

Cabinet

15 May 2019

Adult and Health Services Update

Ordinary Decision



Report of Corporate Management Team

Jane Robinson Corporate Director of Adult and Health Services

Councillor Lucy Hovvels, Cabinet Portfolio Holder for Adult and Health Services

Electoral division(s) affected:

Countywide

Purpose of the Report

- 1 To provide Cabinet with a summary of developments across Adult and Health Services.

Executive summary

- 2 This report provides an update on a number of key policies and guidance affecting adult social care including the NHS Long Term Plan, amendments to the Mental Capacity Act and a review of the Mental Health Act.
- 3 Progress is provided on reviews of local services including Mental Health Services, Learning Disability Services and the restructure of Intermediate Care Plus. Updates on the project to replace the Social Services Information Database (SSID) and work on adult care transformation are also outlined.
- 4 Cabinet received an update in March on the Integration of Health and Social Care therefore detail has not been included in this update report. However, work continues to ensure we make improvements in care and maximise collective Durham resources through the integration of Health and Social Care.

Recommendation

- 5 Cabinet is recommended to:
- (a) note the contents of the report.
 - (b) agree to receive further updates in relation to Adult and Health Services developments on a six monthly basis.

Background

- 6 This report provides an update to Cabinet on key developments affecting Adult and Health Services. Cabinet previously received an update in June 2018.
- 7 The report outlines a number of key policies affecting adult social care including developments such as the NHS Long Term Plan, amendments to the Mental Capacity Act and a review of the Mental Health Act. Implications for the County Council and partners are outlined where possible.
- 8 Progress is provided on reviews of local services including Mental Health Services, Learning Disability Services and the restructure of Intermediate Care Plus. Updates on the project to replace the Social Services Information Database (SSID) and work on adult care transformation are also outlined.

Policy Issues

NHS Long Term Plan

- 9 The NHS Long Term Plan was published on 7 January 2019 and provides a 10 year focus to tackle the big killers and disablers of wellbeing (heart attacks, strokes, cancers) and addressing unmet need, particularly in Learning Disability, Autism and Mental Health.
- 10 A significant element of the plan focuses on increasing the workforce and developing emerging roles to enable greater flexibility within the workforce. The majority of the additional £20bn will be spent on this area.
- 11 The Long Term Plan outlines the need for the NHS to deliver services in partnership with local authorities. A key focus of this is the requirement to deliver a new model of care that builds on the drive to provide more services closer to home, rather than in hospital. This aims to provide patients with more options, better support, and properly joined-up care at the right time in the optimal care setting. This will include genuinely integrated teams of GPs, community health and social care staff. Expanded community health teams will also be required to provide fast support to people in their own homes as an alternative to

hospitalisation, and to increase NHS support for people living in care homes.

- 12 An increased focus on the development and implementation of Integrated Care Systems (ICSs) is highlighted in the plan with ICSs being embedded across the country by April 2021. These will have a key role working with local authorities at 'place' level, and through ICSs, commissioners will make shared decisions with providers on population health, service redesign and Long Term Plan implementation. Plans are underway to develop an ICS for North Cumbria and the North East which will support collaboration, identify and act on shared priorities, and strengthen co-ordination of services to improve the health of patients and residents, whilst using resources effectively.
- 13 The NHS Long Term Plan identifies continued support to local approaches to blending health and social care budgets where councils and CCGs agree this makes sense. This is consistent with emerging good practice across the country. The Plan identifies four optional models that have been shown to work individually or in combination when supported by local partners:
 - (a) Voluntary budget pooling between a council and CCG for some or all of their responsibilities.
 - (b) Individual service user budget pooling through personal health and social care budgets.
 - (c) The Salford model where the local authority has asked the NHS to oversee a pooled budget for all adult health and care services with a joint commissioning team.
 - (d) The model where the CCG and local authority ask the chief executive of NHS England to designate the council chief executive or director of adult social care as the CCG accountable officer.
- 14 Prevention is a key element to the Plan; "action by the NHS is a complement to, but cannot be a substitute for, the important role for local government", and the ability to draw on the wider determinants of health through working across the wider responsibilities of local authorities such as planning, education, housing, social care and economic development are emphasised.
- 15 Whilst noting the positives of public health services being delivered through local authorities the Plan alludes to future possible arrangements by suggesting that the Government and NHS will consider whether there is a stronger role for the "NHS in commissioning sexual health services, health visitors, and school nurses, and what best future commissioning arrangements might therefore be".

- 16 A new approach to young adult mental health services for people aged 18-25 is identified; this focuses on a comprehensive offer for 0-25 year olds that reaches across mental health services for children, young people and adults. The Plan provides a focus on a new model that will deliver an integrated approach across health, social care, education and the voluntary sector.
- 17 Future work will include a review of the Better Care Fund (BCF) that should conclude later in 2019. It is expected to continue a clear plan to reduce delayed transfers of care (DTOCs) and improve the availability of care packages for patients ready to leave hospital. It also confirms that the Government's Spending Review will set out details of the NHS capital budget and funding for education and training, as well as the local government settlement to cover public health and adult social care services. It notes that further proposals for social care and health integration will also be set out in the forthcoming Green Paper on adult social care.
- 18 A planning group, reporting to the Integrated Care Board, has been established comprising senior officer leads from each partner organisation. The role of the planning group is to support the coordination and development of the County Durham Health and Wellbeing Long Term System Plan. This will include agreement of an outline timetable for developing a 5 year plan for Durham, taking into consideration the NHS Long Term Plan and Health and Wellbeing Strategy, to be completed for autumn 2019. This will involve a programme of public and stakeholder engagement events and includes the Area Action Partnerships.
- 19 The impact upon social care budgets on the direction of travel is difficult to predict at this time although population growth is likely to be a key driver. Work has recently commenced around predictive modelling to enable a more accurate estimation of future need and demand.

Mental Capacity Act amendments

- 20 The Mental Capacity Act 2005 provides a legal framework for acting and making decisions on behalf of adults who lack the capacity to make particular decisions for themselves. Following a review of the Act the Mental Capacity (Amendment) Bill has been introduced to reform the process for authorising arrangements which enable people who lack capacity to consent to be deprived of their liberty (for the purpose of providing them with care or treatment).
- 21 The new regime created by the Bill will replace the existing authorisation process, known as Deprivation of Liberty Safeguards (DoLS), which were introduced in 2009. Those arrangements have

attracted significant criticism for being too complex and bureaucratic. Key court judgments have also widened the interpretation of those who should be recognised as having been deprived of their liberty and having their human rights breached, with significant implications for local authorities and others involved in administering the DoLS scheme.

22 The reform measures set out in the Bill are intended to:

- (a) Reduce and eliminate the backlog which local authorities currently have. This will be done with a streamlined process which will:
- (b) Eliminate Duplication - by embedding Liberty Protection Safeguards assessments into existing care planning and removing duplication of existing assessments.
- (c) Provide an option to extend the period of renewal for individuals with long term conditions from which they are unlikely to recover, such as dementia, from one year to up to three years (but only after two initial one-year authorisations).
- (d) Reduce bureaucracy by allowing authorisations to apply in more than one setting.
- (e) Require three assessments rather than six.
- (f) Ensure that people are supported and afforded their rights throughout the process by an 'appropriate person' similar to that in the Care Act, or the Independent Mental Capacity Advocate ("IMCA").
- (g) Ensure that carers and families play a stronger role in the new model, for example through the duty to consult.
- (h) Add checks and balances throughout the model to ensure that person's wishes and feelings inform any authorisation and where there are objections, that those cases get a swift and independent determination by a new role of the Approved Mental Capacity Professional.
- (i) Extend the application beyond hospitals and care homes to a wider range of settings including supported living, shared live schemes and domestic settings. Currently people who are deprived of their liberty in these settings must apply to the Court of Protection for access to safeguards.
- (j) Allow NHS organisations and Clinical Commissioning Groups to authorise applications in their own settings.

23 It is expected that legislation will be passed in due course with a transitional period in place until April 2020 when the amendments will be fully enacted. Significant implications are anticipated for local authorities. The impact of these reforms for Durham are under consideration; updates will be provided following approval of the legislation.

Mental Capacity Act Code of Practice

- 24 The Mental Capacity Act Code of Practice (COP) is a key document supporting the MCA with practical guidance. The COP illustrates how the Act will operate on a day-to-day basis, alongside offering examples of best practice to both carers and practitioners, who have a formal duty to adhere to the code. It also serves as a fundamental piece of guidance to friends and family of the individual, to enable them to better understand the practical insight the Act offers to those who lack capacity.
- 25 Since the MCA came into force in 2007, the COP has been used extensively by a wide range of stakeholders. In light of changes in case law, and lessons learned through practical use of the COP over the past 11 years, revision of the COP is required in order to better reflect current needs. A consultation exercise has been undertaken and the outcome will be known in due course. This will inform decisions to revise, update and, where relevant, provide further guidance in the COP.

Mental Health Act Review

- 26 Following the commitment made in 2017 to review the Mental Health Act 1983, a final report was issued on 6th December 2018 making wide ranging recommendations for changes to legislation to address rising levels of detentions, evidence of inequality between minority groups and to strengthen the rights of people made subject to sections of the Act.
- 27 The main focus of the recommendations centred around the following themes:
- (a) People's wishes and preferences should carry more weight.
 - (b) Action is needed for people from ethnic minority communities, children and young people, people in the criminal justice system, and those with a learning disability, autism or both.
 - (c) The use of compulsion should be targeted and justifications should be transparent.
 - (d) Services should be modernised following modification of laws.
- 28 The review suggested four principles which should be written into any new revision of the Mental Health Act:
- (a) Choice and autonomy – ensuring service users' views and choices are respected.
 - (b) Least restriction – ensuring the Act's powers are used in the least restrictive way.

- (c) Therapeutic benefit – ensuring patients are supported to get better, so they can be discharged from the Act.
 - (d) The person as an individual – ensuring patients are viewed and treated as rounded human beings.
- 29 The theme of improving choice for patients and service users to make decisions about their own care and treatment is a central tenet of the review report and underpins the recommendations on the importance of advance notices and how those can become more robust, a right to advocacy, for those who find it difficult to make their wishes and preferences known, and how these are particularly relevant for those at greater risk of discrimination, such as those from a minority ethnicity background.
- 30 The ability of service users to choose their ‘nearest relative’ who has rights and powers to challenge decisions made by healthcare professionals also supports greater safeguards around compulsory treatment once a person has been admitted to hospital. Currently, service users have no say on which of their relatives are contacted which can lead to distant or unknown relatives being called upon to make important decisions about a person’s care and treatment when they are most vulnerable. People will also be able to express their preferences for care and treatment and have these listed in statutory ‘advance choice’ documents.
- 31 The government has signalled its intention to introduce a new Mental Health Bill to transform mental health care, following publication of the final report from the Independent Review of the Mental Health Act. At present, there are no indications as to the content or timing of the proposed Bill.

Social Work Regulation

- 32 In 2016, it was announced that as part of the government’s social work reform programme, Social Work England would be established as a new, specialist regulator for social workers in England. The Children and Social Work Act 2017 made provision for establishing Social Work England. The current regulator, the Health Care and Professions Council (HCPC) will continue to provide a regulatory function until the transition period is finalised (as yet there is no confirmation of the final date).
- 33 The new organisation will have three overarching objectives once fully established:

- (a) To protect, promote and maintain the health, safety and wellbeing of the public.
- (b) To promote and maintain public confidence in social workers in England.
- (c) To promote and maintain proper professional standards and conduct for Social Workers in England.

34 The functions of Social Work England will include the following:

- (a) Maintain a register of social workers.
- (b) Run fitness to practise hearings.
- (c) Set standards for initial education and training and professional standards, including standards of proficiency and continuous professional development.
- (d) Take on regulation of Best Interests Assessors (BIAs) and Approved Mental Health Professionals (AMHPs).

CQC Local Health and Social Care System Reviews

35 The Care Quality Commission (CQC) undertook a programme of local system reviews during 2018 exploring how older people move between health and adult social care services. At present 20 of these reviews have been completed across England and have highlighted examples of practice where leaders in local health and care systems have worked well together and supported their teams in providing high quality person-centered care. These reports have also outlined examples of poor practice where a lack of co-ordination and co-operation between services had led to fragmented care and badly affected older people's experiences.

36 Following confirmation from the Department of Health and Social Care to the CQC, reviews of local health and social care systems will continue. Further details are awaited as to the approach.

Service Delivery

Review of Adult Mental Health Services

37 Following a review of the current model of the Integrated Adult Mental Health Teams between Durham County Council and Tees Esk & Wear Valley NHS Trust it has been agreed that the existing functional split of services is no longer a viable service delivery model which meets future need. This is, in part, due to the changes in the Care Act 2014, changing demand for specialist mental health services, the changing and more complex presentation of users of services, and the need to support staff development, succession planning and skill maintenance.

- 38 Feedback from staff and services users has also suggested that the functional teams were no longer effective in enabling vulnerable service users to access the specific interventions they need, which in turn is increasing corporate and clinical risk.
- 39 Whilst not wishing to lose specific functional or professional expertise, the review has included a focus on ensuring a truly needs led, outcome based service that meets people's complex health and social care needs in the most cost effective way possible and enable risk and needs to be managed in a streamlined manner. A high level model for the new service is under development and includes:
- (a) Access to be managed as a separate entity through a distinct team.
 - (b) Community teams combined to provide a more generic service. The exact number and configuration will be determined through the review.
 - (c) Safeguarding being managed and led through the local authority structures.
 - (d) The functions of Early Intervention in Psychosis (EIP) continue, but there may be an opportunity to consider how the expertise could be extended to better support transitions across both organisations.
 - (e) Durham County Council dual diagnosis/substance misuse social worker will become an additional resource to support Adult Mental Health services.
 - (f) The Core Approved Mental Health Professional (AMHP) service will continue to be a distinct team. AMHPs help identify alternatives to compulsory admissions under the Mental Health Act, working across local services to support patients and their families during assessment.
- 40 A programme management approach to deliver the reconfiguration of services has been established with implementation expected from 30 June 2019. This includes a programme board to oversee developments, co-chaired by the TEWV Head of Service and the DCC Strategic Operations Manager.

Review of Learning Disability Services

- 41 Durham County Council and Tees, Esk and Wear Valleys NHS Foundation Trust (TEWV) Operational Steering Group provides joint senior management oversight of the integrated learning disability and mental health services across County Durham. This integration partnership is well established, having been in place for over 10 years.

- 42 A report presented to the Operational Steering Group (OSG) in July 2018 identified a number of issues concerning the staff configuration in integrated teams and challenges between the partners on how best to manage workflows and deploy our joint resources. Some short term actions were put in place to maintain workforce stability and a strategic review of integrated learning disability service commenced in December 2018. This followed the secondment of a senior manager from TEVV to act as a Strategic Project Manager and lead the review process.
- 43 Within the available staffing budgets, the review seeks to remodel where necessary in a way that supports a shared understanding of demand, respective professional roles and responsibilities, workload complexity and associated risk management.
- 44 The Strategic Project Manager is scheduled to share findings and recommendations to the OSG early April 2019. This will result in a collective decision on the agreed service model moving forward. A programme management method which mirrors the approach currently being undertaken in the reconfiguration of mental health services will then be implemented. At this stage, it is anticipated any subsequent remodelling would be implemented from September 2019.

Practice

Review of the Social Services Information Database (SSID)/Azeus Implementation project

- 45 Since the last update provided in April 2018, the procurement exercise for the new adult social care database has been completed, with contract award being made to Azeus UK for their Azeus Care product. It is intended that the new system will go live from summer 2020.
- 46 Key areas of activity includes:
- (a) Due diligence actions have been undertaken with only final elements of the contract to be confirmed.
 - (b) Refresh of project governance arrangements with a revised Project Board and Design Authority now in place.
 - (c) Provision of external assurance for the project by SOCITIM. The SOCITIM team are providing project health checks, supported by a programme of project gateway reviews.
 - (d) Building of relationships with Newham and East Riding Councils, both of whom are also Azeus customers.
 - (e) Agreement of project plan with Azeus.

- (f) Delivery of a series of system demonstrations by Azeus to Adult social care and finance staff.
- (g) Delivery of a programme of business process reviews (based on Lean methodology). These are considering current practice within Adult Social Care, identifying areas for improvement and developing 'to be maps' which will support ICT system configuration.
- (h) Developing proposals for the data migration strategy we wish to adopt, as well as consider data quality and new performance management framework requirements.
- (i) Agreeing the approach to be taken for digitisation of documents, with work commencing in social work teams to put in place standard filing and naming conventions.
- (j) Delivery of system administrator training sessions by Azeus staff to core Durham project staff.

47 More broadly the project is also:

- (a) Working closely with the Children and Young people's project to support implementation of their Liquidlogic system to ensure that any lessons learned can be considered.
- (b) Participation in regional work through the Association of Directors of Adult Social Care (ADASS) in relation to adoption of the Great North Care Record (a new way of sharing medical information across the North East and North Cumbria which is accessed by authorised health and social care practitioners) as a method to improve information sharing between health and social care.
- (c) Durham County Council Adult and Health Services are leading a regional group which has been established to support councils in the region undergoing various social care database replacement projects.

Adult Care Transformation

48 The transformation of adult care has been underway since the introduction of the Care Act in 2014, however, further work is required to tackle forthcoming challenges facing the service. These include integration with community health teams; joint commissioning arrangements with health partners; the Medium Term Financial Plan; the future Green Paper for Adult Social Care; and demographic predictions of an ageing population.

- 49 Significant change is required in order to fully deliver a modern and efficient service offer to the population of County Durham. To enable this to happen work is ongoing in Adult and Health Services to transform these services including:
- (a) A rethink of the current practice model;
 - (b) Consideration of opportunities to innovate wherever possible;
 - (c) Smarter use of mobile and digital technologies including using the new case management system, Azeus, to enable best advantage;
 - (d) Enhancing the offer regarding self-service, and choice and control;
 - (e) A robust package of support to the workforce including addressing mental wellbeing in the workplace, staff recognition, workforce development needs, succession planning, and reviewing roles and structures within the teams.
- 50 A Strategic Development Officer for Adult Care Transformation has been appointed with a focus to address a number of these elements through:
- (a) Reviewing the adult social care service offer with the view to developing practice models that are in keeping with a modern, efficient and effective statutory social care system.
 - (b) Leading in the progression and implementation of practice change and operational development of front line practice.
 - (c) Researching and benchmarking good practice and innovative practice (regional and national) that is in keeping with the Adult Care services objectives, assessing the merits of different delivery models and making recommendations.
 - (d) Overseeing the development of staff briefings and supporting the design and delivery of training and skills development.
- 51 A project initiation document, project plan and service offer document are under development. Following approval of these documents workstreams will be established to identify tasks and objectives for the transformation agenda.

Delayed Transfers of Care

- 52 Supporting people to leave hospital quickly and safely and reducing Delayed Transfers of Care (DToC) is a national priority for the NHS and social care. Improving the timeliness of discharge is the right thing to do for patient care and experience; it also improves patient flow through the system and makes better use of resources across health and social care.

- 53 The government's Statistical Service, in February 2019, published the latest national data (December 2018) on DToC. From a Durham perspective the key findings were as follows:
- (a) Durham had the 7th lowest rate of delayed days per 100,000 adult population in England.
 - (b) In Durham the rate of delayed days per month is 64.3 per 100,000 adults, which is considerably less than the overall rate for England which is 295.7 per 100,000 adults.
 - (c) The rate of delayed days attributable to the NHS was 31.7 per 100,000 adults.
 - (d) The rate of delayed days attributable to social care was 18.0 per 100,000 adults.
 - (e) For the period April – December 2018. Durham had the 4th lowest rate per population of delayed days in England.
- 54 It is expected that increased scrutiny of Delayed Transfers of Care will continue through 2019/20.

Cultural Competency Framework

- 55 Joint work between Durham County Council and County Durham and Darlington NHS Foundation Trust is ongoing to improve the understanding of organisational cultures between health and social care in support of integrated working. This is funded through money secured from the Skills for Care (SfC) Workforce Development Innovation Fund (WDIF) and has resulted in the development of a cultural competency framework to ensure consistency and standards and behaviours are being followed by the multi-disciplinary teams.
- 56 The project team consisting of staff from both DCC and CDDFT is continuing to work towards the key elements of the delivery plan to ensure that it is completed to the required standards and timescales. The main focus of this work has included:
- (a) Milestone 1 - to ensure the workforce have a clear understanding of cultural boundaries and that the resources enable both organisations to ensure staff are skilled, knowledgeable and competent. A baseline assessment of the culture of AHS and CDDFT has been undertaken and a cultural competency framework based on the five key themes of integrated working, relationships, innovation, customer focused delivery and 'me and my role' has been developed.
 - (b) Milestone 2 - training developments have been determined across the whole workforce as well as the development of talent management strategy. Close alignment to supervision and

appraisal processes will be factored in. A comprehensive induction programme will be established and a leadership programme will be generated to ensure leaders are compassionate; work effectively across systems; can build and maintain trusting relationships with all stakeholders and have a coaching style that helps people to grow and lead. As part of this an e-learning tool has been developed to support staff.

(c) Milestone 3 – one of the 13 Team Around the Patients (TAP) will be used to test the concept in different geographical areas. This should be completed by the end of March 2019.

57 Following completion of the bid the cultural development work will be embedded in the future work aligned to the delivery of learning and development opportunities for DCC adult and health social care staff and CDDFT workforce.

58 Subsequently, work is underway to develop an integrated organisational development strategy. Colleagues from corporate HR and Development and Learning from DCC and the Trust are considering the key areas to focus upon to roll out a programme of learning for the wider workforce.

World Social Work Day

59 World Social Work Day was held on 19th March 2019. It is the key day in the year that social workers worldwide stand together to celebrate the achievements of the profession and take the theme message into their communities, workplaces and to their governments to raise awareness of the social work contributions and need for further action.

60 The 2019 World Social Work Day highlighted 'Promoting the Importance of Human Relationships' and focused on the social relationships between people's essential relationships with each other, their environments and their futures.

61 The Department of Health and Social Care Capabilities Statement and the Continuous Professional Development Pathway in social work with people with learning disabilities were also launched as part of the UK events to mark World Social Work Day. This work is led by the British Association of Social Workers (BASW), with support from Research in Practice for Adults (RiPfa).

62 This is the second year Durham have celebrated the event, with adults and children's services working together to hold a range of information stalls and workshop activities. This included workshops on attachment and trauma, secondary and vicarious trauma, engaging families in a restorative practice approach, the role of assessment in human relationships and carers.

Prevention

- 63 The Prevention Steering Group, chaired by the Corporate Director of Adult and Health Services, has continued to work towards the key elements of the action plan which focuses on the four main workstreams of:
- (a) Building Best Practice.
 - (b) Maximising External Funding.
 - (c) Reducing the Demand for Services.
 - (d) Mental Health at Scale work.
- 64 The focus of the Mental Health at Scale work in County Durham is to reduce mental health stigma and discrimination with a focus on workforce, young people and men in order to reduce death by suicide.
- 65 The Local Government Association (LGA) provided up to 20 days of support and advice, alongside further backing from the Design Council (government advisor on design) and Social Engine (behaviour change experts). A multi-agency team of officers have attended a series of workshops with the Design Council culminating in a session for Senior Leaders where analytical and practical tools will be taught and utilised to address the areas of focus as well as any future work. Work is underway to embed learning from the process across all partners.
- 66 Work is being undertaken to examine significant best practice from across the country. A study visit to Wigan Council (Council of the Year 2019) took place in January 2019 to examine the 'Wigan Deal' which involves a set of principles aiming to improve the prevention agenda. These include:
- (a) A new relationship between public services and citizens, communities and businesses.
 - (b) Building on the assets and strengths of individuals, families and communities.
 - (c) Integrated place based services delivered in partnership.
 - (d) An engaged workforce with core behaviours.
 - (e) Confident communities where everyone does their bit.
 - (f) Freedom and permission to innovate.
- 67 The 'Deal' includes a focus on adult social care and health providing a pioneering approach which is transforming this service in Wigan from one which focused on traditional health and social care services to one which builds independence and self-reliance. The Deal for Adult Social Care and Health strengthens communities by taking an innovative asset-based approach to service provision by placing customers at the heart. Learning from these approaches is being considered to

understand potential opportunities for Durham and links to work being undertaken to review the transformation of adult care.

- 68 The County Durham Partnership receives regular reports from the Prevention Steering Group to update on these areas of work.

Appendix 1: Implications

Legal Implications

There are a number of key legislation, policy developments and initiatives which have led and contributed to developments with Adult and Health Services.

Finance

No direct implications.

Consultation

Proposals relating to implementation of the NHS Long Term Plan would be the subject of consultation with stakeholders.

Equality and Diversity / Public Sector Equality Duty

Equality Impact Assessments are carried out as part of the Joint Strategic Needs Assessment and the Joint Health and Wellbeing Strategy.

Human Rights

No direct implications.

Crime and Disorder

No direct implications.

Staffing

Effective delivery of Adult and Health Services is dependent upon a suitably trained and skilled workforce.

Accommodation

No direct implications.

Risk

No direct implications.

Procurement

No direct implications.