
OVERVIEW OF ADULT SERVICES PORTFOLIO

Purpose of the Report

1. Since the last meeting of Council, the following are the main areas of work under the Portfolio Holder for Adult Services

Structures in Adult Services

2. Changes have taken place to the Senior Management Structure within Adult Services through work with the PCT to integrate Health and Social Care. Agreement has been reached to secure some Joint Commissioning resources for Darlington which will link into the wider County Durham Joint Commissioning function whilst retaining a local focus.
3. To achieve this two posts have been developed which will be the Joint Commissioning Managers for (a) Older and Disabled People (b) People with a Learning Disability. A Joint Commissioning Manager post for Adult Mental Health already exists within the PCT.
4. These are jointly funded posts secured through the re-configuration of existing resources. Darlington Borough Council is the host organisation with the post holders being jointly accountable to the Assistant Director – Adult Social Care and Health (DBC) and Head of Joint Commissioning, NHS Durham.
5. The Joint Commissioning Manager for Older and Disabled People took up post in January 2009. The Joint Commissioning Manager for Learning Disabilities is in the process of recruitment.
6. To facilitate these changes within Adult Social Care the re-structure has included the development of a new post of Head of Operations. This post is responsible for all Care Management/Care Co-ordination processes and day to day commissioning across Adult Social Care.

Integration of Health and Social Care

7. Following work done with the Leading Edge Team to begin framing the overarching project of Integrating Provider services a Project Steering Group was established in September 2008 which meets monthly. The group has agreed the overarching Project Initiation Document (PID) which is the umbrella document for the project.
8. From this two initial sub-projects have been commenced (a) The integration of Intermediate Care which is currently provided by both organisations; (b) the establishment of a single access point for Health and Social Care.

9. The work on Intermediate Care will encompass the development of a re-ablement service and discussions have taken place with the Care Services Efficiency Delivery Service (CSED) to learn from examples of good practice across the country.
10. The establishment of a single access point for Health and Social Care will involve bringing together elements of both services which are first points of contact into one point to create easier access for the public. It is envisaged at this stage that this is likely to be at Central House on Gladstone Street.
11. Early discussions have also been held with Children's Services regarding the possibility of a Single Point including access to Children's Services. A representative from Children's Services sits on the Steering Group and this will be considered as the process evolves.
12. Future work streams will include the development of co-located teams, again this will be considered in light of the work progressing in Children's Services to re-model their services.

Mental Health

13. The Deprivation of Liberty Safeguards will become statute as of 1 April 2009. A comprehensive and representative steering group is in place to ensure that the Council is able to execute its statutory function as a supervisory body. A post is being recruited to lead on the coordination of the Mental Capacity Act with a clear brief as an expert practitioner in terms of Best Interest Assessors.
14. The Green Light initiative is being led by the Social Care Consultant and the PCT are looking to financially invest in a project management post to take this forward. This initiative will enable adults with a learning disability to access mainstream adult mental health services appropriately where there is a dual diagnosis.

Learning Disabilities

15. Valuing People Now was published on the 19 January 2009 and a regional launch is being held on 27 March. There is excellent representation from the Darlington Learning Disability Partnership Board (LDPB) and the strategy from this policy document will be taken forward through the LDPB on a focussed theme basis. A strategic group is being formed made up of senior managers, users and family carers, plus representation of more junior staff to ensure that the strategy is understood and implemented at all levels within the organisation. The strategic group will be accountable to the board.
16. The Health Plan submitted to the SHA was presented to an expert panel in February with representation from relevant partners, including crucially the Acute Trust and family carers. The panel were impressed with regards to the engagement of the Acute Trust and have identified this as regional area of good practice which seems to be pertinent only to Darlington. The action plan will be monitored on an ongoing basis along with the recommendation from the Cornwall inquiry, Sutton and Merton inquiries and Mansell 2.

17. The Day Opportunity Contract was awarded in terms of a commissioning framework to NECIL, Creative Support and United Response. Intensive work is being undertaken with the new providers with regards to events to showcase their skills these will focus around service users, family carers and care coordination. A piece of work with the current provider and family carers has been undertaken in terms of the impact on the service provider, service users and family carers.
18. The specialist, joint Domiciliary Care/Housing Related Support Service is out to tender. The closing date is 27 February. To date there has been a huge interest in the tender and the award panel will take place over a fortnight towards the end of March. The panel will include a family carer and a service user, as is usual inclusive process within the learning disability arena.
19. Partnerships with Children's Services continue to be strengthened through the Transitions Panel, but in addition the Aiming High initiative which has been introduced through EDCM has cemented strategic, financial and planning commitments. A number of events have already taken place with adult services representation and this initiative is to be developed crucially through the Strategic Planning Group.

Substance Misuse

20. The Specialist Alcohol Service became operational as of 2 March 2009, with a launch planned for September 2009. Roadshows are being organised with GP's and practice nurses in terms of relevant toolkits to enable appropriate referrals to be made. The GP champion, Susan Waterworth, is a member of the management team which oversees the functioning of this service.
21. This service will work with hazardous drinkers and have a clear intervention focus based upon specialist skills and knowledge. The team is fully multi-disciplinary and a post regarding a family intervention worker is currently out to advert which would give the team a full complement inclusive of alternative therapies.

Safeguarding Adults

22. The Adults Safeguarding Board and Lead Officers Group are now well established in Darlington and plans to secure an Independent Chair of the Safeguarding Adults Board are being developed. This would be to ensure independent challenge on practice by an experienced individual.
23. However it has been fully recognised by the Board that there are currently insufficient resources to enable Darlington to fully develop and implement all aspects of safeguarding.
24. Agreement has therefore been reached at Board level to increase these resources on an ongoing partnership basis by developing a Safeguarding Adults Team. This will consist of a Team Manager, Senior Practitioner and Support officer and will be hosted by the Borough Council.
25. The posts are currently in the process of recruitment.

26. In the intervening period short term resources are being jointly funded with the PCT to ensure progress can be made in the key areas. These actions include but are not exclusively:
- (a) A review of existing safeguarding policy and procedures that will ensure they are up to date, streamlined and readily applicable. Due to the commonalities in membership between both Durham and Darlington Safeguarding Boards, this is being progressed through joint work with Durham Adult Social Care and Health Services.
 - (b) Use of the Care First IT system for confidential caseload recording and for performance monitoring.
 - (c) Development of a Strategic Forward Plan which will include a focus on prevention work and the raising of public awareness in safeguarding adults in Darlington.
 - (d) The redesign of Darlington Borough Council WebPages on Safeguarding to improve access for the public and for staff, including an accessible version for people with a learning disability. This will also allow inter-connectivity with WebPages of all partner organisations.
27. There are opportunities for the Safeguarding Adults Team and Children's safeguarding staff to work closely together in the future to maximise efficiencies but also ensure a consistent and robust approach to safeguarding in general.
28. The Commission for Social Care Inspection (CSCI) have advised the Council that they will be undertaking an Independence, Well-Being and Choice Inspection in Darlington probably in July/August 2009. A key theme of the inspection will be to look at safeguarding practices.
29. Training sessions were held for Members on 25 February 2009 regarding Safeguarding of Adults.
30. Within my role as the Cabinet Member for Adult Services, I attended the following:-
- (a) The launch of the Hungry to be Heard Campaign organised by Age Concern, Darlington in partnership with County Durham and Darlington NHS Foundation Trust aimed at recruiting meal-time volunteers to assist older people at meal times and avoid malnourishment of older people in hospital.
 - (b) A special meeting of the County Durham and Darlington NHS Foundation Trust Governing Council in order to consider the outcomes of the consultation on the Seizing the Future proposals.
 - (c) A stakeholder event organised by NHS Darlington to discuss their future plans and proposals.
 - (d) A number of GOLD meetings and took part in discussions about Telecare, the role of the Modern Matron at Darlington Memorial Hospital, Podiatry and substance misuse in older people.

- (e) An awards ceremony for Adult Services staff who have been awarded qualifications following a variety of studies.

Safeguarding Activity – Data Analysis

31. Statistics are reported quarterly to the Board and annually to the Commission for Social Care Inspection (CSCI), as part of the Self-Assessment Survey.
32. Table 1 shows the number of referrals by service user group in 2007/08 and also the number of completed cases for the same period.

Service user Group	No. of referrals 2007/08	No. of 'completed' cases 2007/08
Older people	131	146
People with learning disabilities	41	45
People with physical or sensory impairment	22	20
People who use mental health services	23	22
People who use HIV/AIDS services	0	0
People who use drug services	0	0
Carers	0	0
Total:	217	233

33. Of these referrals, 59 were made by partner agencies:

NHS	23
Police	25
Housing agencies	7
Probation and criminal justice	1
CSCI	3
Total:	59

34. Although patterns of abuse may vary throughout the year, in general the largest proportion of referrals are in relation to allegations of physical abuse. The Table below highlights the categories of abuse recorded on 2007/08. The total is more than 100% as more than one type is often recorded.

Type of Abuse	%
Physical	44
Financial	11
Sexual	22
Emotional/psychological	11
Neglect	11
Institutional	2

35. Around 66% of referrals relate to alleged abuse of older people. Abuse is often alleged to have taken place in the client's own home by family members or paid staff.

36. In general, just under half of all referrals lead to a multi-agency strategy meeting, with the most common outcome being that monitoring will be increased.
37. In addition to specific cases there is a considerable amount of work done by the Adult Services Contracts Section when working with providers where there has been concerns raised regarding the quality of care and the potential risks that may pose to vulnerable individuals.
38. This has on several occasions led to the suspensions of contracts which is time consuming and not without risks. The most recent example of this has been the work involved with The Winnie Care Group during the closure of Victoria House.

Social Care Transformation/Personalisation

39. The Business Transformation Team has been in place since 1st December 2008.
40. Three framing days have taken place. These days have ensured key stakeholder involvement in the programme development process. Following these stakeholder events the following have been developed.
 - (a) A vision of social care for Darlington by 2020
 - (b) The development of seven work streams to support the delivery of a transformed social care system: Those of:
 - (i) Supporting the Market
 - (ii) Working in Partnership
 - (iii) Provider Services
 - (iv) Communications and Workforce
 - (v) Self Directed Support
 - (vi) Access, Information and Support
 - (vii) Systems and Processes
 - (c) There is also a cross cutting theme of safeguarding which runs through all of these work streams.
41. I am regularly updated on the progress of this work.
42. A number of user champions have been identified who want to work with the Council to ensure the effective roll out of self directed support.
43. The team have undertaken a number of low key awareness raising sessions with Adult Social Care staff through team meetings and key stakeholders through existing forums e.g. the Independent Sector Providers Group, Direct Payments User Engagement Group and the Neuro Sciences Network.

44. The Team have made links with key internal and external partners who need to play their part in supporting the transforming social care agenda. This has including Connecting with Communities, Communications, the Library Service, Leisure Services and Adult Learning. Externally this has included Darlington Association on Disability, Evolution and the Primary Care Trust. Other work includes:-
- (a) A draft easy read overview of Transforming Social Care to share with stakeholders.
 - (b) A workshop for local support providers to support them to develop their business to a more personalised model. This will take place in April and will be offered to 14 local providers over 2 days.
 - (c) A Communication plan has been developed and in place.
 - (d) A power point presentation on the transformation agenda has been developed and used to offer a consistent message.
 - (e) Work is underway to develop closer working with the Primary Care Trust, from both a provider and commissioning perspective.
 - (f) Work with Darlington Association on Disability to develop a process to ensure full service user engagement in the transformation process.
45. Priorities for the coming 6 months include:
- (a) Continued awareness raising of the change agenda;
 - (b) Developing a clear user engagement strategy;
 - (c) The Development of a Self/Supported Assessment;
 - (d) The Development of a Resource Allocation System;
 - (e) Development of a Support Planning process;
 - (f) Greater Partnership working with the NHS;
 - (g) Support to local providers.

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