

Adults, Wellbeing & Health Overview and Scrutiny Committee

6 July 2018



Adult and Health Services Update

Report of Corporate Management Team

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Purpose of the Report

- 1 The purpose of this report is to provide an update to Adults, Wellbeing & Health scrutiny on developments across Adult and Health Services.

Background

- 2 The report outlines progress on a number of key areas across Adult and Health Services; both nationally and locally; including an outline of the Government's thinking in respect of the forthcoming Green Paper; and the integration of health and social care in County Durham.
- 3 This is the latest in a series of reports to Cabinet detailing developments in health and social care services with a specific emphasis on integrated care delivery.

Green Paper on care and support for older people – March 2018

- 4 As part of World Social Work Day, the Secretary of State for Health and Social Care outlined the seven key principles that will guide the Government's thinking ahead of the Social Care Green Paper, on care and support for older people, which is due to be published later in 2018. The seven key principles are as follows:
 - **Quality** – Recent local system reviews conducted by the Care Quality Commission (CQC) have highlighted variation in performance between local authorities across a range of measures, including how the local authority commissions care from local providers. One of the questions the Green Paper will pose is whether the Government can build on the learning from the introduction of independent Ofsted-style ratings for providers to spread best practice to commissioners.
 - **Whole Person Integrated Care** - Centred around the person, with one plan covering all their health and social care needs based on a joint

assessment by both systems. Gloucestershire, Lincolnshire and Nottinghamshire will pilot this over the next two years.

- **Control** – Personalisation is not new, but key to it is information and advice to help people make informed choices. The Department of Health and Social Care (DoHSC) will consult on Personal Health Budgets, in order to achieve better integration for those with the greatest ongoing social and / or health needs. Over the next two years every single person in Gloucestershire, Lincolnshire and Nottinghamshire with a joint care plan will also be offered an integrated health and care personal budget.
- **Workforce** – To respect and nurture the social care workforce and to think about health care workforce issues in a joined up way. Later this year the DoHSC will publish an NHS and social care 10 year workforce strategy instead of an NHS 10 year workforce strategy, with the needs of both sectors considered together and fully aligned.
- **Supporting families and carers** – To make the needs of carers central to the new social care strategy. Ahead of the Green Paper the DoHSC will publish an action plan to support carers and will work with the Minister for Loneliness, as they develop the Green Paper, to address the underlying causes of loneliness by building an active and creative partnership between the state, individuals and wider civil society.
- **A sustainable funding model for social care supported by a diverse, vibrant and stable market** – DoHSC will look at how the Government can prime innovation in the market, develop evidence for new models of services, and encourage new models of care provision to expand at scale. This will specifically include looking at the role of housing, including how to better support people through well-designed aids and adaptations.
- **Security for all** - People's financial wellbeing in old age ends up defined less by their industry and service during their working lives, and more by the lottery of which illness they get. A system that includes an element of risk-pooling is needed and the DoHSC will bring forward ideas as to how to do this alongside potential costs in the Green Paper.

Health and Social Care Plan for County Durham

- 5 Cabinet agreed a report on developing a Health and Social Care plan for County Durham on the 11 April 2018. Adults, Wellbeing and Health Overview and Scrutiny Committee were then updated on the plan by the Director of Integration on 2 May 2018. The key elements of the plan are to develop a joint strategic commissioning function and integrated governance arrangements, for the management of the integrated community services function. The report has now been through and supported by the Clinical Commissioning Groups Governing Body meeting which met on 15 May 2018.

- 6 The next phase in the development of this plan will see the implementation of the governance arrangements over the next few months and the appointment of a Director for Integrated Community Services.

Better Care Fund (BCF) Plan 2017/19 / Improved Better Care Fund

- 7 A Cabinet report dated 15 March 2017 entitled “Integration of Health and Social Care Services Update” provided detail on the Better Care Fund (BCF) which has been invested across the following seven key area: .
- a. Short-term intervention services;
 - b. Equipment and disability adaptations;
 - c. Prevention services to support independent living;
 - d. Prevention services focussing on social isolation;
 - e. Services to support Carers;
 - f. Care Home support;
 - g. Maintaining Transforming Care.
- 8 As the only mandatory policy to facilitate integration through a pooled budget, the BCF allocations were augmented with additional resources in 2017/18 – the Improved Better Care Fund (iBCF). The iBCF allocations are additional monies payable to councils to support adult social care budgets.
- 9 The Cabinet report dated 18th October 2017 provided an update in respect of the Improved Better Care Fund (iBCF) allocations and proposed expenditure plans.
- 10 The main areas of focus within the iBCF allocation for 2017/18 is; supporting the market, prevention, alleviating NHS pressure and system support. The examples below provide an update on the impact of that spend.
- a. **Falls** - Two rounds of specialist falls training for care homes has been delivered and a third cohort is being planned for summer / autumn 2018. The first two rounds of training have seen 32 care homes access training, with 124 care workers in total having completed the course. This is delivered by the North East Ambulance Services (NEAS) and feedback from attendees has been very positive. The next round of training will proactively target homes who have a high incidence of ambulance call-out in relation to falls and who have not been able to attend training already. For the next cohort, it will be possible to deliver training in specific homes if required to aid providers to release maximum numbers of staff.

Care Connect have also been commissioned to provide a falls response service, in partnership with NEAS, which involves Care Connect responding to a fall which has been classified by the ambulance service as non-injury and where the person requires assistance and support but not medical care. This releases pressure on NEAS and supports the principle of medical resources being utilised on those who require them. The system has been introduced to Durham following a successful pilot in the north of the region. The scheme began operating in March 2018, and in first 6 weeks they have dealt with 18 cases. Further awareness raising of the scheme is due to take place.

- b. **Brokerage** – Commissioners are working on a procurement exercise to provide a brokerage service for those leaving hospital who need to move to a care home. Such individuals can be delayed before discharge, as a result of family / friends not being available to assist promptly, or by needing help to view the options available to them. The brokerage service will work with the person, the hospital, social care and the care providers to assist with getting the best service for the individual, taking into account vacancies, geography and individual needs and wishes.
- c. **Supporting the Provider Market / Additional Commissioning and Practice Development Resources** – Specific funding has been allocated to support provider markets in Durham and help to ensure that providers have a robust, well-trained and responsive workforce, as well as the opportunity to innovate in terms of their service delivery. This may involve assisting with recruitment of care workers in rural areas of Durham, promoting social care as an employment opportunity, establishing a ‘care academy’ training hub and/or assisting providers to introduce technology to their service to lower dependency on hands-on care where safe to do so. Dedicated posts are being recruited to AHS commissioning and practice development teams to support this work. The roles will also analyse performance information on providers more closely, to identify those who require support at an early stage and ensure that those services are helped to maintain and improve standards.
- d. **Dementia Care Advisors** – the contract for dementia care advisors, which has been piloted in Durham during the last two financial years, has now been extended until 2020. This service works with people who have recently been diagnosed with dementia, or may simply have worries about their memory, to provide advice, support and signposting. Where required, the service will provide assistance to those living with dementia and their carers over the length of their journey with dementia. The Dementia Care Advisor service is delivered countywide by the Alzheimers Society and has received very positive feedback, with high referral rates and strong stakeholder engagement. In 2017/18 the service received 949 referrals.

In 2016/17, it received 991 referrals, so demand remains high with almost 2000 people being referred to the service in its first two years.

- e. **Area Action Partnerships** - In 2018/19 £350k of funding has been allocated across the 14 AAP's (i.e. £25k each) to be used on reducing social isolation. It is recognised that AAP's are best placed to know about issues in their own areas and have strong links with local, often third sector organisations who deliver services. AAP's will be able to target funding to help address isolation, using a prevention approach which in turn supports vulnerable local people and reduces medium and longer term pressure on social care services.
- 11 Many of these initiatives will operate until 2020 as the money (c£13m) will carry forward. The additional iBCF allocations for 2018/19 (c£8m) and 2019/20 (c£4m) have been built into MTFP and will be utilised to delay adult care-related MTFP savings.
- 12 Funding beyond 2020/21 is as yet unknown.

Adult Social Care Support Grant 2018-2019

- 13 Allocated according to relative needs, Durham received circa £1.7m. In effect this money supplements the iBCF and locally they are collectively referred to as the Adult Care Transformation and Innovation Fund (ACTIF). A breakdown of how these additional monies are being utilised can be found at Appendix 2.
- 14 The examples below provide an update on the impact of that spend:
- **Developing Commissioning Capacity** - Increased capacity within the commissioning team for 2 years to deliver initiatives around key priority areas including the Mental Health Review and implementation of a new model; developing services to alleviate Social Isolation; supporting the voluntary and community services infrastructure; supporting the residential care market.
 - **Supporting Intermediate Care+ resilience (Alleviating NHS pressure)** - Additional funding for 2018/19 to enable the 3 Intermediate Care Team managers to recruit additional short term agency social work staff to sustain assessment and discharge planning functions during times of surge, i.e. winter pressure, Easter.
 - **Learning Disability high cost complex case reviews (alleviate financial pressures/ service efficiencies)** - Provide additional staffing capacity to undertake targeted proactive reviews of high cost/ complex packages for service users in specialist residential care provision and those that come under the umbrella of the Accountable Care Partnership. This will enable the development of business cases for more cost effective service models that achieve better outcomes. This will help to alleviate budget pressures and support the delivery of a new Commissioning Strategy, within Learning Disability Services.

Delayed Transfers of Care (DToC)

- 15 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 improves operational flow through the system and makes best use of the resources across health and social care.
- 16 The Government Statistical Service, in May 2018, published the latest (March 2018) national data on DToC. From a Durham perspective the key findings (April – March 2018) are:
- Durham had the 4th lowest rate (per population) of delays in England;
 - Compared to the same period last year there has been a 5.6% decrease in reported delays in Durham;
 - When comparing Durham with the same period in 2016 there has been an 5.4% decrease in the total of reported delays;
 - Nationally 66.3% of delays occur in an acute hospital setting, the figure is significantly lower in Durham (49%);
 - Social care reasons for delay in Durham in March 2018 were (20%) compared to the national picture of (30.7%) for social care delays.
- 17 It is expected that increased scrutiny of DToC will continue throughout 2018/19.
- 18 Durham has established a cross-agency Discharge Management Group and a number of initiatives are currently underway to improve the offer to people leaving hospital, including a number of schemes such as those outlined earlier in this report; funded through the Improved Better Cared Fund (iBCF).

Prevention

- 19 The County Durham Partnership Update report to Cabinet in March 2018 focused on prevention.
- 20 The County Durham Partnership (CDP) has agreed to develop a more proactive approach to prevention across the Partnership and drive a decisive shift in all parts of the system through a Prevention Steering Group and three workstreams:
- a. **Building on Best Practice** is being taken forward in conjunction with Area Action Partnerships, considering links between local priorities and strategic agendas, and reviewing commissioning processes.
 - b. Systems, capacity and management are being developed in terms of **maximising external funding opportunities.**

- c. In order to **reduce demand for services** the workstream is looking to maximise the impact of the voluntary sector including further roll out of the 'Making Every Contact Count' approach, enhancing navigation systems and targeting support to high demand users of services.
- 21 In addition, the Local Government Association (LGA) Prevention at Scale offer provides 20 days of a Support Manager and expert advice focused on supporting a local area to deliver at scale a preventative approach for a particular condition or risk factor that will have a significant impact on health improvement for the local population and add value to existing interventions. The project sponsor for this work is the Corporate Director of Adult and Health Services as chair of the County Durham Partnership Prevention Steering Group.
- 22 An outline plan in relation to mental health as a key prevention priority that cuts across a number of partnerships was submitted to the LGA, who advised a narrower focus would be beneficial to the programme. The CDP Prevention Steering Group and Mental Health Partnership Board held a joint workshop and Suicide Prevention was agreed as the area of attention, with a focus on capacity building, workforce development and reducing discrimination and stigma.
- 23 County Durham is a national outlier with regard to suicide, with higher rates in males in the lowest socio-economic groups. Whilst the numbers are small, suicide has a big impact on families and the local community and there is an opportunity to develop the work across a number of settings and stages of the life course.
- 24 Timescales for the LGA project are from September 2017 – September 2018. The chosen prevention area will be evaluated to see the impact on health outcomes. There are 10-15 sites chosen for this prevention at scale work and it is an opportunity for Durham to share best practice with other areas, following completion of the project.
- 25 Representatives from Durham attended an LGA Prevention at Scale Academy in Warwick on 16 and 17 April 2018, where a series of masterclasses will be delivered on the key issues identified across the programme. Clinics will be made available with the facilitators and experts and delegates will have the opportunity to work with other authorities involved in the programme. The Director of Public Health, is chairing a task and finish group to ensure progress with this work.
- 26 The Health and Wellbeing Board leads the county's work on mental health and wellbeing, as a priority within the Joint Health and Wellbeing Strategy. A multi-agency group has been set up to progress the prevention at scale work and regular updates on progress will be reported to the Mental Health Partnership Board through to the Health and Wellbeing Board.

Local Safeguarding Adults Board – Peer Review

- 27 As part of the Local Safeguarding Adults Board (LSAB) strategic objectives covering the period 2015-2018 the Board agreed to undertake an LGA peer review by the end of March 2018.
- 28 Peer reviews work on the basis of there being no surprises from the process and acting as ‘critical friends’, to bring added value to the direction of travel of the LSAB. The whole approach is that of reflection and improvement.
- 29 The LSAB Peer Review took place over three days, 13-15 March 2018, funded from existing resources held in the Business Unit. Feedback was given on the final day followed by an action-planning workshop.
- 30 The review was led by the Independent Chair of the Safeguarding Adults Board from Warrington, with Jill Emery from Impact Change as the LGA Challenge Manager.
- 31 The focus of the review of the LSAB, agreed at the Board Development Session held on 23 January 2018, included:
 - Governance: the extent to which partners work together and how accountability operates at the LSAB;
 - Impact: the extent to which Making Safeguarding Personal (MSP) is embedded in the work of partners, and what interventions are supporting a wider preventative approach;
 - The user and carer voice: how is the LSAB hearing the voice of those who access services and how it can do so better in the future?
- 32 Evidence of the LSAB achievements and future work were also included within the review, as well as links to wider partnership Boards including the County Durham Partnership and Area Action Partnerships.
- 33 Initial feedback following the Peer Review was very positive, with the Peer Review Team generally impressed with the work undertaken in Durham relating to safeguarding adults. Areas of Strength include partners demonstrating accountability and positive engagement, and a robust training programme accessed by a wide range of partners including the Community and Voluntary sectors.
- 34 The Peer Review identified a number of themes for further consideration as highlighted below:
 - Consider the setting up of an Executive/Business Group of statutory partners;
 - Identify possible potential risks around new arrangements for the Chair to preserve the integrity of the Board;

- Consider future 360° appraisal of Chair to ensure the expectations of Board Members are being met and any development needs are identified;
- Review performance management information to ensure it is meaningful, narrative and that identified issues are addressed and available to Board members;
- Increase awareness of Safeguarding criteria and methodology to ensure learning opportunities are not missed;
- Review the use of Making Safeguarding Personal as a 'brand' and use language that practitioners and communities understand.

35 New chairing arrangements have been implemented with the Director of Integration recently appointed and chairing her first board meeting at the end of April. The new chair will oversee the development of actions from the Peer Review that will inform the LSAB's direction from April 2018 onward. A progress report will be presented to Cabinet in November 2018.

North East and Cumbria Learning Disability Transformation Programme

36 Nationally the Learning Disabilities Transforming Care Programme aims to reshape services for people with learning disabilities and/or autism with a mental health problem or challenging behaviour, to ensure that more services are provided in the community and closer to home rather than in hospital settings. The programme arose as a result of Sir Stephen Bubb's review of the Winterbourne View concordat in 2014.

37 North East and Cumbria is one of five fast track sites selected because of high numbers of people with learning disabilities in hospital settings. Fast track areas have access to a share of a £8.2 million transformation fund to accelerate service redesign. An overarching North East & Cumbria (NE&C) plan was submitted with each of the 13 Local Authority areas presenting their own plans alongside it, which outline how they will reduce the need for admission to hospital.

38 Discussions are continuing both nationally and locally to agree guidelines relating to dowry funding and associated transforming care issues. From a Durham perspective the aim is to ensure that the initial principle that local authorities would not be financially disadvantaged by moving service users into community settings is adhered to. The authority is feeding into a regional finance group.

39 The latest local discussions suggest an interim applicable "dowry" of £64k per person from the NHS, with the balance of the additional costs subject in most cases to s117 arrangements, equating to a 50/50 proportional split for Durham.

- 40 An Integrated Learning Disability (LD) Steering Group has been established comprising senior officers across the Local Authority, CCG's and TEWV. At its first meeting in March 2018 the Integrated LD Steering Group agreed to look to further develop our strategic priorities and improve how collective resources are pooled going forward. The Integrated LD Steering Group is expected to form part of the proposed new governance structure for integration.

14+ year Transitions Review

- 41 An independent review of the 14+ years transitional arrangements between Children's Services, Adult Services and other relevant transitional pathways was undertaken between January – March 2018. This was commissioned by the Corporate Directors of Children and Young People Services and Adult and Health Services.
- 42 The recommendations from the review will be considered by a Transitions Steering Group and action will be formulated that seek to further develop key pathways and make improvements where deemed necessary.

Commissioning Developments

- 43 At the Health and Wellbeing Board in July 2017 it was reported that there had been a rise in the rate of emergency admissions in both falls and injuries and hip fractures in the over 65s in 2015/16, higher than the national average for the same period and an increase from the rate in 2014/15 period. The Joint Commissioning Group has established a Task and Finish Group to investigate this issue and a report outlining their findings will be considered by the Health and Wellbeing Board in July 2018.
- 44 Following protracted negotiations agreement has now been reached in respect of the fee rates for residential and nursing care provision. We are currently finalising the detail of the contract with the provider representatives, which will run until 2021.

County Durham Care and Support Review

- 45 The review of County Durham Care & Support (CDCS), the AHS in-house provider, is nearing its conclusion. In September 2016, Cabinet agreed that two services, Reablement and Supported Living, should be transferred to the independent sector. A contract has now been awarded to a new supported living provider and a procurement process in respect of Reablement is in progress.
- 46 The Cabinet report also set out that Extra Care and Respite (Hawthorn House) services would be retained and subject to review and restructure to ensure they were fit for the future. This work is progressing well, with changes to Hawthorn House, including widening the scope of the service and increased partnership working, starting to gain momentum.

Work on extra care is scheduled for summer / autumn 2018 when tender activity on the linked Reablement service is complete.

- 47 Cabinet also agreed that AHS should investigate the potential to establish an Employee Led Mutual (ELM), covering three of the CDCS services, Pathways Day Services, Support & Recovery and Shared Lives. This work has been undertaken, with the assistance of an external consultant specialising in public sector spin-out. The work on ELM's identified concerns about levels of risk in terms of business planning and future viability, as well as the level of financial support required by the Council to set up the new organisation. Consequently, the decision has been taken not to proceed with the ELM. Services will instead be retained and subject to future business review activity in the same way as all other Council services.
- 48 Overall MTFP savings requirements relating to the CDCS review remain on target. Expected additional savings from the tender on supported living will be used to offset any shortfalls from other services and will help to reduce savings pressures.

Review of the Social Services Information Database (SSID)

- 49 Since October 2017, a core element of work for the Adults SSID replacement Project Team has been the delivery of a rigorous soft market testing exercise and preparing the launch of the procurement exercise. To date:
- Interest in the soft market testing events has been received from four of the main system suppliers;
 - Staff engagement through the process has been very positive with a wide range of teams participating in a series of full system demos, as well as bespoke focused sessions considering specific areas of system functionality;
 - Key stakeholders and partners such as Clinical Commissioning Groups (CCG's), County Durham and Darlington Foundation Trust (CDDFT) and Tees, Esk and Wear Valleys Foundation Trust (TEWV) are engaged with the project;
 - As the tender documentation has been developed there has been constructive engagement with health partners, through the Health and Social Care Integration Board, to ensure that any system purchased supports the county's aspirations in relation to closer health and social care integration;
 - The procurement documentation was issued to the market on 18 January 2018 with the deadline for tender submissions of 2 March 2018;

- Plans are in place with staff to support the evaluation of bids received, and this is scheduled to conclude in May 2018. The evaluation process includes hands-on testing by staff;
- Workstreams are developing draft service designs / processes to be configured and refined when a new system has been selected.

50 Alongside the procurement preparation the Project Team have been working on maximising the opportunities that implementation of a new system has to transform our ways of working. This includes:

- A comprehensive programme of business process reviews based on using Lean Methodology have commenced. These are considering current practice within Adult Social Care, identifying areas for improvement and developing 'to be maps' which will support ICT system configuration;
- Reviewing the approach to document management and options for future document storage.

51 It is anticipated that the contract award will be in June 2018 and detailed discussions with the new supplier will start in July 2018 to develop an implementation plan. It is anticipated that the new system will 'go live' in autumn 2019.

World Social Work Day

52 World Social Work Day (WSWD), held this year on 20 March 2018, 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.

53 This year highlights 'Promoting Community and Environmental Sustainability', which relates to the third pillar of the Global Agenda for Social Work and Social Development.

54 As part of World Social Work Day:

- The Secretary of State for Health and Social Care outlined the seven key principles that will guide the Government's thinking ahead of the social care green paper, to be published later in 2018; and
- The Department for Education announced that Lord Patel of Bradford, a former social worker, will chair the new dedicated social work regulator, Social Work England.

55 Durham also held an event to mark World Social Work Day, with social workers from both adult and children's services invited to County Hall on 20 March 2018 to reflect on the role they play in society and to celebrate the contribution they make to children, young people, adults, families and the wider community in Durham.

Performance

56 Durham's care and support services are still achieving the outcomes that matter most to people¹, against a backdrop of continued austerity and a nationally recognised shortfall in adult social care funding, with increasing demands upon social care services as a result of an ageing population who are living longer with complex needs:

- Durham service users have reported a higher level of satisfaction with their care and support than what was reported nationally for 4 of the last 5 years;
- Carers in Durham have indicated a higher level of satisfaction with social services than nationally for the last 3 years the survey has been carried out. Overall satisfaction of carers with social services is 43.3% compared to 39.0% nationally;
- Durham service users have responded more positively to this question than the national average this year and for 5 out of the 6 previous years. The proportion of people who use services who say that those services have made them feel safe and secure is 89.3% compared to 86.4% nationally.

Conclusion

57 The report highlights the wide breadth of work being undertaken across Adult and Health Services. The greatest challenge we face is securing a long term financial solution for Adult Social Care. While the funding from the iBCF and the Adult Social Care Support Grant are welcome and help to support our challenges and alleviate pressures in the short term they don't provide the stability of long term funding.

58 The development of a Health and Social Care Plan for County Durham, the Review and Replacement of SSID, the Partnership Approach to Prevention and the Review of County Durham Care and Support represent major change programmes that feed into the Councils Corporate Transformation Programme.

¹ [Adult Social Care Outcomes Framework \(ASCOF\) Measures \(2016/17\)](#). NHS Digital (October 2017)

59 Overall, the report provides a positive picture that reflects joined up and integrated working across services within the Council and with our Key Partners in the delivery of Health and Social Care.

Recommendations

60 Adults, Wellbeing & Health scrutiny is recommended to:

- a. Note the contents of this report.
- b. Agree to receive further updates in relation to Adult and Health Service developments on a six monthly basis.

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Appendix 1: Implications

Finance – Durham received circa £1.7m non-recurring money from the Social Care Support Grant 2018-19. The iBCF Allocation to be utilised for supporting the market; prevention; alleviating NHS pressures and provides system support is circa £13.1m.

Staffing – The delivery of adult and health services will depend upon a suitably trained and skilled workforce.

Risk – Well documented Funding and Demographic pressures facing adult social care presents significant risks to the ongoing sustainability of the sector. It is hoped that the Green Paper and the fair funding review will alleviate these risks and provide a longer term funding solution.

Equality and Diversity / Public Sector Equality Duty – Not applicable.

Accommodation – No direct implications.

Crime and Disorder – No direct implications.

Human Rights – No direct implications.

Consultation – Not applicable.

Procurement – No direct implications.

Disability Issues – No implications at this stage.

Legal Implications – There are a number of key legislative and policy developments/initiatives that have led the way and contributed to developments within adult and health services. All changes must be compliant with legal requirements