

The Darlington Journey- Commissioning for Resilience

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Section 1: The Darlington Context

Darlington became a unitary authority in 1997, moving away from Durham County Council, following years of perceived under investment in, and underperformance of, services and infrastructure to the town and its wider borough. Since 1997 Darlington Borough Council has overseen significant investment in infrastructure, in educational and employment opportunities and in improved services.

Darlington is situated in the North East of England and forms part of Tees Valley sub-region, which, as a whole, comprises five unitary authorities and has a population of around 663,000 people. Darlington Borough is a compact area of some 76.2 square miles, comprising the town of Darlington and a number of surrounding villages. The Borough has a population of 105,600 people living in 46,700 households. 2.1% of the population come from BME backgrounds. These communities include the Bangladeshi community, the Polish community and a Traveller community. Almost 90% of the population live in the urban area but the Council recognises that there are particular issues relating to the possible vulnerability of older adults in the more rural communities.

The 2011 Census show that there are approximately 106,000 people living within the Borough boundaries. Of these, approximately 18,000 are aged 65 and over, with an estimated 2,500 people having a learning disability and approximately 15,000 with a long-term limiting illness.

According to the ONS 2011 sub-national Population Projections, Darlington's population is expected to rise steadily to 110,771 by 2021. Within the wider context, the proportion of children under the age of 14 will remain around 18% of the total population while the retired age and older population is expected to increase from 17.6% to 20.5% of the total.

About three quarters of the working population of the Borough have jobs based in Darlington. Employment has shown an overall decrease in recent years; with a peak for employment and prosperity in the Borough recorded between 2008 – 2010 (at around 72%) the employment rate currently stands at 68.4%. As with many employment indicators, this is a higher percentage than the rest of the North East but is lower than the rate nationally. The one notable exception to this trend is the household earnings rate, where the weekly household income in Darlington is lower than both the North East average and the national rate. There has also been a significant change in the structure of the Darlington economy. Employment in manufacturing has declined dramatically (to 9.2%), but in contrast, the service sector has grown strongly and now accounts for almost 80% of jobs in Darlington. The public sector, including local government, national government and health, is a major employer.

The Jobseekers Allowance (JSA) claimant rate has increased since November 2010 and now sits at 5.7% - just below the North East rate and significantly worse than the national rate.

The impact of the national economic situation and resulting budget cuts have had a disproportional impact on Darlington and North East generally, due to higher reliance on the public sector for employment. In addition, the region has a high number of claimants of 'out of work benefits', so welfare reform measures will also have a

significant impact. It is estimated that welfare reform changes from April 2013 will take £14 million out of the Darlington economy annually.

Darlington's working age population, who hold NVQ level 4 or above is 27.2%, above the North East average and less than the English average of 33%. 11% of the working age population in Darlington have no recognised qualifications, compared to 12% of the working age population in the North East and 10% of the working age population in England.

The concentration of disadvantage and deprivation in Darlington is highlighted in the ward level child poverty statistics, with 38.7% of children residing in the Northgate ward living in poverty, compared to only 1.7% of children living in the Hummersknott ward.

Disadvantage and deprivation is not only visible in terms of economic factors, but can also be seen in terms of health, with a 12.6 year life expectancy gap between the most affluent ward and the least affluent ward in Darlington, wards which are only divided physically by an A road.

Darlington has a good track record of partnership working particularly with the local Primary Care Trust which is co terminus with the borough. This has provided an excellent foundation the newly formed Clinical Commissioning Group and the transfer of Public Health responsibilities to the local authority.

Projecting adult and older peoples needs (2011)

Projecting Adult Needs and Service Information System (PANSI) and Projecting Older People Population Information System (POPPI) provide population data by age band, gender, ethnic group, religion, tenure, transport, living with no central heating, household growth and by state pension for English local authorities. Calculations are applied to population figures to estimate projected numbers of older people by: those living alone, living in care home, receiving unpaid care, their ability to carry out domestic tasks and self care.

Prevalence rates from research have been used to estimate the impact of: limiting long term illness, depression, severe depression, dementia, heart attack, stroke, bronchitis/emphysema, falls, continence, visual impairment, hearing impairment, mobility, obesity, diabetes and learning disability, including Down's syndrome.

Finally, nationally available performance data on: helped to live at home, intensive home care, community based services, supported residents in care homes, admissions to permanent residential and nursing care, and carers receiving services are applied to the projected population figures.

Based upon the information from POPPI and PANSI it is anticipated that there will be a reduction in:

- The number of people with a common mental health disorder;
- A moderate physical disability, and
- Two or more psychiatric disorders.

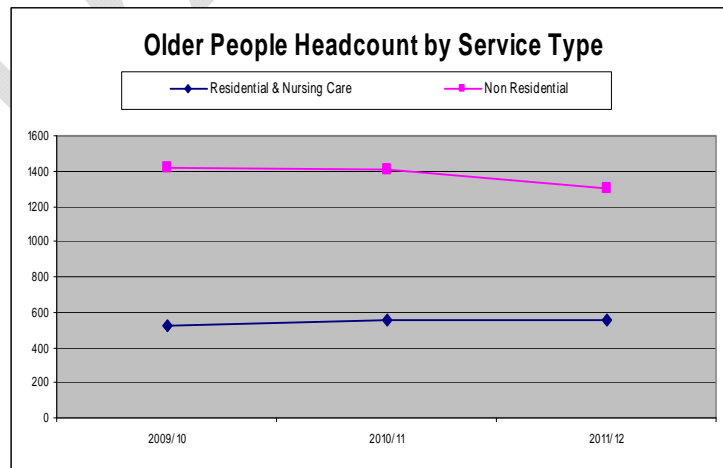
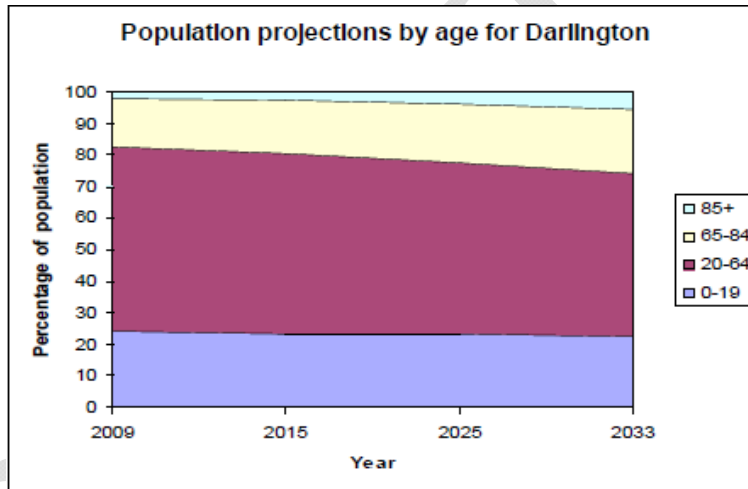
However, there will be an increase in:

- The number of people with moderate/severe learning disabilities;

- The number of people with early onset dementia;
- The number of people with dementia;
- The number of people with a limiting long term illness;
- The number of people with a moderate/severe hearing impairment;
- The number of people experiencing a fall;
- The number of people with a registrable eye condition;

The population projections show an increasing number of elderly people as illustrated in the graph overleaf. The number of people aged 65 and over in Darlington is projected to increase from 17,400 in 2008 to 23,800 in 2023 and 29,100 in 2033. The number of people aged 85 and over is projected to increase from 2,400 in 2008 to 3,800 in 2023 and 6,000 in 2033.

These increases are likely to lead to an increasing demand upon Adult Social Care as people live longer and wish to maintain their independence. However, the demand for adult social care support may be take a different shape in the future as people may retire earlier (or be made redundant) and as more owner occupiers reach retirement age.



Key issues identified within the Strategic Needs Assessment

The Strategic Needs Assessment (SNA) brings together all relevant information available on the needs of Darlington's population. Intended to provide a powerful tool for defining priorities and shaping future services for Darlington, it highlights areas where we need to do more to improve the health and well-being of our communities and specific health and social care issues that require targeted actions.

In terms of Adult Social Care, the SNA highlighted four key priorities:

- Increase the number of people maintaining their independence through the use of direct payments; intensive home care support and housing related support;
- Set goals for participation and empowerment, ensuring that we have regular and continuous engagement with service users and their carers at all levels
- Improve access to social care services through timely assessments
- Implement the principles of Putting People First, the Adult Social Care overarching commissioning plan.

There are a number of predicted key drivers which may lead to increased Adult Social Care spend between 2013 and 2035. Clearly, the further into the future a projection is made, the more speculative it is. However, statistical modelling suggests the following:

- an 8% increase (from 1462 to 1577) in number of the people aged over 64 the LA supports to remain independent in the community (£7k per year unit cost currently)
- a 139% increase (from 66 to 158) in the number of people aged between 18 and 64 the LA supports in residential or nursing care (£39k per year unit cost currently)
- a 26% increase (from 601 to 756) in the number of people aged over 64 the LA supports in residential or nursing care (£33k per year unit cost currently)

National research suggests that the demand for Adult Social Care provision could grow by 25% between 2013 and 2021 although it is not the case that an increase numbers in the older population automatically means an increase in local authority social care costs as many of the older people have their own incomes and property and can continue to be financially independent for longer.

Of course, there are a number of difficulties in predicting future trends that mean that caution should be exercised. These include:

- Future demand and forecasting work has yet to be finalised for the number of people aged 18-64 that the local authority supports to remain independent in the community. As a result costs remain at 2012-13 in this forecast.
- Costs are net taking into account client contributions. It has been assumed contributions will remain at 2012-13 levels.
- It has been assumed people leaving care remain at 2012-13 levels.

- Figures do not take into account the emerging reductions in residential and non-residential care packages as a result of reablement and the integrated RIACT service.

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Service quality

In terms of adult social care, Darlington has a good track record of service improvement and delivery.

Darlington is making progress in meeting key national drivers, such as Think Local Act Personal and also the Quality Outcomes Framework.

Managers within Adult Social Care are keen to support continuous improvement in all areas and have requested via ADASS that they take part in Peer Review in relation to Assessment, Care Management and Safeguarding.

The development of the Responsive Integrated Assessment Care team, established in 2012 was recently nominated for a national innovation award.

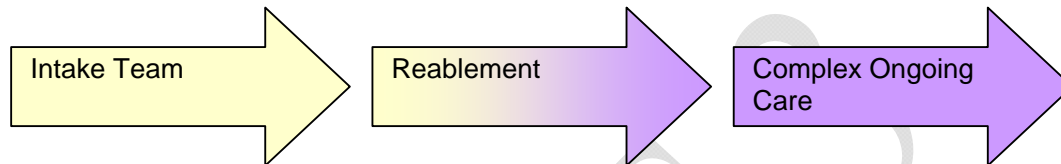
Within Darlington x% of residential and nursing homes are rated by Care Quality Commission as xxx or xxx.

For a number of years the local authority has been working towards achieving its objective of becoming a commissioning organisation and therefore currently only retains two registered services, domiciliary care provided within an extra care setting and a respite service for people with a learning disability, both of which are rated as xx by CQC. A review is currently underway of the domiciliary care provision.

Section 2: Service Design and Delivery through People Services

Service design

A review of Adult Social Care Operational Teams commenced in January 2011, following the establishment of the People group of services and the appointment of the new Assistant Director for Adult Social Care. This review has led to an improved and streamlined customer pathway, shown below:



This pathway ensures the following;

- Improved screening of referrals (particularly following the revised eligibility criteria)
- More capacity to take quality information, signpost, see vulnerable people and ensure that those cases which are referred on to Reablement or Long Term Care need to be there.
- Increased focus on the preventative agenda by referring people into Reablement (including a range of functions such as In House Homecare, Therapy, Lifeline Services, Intermediate Care, Enablement, Assistive Technology). This facilitates clients not needing more complex and larger packages of care in the longer terms.
- Long Term Complex Care – we will always have individuals who require intensive involvement through End of Life Care, Continuing Healthcare, Complex Physical Disabilities, Mental Health, and Long Term Conditions. The next step following the redesign of the Social Care Operational Teams would be for an integrated model with the NHS.

Managers, in redesigning the pathways, ensured that the operational teams had the resources and support they needed to become more proactive, responsive, efficient and effective.

Reviews were carried out of the skill set of staff to ensure that those skills were fully utilised; this work covered senior practitioners, community assessment officers and administrative support.

The review also considered the increasing number of safeguarding alerts being received as well as policy reviews being undertaken, including the need for a properly funded reablement service.

The agreed aims of the review were to achieve:

- An improved customer journey, which will ensure the number of handoff's between different functions are kept to a minimum.

- Clearly defined processes will be in place for a seamless transition where the need to transfer to an alternative function is identified.
- The reappportionment and refocusing of existing resources will begin to address emerging service pressures.
- Individuals support needs will be assessed and responded to in a timely manner by service areas which work to complement the varied support needs of individuals.
- Clear processes and remits, with regard to both service functions and individual staff which will ensure that duplication is kept to minimum and systems are as lean as possible.
- An operational structure which is proactive, responsive, and meets the needs of the most vulnerable individuals in a safe, effective and person centred manner.
- An operational structure which is fit for the future, and robust in its ability to deliver priorities both locally and nationally in crucial areas such as Self Directed Support and Reablement.

It was identified from the outset that in order to achieve the outcomes specified above and to effectively support staff through a period of transition, the revised operational structure would be implemented in phases.

Staff workshops were held to engage them in the review of the following key areas:

- The customer journey from the point of initial contact, including processes undertaken and documentation utilised.
- The role of Reablement
- Present management of Safeguarding Alerts
- Long term complex care and the annual review function
- System Support, including potential future requirements and Care First

Life Stages Disability Service

In January 2011 a single, Life Stages Disability Service was established. The service was initially developed to provide support for young people to make the transition from Children's Services to Adult Social Care services.

Service users and carers were involved in critically reviewing the existing systems. A number of consistent themes were identified, including:

- the use of too many agency staff
- inconsistent systems and processes
- a real lack of any systematic process linking the Children and Adults' services together
- a high number of safeguarding issues and a number of performance issues relating to staff turnover.

The outcome of the review with the service users was clearly that systems, process, culture and relationships with key stakeholders needed to be addressed:

The current model has been in place for 2 years and users and carers feel that the new ways of working are better. However, there were a number of lessons that were learnt which have been applied to subsequent reviews:

- Although some consultation was undertaken, it would have been of greater benefit if more consultation had taken place to seek the views of carers and users

- The service would have benefited from outlining the outcomes expected at the start of the process and then re-designing the service to meet these outcomes
- The cultural shift and realignment of systems and process has had an impact on people with a learning disability of all ages.

This model will deliver better outcomes for both individuals and the Council and the service has developed considerably in a short space of time. There are still a number of important challenges ahead:

- Convincing our partners both internal and external of the benefit of the Life Stages model
- Delivering significant cultural and structural change at a time of increasing financial pressure
- Dealing with the relatively high cost of the provision compared to national average costs, and
- Developing our model of meeting need.

Safeguarding

In January 2011, at the onset of the People group of services, there were further opportunities to review the way that safeguarding issues and quality assurance were delivered. The Safeguarding Vulnerable Adults Board and the safeguarding Children's Board have increasingly shared expertise and resources to ensure that best practice is disseminated. This has been well-received by partners who are members of both Boards.

Increased resources have been allocated to the review function dealing with the quality assurance of work around safeguarding, thus giving the Assistant Director for Adult Social Care additional assurance that service quality is being challenged and issues addressed.

Introduction of Self Directed Support- Direct payments

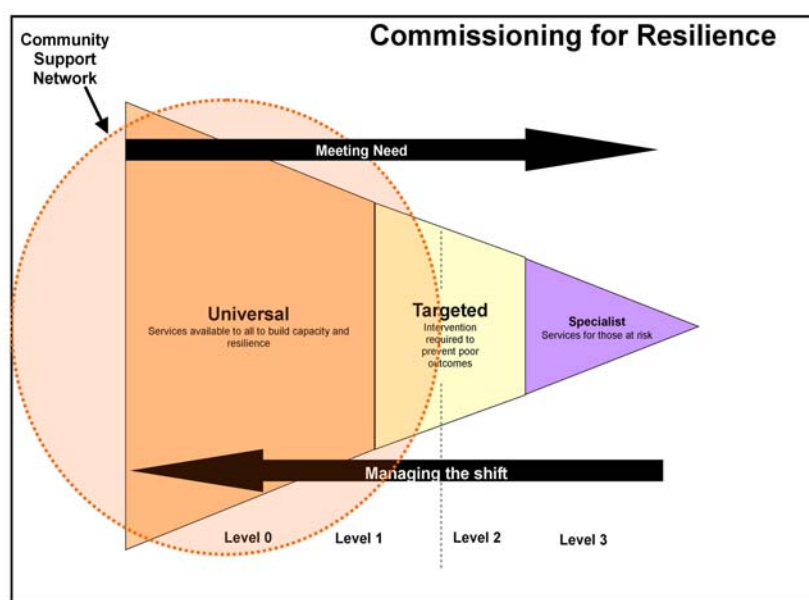
Like other local authorities Darlington was keen to embrace the Putting People First concordat and established a small project team to develop its own model of Self Directed Support. The model developed, working with the local disability organisation and a number of disabled people who co-produced the Supported Self Assessment Questionnaire and associated paperwork. The model has been reviewed and refined to reflect both the transition that has been made to the form of assessment and the financial pressures faced by the council.

Since its introduction, the number of people using self directed support has steadily increased. In 2011/12 1,497 people received self directed support, which equated to 43%. This was well above the target of 30% which had been set for 2011/12. This performance was only marginally lower than the England average and much higher than our statistical neighbours.

Section 3 – Commissioning for Resilience - our vision for the future commissioning of Adult Social Care

The developing model of adult social care service delivery for Darlington is informed by, and consistent with, Darlington's Sustainable Community Strategy, **One Darlington: Perfectly Placed**. This is the long term vision for 2021 and has widespread support and agreement from a wide range of private, public, voluntary and community sector organisations. It articulates the vision for the future of the people who live in Darlington, and for the place where they live.

The strategy has 2 priorities - **One Darlington**: which articulates an approach to people, and specifically the need to make sure that people are not disadvantaged by their lack of income, where they live or by any other potential disadvantage that could cause them to miss out on opportunities and **Perfectly Placed**: describing Darlington as a place and helping shape investment decisions, spatial planning and care for the environment. The priorities are regularly reviewed and addressed through the actions of the Darlington Partnership and its operational groups.



Level 0- Universal Services

- These services are available to everybody, and are in place to build capacity within the community and increase resilience to progressing up the service continuum and includes services such as education, leisure, the Community Support Network and the Good Neighbour Scheme
- These services promote cultural change to empowerment
- Social capital-people doing things for themselves and making a contribution to their community- including enabling development of “change makers”

- Information, advice and guidance are key services to signpost people to services to meet their universal needs. (To be identified as part of project)
- Costs of services per person can be lowest in this area, and serve the whole population.

Level 1- Targeted Services- Early Intervention and Prevention

- These services are required where a single agency can offer more support to an individual over and above the provision they receive from universal services, where their needs are not being assessed as being met. Identification of services can be made via a referral from universal services for adults to the relevant agency
- Areas of development in this area currently in place to improve systems for screening are the revised common assessment framework, and the Multi Agency Safeguarding Hub
- Examples of services within this area are the development of some activities through the Community Support Network and Good Neighbour Scheme
- The cost benefits analysis is a product of this programme. Costs per person can be higher than in universal services, although numbers accessing this level of service are to be identified.

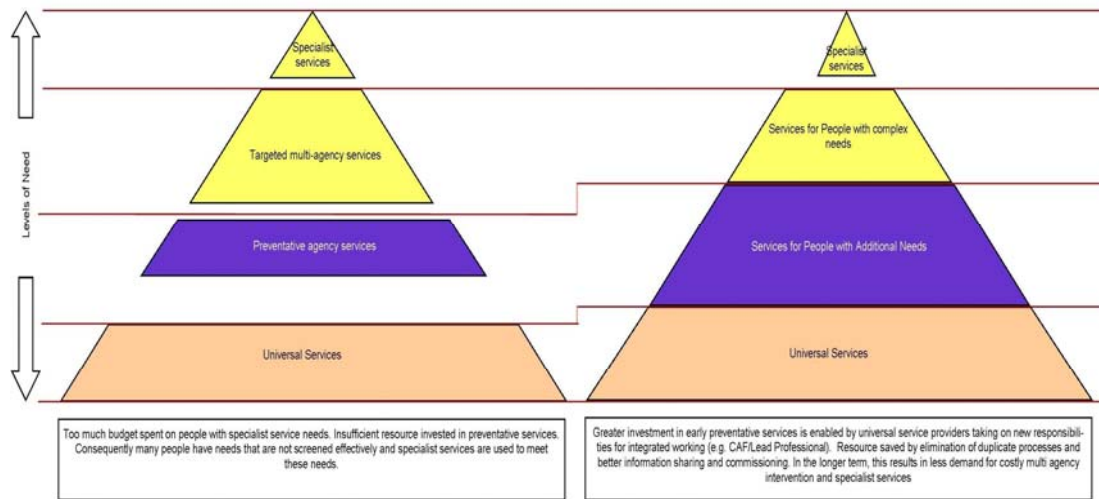
Level 2- Targeted Services

- These services are directly targeted to prevent escalation into specialist services, and are most likely to require a multi-agency response to step-down through the continuum. Risk assessment will be the key motivator for a child, their family or adult to be identified as requiring services in this area.
- Examples of services within this area are Family Intervention, Intensive Support and Intermediate Care +
- Access to social work assessment to ensure needs are being met- either through the short term interventions or through necessary looked after or longer term interventions
- Costs per person within this area are significantly higher than earlier services within the continuum.

Level 3- Specialist Services

- Day provision/domiciliary/ residential care.
- These services are directed at those deemed to be experiencing high risk of harm, or require specialist support to meet their needs. Within Adult Social Care, specialist services consist of longer term complex residential care, services for people with a learning disability and services for the homeless or victims of domestic abuse
- These services are the highest cost services within the continuum and can rise to over £100,000 per annum per person for adults
- The population of users of these services is very small, but overall uses a large proportion of the total budget due to the high levels of need.

The diagram, below, sets out the differences between the current operating model and the target operating model expected to be achieved by 2016. The key changes



are that the 2016 model shows more budget and activity at universal and targeted levels and less activity and budget being required at more specialist levels

- Adult Social Care will seek to ensure that its interventions in people's lives are timely and effective.
- We will offer a short-term piece of help where we can ensure that this will help someone back into living independently.
- We will look to divert someone away from formal care by helping them access community based resources where this may offer effective help.
- Our focus is on recovery, recuperation, rehabilitation and re-ablement. Where this is appropriate, we will look to offer joint services with the local health services
- The Council aims to ensure that it offers value for money in all the services it has on offer. Any internal provision will be cost effective and be lean in its management and administrative costs.
- We will offer support to carers where this will help someone to live in the community.
- We will develop housing options that enable people who have care needs to live independently in the community.
- We will use new technologies to ensure that we can respond to people's care needs in a timely and effective way.
- The Council will work with the Voluntary Sector to help them develop the capacity to offer more voluntary work and to ensure that they are adding value with their contribution to social care.

The principles behind the model include the following:

- That builds on keeping people out of social care
- That builds on interventions at a time of crisis
- That focuses on non-institutional solutions
- That builds on health and social care interdependence
- That challenges people to be responsible for managing their own care (not on personal rights)
- That uses the money more effectively
- That is evidence based

Section 4 – Financial Position

Expenditure

Darlington Borough Council's Adult Social Care budget for 2013/14 has been set at £36 million

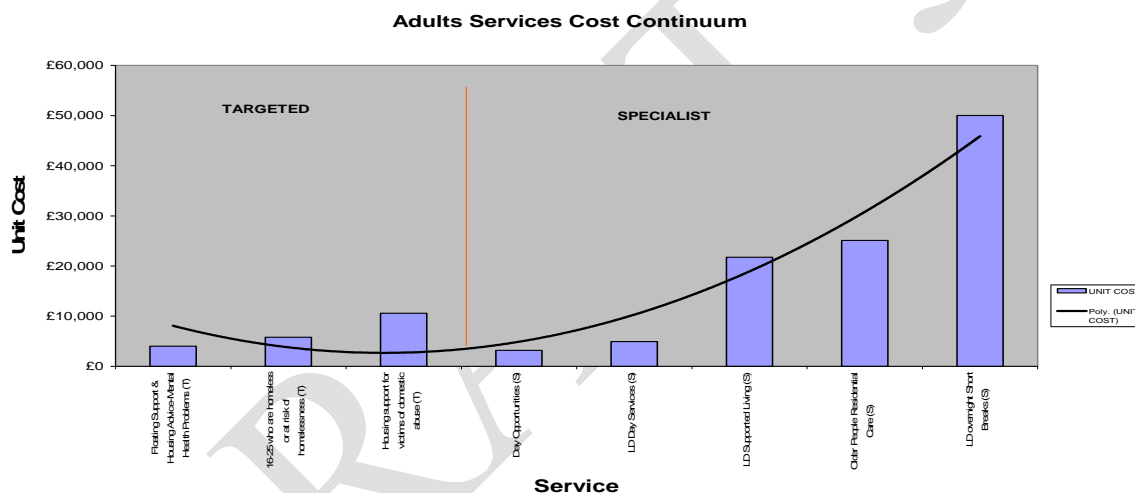
Adult Social Care savings have been made in the last three years:

Savings in 2010/11 confirmed £192,247

Savings in 2011/12 confirmed £864,950

Savings in 2012/13 expected to be £894,000

The cost of social care services can vary between some low cost targeted interventions through to some very high cost specialist packages of care.



The overall cost and trend of cost of care packages

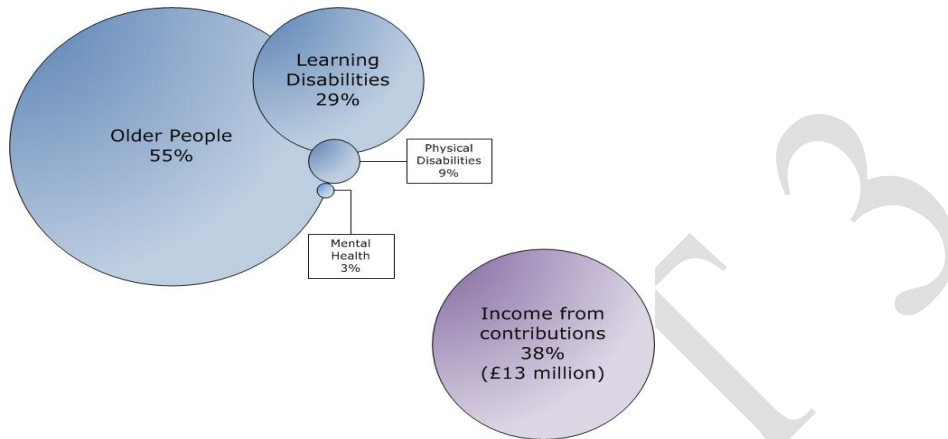
Data for the last 3 years shows that costs have been controlled and reduced in terms of residential provision overall (although residential provision for learning disabled service users has increased) and that budgets for non-residential care continue to be under pressure. The table shows clearly that the budget pressures are in the area of learning disability.

Residential costs (£)	2009/10	2010/11	2011/12
Older people	7,160,000	7,163,000	5,995,000
Physical disability	526,000	389,000	474,000
Learning disability	1,532,000	1,664,000	1,843,000
Mental health	418,000	371,000	417,000
<i>Sub total</i>	<i>9,636,000</i>	<i>9,587,000</i>	<i>8,731,000</i>
Non-residential costs (£)			
Older People	4,303,000	4,204,000	4,109,000
Physical and sensory	2,083,000	2,171,000	1,883,000
Learning disability	4,630,000	5,218,000	5,197,000

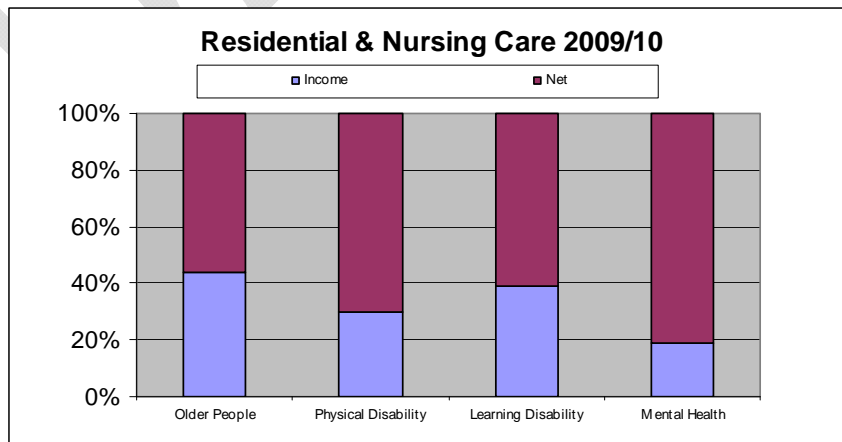
Mental health	533,000	516,000	546,000
Total (£)	21,185,000	21,696,000	20,466,000

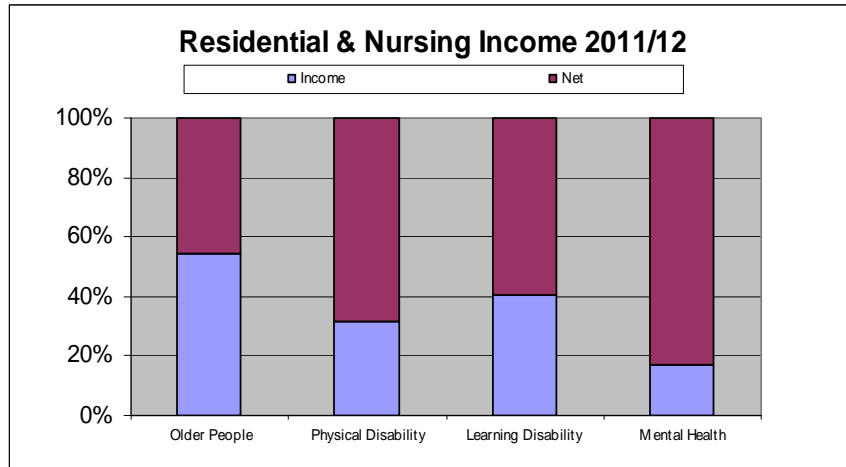
Income

The diagram below shows the breakdown in adult social care spending, and how much the Council receives in contributions from care users.

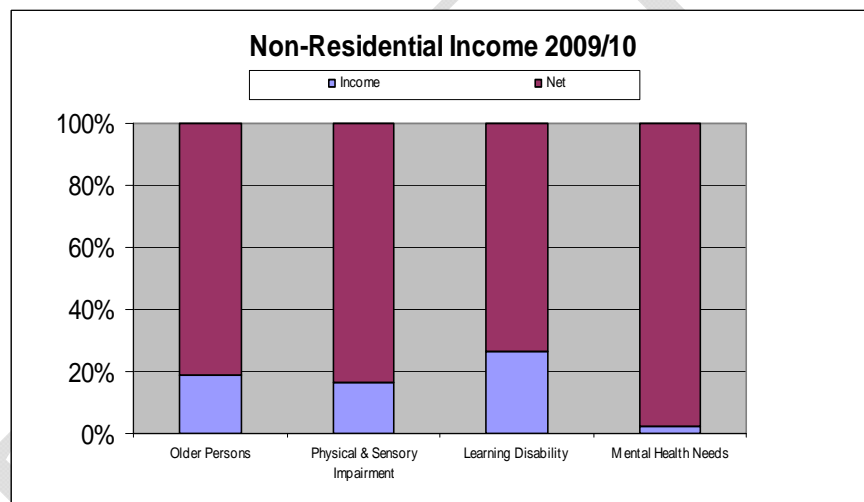


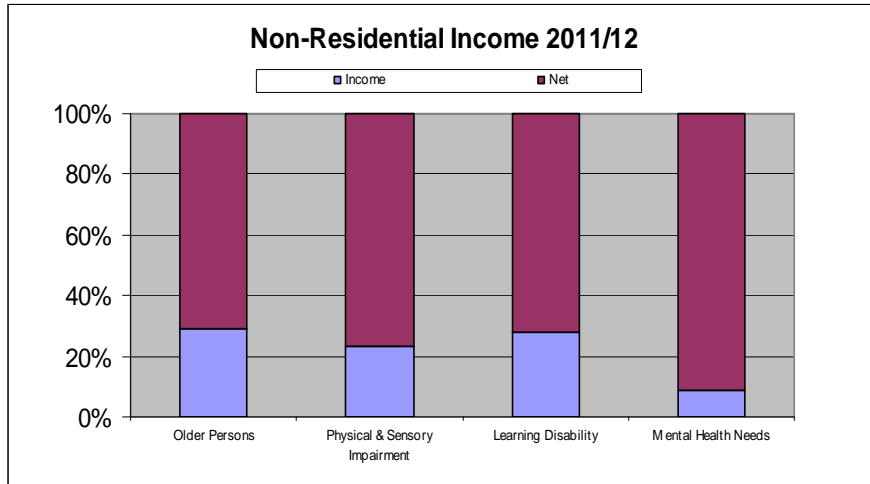
All individuals who are assessed as eligible for and receive Adult Social Care support are also financially assessed to determine if they are able to afford to contribute towards the cost of this support. This form of means testing is applied via two separate frameworks to both residential/ nursing care and also non residential support. In relation to non residential support, the introduction of the Fairer Contributions Policy, which replaced the Fairer Charging Policy addressed some of the anomalies and inconsistencies in the charging for social care support, which included charging for all day opportunities and transport. A further review in 2012 removed the 50% disregard of the Severe Disability Premium in the calculation of contributions. Better processes for joint funding packages, and improvements to the financial assessment process also contributed towards increasing the income received from service users towards the cost of their support.





The graphs above show residential and nursing income as a percentage of overall expenditure for the two financial years 2009/10 and 2011/12. We can demonstrate that the total income over the three year period has increased from 42% contribution towards services to 50% contribution.





The graphs above show a year-on-year comparison of income for non-residential expenditure between 2009/10 and 2011/12. We find that there is an overall increase in income received for care across all client groups, ranging from 21% contribution to 27% contribution toward support packages.

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Section 5 Actions taken to reduce adult social care spend 2010-2013

Policy Changes

In contrast to the majority of local authorities, Darlington had managed to maintain its eligibility for adult social care at Critical, Substantial and Moderate until recently. However due to budget pressures, the Eligibility Criteria Policy for social care support was reviewed in 2012 and reduced to 2 bands, Critical and Substantial (which is delivering savings both now and in the future) and which brings Darlington into line with the majority of councils and with the direction of travel being indicated by the Department of Health. A key element of this policy change was to revise the model of adult social care assessment to ensure that resources were accurately targeted to areas of need identified by individuals as part of their assessment of need. Those individuals who are assessed as having low or moderate needs are signposted to other relevant agencies, activities and support.

A review of Fairer Contributions Policy was also carried out in acknowledgement that Darlington had historically been more generous than other councils. The review removed the discretionary 50% disregard of the Severe Disability Premium in financial assessments. This has delivered £400,000 savings in its first year of implementation and will continue to make savings year on year.

The development and introduction of a Supported Transport Policy for Adults in 2012 includes clear eligibility criteria for adult social care transport provision. Transport costs are now included in the Fairer Contributions Policy. These actions have ensured that transport is targeted at those who are unable to access other available transport and has resulted in savings to the authority both now and in the future.

A review of the support provided in extra care housing has resulted in the development of an Extra Care Housing Strategy (in partnership with Housing) which sets out the vision for extra care for the next 5 years and a planned procurement of more sustainable service model.

Service Reviews

By reviewing the number of locations where day opportunities were provided for people with a learning disability, we have been able to identify more inclusive day opportunities for individuals, and have reduced the number of venues to 5. This delivered immediate savings as the locations were closed and individuals transferred to more appropriate services.

A review of Lifeline Services, a service that delivers 24/7 on call support to individuals living in their own home was successfully reviewed to deliver more efficient staffing model whilst maintaining the high level of service response times. The management of this service has now transferred to the Housing Division.

The creation of a single unified team providing an information and advice service across Adult and Children's social care has also delivered savings as well as ensuring that best practice is adopted across both service areas.

Initiatives

Commissioning for Resilience – Commissioning for Resilience is the overarching vision for Adult and Children's Social Care and is detailed in Section 3.

RIACT Responsive Integrated Assessment Care Team – this is an early intervention team established to generate savings in planned areas. It is a shared service with CDDFT and DBC, with a jointly funded service manager. The social care staff provides a full reablement service with social workers, and home support staff working alongside occupational therapists, physiotherapists and clinical staff. The savings are made by reducing demand for residential provision.

Re-ablement Team - provides person centred and outcome focussed services for people in Darlington. It includes the provision of short term intensive interventions that focus on people's personal goals to assist in maximising their independence and regaining the skills necessary for all activities of daily living. The team uses government policy to ensure people receive a service that is distinct from Intermediate Care by offering assessment of need to all service user groups and not just focussing on those with a medical or therapy need. The service focuses on those people who are in need of social care support, rather than those associated with a need for health interventions.

Community Support Network- The development of a Community Support Network, although still in its early stages is seen as the vehicle by which the council will manage the demand for social care support which is inevitable based on demographic growth projections etc). This will complement the work of the Good Neighbour Scheme being led by the Darlington Partnership.

Management actions

The following management actions have also delivered efficiencies:

- Restructure of management levels (broader spectrum of reach and greater responsibility placed on lower tier managers)
- Review of Validation Forums (tighter monitoring of packages of support/placements)
- Reduction in RAS by 10%, in 2011 and 2013 (to set lower benchmark of service costs)
- RPIW of Carefirst (improve the efficiency of the Adult Social Care information system)
- Business Support Harmonisation (to ensure most effective use of support staff)

Commissioning actions

Over the last 2 years we have implemented a rolling programme to review all of our social care contracts to reduce costs and to be outcome focussed. This has included:

- Direct Payment Support Service
- Mental Health Day Opportunities
- Older Person's Day Opportunities
- Care and Repair Service
- Re negotiate the Older Persons and Older Persons with Mental Health Problems Residential Care Contract

We have also reviewed all of our in-house provision with a view to outsourcing, which will reduce costs. This has included:

- Learning Disability day opportunities
- Learning Disability supported living
- Learning Disability respite service
- Extra Care housing.

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Section 6 – Challenges in service delivery and action plan

Adult Social Care Delivery Plan (2012-15)

The Adult Social Care Delivery Plan sets out the activities that Adult Social Care will deliver over the next three years to improve outcomes for our customers. The Service Delivery Plan forms part of the Council's 'golden thread' which ties together all of the key strategies.

The Adult Social Care Delivery Plan set out five key actions to be taken forward within the next three years:

- Increase and encourage the use of self directed support;
- Improve Adult Safeguarding procedures and protocols to support operational teams and external agencies;
- Promote and support independence in the community;
- Improve the timeliness and quality of social care assessment and packages of care, and
- Support disabled young people in their transition from Children's to Adult Social Care.

In terms of challenges for the delivery of Adult Social Care in Darlington the following areas are highlighted:

- High expectations of individuals and their families as to the Local Authorities role in providing services to meet need. We need to be much clearer with the public in Darlington what we are here for, what we do provide and how we can signpost people to other services.
- Historical cases which are at a higher cost than appropriate provision could be made for now, although it is recognised that service users may resist any proposed changes to their arrangements.
- Impact on Adult Social Care through the changes in how County Durham and Darlington NHS Foundation Trust use/cut their bed capacity. This has meant that individuals only remain in hospital for the length of an acute episode. Over the last 2 years in particular there has been pressure on Adult Social Care to provide packages/services to people who have long term and often complex needs. This is exacerbated in Darlington as there is no Community Hospital provision. The plans to get people out of hospital often mean high cost packages and provision of equipment and adaptations. Although this is a positive approach in that people do not remain in hospital for longer than necessary, we have seen a shift and cost pressure due to the changes by the NHS.
- Impact of Safeguarding Adults work, in terms of operational and management involvement both in volume and complexity of cases. Full consideration needs to be given to the resources within the Safeguarding Adults Team. The changes which have taken place with regard to the use of these resources and the increasing demand on Adult operational staff needs to be considered and planned for in any potential staff reductions.
- We need to ensure that there are sound and safe alternatives for those people who have moderate and low needs. The Intake Team do very well at signposting and providing information to individuals but due to delays in terms of the Community Support Network and pressure on the Voluntary and Third

Sector agencies it is difficult to ensure that people can source low level services.

- Re-ablement is key in terms of its purpose of dealing with crisis in the community, avoiding discharge into hospital or supporting for early discharge from hospital. It is critical that we provide early intervention and prevention services to ensure that people do not come through the front door of the local authority with a requirement for long term on going care. Early signs from re-ablement are that a high number of people who were not known to the Local Authority have been received a re-ablement service which has resulted in them not requiring an on going care package.
- If/when decisions are made regarding in house service provision, it is imperative that there is a real understanding of the impact on those individuals affected. The consultation and Disability Impact Assessments required of this work is will need to be well planned and managed effectively.

Commissioning for Resilience

A Transformation Project team was established which agreed 5 defining indicators across Adult Social Care. These were:

- Adults aged 18-64 admitted on a permanent basis in the year to residential or nursing care (LI2009)
- Proportion of people able to remain independent in the community (LI2037)
- Number of people provided with a reablement package as a percentage of those referred for community care assessment (LI2044)
- Reduce the number of people supported to live (Council funded) independently (including those with mental health, physical or learning disability and those over 65)(previous NI136)
- Older people aged 65+ admitted on a permanent basis in the year to residential or nursing care (LI2008)

The Customer Insight team completed future demand projections for social care based on the 5 defining indicators. The team used historical trend data for each PI, ONS population data and geodemographic Household Acorn data. Key findings included:

- 52% increase in those aged over 65 by 2035
- 130% increase in those aged over 85 by 2035

Two Outcome Based Accountability sessions were completed for Adult Social Care where:

- the demand projection data was sanity checked
- the story behind the data was discussed
- a range of actions were identified that could reduce future demand projections
- revised future demand projections were considered based on the anticipated impact of the actions identified above

Baseline information on adult social care current costs and predicted year on year demand has been identified and shows that the annual increase in demand could increase adult social care expenditure by between £900,000 and £1.3 million each year if all current factors remain the same.

Year	Moderated ASC Budget Forecast
2013	£27,475,437
2014	£28,384,349
2015	£29,307,036
2020	£34,463,258
2025	£39,168,067
2030	£44,014,332
2035	£49,247,174
	Total increase by 2035- £21,771,737

From this work stream, a number of new projects are being developed to take forward areas which will achieve savings. Two key transformation projects identified are:

- Management of the cost of Care Packages
- The cost of Assessment and Care Management.

The Commissioning for Resilience Programme predates the current work being planned for the Budget Advisory Panels and will provide useful benchmarking data and evidence for minimum costs and for any business case for investment in services to avoid future, higher costs.

Other options being explored for further savings and resilience

Fundamentally, there are 4 ways in which the council can reduce costs or avoid future increases in expenditure. Each of the 4 areas will be researched and aspects of each may be implemented. The 4 areas of work are:

- We can reduce our costs of bureaucracy (either through collaborations such as the Three Borough work or through new processes; the outcomes are the same from both – a reduction in the number of staff)
- We can reduce the prices we pay for goods – most notably residential or domiciliary or day care or we can reduce staffing costs
- We can move costs elsewhere – customers or health or housing, for example
- We can reduce what people get to meet their needs

Our initial work has identified 7 challenges or areas for immediate action. They are:

- The need to improve performance and productivity where we benchmark poorly (such as re-ablement)
- The need to manage demand (and to ensure there is a belief that it can be managed)
- The need to improve the management of staff and to work with them over managing expectations
- Recognising that community capacity can be part of prevention
- Seeking collaborations where possible
- Focusing our work on the area of greatest growth in spending and with the biggest challenges - Learning Disabilities
- Making sure that universal provision really does have a role to play in prevention

The Commissioning for Resilience programme will support work in these areas of challenge and, in order to be effective, will ensure that there is preventative provision for populations that contain some elements of vulnerability (specialist services that may tackle some aspects of need but not ones which would have led to an assessed social care intervention); targeted restorative interventions (interventions targeted on very particular populations in the evidence based belief that if successful they will lessen potential future demand for high intensity care) and deferred interventions (interventions that are preventative in that they defer people for a time from a poorer outcome).

3 Borough Collaboration

Funded through a grant from the Local Government Association and through local resources, a business case for bringing together the children's and adults services across 3 North East boroughs; Darlington, Redcar and Cleveland and Hartlepool, has been agreed by the respective councils. This programme was established to identify what efficiencies there may be through collaboration, and also what other benefits there may be, such as greater resilience for smaller or more specialist services.

The business case concluded that collaboration is viable through a shared People Services management structure with services delivered through a mixture of geographical (ie local authority based) and functional (area of specialism) teams. This approach would help the 3 councils to protect service delivery to the most vulnerable, be a means to address resilience issues and still maintain individual sovereignty.

However, whilst the business case confirms that collaboration can deliver some savings, each of the councils needs to get a balanced budget in place in advance of the formal collaboration starting and a decision has been jointly taken to agree the business case but to defer implementation.

Clinical Commissioning Group

Darlington benefits from having a co-terminus Clinical Commissioning Group (CCG) and the Council and the CCG have agreed a joint health and Social care action plan as a part of the Health and Well Being Strategy which includes developing a sustainable health and social care economy and tackling areas of shared disadvantage and inequality. Both organisations have committed to funding a number of posts and programmes, including a specific post to help to transform both organisations in anticipation of future budget pressures. The Council and the CCG are also working collaboratively to explore the potential to improve services for those people with a long term health condition.

Other Partnerships

The Council is pragmatic and is keen to work with a range of partners in the interests of gaining good outcomes for older and vulnerable people. Partners within Darlington include both statutory and voluntary sector partners and partners external to Darlington include other local authorities not in the formal People Services collaboration, such as Durham County Council (shared work in adults safeguarding) and Stockton Borough Council (shared work in providing an out of hours social care duty team).

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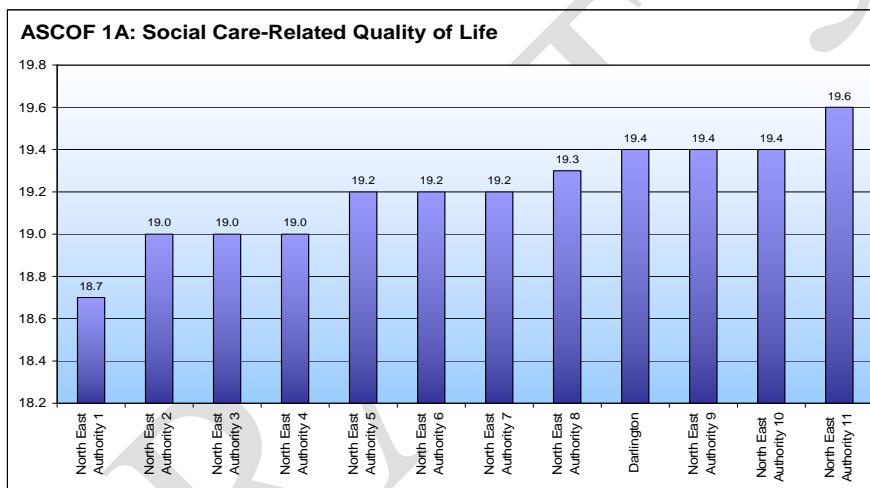
Section 7: Darlington's Performance Profile

In Darlington in 2011/12 Adult Social Care supported:

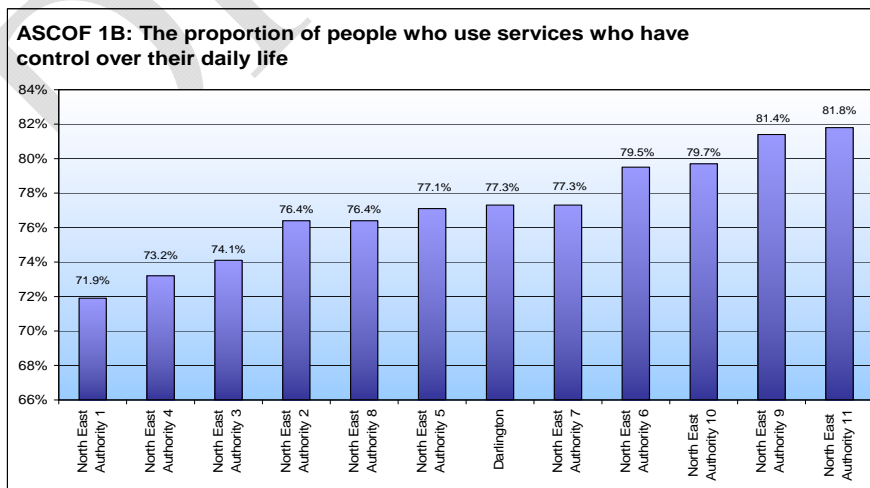
- Xxx older people aged 65+ to live at home
- 337 physically disabled adults aged 18-64 to live at home;
- 254 adults aged 18-64 with a learning disability to live at home, and
- 282 adults aged 18-64 with a mental health issue to live at home.

The information, below, is taken from the latest regional statistical profile and provides a current snapshot of Darlington's performance.

People who receive support to maintain independent living (above) are appreciative of the support and this is evidenced by how they perceived their Quality of Life, which is highlighted in the table below with Darlington adult social care clients reporting the second highest quality of life:



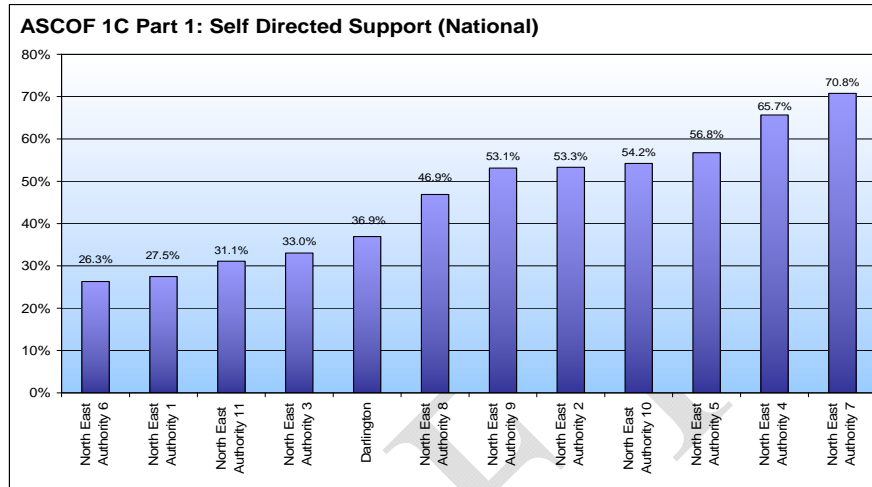
Source ASCOF data 24.1.13



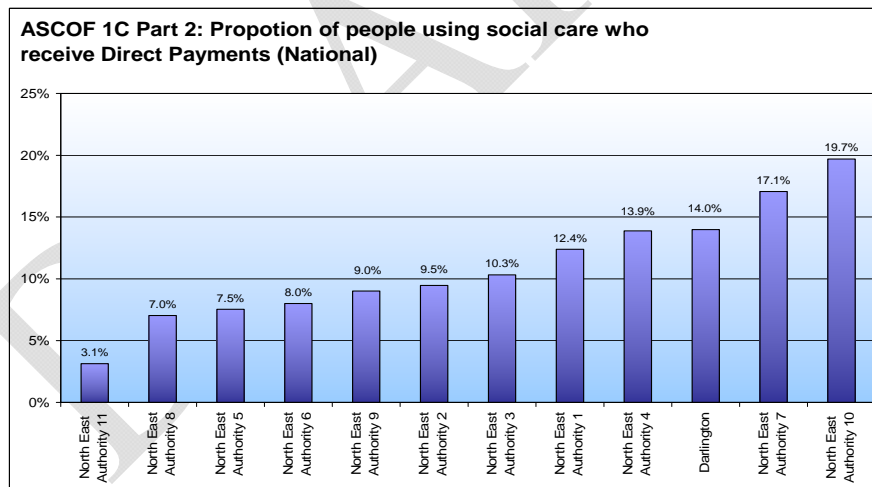
Source ASCOF data 24.1.13

Control over daily life is one of the key outcomes identified within Putting People First. Within Darlington, 77.3% of service users surveyed felt that they had control over their daily lives. This is marginally above the average figure for our regional neighbours and the national average.

Almost 90% of those with a long-term condition in Darlington were supported to be independent and in control of their condition. This is almost 5% higher than the national average.



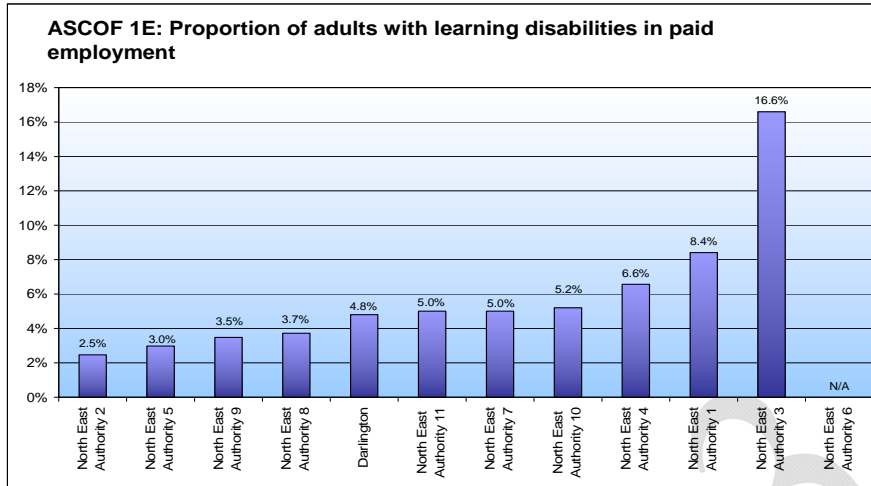
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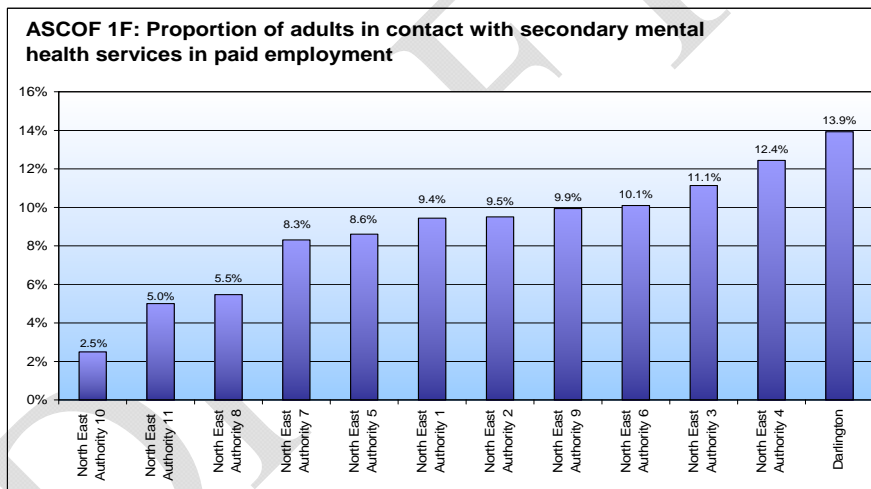
Approximately 37% of people using social care received self-directed support in 2011/12, meeting the target set for the year. Darlington sits roughly average when compared to the rest of the region.

In terms of people using social care who receive direct payments, Darlington has one of the highest percentages in the region, with 14% receiving direct payments. This indicator is a key performance measure within the Adult Social Care Service Delivery Plan



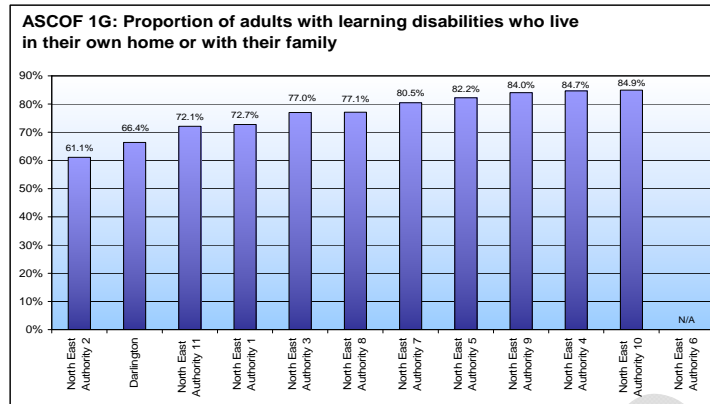
Source ASCOF data 24.1.13

Currently, just under 5% of adults with a learning disability were in employment, and this is on target to achieve the same performance as last year (7%). This indicator is a key performance measure within the Adult Social Care Service Delivery Plan



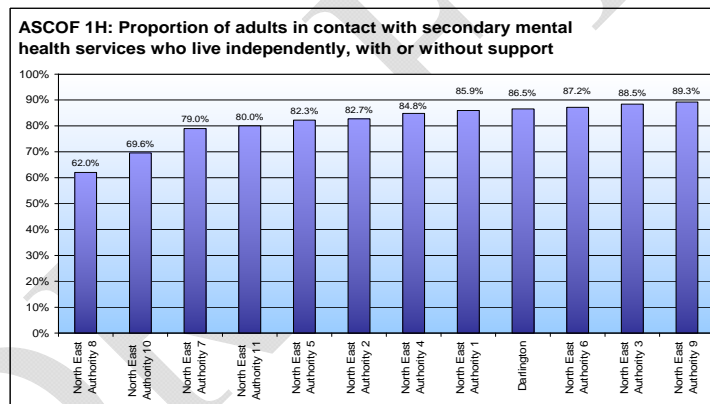
Source ASCOF data 24.1.13

Currently 13.9% of adults in Darlington in contact with secondary Mental Health services are in paid employment, which is the highest performance of the 12 North East authorities



Source ASCOF data 24.1.13

In 2011 just over half of adults with a learning disability in Darlington were living in settled accommodation, approximately 20% below the target. Currently 66% of adults with a learning disability are living in their own home (or with their family), which is an improvement on last years performance, but is still considerably lower than the figure for Darlington’s statistical neighbours (76%) and the national figure (70%). This indicator is a key performance measure within the Adult Social Care Service Delivery Plan



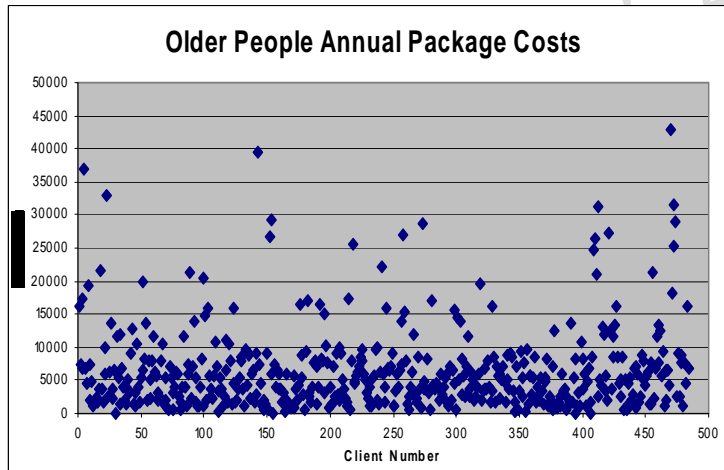
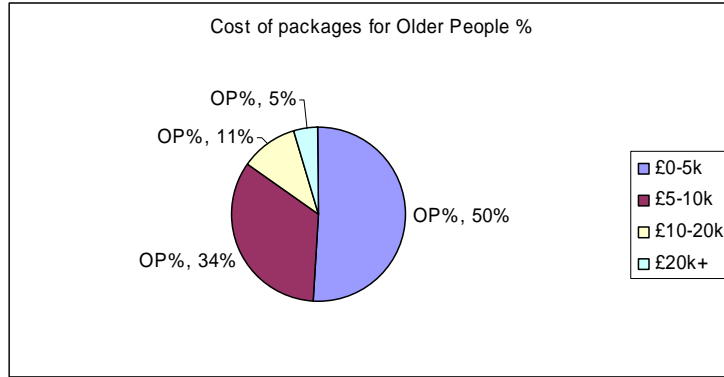
Source ASCOF data 24.1.13

However 87% of adults in contact with secondary mental health services are living independently in Darlington compared with almost 70% within statistical neighbours and approximately 60% across England.

The current budget to support individuals to living in their own homes in 2012/13 is £12 million. This support includes domiciliary care, supported living and direct payments. Expenditure in this area is expected to increase as the Council works towards meeting the objectives of “Putting People First” and offers personal budgets and direct payments to all those who are eligible.

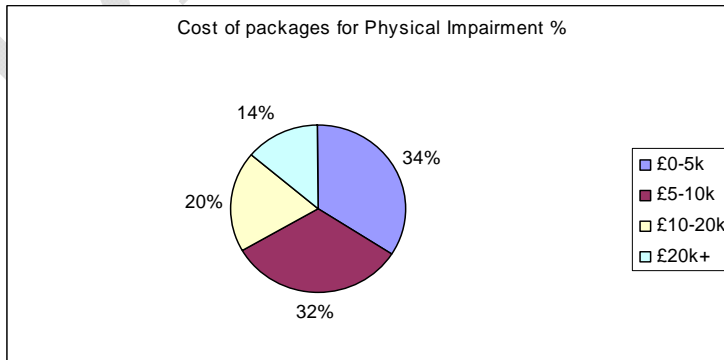
Further analysis of the cost of non residential packages for older people shows that 50% of those supported to live at home have a package of support which costs less than £5,000 per year, whilst only 5% of older people have a package of care in excess of £20,000.

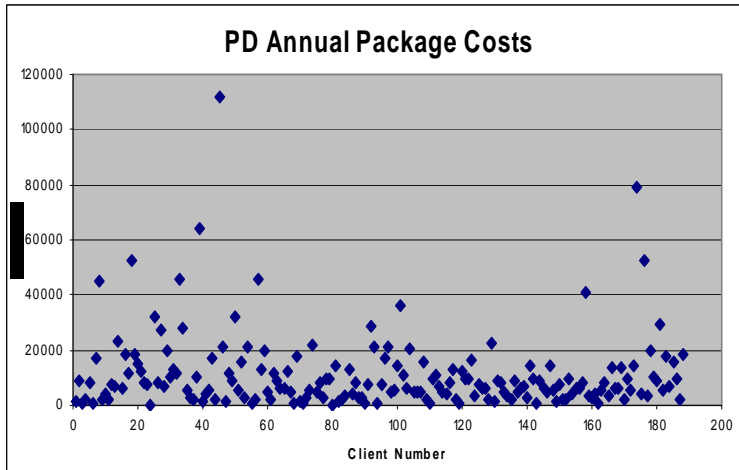
The scatter graph clearly demonstrates that the numbers of packages in excess of £20,000 is small.



The number of packages under £5,000 for those with a physical impairment reduces to 34% of all packages for this client group, with only 14% with a package in excess of £20,000.

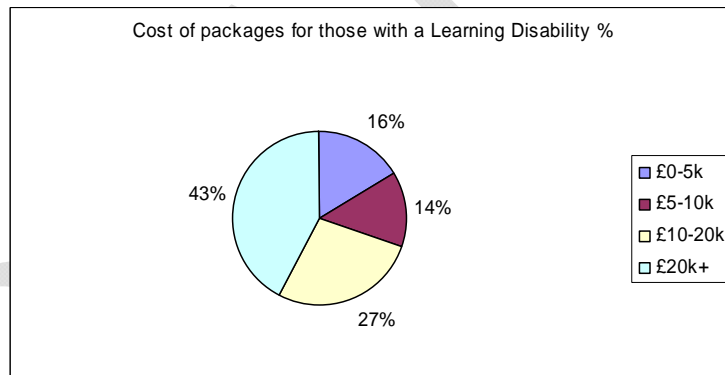
The scatter graph for those packages for Physical impairment whilst it mainly has lower cost packages, still shows that there are more clients with greater needs and hence higher cost packages.

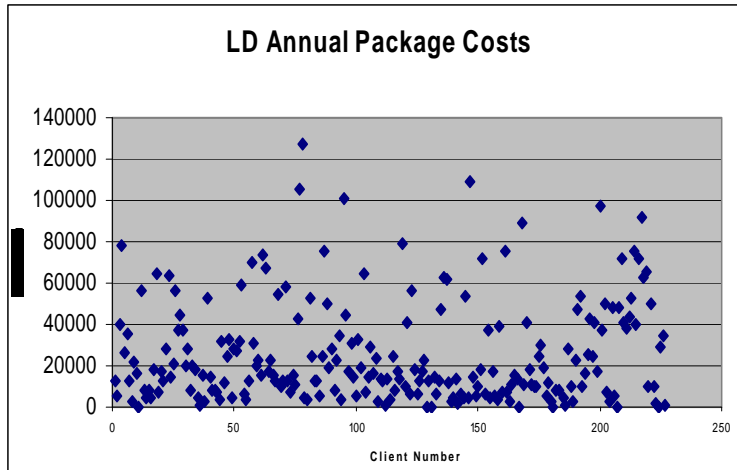




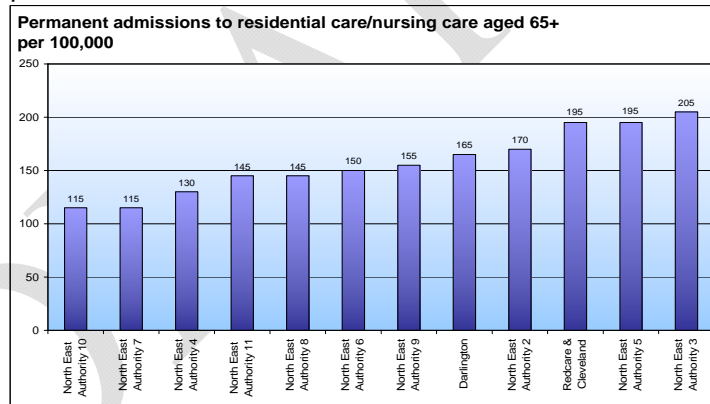
Analysis of the cost of packages for those with a learning disability shows a different picture with only 16% of packages costing less than £5,000 but 43% of packages costing in excess of £20,000. This is indicative of the complex needs of this client group, but is clearly an area where packages requires close scrutiny to ensure that needs are met in the most cost effective way.

The scatter graph for learning disability packages shows a that there are more of the higher costs packages, in relation to the smaller packages, which is indicative of the complexity of needs.

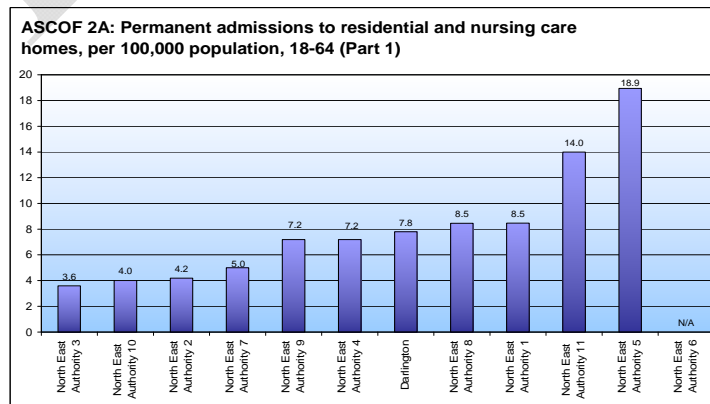




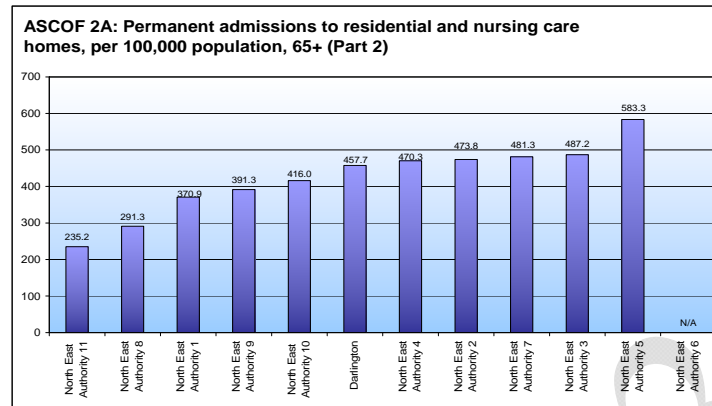
Darlington's current performance in relation to admissions to residential care can be seen below for both those 18-64 and those over 65 years old. Whilst performance is in the mid range of the north east authorities, the Council has identified this indicator as a key improvement area and all admissions are closely scrutinised to ensure that this is the most appropriate way of supporting the individuals concerned. Detailed analysis of admissions show that those admitted to residential/nursing care are usually over 85 years of age and all other alternatives of supporting them at home have been explored.



Source ASCOF data 24.1.13



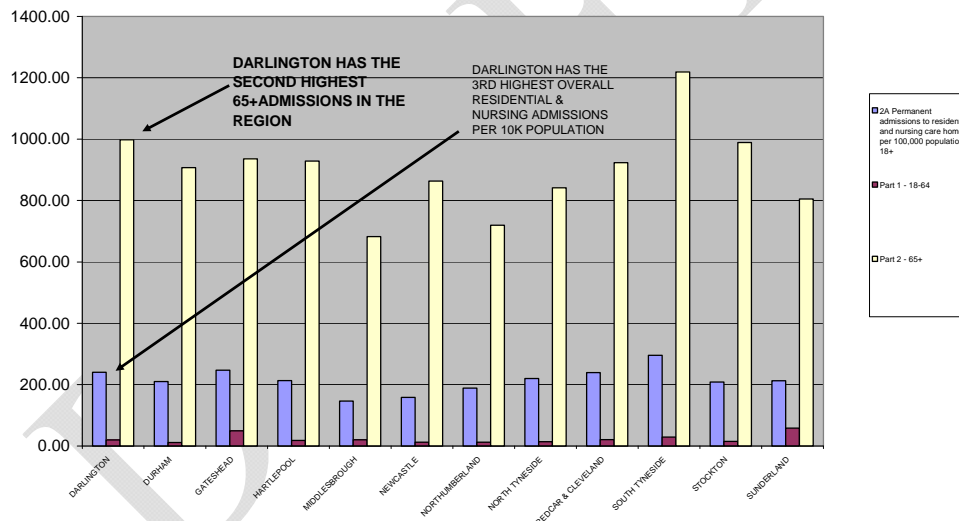
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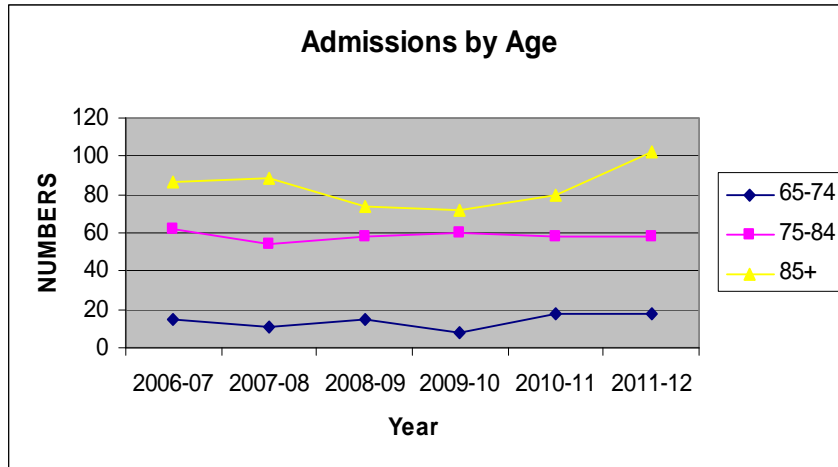
The current performance outlined above shows that in relation to admissions of older people into residential care, performance has improved from 2011/12 when Darlington had the second highest rate of admissions to residential/ nursing care (shown overleaf).

Residential & Nursing Care Admissions 11/12



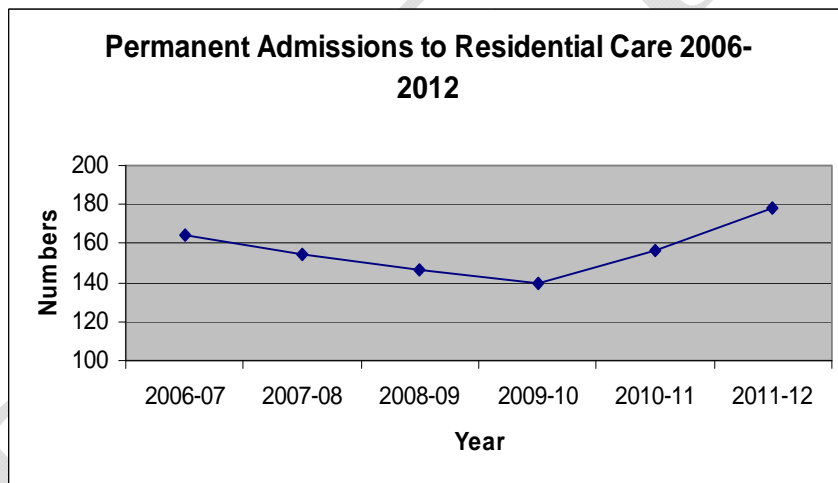
The main trend in admissions by age into care is an increase in 85+ year olds. The other two age brackets, 65-74 and 75-84 have remained fairly constant for the past 6 years.

This is demonstrated in the graph below:



The increase in admission of 85+ year olds represents the targeted business model where people are entering residential care at the latest point possible in life. This cannot be identified as a trend though at present as we only have the change over one year from 2010 to 2011.

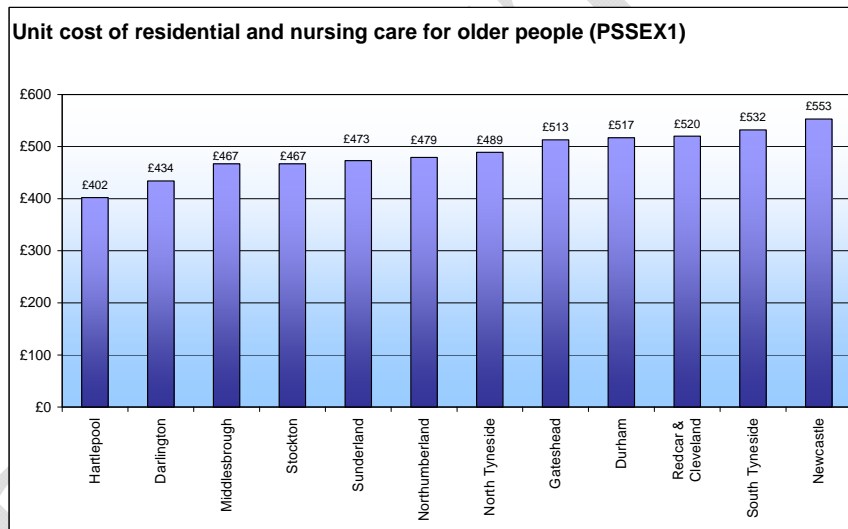
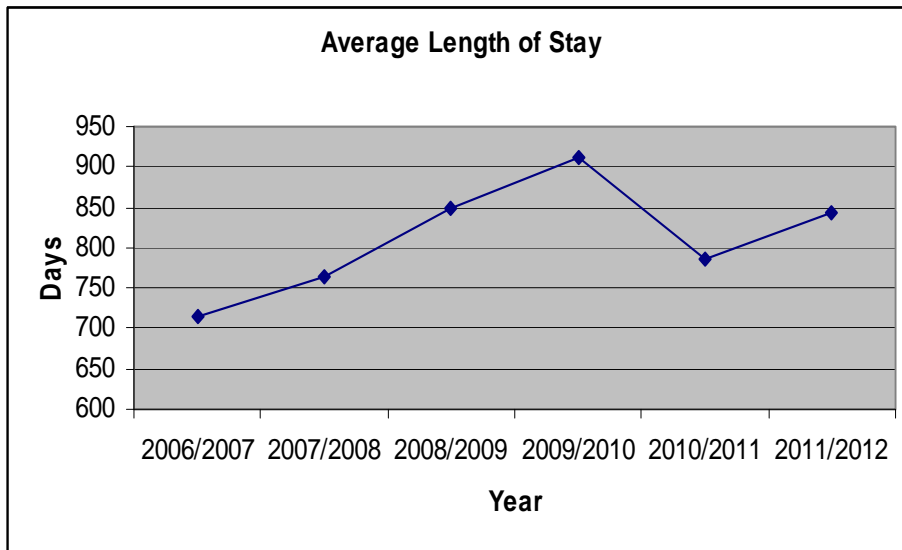
Over the past 3 years, there has been an increase in permanent admissions to care:



The figures above show an increase from 140 to 180, an increase in 3 years of nearly 29% in admissions to care. The reduction in admissions from 2007-2009 was as a result of the commissioning of 14 dementia beds, plus Rosemary Court an extra care housing scheme was opened in this year..

Length of Stay

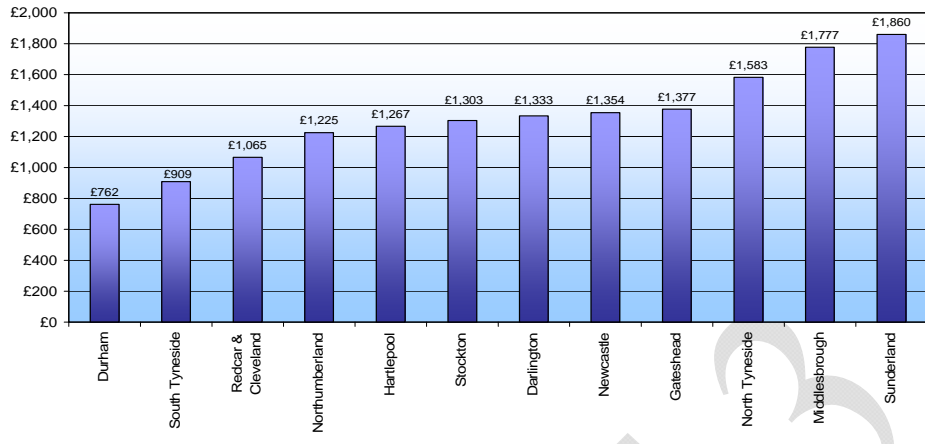
The length of stay in residential/ nursing care has been measured in days. In Darlington there was a steady rise from 2006-2010 by over nearly 200 days, which fell last year by 50 days to 850 days. This equates to 2.3 years in care on average. In a BUPA commissioned report (Length of Stay in Care Homes, Jan 2011, BUPA) the national estimated mean average length of stay in residential care is 832 days, so Darlington, currently sitting around 850 days, is slightly over the national average.



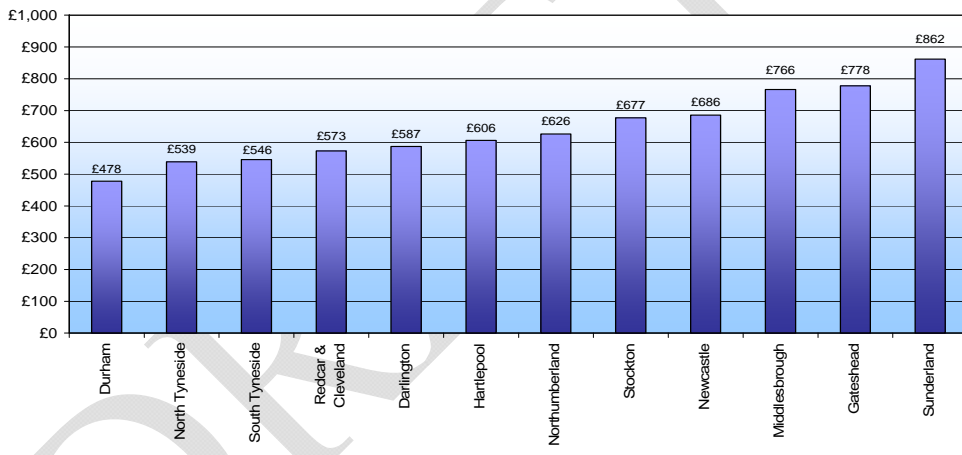
Source ASCOF data 13.12.12

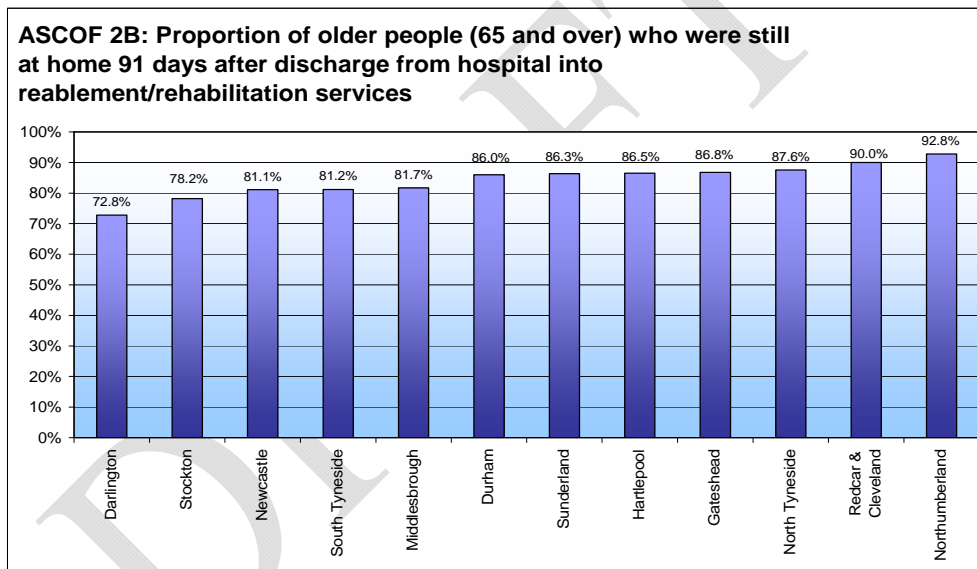
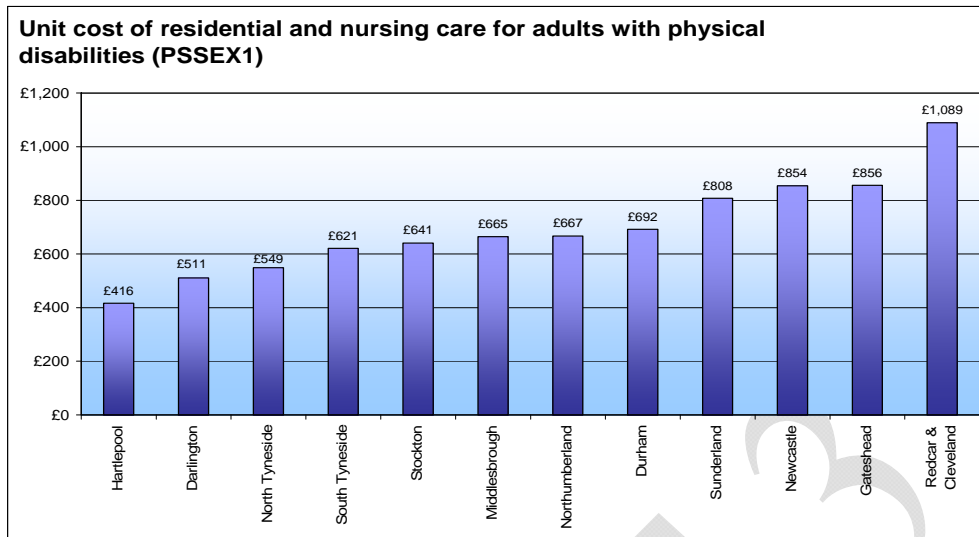
Darlington performs well in relation to the unit cost for residential and nursing care for older people. We have just successfully negotiated a further 3 year agreement with our residential care providers, based on a true cost of care model, which will continue to manage the spend in this area.

Unit Cost of residential and nursing care for adults with learning disabilities (PSSEX1)



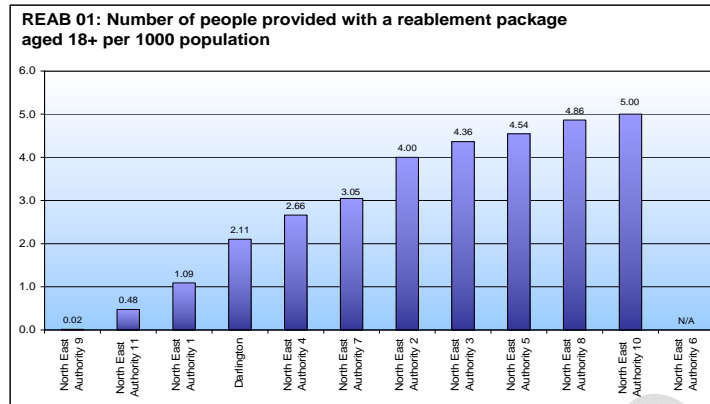
Unit cost of residential and nursing care for adults with mental illness (PSSEX1)





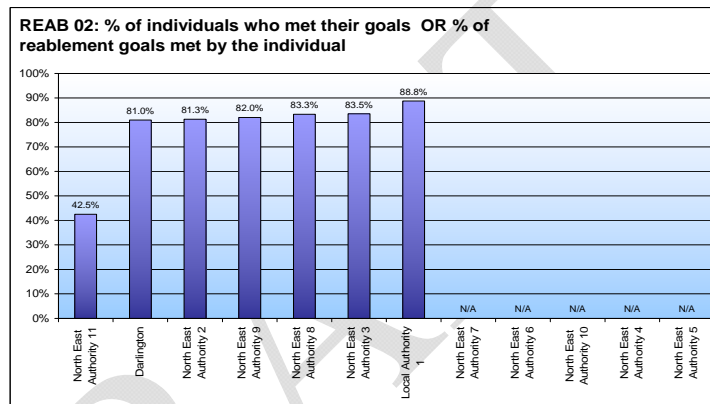
Source ASCOF 2011/12

In 2011/12 approximately 73% of older people discharged from hospital into reablement/rehabilitation services were still at home 91 days after discharge. This is just over 4% below the target and the lowest in the region. This is almost 10% lower than the average figures for our statistical neighbours and the national average. This indicator is a key performance measure within the Adult Social Care Service Delivery Plan

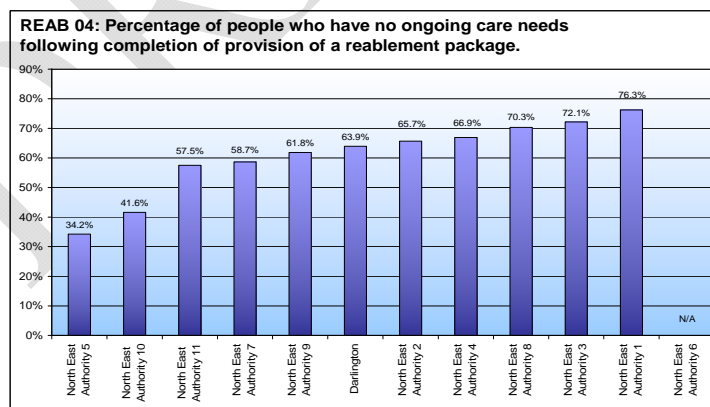


Source ASCOF data 24.1.13

Whilst the numbers of people provided with a reablement package are low, for those individuals who receive reablement, the outcomes are very good, with 81% achieving their goals.



Source ASCOF data 24.1.13

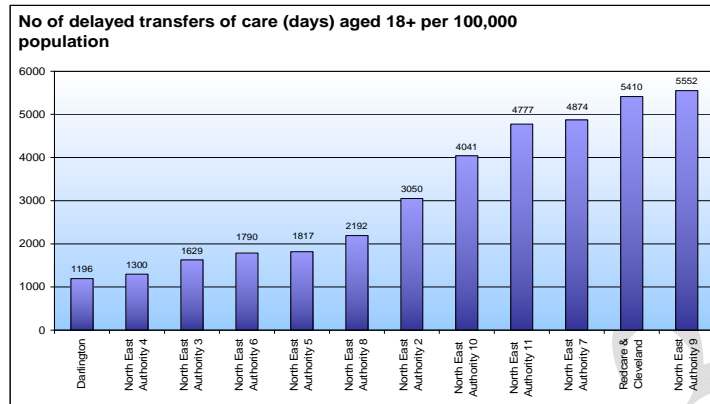


Source ASCOF data 24.1.13

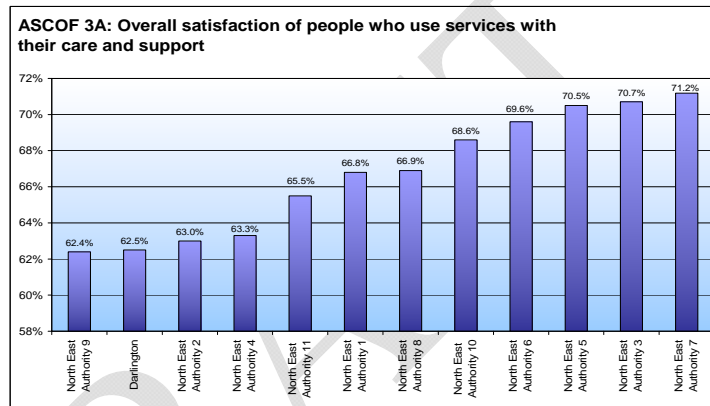
Likewise the percentage of people with no ongoing care needs following a completion of the provision of a reablement package is also good with almost 64% having no on going care needs

Performance in relation to delayed transfers of care from hospital show that Darlington performs significantly better than its neighbours. Further analysis of this

indicator is required to understand whether this improved performance is as a direct result of the introduction of RIACT (Responsive Integrated Assessment Care Team).



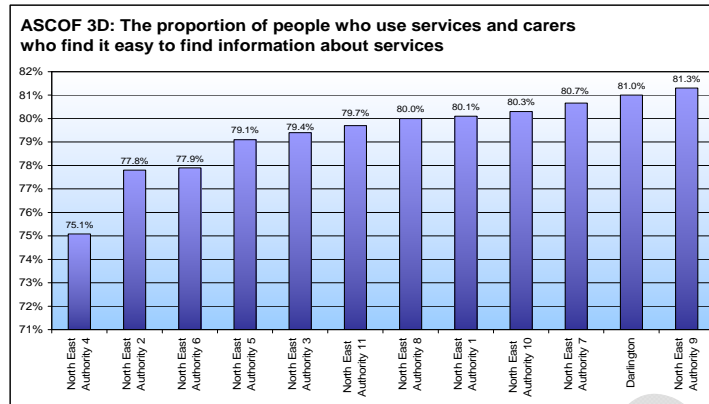
Source ASCOF data 24.1.13



Source ASCOF 2011/12

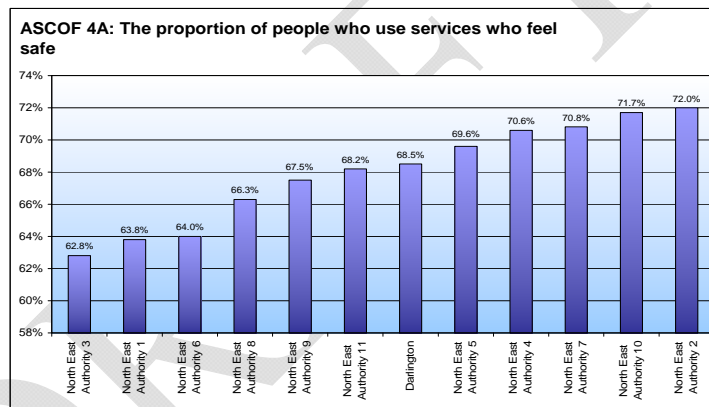
In 2011/12, approximately 63% of service users surveyed reported being “satisfied” or “extremely satisfied” with the care and support they received. This was amongst the lowest levels in the region. However this indicator needs to be considered in the context of the review of the Adult Social Care Eligibility Criteria changes, which resulted in some people no longer being eligible for support. The Review of the Fairer Contributions Policy, which meant some people had to contribute more to the cost of their support and also significant changes to the delivery of support such as day care which have taken time for people to adjust to.

This indicator is a key performance measure within the Adult Social Care Service Delivery Plan



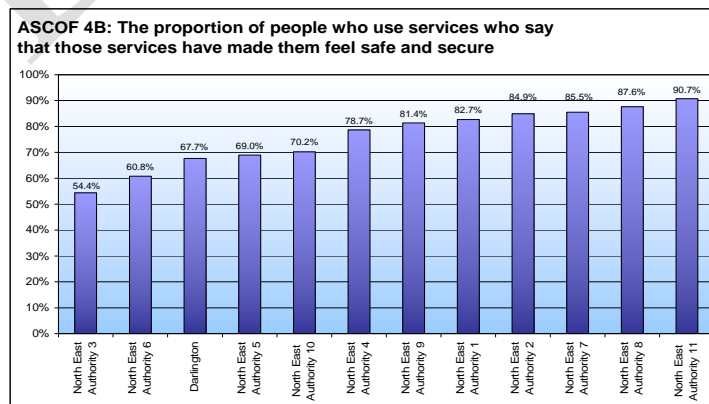
Source ASCOF data 24.1.13

Conversely the proportion of people who reported that they found it easy to find information about services was particularly high at 81%. This is largely attributable to a review and re launch of the Adult Social Care pages of the Council's website, which included the introduction of a Support Directory. The revised web pages have received the following very positive comments:



Source ASCOF data 24.1.13

Almost 70% of people who use services feel safe, with almost 68% (the same number) attributing this feeling of safety being due to the provision of the social care service



Source ASCOF data 24.1.13

Almost 90% of those with a long-term condition in Darlington were supported to be independent and in control of their condition. This is almost 5% higher than the national average.

Residential and Nursing Care		2009/10	2010/11	2011/12
Older People		521	552	560
Physical Disability		18	19	19
Learning Disability		34	33	28
Mental Health		9	8	10
		582	612	617

Non Residential		2009/10	2010/11	2011/12
Older Persons		1422	1409	1301
Physical & Sensory Impairment		344	350	334
Learning Disability		231	239	245
Mental Health Needs		299	299	275
		2296	2297	2155

Assessment and Review Performance

Ensuring that assessments and packages of care are delivered in a timely manner is important to support people in need adequately and appropriately as soon as possible.

- Approximately 73% of assessments took place within four weeks of first contact being made. This is 10% below the target for 2011/12, but is an increase of 5% on the previous year.
- Approximately 88% of service users received their package of support within four weeks of their assessment. This is 5% below the target for 2011/12, but is a 3% increase when compared with the previous year.
- Almost 75% of service users received a review during 2011/12, an increase of 4% on 2010/11, but still below the target of 90%.
- Of those, receiving services in 2011/12, 88% received a statement of their needs and a plan of how these needs will be met which is an increase of 11% on the figure for 2010/11, but still below the target.
- In terms of support items provided, 92% of items were delivered within 7 days, a slight decrease on the previous year, and 3% below the target of 95%.
- 22% of people receiving assessments and services were carers; this was 6% below the target.

Section 8: Governance and Performance Management

Darlington adult social care services sit within the People group of services with a single Director acting as both the DASS and DCS and accountable directly to the Chief Executive. The Assistant Director for Adult Social Care is a professionally qualified social worker and the professional lead for the service.

The Cabinet Member is a part of the Lead Member network for the North East and the Director is a member of the North East Association of Directors of Adult Social Services. Both bodies have a role to play in the regional agenda, including the Improvement Board.

There is a Scrutiny Committee for Adults and Housing, with a track record of reviewing Cabinet decisions and policies and of examining issues with a view to developing future policy.

The Adult Services operational team has a service plan which is monitored quarterly regularly by the Assistant Director, the 3 Heads of Service, the Integrated Manager

and relevant specialist, Finance and HR staff and which is then formally reported to the Director on a quarterly basis.

The operational team works closely with a small commissioning team, which has a commissioner lead for older people and those with a physical disability and a commissioner who has the lead for those with a learning disability and or mental health issues. A monthly strategic meeting is held with Operational and Commissioning team managers.

The outcomes of the quarterly monitoring are reported to the Cabinet Member and subsequently the Chief Executive through Performance Clinics.

The Senior Leadership Team in People Services meets fortnightly with a timetabled programme of key reports and updates. The Director meets with the Assistant Directors for a 1:1 each week.

The Cabinet Member is briefed fortnightly on all key matters. The Cabinet member reports all key data and performance issues in an overview report to each Council meeting.

There is an independently chaired Local Safeguarding Vulnerable Adults Board which is robust and funded by key partners. The Board meets 6 times a year and receives performance reports against its business plan. It also receives audits of performance from each of the participating agencies.

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