care for her daughter.
26. On 7 February, Ms J wrote outlining the care her daughter would need for the following week. She wrote again the following week to say the carer had failed to attend. She said she had called the care agency but there was no answer. Ms J sent similar emails on 19 March and 30 April. The Council has provided evidence that on some occasions Ms J cancelled the care provision because she did not consider the standard of care to be adequate.
27. In May, Ms J asked the Council why it had not completed its investigation into her complaint. The Council was unaware of an outstanding complaint. It explained it had closed the complaint in January, following a meeting between Ms J and the allocated social worker. It invited her to raise any concerns again as a separate complaint. Ms J approached me on 1 July, as she was not satisfied with the Council's response. She said she no longer wished to complain about the lack of social worker support but the other two points from her January complaint to the Council remained unresolved.
28. Ms J has managed her daughter's care package since June 2012 by way of direct payments. The Council has provided funds backdated to June 2011. She says that she is not able to cope managing the payments, but she wants the payments to continue, with adequate support. The Council says Ms J is not spending the allocated funds and will not increase the direct payments while they remain unspent. Ms J is clear she needs help in managing her payments.

Conclusion

Ms J's assessment

29. There was some delay in carrying out the assessment, but it is unclear to what extent this was affected by Ms J's wish to have an advocate present and the arrangements around this. Nevertheless, the delay was not substantial and I do not consider delay which may be attributable to the Council caused an injustice which would warrant a remedy.
30. I have seen no evidence of fault in the way the assessment was carried out. The Council officer conducting the assessment appears to have made judgements based on Ms J's needs. I do not, therefore, find fault here.

The direct payments for Ms J's care provision

31. While Ms J denies being given information about the agency which helps service users to manage direct payments, I have concluded the information was provided and she was in touch with the agency.
32. The Council knew Ms J was not using the direct payments and it is clear that by September 2011 it knew she was having difficulty accessing them. I consider from that point the Council should have been proactive and commissioned the care for Ms J rather than waiting for her to arrange it and use the payments herself. Meanwhile, she did not receive the care to which she was entitled and which she needed. I consider this was fault causing injustice. It is not appropriate for a council to identify an eligible need then fail to put the provision in place because the service user is not insistent it does so. This is especially the case given the context, that the Council is meeting the needs of vulnerable clients.
33. The Council says Ms J now arranges the support she needs via direct payments but she is not using the full entitlement she has been assessed as needing.

Ms J's entitlement based on eligible need

34. I am concerned about the decision to reduce Ms J's assessed provision from the 10.5 hours, outlined in the assessment, to six hours. The Council has a policy that full details of the decisions of resource panels are recorded. It says the chair made the decision to reduce Ms J's entitlement based on other cases and the funding provided by Children's Services. However, it is unclear how the Council is able to make this statement when no record of the decision exists. I cannot say why it decided it was appropriate to reduce the provision by almost half. I consider this lack of evidence for the decision making is fault. The only evidence available for the number of hours Ms J needed is the assessment. I therefore conclude the Council's decision was fault which resulted in an injustice to Ms J, in that she has not been able to access the level of the help she was assessed as needing.

Ms J's formal complaint about her daughter's care

35. I have seen no evidence the Council has responded to Ms J's complaint about its failure to provide services for her daughter and Ms J has therefore had to contact the Council on numerous occasions and, finally, complain to this office. It was inappropriate for it to say it had no influence over the management of the care agency's staff and its service provision. The Council is responsible for ensuring the support it commissions is provided. It cannot renege on this because it is meeting its obligations through a contractor. I

consider this is evidence of fault, without which Ms J would have been saved significant time and trouble.

Ms J's daughter's care provision

36. The Council determined Ms J's daughter was entitled to significant levels of care services and was under an obligation to provide them. As I have said, it cannot pass this responsibility over to the care agency. Ms J repeatedly reported failures in the provision of care for her daughter. On some occasions Ms J cancelled the care provision because she did not consider the standard to be adequate. The Council is responsible for the failings of the agency to meet the assessed need, which is fault, but cannot be held responsible for failing to provide services where they were offered, but refused.
37. In relation to the standard of care, different carers will provide care in different ways, with which Ms J may not always agree. The care agency was under an obligation to vet its carers properly to ensure they had the requisite qualifications and training. I have seen nothing to question these matters and consider the Council's offer of direct payments was a suitable resolution to this aspect of the complaint as they allow Ms J to select her own carers.

The direct payments for Ms J's daughter

38. Ms J said the Council pressured her into accepting direct payments. As Ms J was not satisfied with the standard of care the Council was providing for her daughter, I consider it was reasonable for the Council to offer direct payments.

Recommendation

39. I recommend, and the Council has agreed to take, the following steps to remedy the injustice caused to Ms J and her daughter as a result of the faults identified.
 - a) Pay Ms J £500 to acknowledge that between June 2011 and January 2012 she received no services despite being assessed as having an eligible need.
 - b) Pay Ms J £1000 to acknowledge that the Council, on several occasions, did not provide care for Child J.
 - c) Pay Ms J £250 for the time and trouble she has spent pursuing the matter because the Council failed to respond to her complaint.

J. Martin

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10 October 2013

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**HEALTH AND WELL-BEING OVERVIEW AND SCRUTINY COMMITTEE
WORK PROGRAMME 2014-15**

Report Name	Lead Officer	Meeting Date
Budget Update – Equality Impact Assessments on HealthWatch, Voluntary Sector Organisations and Supported Living	Roger Harris	2 September 2014
Care Act: to receive a report on the changes proposed and the Council's state of readiness.	Ceri Armstrong	2 September 2014
Ombudsman Investigation Report - Learning	Rhodri Rowlands	2 September 2014
Regeneration, Air Quality and Health	Debbie Maynard/ Andrea Atherton	14 October 2014
Aging well Annual Public Health Report	Debbie Maynard/ Andrea Atherton	14 October 2014
Health and Social Transformation - to receive a report on the Better Care Fund and the council's proposed service changes and governance model.	Roger Harris	14 October 2014
Budget		2 December 2014
Pharmacy Needs Assessment	Debbie Maynard/ Andrea Atherton	2 December 2014
Adult Social Care Local Account	Rhodri Rowlands	2 December 2014
Budget		13 January 2015
		17 February 2015
		31 March 2015

Items to be Scheduled:

- Social Care Service Reviews (Les Billingham/ Roger Harris)
- CCG Performance Report

Briefing Notes:

- Adult Social Care Performance Report: July and November