
OVERVIEW OF ADULTS AND HOUSING SCRUTINY COMMITTEE

1. Since the last meeting of the Council, the following are the main areas of work the Adults and Housing Scrutiny Committee has undertaken.

Better Care Fund Update

2. We have received an update on the progress in relation to the Better Care Fund (BCF) delivery 2016/17.
3. There are five key strands of work under Better Care Fund this year. Hospital to Home, Safe at Home, Long Term Conditions, GP-based Multi-Disciplinary Teams, and Social Prescribing.
4. Under Hospital to Home, a central strand has been the jointly commissioned review of intermediate care services across Darlington. The review has completed the initial data collection and is currently at data verification stage.
5. Hospital to Home also encompasses the 'Discharge to Assess' pilot being undertaken as part of CDDFT's Better Health Programme, intended to better manage the speedy discharge of people no longer in need of hospital services but who require support to return to their usual place of residence. This pilot began in November 2016.
6. Safe at home is concerned with helping people outside of the 'high risk of emergency hospital admission' cohort remain at lower risk, supported at their normal place of residence to maximise their independence, through a range of interventions including new technology.
7. Where the normal place of residence is a care home, a national case study has highlighted the benefits of the work done in Darlington to bring Community Matrons into care homes, including improved patient health outcomes and experiences, staff satisfaction and reduced hospital admissions. This indicates the close working relationship between all partners in Darlington.
8. Reducing reliance on residential care continues, and the recent rollout (following a successful pilot) of Just Checking Assessment Tool in Adult Social Care will provide reliable evidence of individuals' independence, as well as where support might be needed.
9. The Long Term Conditions project came to a scheduled close in November as planned, with project close reports and follow-on actions being received by the CCG.

10. The GP-based multi-disciplinary team is now undergoing review to both build on its strengths and on the learning that has accrued. It is adjusting its format to fit with the emerging Care Hubs approach being implemented under the regional Better Health Programme's 'New Models of Care'.
11. A social prescribing model is now being developed. This provides a structured process to enable both social workers and GP's/practice staff to refer people to a team of care navigators. That team will support them to access to community-based services and activities to help address social isolation, improve self-management of conditions, or improve overall wellbeing. This one year 'test-bed' will generate demand and impact data sufficient to ensure the full design of a social prescribing model for tender at quarter 3 17/18 is shaped.
12. Emergency admissions to hospital continue at similar levels to previous years, however, the reduction in older people's admissions, particularly reduced admissions from care homes, evidences the positive impact of targeted BCF funded activity. Permanent admissions to residential care continue to reduce, and Delays in Transfers of Care (enabling people fit to leave hospital, to do so) also remain lower than target.
13. At the time of reporting, the policy framework and technical guidance for the BCF 2017-19 is still awaited.

Deprivation of Liberty Update

14. We have received an update on the implementation of the Deprivation of Liberty Safeguards (DoLS) and Deprivation of Liberty in supported living and home environments and the impact of that legislation on this Authority.
15. The DoLS legislation came into effect on 1 April, 2009, to ensure that individuals who lack the mental capacity to consent to the arrangements for their care, where such cases may amount to a deprivation of liberty, have those arrangements independently assessed to ensure that they are in the best interests of the individual concerned.
16. We heard that the Cheshire West judgment (2014) lowered the DoLS threshold and resulted in a substantial increase in referrals. This has had a significant impact on the Authority's budget and additional resources have been required to meet statutory obligations. There is evidence, however, that the work of the Independent Best Interest Assessors (BIA's) is making a positive difference to the quality of life for people who had been assessed and we were given some examples of this. Work is on-going to reduce the cost of DoLS by limiting reliance on Independent BIA's and training more in-house social workers.
17. We were advised that, in a recent NHS digital comparator publication, which compared similar local authorities, Darlington was doing well with 98 per cent of applications being reported as being completed within three months. It is accepted that, in view of the volume of cases, it is difficult to meet all the statutory timescales, however, risk assessments are undertaken to target those identified at most risk and guidance has been issued by the Association of Directors of Social Services

(ADASS) to local authorities on how to manage and limit those risks. DoLS will remain a priority area for the service and is likely to continue to present business challenges associated with high volume of referrals, service capacity and resource constraints.

Autism Self-Assessment Framework 2015/16

18. We received information on the annual autism self-assessment which was completed and returned to the Department of Health (DOH) in October 2016.
19. The self-assessment is designed to monitor local progress in implementing the Autism Act 2009 and the National Autism Strategy and covers seven broad themes of planning, training, diagnosis, care and support, accommodation, employment and the criminal justice system. It is completed by the Local Authority on behalf of its partners and includes input from the CCG, police, courts and probation.
20. The self-assessment has identified evidence of clear progress within Darlington over the last four self-assessments, however, some gaps remain and we were advised that a Local Delivery Plan would be developed to address these once formal feedback on the self-assessment has been received from the Department of Health.
21. This is an area which our Scrutiny Committee would like to look into further and we will be establishing a Review Group to undertake this work. It is envisaged that the Review Group will initially receive a briefing on the different types of autism and how autism can affect a person's life. We then intend to focus on the five questions within the self-assessment which were rated as red.
22. We will keep Council updated on this piece of work.

Councillor Sue Richmond
Chair of Adults and Housing Scrutiny Committee