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**INTEGRATED SERVICES FOR OLDER PEOPLE**

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**Responsible Cabinet Member(s) –Councillor Bryan Thistlethwaite,  
Adult Services Portfolio**

**Responsible Director(s) – Cliff Brown, Director of Community Services**

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**Purpose of Report**

1. To inform Members of further integration between Darlington Borough Council (DBC) and Darlington Primary Care Trust (PCT), to improve services for older people.

**Information and Analysis**

2. The Government’s Green Paper “Every Child Matters” and subsequently the Children Act 2004 threw the future of not only Children’s Services into a change process, but also offered an opportunity for organisations to re-examine delivery of services to adults and older people. The recent Government Green Paper on the future of adult social services, “Independence, Wellbeing, and Choice”, sets out the vision for the future of social care for adults in England.
3. The key organisations included in any change are the Council and the PCT and it is important that when we consider these services, that we think of them in the widest sense and do not confine service configuration only towards ill health or vulnerability. This wider vision takes account of ongoing developments, as set out in the Department of Health (DoH)’s new vision for adult social care as referred to above.

**Role of Director of Adult Social Services**

4. The recent directive on the role of the Director of Adult Social Services strengthens this wider vision with a key function of responsibility for co-ordinating the management of social care for adults and ensuring that a co-ordinated approach is adopted across the local authority, the independent sector and other agencies.

5. Consultation on detailed guidance on this new role has just finished and it is clear that the Director of Adult Social Services will be expected to “work closely with colleagues in the NHS and Local Authority Departments to drive forward the shared agenda to integrate services where appropriate”. The Council agreed on 21 July 2005 to locate the statutory and operational responsibilities of the Director of Adult Social Services with the Director of Community Services.

### **Other Agencies**

6. Clearly there is already partnership working going on in all adult social care services, across statutory and voluntary agencies, but the main partner for the Council is Darlington PCT. Early discussions with the Chief Executive of Darlington PCT and Deputy Chief Executive have brought together our common areas of purpose and a proposed work plan of integration for the next 2-3 years.

### **Options Considered**

7. The Health Act 1999 provides the Council and Primary Care Trusts with the opportunity to change organisational arrangements for the benefit of people in Darlington. The Act, gives powers to assign lead commissioning roles, integrated management and pooled budgets to be put in place. The structural options available under these powers range from providing services from a full Care Trust at one extreme to very simple partnerships at the other. In considering the options for Darlington, we have looked at this full range of possibilities:-
  - (a) Care Trust
  - (b) Integrated teams
  - (c) Lead commissioning, and
  - (d) Pooled budgets

### **8. Care Trust**

There are only 8 Care Trusts in the country, and of these 8, most are in one specialist service area. There is a reference group of Directors and Chief Executives who meet together to identify best practice and learning opportunities. The key indicators for success as identified by this group are as follows:-

- (a) A history of integration
- (b) The establishment of a planning team (across both organisations)
- (c) A shared vision
- (d) Demonstrated and acknowledged trust across the organisations
- (e) An established joint assessment process, and
- (f) Agreement to the establishment process of a Care Trust from other stakeholders eg GPs, Acute Trusts, users, carers, employees and the Public

9. Although Darlington Social Services and the PCT have some of these indicators in place, and moving towards a Care Trust may be something which Members would wish to aspire to in the longer term, lessons learned from the current care trusts and the recommendation of the Chief Executive of Darlington PCT and myself is that a Care Trust is something which would be better approached in an incremental manner with built in evaluation if Members wanted to proceed with this option. The proposed work plan for integration in older people's services will also leave this option open for Members to consider at a future date.

10. **Integrated Teams**

In Darlington we already have integrated teams in the following areas:

- (a) Learning disability
- (b) Older people's mental health (which links into older people's services generally), and
- (c) Adult mental health

11. **Lead Commissioning**

We have lead commissioning arrangements in the following teams:

- (a) Learning disability – lead commissioning with Community Services
- (b) Older people's mental health – lead commissioning with Community Services, and
- (c) Adult mental health – lead commissioning with the PCT.

12. **Pooled Budgets**

We do not have any formal pooled budget arrangements in any services. However, we are working towards these in the following areas:

- (a) Learning disability, and
- (b) Adult mental health

13. There are joint plans in place between Community Services, Darlington PCT, and County Durham & Darlington Priority Services Trust to move integration forward in all these aforementioned services:

- (a) Adult mental health
- (b) Learning disability, and
- (c) Older people's mental health

#### 14. **Older People**

This is by far the biggest area of service delivery for both the Council and the PCT. We still have a considerable way to go to ensure that older people get the services they need, avoiding duplication and in the speediest way. It is well known that the population of the UK is getting older. People are living longer and expect much more from their lives and the services they use. In 1900 only 4% of the population were aged over 60 years. The latest figures for England show that this has grown to 21% by 2003 and is expected to be 25% in 2020 and 29% by 2031.

15. Local authorities already have a key role in responding to the needs of older people (across all departments) and the new vision for adult social care is building on these responsibilities, shifting the emphasis from welfare to wellbeing. The indications in the Green Paper are that the focus on services for older people will be around:

- (a) personalisation,
- (b) individual budgets (i.e. more direct payments and allowing individuals to assess for and purchase their own care),
- (c) focus on self defined needs,
- (d) ready access to self commissioned and LA commissioned services,
- (e) ready access to universal services e.g. leisure, housing, transport, and
- (f) social care's role in combating social exclusion

16. The DoH is clear that only approximately 20% of older people fall into the "frail, older" category, who then require traditional health and social care intervention. For the remaining 80% of the older population the focus is for more or better, more holistic outcomes including:

- (a) improved health (mental and physical),
- (b) protection from abuse and exploitation,
- (c) improved quality of life,
- (d) citizenship,
- (e) exercise of choice and control through independence,
- (f) freedom from harassment and intimidation,
- (g) economic well being, and
- (h) enjoying a clean and safe community

All of the above demonstrate why the DoH has felt it necessary to re-confirm the role of Director of Adult Social Services as described at paragraphs 4 and 5 with a view to developing services not just with health partners but the wider services of the Council as a whole.

## **Proposal – Older People**

17. It is proposed that the Council moves forward on the integration of Older People's Services with the PCT through the creation of a joint post to project manage the process and the post should report to the Council's Head of Adult Social Care and the Director of Primary Care at the PCT. This person would lead on a jointly commissioned Older People's Services (DBC and PCT) with links into the Older People's Local Partnership Board which already supports the work of a joint, shared agenda.
18. The integration of Older People's Services across the Council and PCT is a 2 to 5 year programme of change which will need to be evaluated on an ongoing basis, alongside the ongoing integration in Mental Health, Learning Disability and Physical & Sensory Impairment Services. Physical and Sensory Impairment Services are not currently provided on an integrated basis, although some provision (such as Occupational Therapy) is common to both the PCT and Social Services. It would therefore make sense to include these services in the integration plan between the two organisations. Depending upon the outcomes at each stage, the Council and PCT can continue to move this process forward to whatever is decided is the ultimate stage of integration/joint provision.

### **Framework for Integration**

19. The current arrangements as described between the Council and PCT, and the proposals for Older People's Services, would establish a sound joint commissioning framework between the two organisations. The agreed framework would be to:
  - (a) Form a clear understanding of the health and social care needs of our population,
  - (b) Commission, deliver and develop services in line with local and national priorities,
  - (c) Make best use of the social care and health resources available, and
  - (d) Ensure that service users and carers experience effective, responsive and efficient services provided in an integrated way by well trained and informed staff

### **Agreed Outcomes**

20. Agreed outcomes include:
  - (a) Service users and carers will experience services as coherent and joined up,
  - (b) Consultation, planning, participation, service design and customer feedback will be through one integrated system,
  - (c) Access for service users and carers will be through one door,
  - (d) Service users and carers will get the full benefit of available resources rather than see overlap and duplication,
  - (e) Service users and carers will receive consistent advice and messages from the organisations they deal with, and
  - (f) Service users and carers will get the benefits of experiencing social and health care positively complementing one another.

## **Moving Forward**

21. If Cabinet agree the proposal to improve integrated working for older people, the Head of Adult Social Care in the Community Services Department and the Director of Primary Care at Darlington PCT will jointly manage the new project management post. The new post will have responsibility for putting together the project plan for the next 2-5 years, to bring together commissioning and provider services from the Council and the PCT. Both organisations will evaluate progress of the integration on a 6 monthly basis which will be the basis for further decisions.
22. The process will be overseen on a monthly basis in the early stages by meetings between the Head of Adult Social Care in the Community Services Department, the Director of Community Services and the Chief Executive and Director of Primary Care at the PCT, with formal evaluation of progress on a 6 monthly basis. Regular reports to Scrutiny, Cabinet, and the PCT Board will ensure Board and Member involvement.

## **Other Factors in Health Services**

23. There are clear indications from the Strategic Health Authorities that it is possible that the number of Strategic Health Authorities will reduce to, at best, half the current number (28 down to 14) or possibly even fewer. Running alongside this is also the possibility of a reduction/amalgamation in the number of PCTs – possibly to match the number of Local Authorities (300 down to 150). It is unlikely that the current 6 PCTs in Durham and Darlington will continue in their present form as it is already viewed that some form of “supra-commissioning” of some or all PCT functions is required and there are a number of review processes currently underway which will be relevant to this. Darlington PCT may remain because of its co-terminosity with the Council and this of course would be an advantage in terms of local service delivery. However, even if supra-commissioning comes into place (and this is likely in terms of Acute Trust, tier 3 and 4 commissioning even if locality commissioning remains on the coterminous boundary with the Council), this should not stop us moving forward with the proposed integration of Older People’s Services, as these will have to continue to be delivered into Darlington even if from a wider base.
24. However, the consideration of changes in the Health Service structure will clearly have an impact should the Council want to consider further integration beyond what is proposed in this paper or moving faster towards a Care Trust at this stage.

## **Outcome of Consultation**

25. Staff and unions in both the Council and the PCT have been consulted about the proposal to further integrate older people’s services across the two organisations and there is general support for the move.

## **Legal Implications**

26. This report has been considered by the Borough Solicitor for legal implications in accordance with the Council's approved procedures. There are no issues which the Borough Solicitor considers need to be brought to the specific attention of Members, other than those highlighted in the report.

## **Section 17 of the Crime and Disorder Act 1998**

27. The contents of this report have been considered in the context of the requirements placed on the Council by Section 17 of the Crime and Disorder Act 1998, namely, the duty on the Council to exercise its functions with due regard to the likely effect of the exercise of those functions on, and the need to do all that it reasonably can to prevent, crime and disorder in its area. It is not considered that the contents of this report have any such effect.

## **Council Policy Framework**

28. The issues contained within this report do not represent change to Council policy or the Council's policy framework

## **Decision Deadline**

29. For the purpose of the 'call-in' procedure this does not represent an urgent matter

## **Recommendation**

30. It is recommended that Cabinet agree the proposal to further integrate Older People's Services between Darlington Borough Council and Darlington Primary Care Trust.

## **Reason**

31. In order to improve outcomes for older people in Darlington.

**Cliff Brown**  
**Director of Community Services**  
**Darlington Borough Council**

**Colin Morris**  
**Chief Executive**  
**Darlington Primary Care Trust**

## **Background Papers**

1. "Independence, Wellbeing and Choice: Our vision for the future of social care for adults in England" – The Department of Health
2. "Every Child Matters" – The Department of Health
3. Guidance on the role of the Director of Adult Social Services – The Department of Health

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