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Adults and Housing Scrutiny Committee Agenda

10.00 am Tuesday, 11 September 2018
Committee Room No. 2, Town Hall,
Darlington, DL1 5QT

Members of the Public are welcome to attend this Meeting.

1. Introductions/Attendance at Meeting.

2. Declarations of Interest.

3. To approve the Minutes of this Scrutiny Committee held on 3 July 2018. (Pages 1 - 4)

4. Performance Indicators Quarter 1 - 2018/19 –
   Report of Managing Director
   (Pages 5 - 28)

5. Welfare Reforms and Universal Credit

   (a) Update –
   Report of Director of Economic Growth and Neighbourhood Services
   (Pages 29 - 34)

   (b) Quad of Aims –
   Report of Managing Director
   (Pages 35 - 42)

6. Better Care Fund –
   Report of Director of Children and Adult Services
   (Pages 43 - 72)

7. Support to Carers –
   Report of Director of Children and Adult Services
   (Pages 73 - 76)

8. Advocacy Services –
   Report of Director of Children and Adult Services
   (Pages 77 - 102)

9. Work Programme –
   Report of Managing Director
   (Pages 103 - 114)

10. SUPPLEMENTARY ITEM(S) (if any) which in the opinion of the Chair of this Committee are of an urgent nature and can be discussed at this meeting.

11. Questions

Luke Swinhoe
Assistant Director Law and Governance

Monday, 3 September 2018

Town Hall
Darlington.

Membership
Councillors Knowles, Copeland, Mrs Culley, Grundy, Kane, Lister, Lyonette, Mills, M Nicholson, Storr and York

If you need this information in a different language or format or you have any other queries on this agenda please contact Shirley Burton, Democratic Manager, Resources Group, during normal office hours 8.30 a.m. to 4.45 p.m. Mondays to Thursdays and 8.30 a.m. to 4.15 p.m. Fridays Email: shirley.burton@darlington.gov.uk or Telephone 01325 405998

ITEM NO.

ADULTS AND HOUSING SCRUTINY COMMITTEE

3rd July, 2018

PRESENT - Councillor Copeland (in the Chair); Councillors Culley, Grundy, Kane, Lister, Lyonette, Mills, M Nicholson and Storr. (9)

APOLOGIES – Councillors Knowles and York (2)

ABSENT –

ALSO IN ATTENDANCE – Councillor S Richmond

OFFICERS IN ATTENDANCE – Miriam Davidson, Director of Public Health, Kevin Kelly, Head of Service - Adults, Ken Davies, Housing Strategy Officer, Hilary Hall, Project Manager, Healthy New Towns and Barbara Copson, Performance Manager.

AH1. DECLARATIONS OF INTEREST – There were no declarations of interest reported at the meeting.

AH2. TIMES OF MEETINGS – RESOLVED – That meetings of this Committee for the Municipal Year 2018/19, be held at 10.00 a.m. on the dates, as agreed on the calendar of meetings by Cabinet at Minute C111/Feb/18.

AH3. MINUTES – Submitted – The Minutes (previously circulated) of a meeting of this Scrutiny Committee held on 10th April, 2018.

RESOLVED – That the Minutes be approved as a correct record.

AH4. HEALTHY NEW TOWNS – The Project Manager, Healthy New Towns gave a presentation on Healthy New Towns, a NHS England sponsored programme which was about building healthy communities.

It was reported that Darlington was one of ten healthy New Town sites across England and was the only one in the North East, with the initial focus of work being on the eastern growth zone, including Red Hall, Burdon Hill and Lingfield Point, which had been chosen because of the economic and housing development opportunities the area presented, along with the significant challenges in terms of health inequalities compared to the rest of Darlington.

The presentation covered the progress on the three workstreams within the programme of regeneration and housing, new models of care and digital empowerment, with particular reference being made to the regeneration and housing workstream and the work being undertaken to encourage the building of homes which met the lifetime home principles, enabling houses to be adapted to meet the changing needs of residents over their course, keeping them as independent as possible for as long as possible.

Discussion ensued on the links with the HNT initiative on the Red Hall Masterplan and the significant work on the Red Hall estate to improve the image and attractiveness of that estate, the community initiatives undertaken to date within that community and the partnership work with Keepmoat Homes for the development of the stables site that reflected the revised design principles of lifetime homes.

Members questioned the long-term sustainability of the project and it was reported that the third year of Healthy New Towns was continuing to focus on delivery but also on the legacy and influence of the programme going forward.

RESOLVED – That the thanks of this Scrutiny Committee be extended to the Project Manager, Healthy New Towns on her presentation.

AH5. QUALITY ASSURANCE – DOMICILIARY CARE CONTRACT - The Director of Children and Adult Services submitted a report (previously circulated) updating Members on the Home Care and Support Contract which commenced on 2 October 2018.

It was reported that the Contract, which was a three-year contract, was operating within a new model, with the Borough being divided into two geographical zones (east and west) with a single prime provider delivering support within each zone.

The contract providers were Careline and Positive Life Choices (PLC), however, there was also a safety net of ten additional framework providers who were offered packages in instances where either of the prime providers was unable to meet demand, with a further four framework agreements in place to meet the needs of people with learning disabilities, mental health issues and dementia, autism and vulnerable families with children.

Officers reported that a smooth transition to the new contract had been achieved and that they were, overall, pleased with the performance of the providers to date.

Particular reference was made to the monitoring visit to PLC which had highlighted some concerns in relation to medication and staff supervision and Members were reassured that PLC had responded promptly to the concerns and a time-bound action plan had been developed to demonstrate how full contractual compliance would be achieved and that, if there were any on-going safeguarding issues, they would be picked up at the scheduled safeguarding strategy meetings.

RESOLVED – That the report be received and that Members note the on-going contract management arrangements and that the current contract service model continues to perform very well.

AH6. HOMELESS REDUCTION ACT – The Director of Economic Growth and Neighbourhood Services submitted a report (previously circulated) advising Members of the implications of delivering homeless related services following the introduction of the Homeless Reduction Act 2017, which came into force on 3rd April, 2018.

It was reported that the Homeless Reduction Act, which amended the existing homelessness legislation, required Council's to try and prevent people from becoming homeless, intervening early and encouraging other public sector bodies to actively assist in identifying and referring those at risk of homelessness.

The submitted report outlined the main four provisions within the Act, together with the actions being taken to address these provisions and the implications for the local authority.

It was reported that the Government had provided the Council with a total of £70,505 in additional funding, spread over three years

RESOLVED – (a) That the report be received and the actions being taken to address the new duty of the Homeless Reduction Act be noted.

(b) That a further report setting out the full impact of the changes on this Authority be submitted to a meeting of this Scrutiny Committee to be held in July 2019.

AH7. PERFORMANCE INDICATORS QUARTER 4 2017/18 AND PROPOSED INDICATORS FOR 2018/19 – The Performance Manager submitted a report (previously circulated) providing Members with an update on performance against those key performance indicators within the remit of this Scrutiny Committee for the period 1 January to 31 March 2018.

It was reported that two of the six housing targets did not have targets, however, the remaining four had achieved year-end performance

In relation to the Adult Social Care targets, the submitted report gave the performance position in relation to nine of the 14 key performance indicators. Data was unavailable for the remaining five indicators due to a number of reasons as outlined in the submitted report.

The submitted report also requested that consideration be given to the proposed indicator set for this Scrutiny Committee for the Municipal Year 2018/19, which had been reviewed for continued relevance and the reporting schedule.

RESOLVED – (a) That the report be received.

(b) That the proposed basket of performance indicators for 2018/19, together with the reporting schedule, be agreed.

AH8. WORK PROGRAMME – The Managing Director submitted a report (previously circulated) requesting that consideration be given to this Scrutiny Committee's draft work programme for the remainder of the Municipal Year 2018/19.

Discussion ensued on the items scheduled to be submitted to the next ordinary meeting of this Scrutiny Committee and it was suggested that, due to the number of items scheduled, consideration be given to whether some of those items could be deferred to the meeting scheduled to be held on 18 December 2018.

RESOLVED – That the work programme for the Municipal Year, as appended to the submitted report, be approved.

Adults and Housing Scrutiny Committee

Date 11 September 2018

ITEM NO. .....

PERFORMANCE INDICATORS Q1 2018/19

Purpose of the Report

1. To provide Members with performance data against key performance indicators for 2018/19 at Quarter 1.

Report

Performance summary

2. This report provides performance information in line with an indicator set and scrutiny committee distribution agreed by Monitoring and Coordination Group on 4 June 2018, and subsequently by scrutiny committee chairs.

3. The indicators included in this report are aligned with key priorities and the majority are used to monitor the Corporate Plan 2017/21. Other indicators may be referenced when appropriate in narrative provided by the relevant assistant directors, when providing the committee with performance updates.

4. 18 (eighteen) indicators are reported to the Committee – 12 (twelve) Adult Social Care indicators and 6 (six) Housing Services indicators. 2 (two) of the Adult Social Care indicators are reported annually and therefore data for these two (ASC 054 and ASC 055) is not included in this report.

5. At Q1, data is available for 10 (ten) Adults Social Care indicators and all 6 (six) Housing Services indicators, as follows:

Adult social care

6. 7 (seven) indicators have targets:

   Comparison with year-end target:

   a) 6 (six) of these are thought likely to achieve year-end targets (ASC 002, ASC 003, ASC 019, ASC 045, ASC 046, ASC 049);

   b) 1 (one) indicator is thought unlikely to achieve year-end target (ASC 050)

   Comparison with Q1 last year:

   c) 4 (four) are showing better performance than at this time last year (ASC 019, ASC 045, ASC 046, ASC 049);

d) 1 (one) indicator is showing performance the same as at this time last year (ASC 003)

e) 2 (two) indicators are showing worse performance than at this time last year (ASC 002, ASC 050)

7. 3 (three) indicators do not have targets:

a) All 3 (three) are showing performance better than at this time last year (ASC 208, ASC 209, ASC 211).

Housing

8. 4 (four) indicators have targets:

a) 2 (two) have achieved target this quarter:

HBS 034 'Average number of days to re-let dwellings' is showing a reduction in the number of days;

HBS 072 'gas servicing' is also well within maximum target level;

b) 1 (one) has achieved target within tolerance:

HBS 016 'Rent collected' has achieved target within tolerance.

c) 1 (one) has not achieved target this quarter:

HBS 013 'Rent arrears' has not achieved target this quarter and performance is slightly down on quarter 1 last year

d) All 4 (four) indicators with targets are on track to achieve year-end targets

9. 2 (two) indicators do not have targets:

HBS 025 'Number of days spent in bed and breakfast' is showing performance better than at Q1 last year, and

HBS 027a 'Homelessness prevention' is showing performance worse than at Q1 last year

10. A detailed performance scorecard is attached at Appendix 1 showing performance against this agreed indicator set. An Adult Social Care Performance Highlight report is attached at Appendix 2 providing more detailed information and is produced in response to the diversity of information and scale of budgets involved. Attached at Q3 is a more detailed set of Housing reports.

11. It is suggested monitoring focuses on issues and exceptions, and relevant officers will be in attendance at the meeting to respond to queries raised by the committee regarding the performance information contained within this report.

12. This Scrutiny Committee performance report is compiled by the Corporate Performance Team. All queries regarding the format of this report should be addressed to Barbara.Copson@Darlington.gov.uk

Recommendations

13. It is recommended:

    a) that performance information provided in this report is reviewed and noted, and relevant queries raised with appropriate assistant directors;

Background papers

No background papers were used in the preparation of this report.

Paul Wildsmith Managing Director

Barbara Copson - Performance Manager ext 6054

S17 Crime and Disorder	This report supports the Councils Crime and Disorder responsibilities
Health and Well Being	This report supports performance improvement relating to improving the health and wellbeing of residents
Sustainability	This report supports the Council's sustainability responsibilities
Diversity	This report supports the promotion of diversity
Wards Affected	This reports supports performance improvement across all Wards
Groups Affected	This report supports performance improvement which benefits all groups
Budget and Policy Framework	This report does not represent a change to the budget and policy framework
Key Decision	This is not a key decision
Urgent Decision	This is not an urgent decision
One Darlington: Perfectly Placed	This report contributes to the Sustainable Community Strategy (SCS) by involving Members in the scrutiny of performance relating to the delivery of key outcomes
Efficiency	Scrutiny of performance is integral to optimising outcomes.
Impact on Looked After Children and Care Leavers	This report has no impact on Looked After Children or Care Leavers.

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PLEASE NOTE: The date has to be set correctly in the PMF Master (Summary Table tab) for the Qtr being reported in order that the data for "Data at the same period last year" to be shown correctly, e.g. Qtr 1 01/08, Qtr 2 01/10, Qtr 3 01/01 and Qtr 4 01/04. If the date in the PMF has to change you must SAVE the doc after changing it and then refresh the PIVOT.

Date PMF Master set at: 01/07/18

DARLINGTON BOROUGH COUNCIL

Adults & Housing

Performance Data

22/10/18

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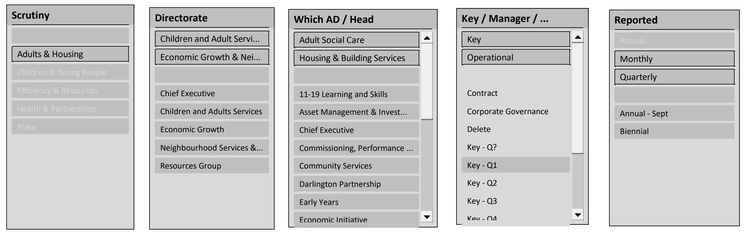
01/07/18

2018

2019



16	Total	16
10	= Better than same period last year (↑)	2
	Better from when last reported (↑) =	
1	= The same as same period last year (↔)	3
	The same from when last reported (↔) =	
5	= Not as good as same period last year (↓)	4
	Not as good from when last reported (↓) =	
0	Not comparable (blank)	7

16	Total
0	Better than target
0	Achieving target
1	Missing target
15	No Target

Indicator Num	Indicator Description	Reported	What is best	Measure of unit	Latest England Av	Latest North East Av	Latest other benchmark Av	2014/15	2015/16	2016/17	2017/18	Data at same period last year	Latest data performance from same period last year	June	June - Num	June - Den	Trend from when last reported	June Target	Qtr 1 - June compare to target	Year End Target	Comments
ASC 002	(ASCOF 2A-2) Older people aged 65+ admitted on a permanent basis in the year to residential or nursing care per 100,000 of the 65+ population	Monthly	Smaller	Per 100,000 pop	611	838	639	788	843	796	695	115	↓	149	31	20,857				700	Qtr 1 In highlight report
ASC 003	(ASCOF 2A-1) Adults aged 18 - 64 admitted on a permanent basis in the year to residential or nursing care homes, per 100,000 population	Monthly	Smaller	Per 100,000 pop	13	17	17	8.0	27	16	4.8	0	↔	0	0	62,270				10	Qtr 1 In highlight report
ASC 019	Percentage of people who have no ongoing care needs following completion of provision of a reablement package.	Monthly	Bigger	%	-	-	-	73	67	67	64	58	↑	71	147	207	↓			70	Qtr 1 In highlight report
ASC 045	(ASCOF 1G) Proportion of adults with a learning disability who live in their own home or with their family	Monthly	Bigger	%	76	81	76	80	85	86	94	7	↑	18	49	277				90	Qtr 1 In highlight report
ASC 046	(ASCOF 1E) Proportion of adults with learning disabilities in paid employment.	Monthly	Bigger	%	5.7	5.3	6.4	5.2	5.8	4.3	5.0	0	↑	1	4	277				6	Qtr 1 In highlight report
ASC 049	(ASCOF 1C (1a)) Proportion of people using social care who receive self-directed support	Monthly	Bigger	%	89	97	92	90	92	98	98	84	↑	98	774	788	↔			98	Qtr 1 In highlight report
ASC 050	(ASCOF 1C (1b)) Proportion of carers using social care who receive self-directed support	Monthly	Bigger	%	83	88	85	87	97	96	96	88	↓	72	33	46	↓			98	Qtr 1 In highlight report
ASC 208	Number of Safeguarding concerns (initial enquiries) started - year to date	Monthly	Smaller	Num	-	-	-	-	1,004	831	1,008	267	↑	234	234			-		-	Qtr 1 In highlight report
ASC 209	Number of Safeguarding concerns (initial enquiries) started - per month	Monthly	Smaller	Num	-	-	-	-	95	98	97	72	↑	68	68		↑	-		-	Qtr 1 In highlight report
ASC 211	Number of strategy meetings undertaken i.e. concerns progressed to strategy per month	Monthly	Smaller	Num	-	-	-	-	14	12	7.0	11	↑	9	9		↑	-		-	Qtr 1 In highlight report
HBS 013	Rent arrears of current tenants in the financial year as a percentage of rent debit (GNPI 34)	Quarterly	Smaller	%	2.7	2.6	2.6	2.0	2.1	2.4	2.5	2	↓	3	645,089	26,031,846	↔	2.4	↓	2	Qtr 1 Current arrears as % of debit increased from 2.42% at year end to 2.46% However, the underlying trend is good. Referrals to Tenancy Sustainment have increased for money and debt advice, Universal Credit went live mid June 2018 so it is expected that arrears will increase due to the assessment periods of this new state benefit. Teams are taking a proactive stance whenever possible to arrange direct payment plans.
HBS 016	Rent collected as a proportion of rents owed on HRA dwellings *including arrears b/fwd	Quarterly	Bigger	%	97	-	98	98	98	98	98	99	↓	98	25,390,549	26,031,846	↔			98	Qtr 1 The collection rate of 97.54% compares with year end collection rates for 17/18. Performance is currently on course to meet our year end target, however Universal Credit impact is yet to be felt fully and this may effect performance.

Indicator Num	Indicator Description	Reported	What is best	Measure of unit	Latest England Av	Latest North East Av	Latest other benchmark Av	2014/15	2015/16	2016/17	2017/18	Data at same period last year	Latest data performance from same period last year	June	June - Num	June - Den	Trend from when last reported	June Target	Qtr 1 - June compare to target	Year End Target	Comments
HBS 025	Number of days spent in "Bed and Breakfast"	Monthly	Smaller	Num	-	-	-	-	1,652	1,715	2,138	382	↑	321	321			-		-	Qtr 1 Although the numbers of clients in B and B have increased the overall numbers of nights stayed has stayed consistant with last year. This is a result of robust case management to move clients on as quickly as possible.
HBS 027a	Number of positive outcomes where homelessness has been prevented	Monthly	Bigger	Num	-	-	-	-	517	596	551	119	↓	26	26			-		-	Qtr 1 There has been a decrease in the number of positive outcomes compared to last year- however this is due to a change in recording because of the demands of new homelessness legislation and should even out throughout the year.
HBS 034	Average number of days to re-let dwellings	Monthly	Smaller	Num/Rate	-	-	-	33	24	19	19	25	↑	22	819	37	↓			25	Qtr 1 .
HBS 072	% of dwellings not with a gas service within 12 months of last service date	Monthly	Smaller	%	-	-	-	0.3	0.5	0.4	0.4	2	↑	1	33	4,937	↓			2	Qtr 1 .

Adult's Social Care Quarter 1 Performance Report

Quarter 1 2018/19

Adults and Housing Scrutiny

ASC 045 - Proportion of adults with a learning disability who live in their own home or with their family

DEFINITION	**QUALITY OF LIFE: ASC 045 (ASCOF 1G)** – Proportion of adults with a learning disability who live in their own home or with their family (Bigger is better) **Numerator:** All people within the denominator who are "living on their own or with their family." Source: SALT **Denominator:** Number of working-age learning-disabled clients known to CASSRs during the period. This includes clients who received long term support during the year and with a primary support reason of learning disability support. All support settings should be included (i.e. residential, nursing and community settings)

Performance Analysis

The proportion of adults with a learning disability living in settled accommodation where the information has been captured during Quarter 1 was 17.7%. In term of actual figures out of 277 clients receiving a service 49 accommodation statuses were captured as either living in their own home or with family. If the provisional target of 90% is to be met by the end of the year an additional 200 learning disability clients need to have had their accommodation status updated.

Compared to the same period last year (7.24%) there has been an increase of 10.46% in performance. The importance of updating information continues to be reiterated to all staff to ensure that the accommodation status is updated at the point of assessment / review. By ensuring that the data feeding into this indicator is undertaken at review/assessment stages there should be an obvious incremental increase in performance during 2018/19 compared to previous years. This will allow performance to be monitored and managed more clearly than during previous years.

ASC 045
(ASCOF 1G) Proportion of adults with a learning disability who live in their own home or with their family

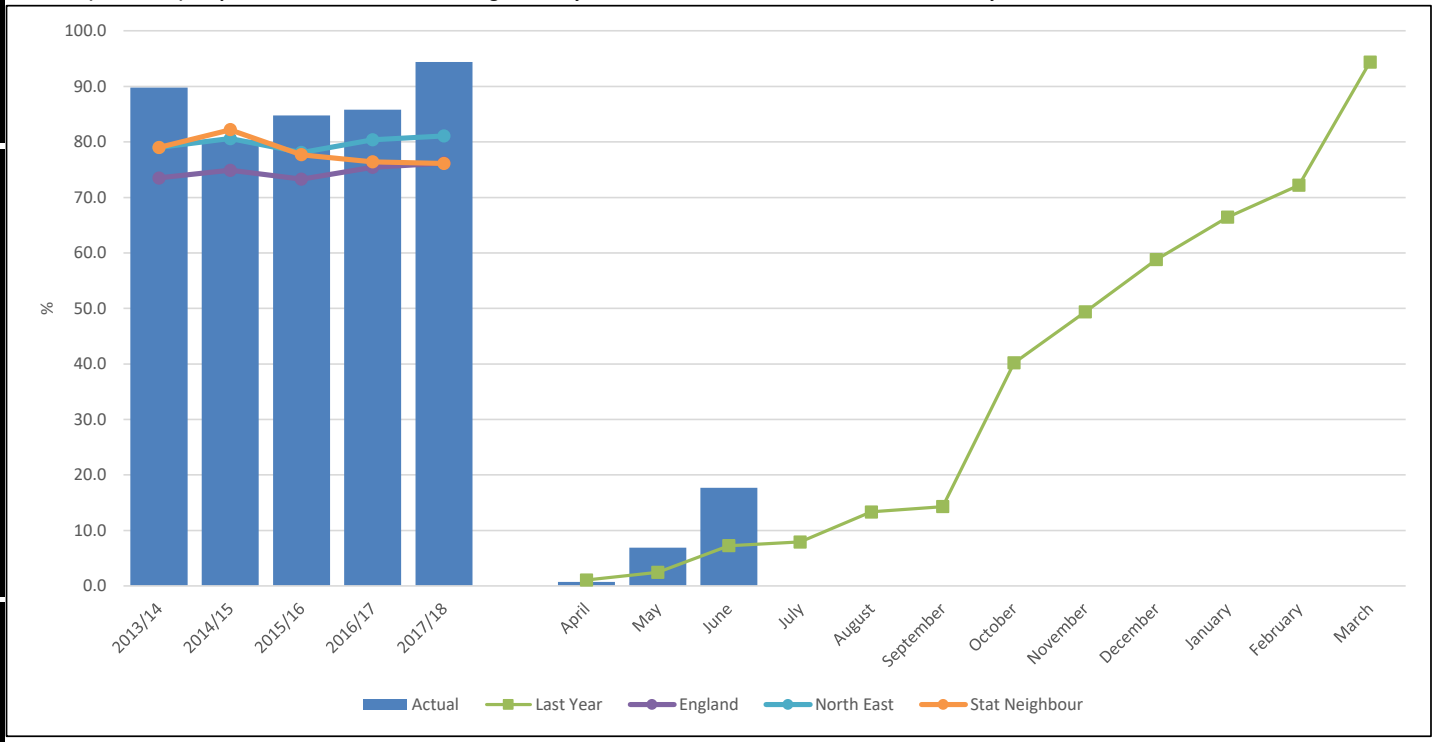
IN MONTH PERFORMANCE

Proposed Target	90.0
Apr-18	0.7
May-18	6.9
Jun-18	17.7
Jul-18	
Aug-18	
Sep-18	
Oct-18	
Nov-18	
Dec-18	
Jan-19	
Feb-19	
Mar-19	

Annual Trend

2015/16	84.8
2016/17	85.8
2017/18	94.4
2018/19 YTD	17.7

ASC 045: (ASCOF 1G) Proportion of adults with a learning disability who live in their own home or with their family



ASC 045 - Proportion of adults with a learning disability who live in their own home or with their family

DEFINITION	**QUALITY OF LIFE: ASC 045 (ASCOF 1G)** – Proportion of adults with a learning disability who live in their own home or with their family (Bigger is better) **Numerator:** All people within the denominator who are "living on their own or with their family." Source: SALT **Denominator:** Number of working-age learning-disabled clients known to CASSRs during the period. This includes clients who received long term support during the year and with a primary support reason of learning disability support. All support settings should be included (i.e. residential, nursing and community settings)

Breakdown of the type of settled accommodation

Supported accommodation /supported lodgings	23
Settled mainstream housing with family/friends	16
Tenants-LA/ Housing Association	6
Sheltered Housing/Extra care sheltered housing	2
Tenants - Private Landlord	1
Shared Lives Scheme	1

ASC 046 - Proportion of adults with learning disabilities in paid employment

DEFINITION	**QUALITY OF LIFE: ASC 046 (ASCOF 1E)** Proportion of adults with learning disabilities in paid employment. (Bigger is better) **Numerator:** All people within the denominator, who are in employment. Source: SALT **Denominator:** Number of working-age learning-disabled clients known to CASSRs during the period. This includes clients who received long term support during the year and with a primary support reason of learning disability support. All support settings should be included (i.e. residential, nursing and community settings)

Performance Analysis

The proportion of adults with a learning disability in paid employment is 1.4% (4 people). This information is captured at the point of annual review-reassessment. If the provisional target of 6% is to be met, then another 12 individuals with a learning disability need to be in paid employment and for the employment status to be updated before the end of the performance year. Compared to the same period last year there has been an increase in performance of 1.06%.

A pilot is underway where of the initial 10 individuals selected for the pilot, 1 individual has successfully gained employment, another 2 are working with providers. Five are currently working on custom support plans with providers which will come through panel in the next few weeks. Two individuals have decided not to progress with seeking employment and alternative individuals are currently being sought to match with providers.

ASC 046
(ASCOF 1E) Proportion of adults with learning disabilities in paid employment.

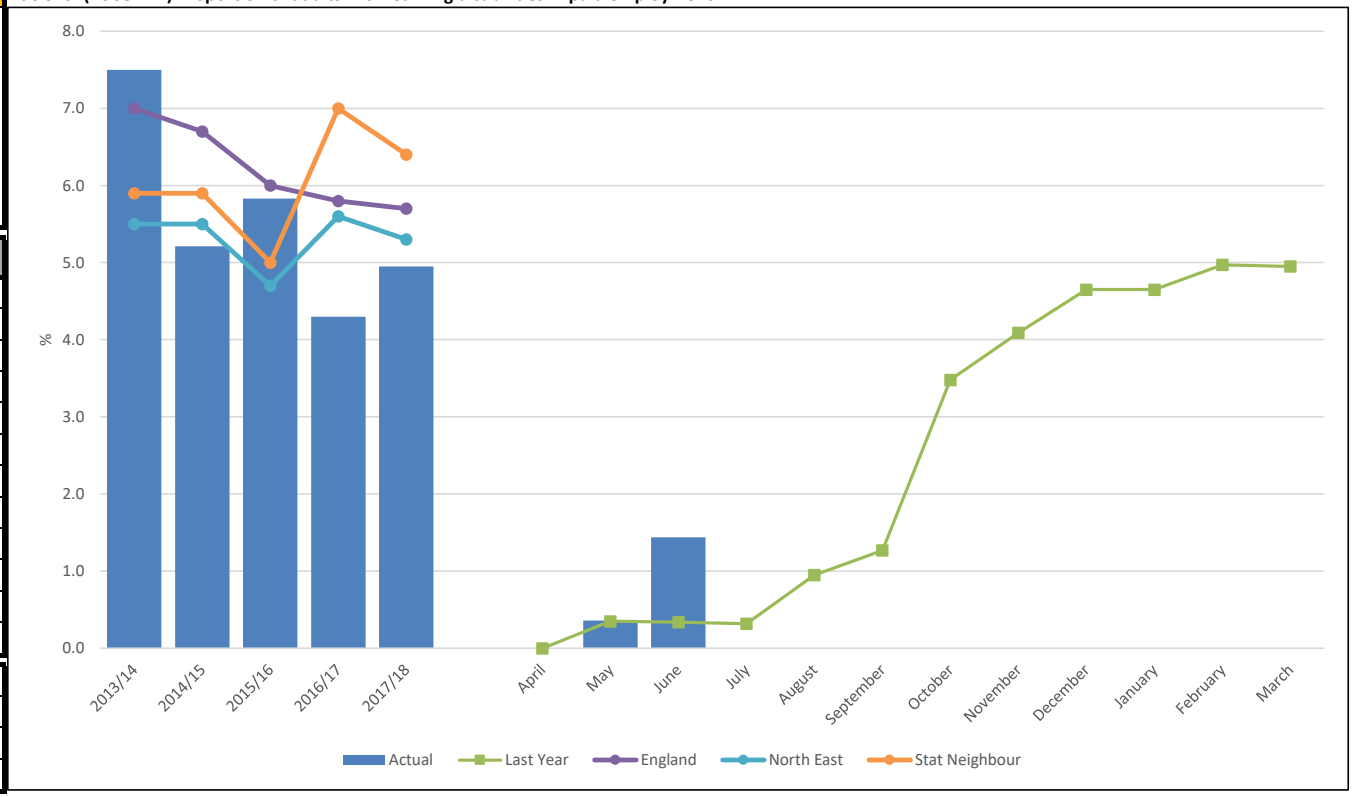
IN MONTH PERFORMANCE

Proposed Target	6.0
Apr-18	0.0
May-18	0.4
Jun-18	1.4
Jul-18	
Aug-18	
Sep-18	
Oct-18	
Nov-18	
Dec-18	
Jan-19	
Feb-19	
Mar-19	

Annual Trend

2015/16	5.8
2016/17	4.3
2017/18	5.0
2018/19 YTD	1.4

ASC 046: (ASCOF 1E) Proportion of adults with learning disabilities in paid employment.



ASC 049 - Proportion of people using social care who receive self-directed support

DEFINITION	**QUALITY OF LIFE: ASC 049 (ASCOF 1C (1a))** – Proportion of people using social care who receive self-directed support (Bigger is better) **Numerator:** The number of users receiving either a) Direct Payment, b) Part Direct Payment or c) CASSR managed Personal Budget at the year-end 31st March: SALT **Denominator:** Clients (aged 18 or over) accessing long term community support at the year end 31st March: SALT

Performance Analysis

During Quarter 1 the proportion of people using social care who receive self-directed support has remained at the target figure of 98%. In terms of actual numbers this equates to 774 individuals receiving self-directed support. The chart shows that since July 2017 the performance for this indicator has remained at 98%.

There are 14 clients who are not currently receiving self-directed support. Personal budgets are only generated if 'Yes' is answered in response to the Resource Allocation System (RAS) question.

When compared to the most recent data from the average England (85%), North East (96%) and Statistical Neighbours (92%) figures, Darlington's performance is consistently higher.

ASC 049
(ASCOF 1C (1a)) Proportion of people using social care who receive self-directed support

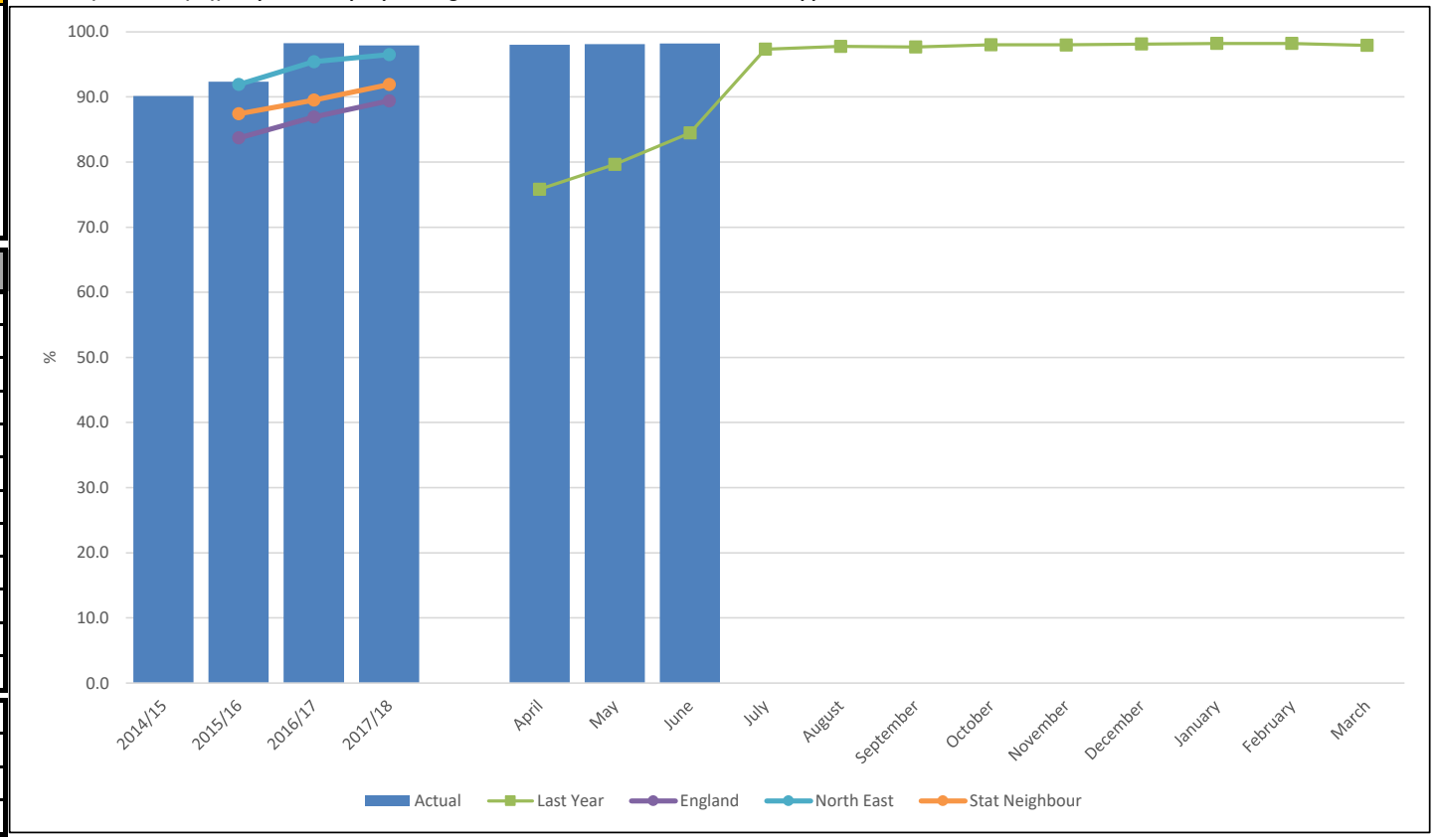
IN MONTH PERFORMANCE

Propsed Target	98.0
Apr-18	98.0
May-18	98.1
Jun-18	98.2
Jul-18	
Aug-18	
Sep-18	
Oct-18	
Nov-18	
Dec-18	
Jan-19	
Feb-19	
Mar-19	

Annual Trend

2015/16	92.4
2016/17	98.3
2017/18	97.9
2018/19 YTD	98.2

ASC 049: (ASCOF 1C (1a)) Proportion of people using social care who receive self-directed support



ASC 049 - Proportion of people using social care who receive self-directed support

DEFINITION	**QUALITY OF LIFE: ASC 049 (ASCOF 1C (1a))** – Proportion of people using social care who receive self-directed support (Bigger is better) **Numerator:** The number of users receiving either a) Direct Payment, b) Part Direct Payment or c) CASSR managed Personal Budget at the year-end 31st March: SALT **Denominator:** Clients (aged 18 or over) accessing long term community support at the year end 31st March: SALT

18-64

Type of self directed support	
Direct Payments	207
CASSR Managed Personal Budget	153
Part Direct Payments	66
Total	**426**

Primary Support Reason	
Learning Disability Support	251
Physical Support - Personal Care Support	116
Mental Health Support	39
Social Support - Support for Social isolation / other	8
Physical Support - Access and Mobility Only	7
Support with memory and cognition	2
Social Support - Support misuse support	1
Sensory Support - support for hearing impairment	1
Sensory Support - support for dual impairment	1
Sensory Support - Support for Visual Impairment	0
Total	**426**

65+

Type of self directed support	
CASSR Managed Personal Budget	268
Direct Payments	70
Part Direct Payments	10
Total	**348**

Primary Support Reason	
Physical Support - Personal Care Support	236
Support with memory and cognition	42
Learning Disability Support	30
Mental Health Support	17
Physical Support - Access and Mobility Only	12
Social Support - Support for Social isolation / other	5
Sensory Support - Support for Visual Impairment	3
Sensory Support - support for hearing impairment	2
Sensory Support - support for dual impairment	1
Social Support - Support misuse support	0
Total	**348**

ASC 050 - Proportion of carers using social care who receive self-directed support

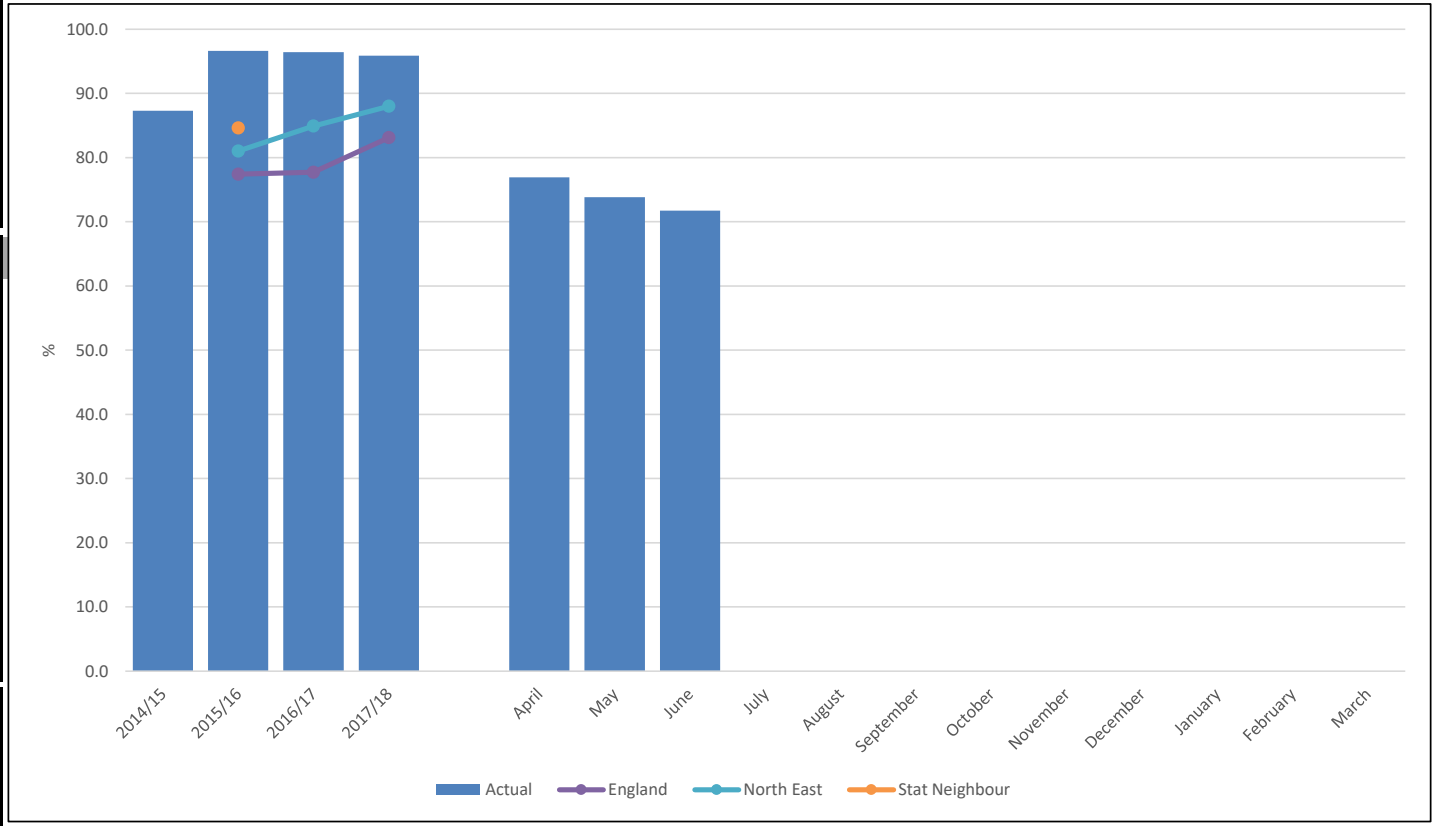
DEFINITION	QUALITY OF LIFE: ASC 050 (ASCOF 1C (1b)) – Proportion of carers using social care who receive self-directed support (Bigger is better) Numerator: The number of users receiving either a) Direct Payment, b) Part Direct Payment or c) CASSR managed Personal Budget at the year-end 31st March: SALT Denominator: Carers (caring for someone aged 18 or over) receiving carer-specific services in the year to 31st March: SALT
Performance Analysis	During Quarter 1 the proportion of carers using social care who receive self-directed support is 72%. In terms of actual numbers this equates to 33 carers receiving self-directed support. The reason that performance has fallen over the past 3 months is due to that although the number of carers using social care has increased from 39 in April to 46 in June, all of these have been recorded on Liquid Logic as receiving commissioned support only, therefore are not included in the numerator for the calculation of this indicator. When compared to the most recent data from the average England (83%), North East (88%) and Statistical Neighbours (85%) figures, Darlington's current performance is less.

ASC 050
(ASCOF 1C (1b)) Proportion of carers using social care who receive self-directed support

IN MONTH PERFORMANCE	Proposed Target	98.0
	Apr-18	76.9
	May-18	73.8
	Jun-18	71.7
	Jul-18	
	Aug-18	
	Sep-18	
	Oct-18	
	Nov-18	
	Dec-18	
	Jan-19	
	Feb-19	
	Mar-19	

Annual Trend	
2015/16	96.6
2016/17	96.4
2017/18	95.9
2018/19 YTD	71.7

ASC 050: (ASCOF 1C (1b)) Proportion of carers using social care who receive self-directed support



ASC 019 - Percentage of people who have no ongoing care needs following completion of provision of a reablement package

DEFINITION	**REDUCE THE NEED: ASC 019 –** Percentage of people who have no ongoing care needs following completion of provision of a reablement package (Bigger is better) **Numerator:** Of those in the denominator, those who have had a completed reablement review with outcomes of 'No Services Provided or Identified, Long Term Support Ended, Universal Services/Signposted' **Denominator:** The total number of clients completing a reablement package during the period

Performance Analysis

The percentage of people with no ongoing care needs after completing a reablement package during Quarter 1 is 71%, in term of actual figures this equates to 147 individuals out of 207 who have completed a reablement package.

17 clients did have needs identified after completion of a reablement package however 13 of these were eligible for self funding and 3 declined the offer of support.

Another 35% (52) of clients received universal services or were signposted to another service once their reablement package had been completed.
There are no benchmarking figures available for this indicator.

ASC 019
Percentage of people who have no ongoing care needs following completion of provision of a reablement package.

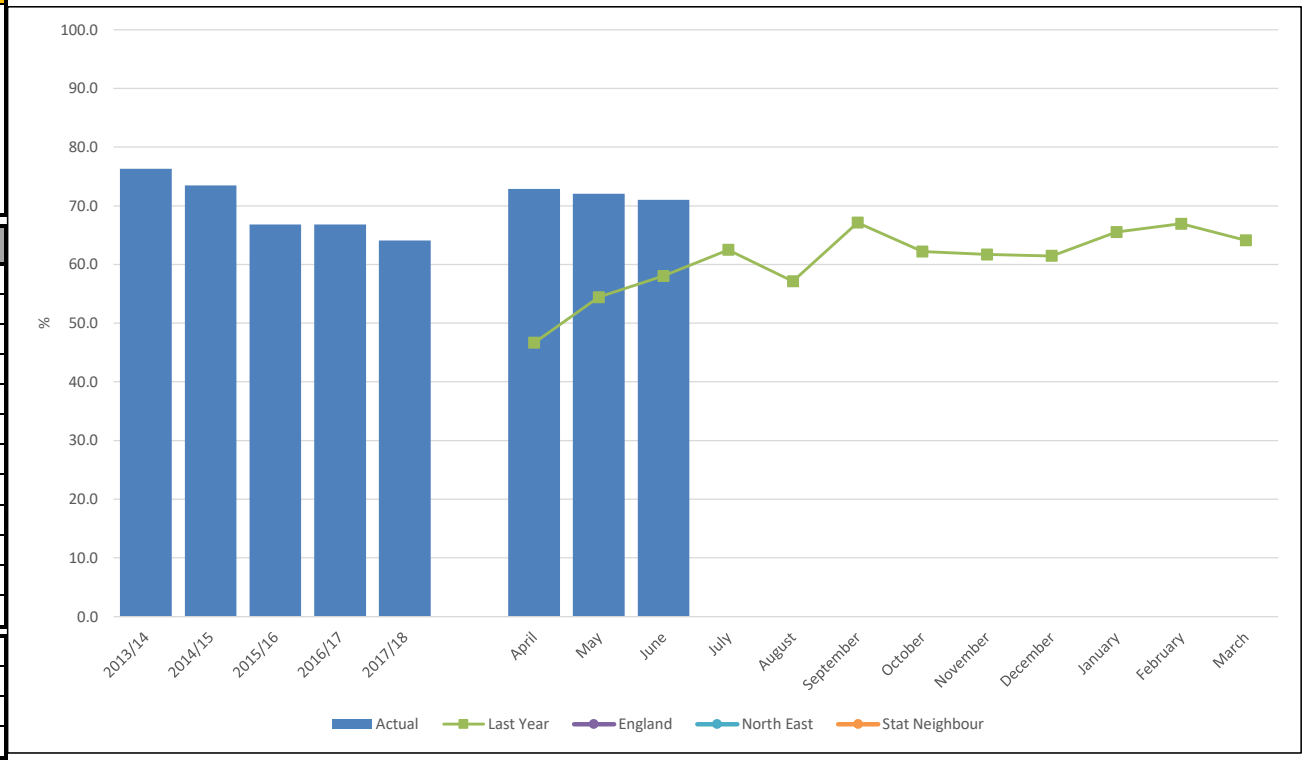
IN MONTH PERFORMANCE

Proposed Target	70.0
Apr-18	72.9
May-18	72.1
Jun-18	71.0
Jul-18	
Aug-18	
Sep-18	
Oct-18	
Nov-18	
Dec-18	
Jan-19	
Feb-19	
Mar-19	

Annual Trend

2015/16	66.8
2016/17	66.8
2017/18	64.1
2018/19 YTD	71.0

ASC 019: Percentage of people who have no ongoing care needs following completion of provision of a reablement package.



ASC 002- Older people aged 65+ admitted on a permanent basis in the year to residential or nursing care (per 100,000 of pop)

DEFINITION	**REDUCE THE NEED: ASC 002 (ASCOF 2A-2) –** Older people aged 65+ admitted on a permanent basis in the year to residential or nursing care. (Smaller is better) **Numerator:** The sum of the number of council-supported permanent admissions of older people (aged 65 and over) to residential and nursing care during the year (excluding transfers between residential and nursing care): SALT **Denominator:** Size of older people population (aged 65 and over) in area (ONS mid-year population estimates).
Performance Analysis	During Quarter 1 the number of 65+ who have been permanently admitted to residential care is 31 (148 per 100,000 population). The proposed target for ASC 002 is 700 (per 100,000 population) which equates to approximately 146 clients being admitted by the end of the year. To ensure that this target is not surpassed there is a monthly monitoring target of approximately 12 clients or less. Currently the average number of permanent admissions per month is 10, therefore if the current trend continues then the end of year performance for this indicator will come under target.

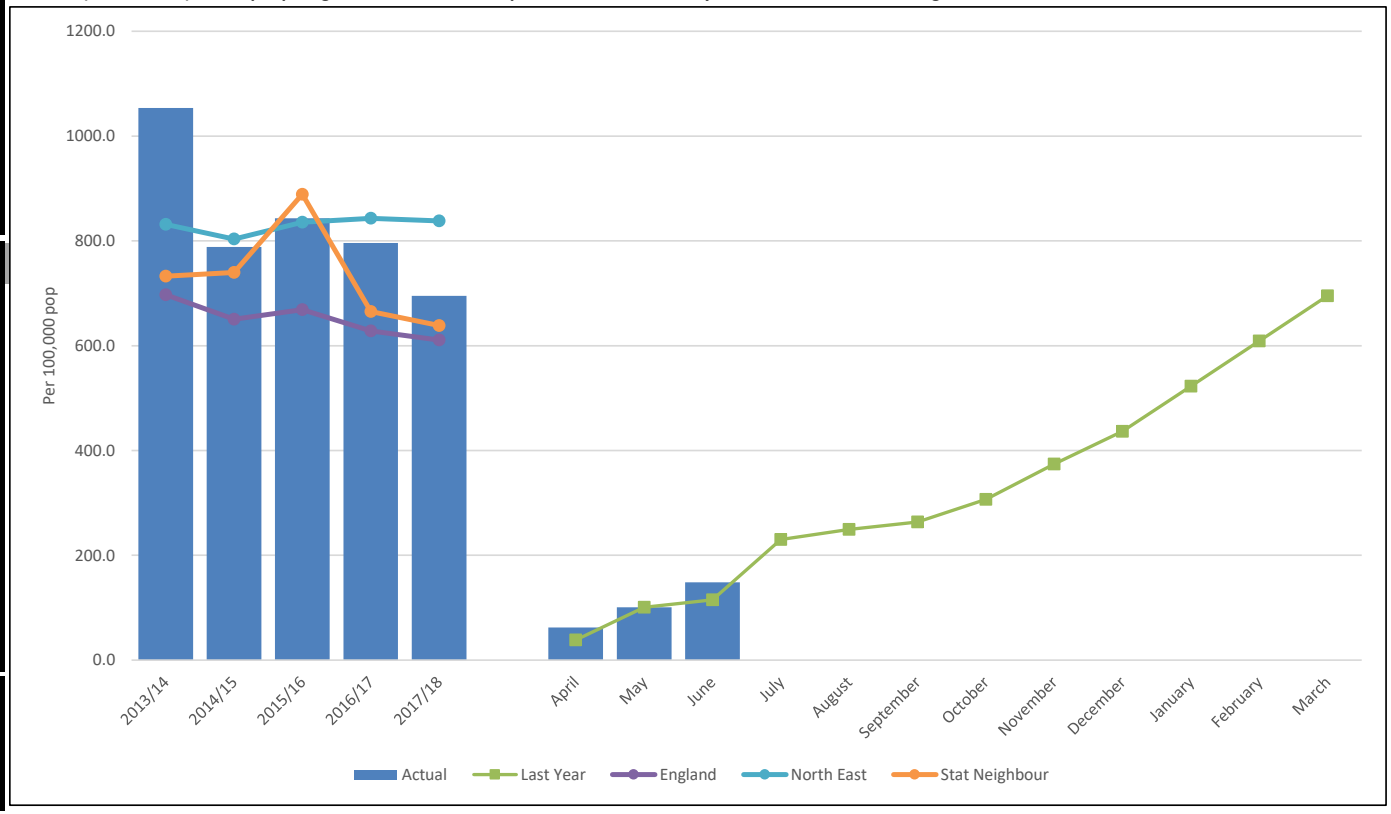
	ASC 002
	(ASCOF 2A-2) Older people aged 65+ admitted on a permanent basis in the year to residential or nursing care
Proposed Target	700.0
Apr-18	62.3
May-18	100.7
Jun-18	148.6
Jul-18	
Aug-18	
Sep-18	
Oct-18	
Nov-18	
Dec-18	
Jan-19	
Feb-19	
Mar-19	

IN MONTH PERFORMANCE

2015/16	843.3
2016/17	795.9
2017/18	695.2
2018/19 YTD	148.6

Annual Trend

ASC 002: (ASCOF 2A-2) Older people aged 65+ admitted on a permanent basis in the year to residential or nursing care

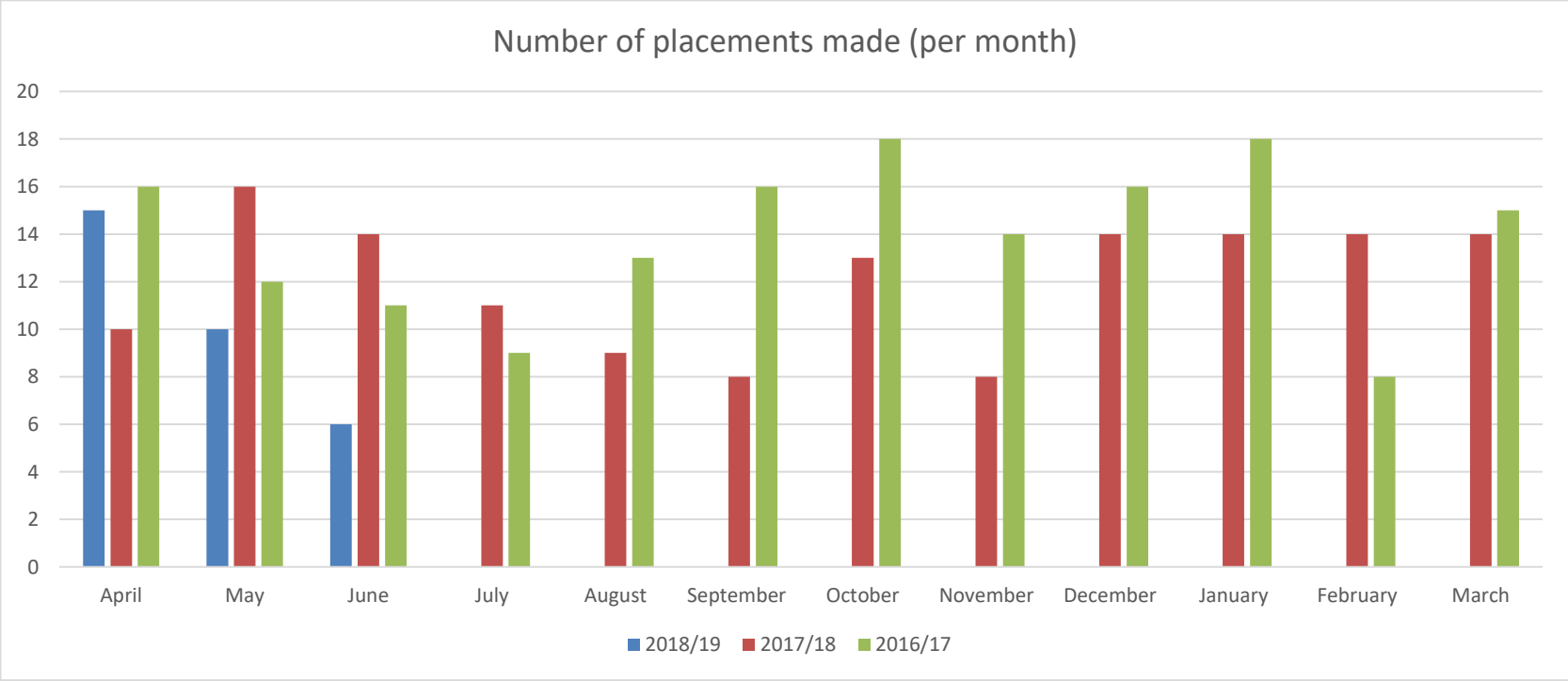


ASC 002- Older people aged 65+ admitted on a permanent basis in the year to residential or nursing care (per 100,000 of pop)

DEFINITION	**REDUCE THE NEED: ASC 002 (ASCOF 2A-2) –** Older people aged 65+ admitted on a permanent basis in the year to residential or nursing care. (Smaller is better) **Numerator:** The sum of the number of council-supported permanent admissions of older people (aged 65 and over) to residential and nursing care during the year (excluding transfers between residential and nursing care): SALT **Denominator:** Size of older people population (aged 65 and over) in area (ONS mid-year population estimates).

Breakdown of placements made per month for the past 3 years

	April	May	June	July	August	September	October	November	December	January	February	March	Total
2018/19	15	10	6										31
2017/18	10	16	14	11	9	8	13	8	14	14	14	14	145
2016/17	16	12	11	9	13	16	18	14	16	18	8	15	166



ASC 002- Older people aged 65+ admitted on a permanent basis in the year to residential or nursing care (per 100,000 of pop)

DEFINITION	**REDUCE THE NEED: ASC 002 (ASCOF 2A-2) –** Older people aged 65+ admitted on a permanent basis in the year to residential or nursing care. (Smaller is better) **Numerator:** The sum of the number of council-supported permanent admissions of older people (aged 65 and over) to residential and nursing care during the year (excluding transfers between residential and nursing care): SALT **Denominator:** Size of older people population (aged 65 and over) in area (ONS mid-year population estimates).

Breakdown of Service Type for each placement

Service Type	
Permanent Residential Care	25
Permanent Nursing Care	6

Breakdown of Service Element for each placement

Service Element	
OP Residential	17
EMI Residential	8
OP Nursing	4
EMI Nursing	2

Breakdown of Long Term Support Reasons

Long Term Support Reason	
Physical Support - Personal Care Support	20
Support with Memory and Cognition	7
Mental Health Support	2

Reason for no longer being in permanent care	
Deceased	2

ASC 003 - Adults aged 18-64 admitted on a permanent basis in the year to residential or nursing care homes

DEFINITION	**REDUCE THE NEED: ASC 003 (ASCOF 2A-1) –** Adults aged 18-64 admitted on a permanent basis in the year to residential or nursing care homes (Smaller is better) **Numerator:** The sum of the number of council-supported permanent admissions of adults (18-64) to residential and nursing care during the year (excluding transfers between residential and nursing care): SALT **Denominator:** Size of population (aged 18-64) in area (ONS mid-year population estimates).
Performance Analysis	There have been 0 permanent admissions since April. The target for 2018/19 is 10 (per 100,000 pop), this equates to 6 permanent admissions during the year.

ASC 003
(ASCOF 2A-1) Adults aged 18 - 64 admitted on a permanent basis in the year to residential or nursing care homes, per 100,000 population

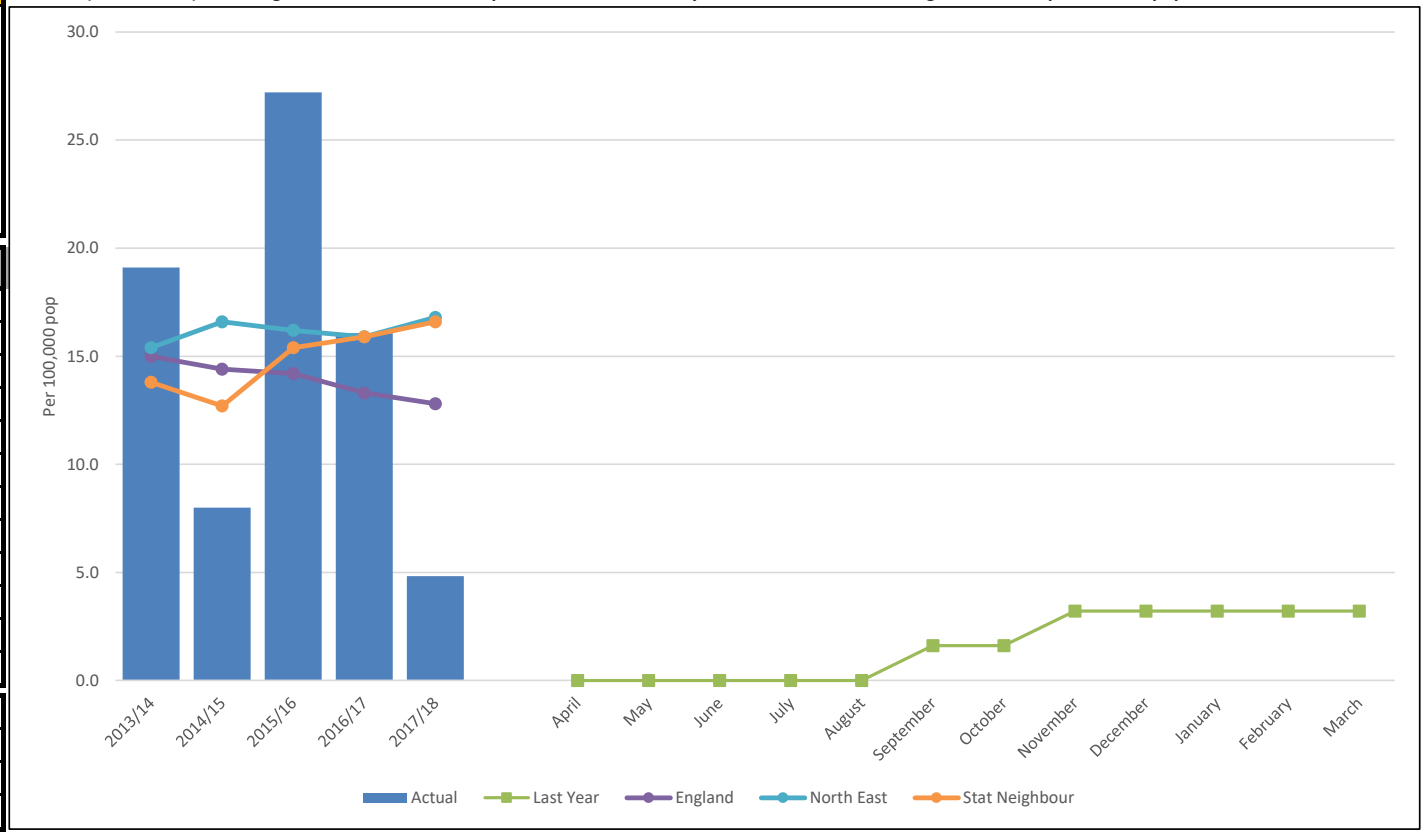
IN MONTH PERFORMANCE

Proposed Target	10.0
Apr-18	0.0
May-18	0.0
Jun-18	0.0
Jul-18	
Aug-18	
Sep-18	
Oct-18	
Nov-18	
Dec-18	
Jan-19	
Feb-19	
Mar-19	

Annual Trend

2015/16	27.2
2016/17	16.1
2017/18	4.8
2018/19 YTD	0.0

ASC 003: (ASCOF 2A-1) Adults aged 18 - 64 admitted on a permanent basis in the year to residential or nursing care homes, per 100,000 population



Number of Safeguarding concerns started

DEFINITION	SAFEGUARDING: ASC 208 – Number of Safeguarding initial enquiries started year to date SAFEGUARDING: ASC 209 - Number of Safeguarding initial enquiries started per month

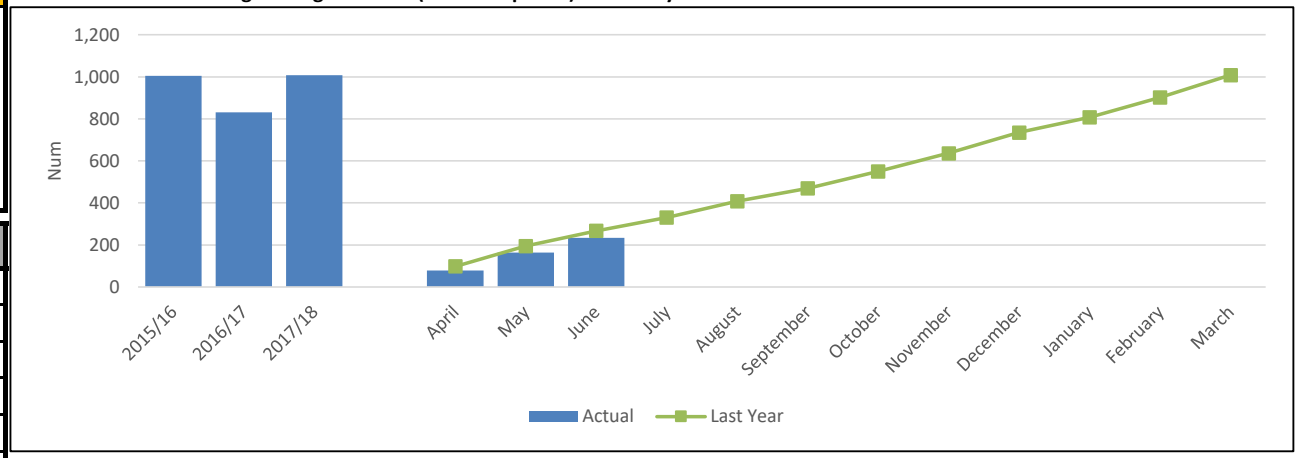
Performance Analysis

There have been 234 safeguarding initial enquiries started since April 2018, with 68 during June.

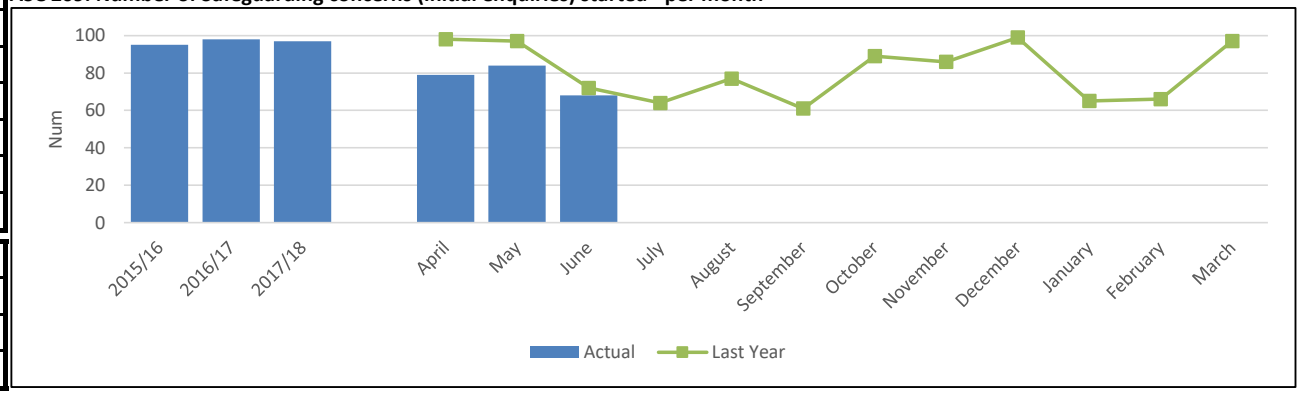
Further weekly exception reports have been successfully developed and actioned by workers.

		ASC 208	ASC 209
		Number of Safeguarding concerns (initial enquiries) started - year to date	Number of Safeguarding concerns (initial enquiries) started - per month
IN MONTH PERFORMANCE	Target	-	-
	Apr-18	79.0	79.0
	May-18	163.0	84.0
	Jun-18	234.0	68.0
	Jul-18		
	Aug-18		
	Sep-18		
	Oct-18		
	Nov-18		
	Dec-18		
	Jan-19		
	Feb-19		
	Mar-19		
Annual Trend	2015/16	1004.0	95.0
	2016/17	831.0	98.0
	2017/18	1008.0	97.0
	2018/19 YTD	234.0	68.0

ASC 208: Number of Safeguarding concerns (initial enquiries) started - year to date



ASC 209: Number of Safeguarding concerns (initial enquiries) started - per month



ASC 211 - Number of initial enquiries progressed to strategy per month

DEFINITION	SAFEGUARDING: ASC 211 – Number of initial enquiries progressed to strategy per month

Performance Analysis

46 of the 234 safeguarding initial enquiries started since April 2018 and 9 of the 68 during June 2018 progressed to strategy. That is 19.7% conversion rate for Q1 with 13.2% in June.

Exception reports are being sent on a weekly basis to SAM's to highlight any initial enquiries that are incomplete and need progressing to strategy sooner (within 5 working days).

The 2017/18 year end conversion rate was 13.7% so the current Q1 rate of 19.7% is significantly better. There is no target set for this indicator but it is suggested that a 20% conversion rate is the level to aim for performance.

	ASC 211
	Number of strategy meetings undertaken i.e. concerns progressed to strategy per month

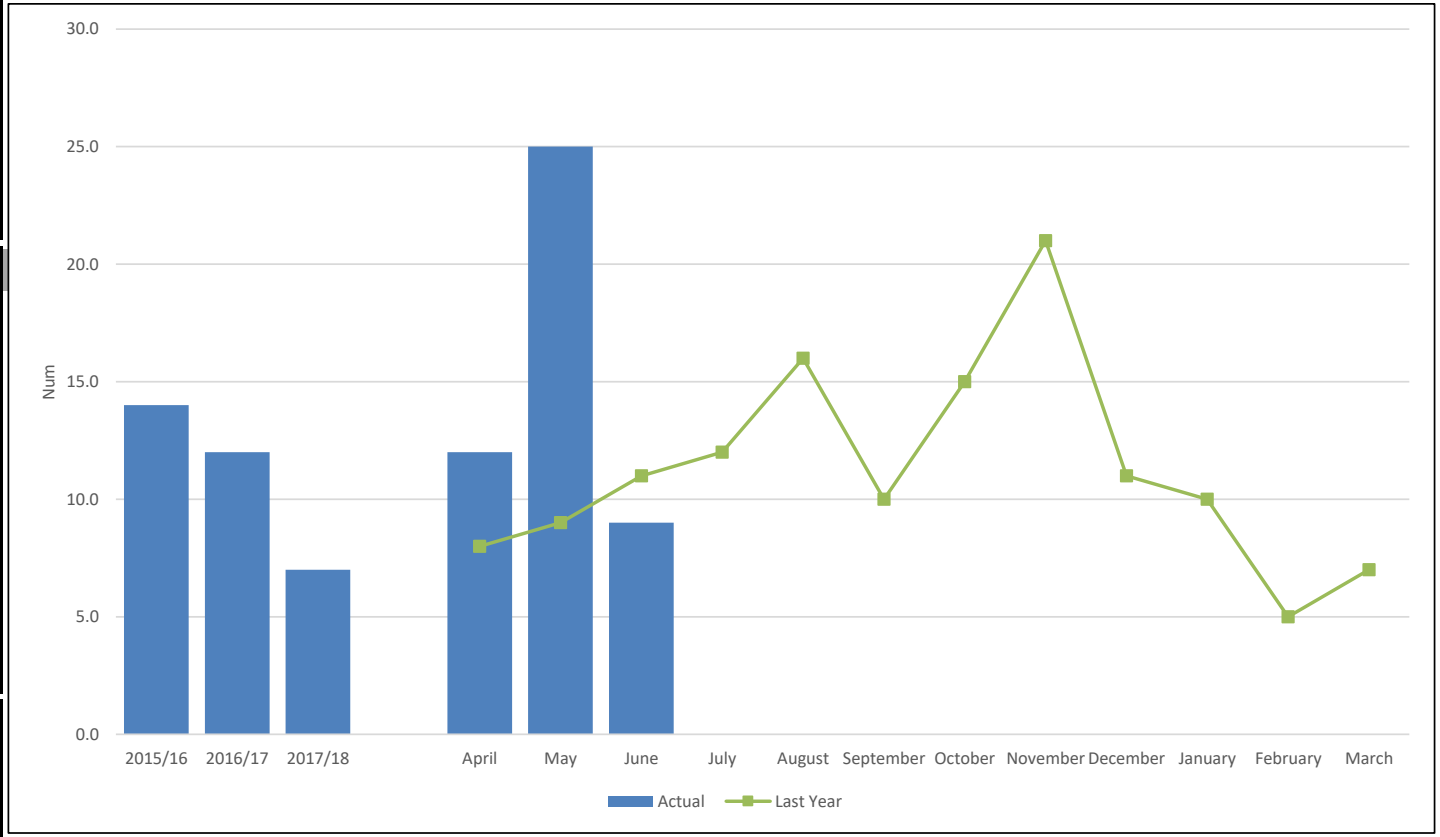
IN MONTH PERFORMANCE

Proposed Target	-
Apr-18	12.0
May-18	25.0
Jun-18	9.0
Jul-18	
Aug-18	
Sep-18	
Oct-18	
Nov-18	
Dec-18	
Jan-19	
Feb-19	
Mar-19	

Annual Trend

2015/16	14.0
2016/17	12.0
2017/18	7.0
2018/19 YTD	9.0

ASC 211: Number of strategy meetings undertaken i.e. concerns progressed to strategy per month



Please note the following indicators have not been included in the Quarter 1 Scrutiny Report:

- **ASC 054 – The proportion of people who use Adult Care services who find it easy to find information about services.**

  The results for this indicator are taken from the Adult's Social Care Survey. Results for this indicator are currently being analysed. Findings will be included in the Q2 Scrutiny Report.

- **ASC 055 - The proportion of people who are carers who find it easy to find information about services.**

  The results for this indicator are taken from the Carer's Survey. This is carried out biennial therefore no data will be collected until next year.

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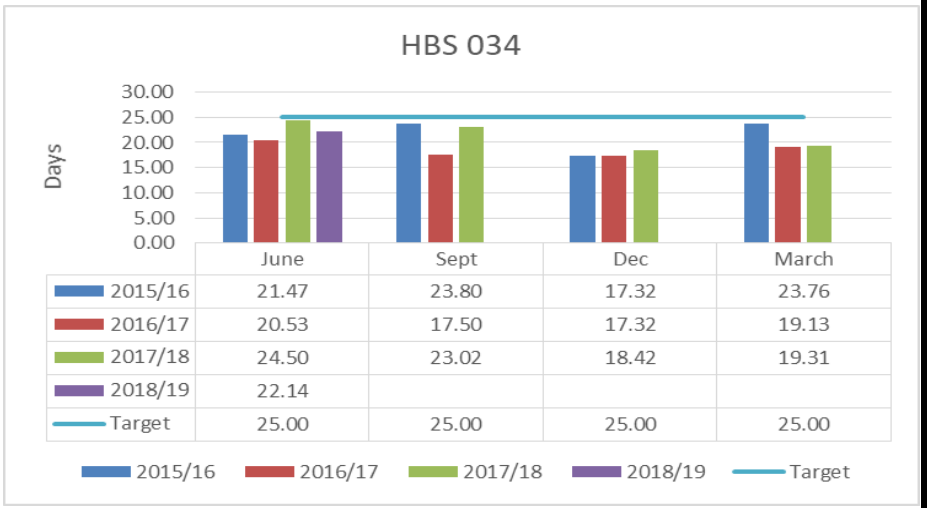
Indicator	HBS 034 Average number of days to re-let dwellings	
How we calculate this indicator	This indicator measures the average time (in calendar days) to re-let vacant dwellings during the months of June, September, December and April. It is calculated by dividing the total number of days standard re-let properties were vacant and were relet in the month, by the number of standard re-lets in the month. Dwellings requiring major works are not included in this calculation. The 2018/19 target is a maximum of 25 days.	**30th June 2018 performance:** Target achieved 
Why this indicator is important	It is important to minimise the length of time a dwelling is empty to maximise the benefits of that property. When a property is empty (void) we are unable to receive income for that property through rent and service charges. Additionally the length of time those awaiting rehousing by the Council is increased by longer void times. To maximise income to the Housing Revenue Account and potential negative impact on tenants and prospective tenants, we need to re-let properties in the shortest time possible.	
What the data is telling us	The target is 25 days however we seek to re-let dwellings in less time wherever possible. Since 2015/16 we have been carrying out a new build programme which have been added to our existing housing stock. Duiring this period we have seen an increase in the number of voids as existing council tenants move from their tenancies to new Council built homes. This has resulted in void numbers fluctuating month on month during the allocation process. This is likely to reduce in the coming months as further new builds are not planned now until mid 2019. Tenancy Management Officers do an excellent job and have worked hard to ensure performance is sustained. Performance continues to remain good and is better than in Q1 at this time last year and if sustained we should remain within our target of 25 days at outturn.	
What we are doing about it	Performance continues to be good and below the performance target. Officers continue to work steadily however, we accept that there is an ongoing competitive housing market in which we need to ensure we remain pro-active. Officers are encouraged to promote both existing and new build properties via various mediums.	

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ADULTS AND HOUSING SCRUTINY COMMITTEE
11 SEPTEMBER 2018

ITEM NO. .....

UNIVERSAL CREDIT UPDATE

SUMMARY REPORT

Purpose of the Report

1. To provide an update on the roll-out of Universal Credit in Darlington and the potential impact on residents and Council services.

Summary

2. Universal Credit is replacing a number of existing means tested benefits for working age people, including Housing Benefit administered by the Council.

3. Universal Credit began roll out in Darlington in November 2015, but was only available to residents in limited circumstances.

4. The full roll-out of Universal Credit in Darlington commenced on 20 June 2018. This means that most working aged people making a new claim to benefit or reporting a significant change in their circumstances will now claim Universal Credit.

5. The migration of existing claims for Housing Benefit to Universal Credit will take place between 2019 and 2023, although the exact timetable has not yet been published.

Recommendation

6. It is recommended that Scrutiny Members note the contents of this report.

Ian Williams
Director of Economic Growth and Neighbourhood Services

Background Papers

No background papers were used in the preparation of this report.

Anthony Sandys: Extension 6926

S17 Crime and Disorder	There are no issues
Health and Well Being	There are no issues relating to health and well-being which this report needs to address
Sustainability	There is no environmental impact in this report
Diversity	There are no diversity issues
Wards Affected	All wards are affected, but in particular those with higher numbers of households on low incomes
Groups Affected	Universal Credit only applies to working aged people. People who have reached the qualifying age for state Pension Credit are not affected. Anyone in Supported Housing is unaffected
Budget and Policy Framework	There is no particular impact
Key Decision	This is not a key decision
Urgent Decision	This is not an urgent decision
One Darlington: Perfectly Placed	The report has no particular implications for the Sustainable Community Strategy.
Efficiency	There may be negative impacts on the Council's ability to collect rent for Council Tenants receiving Universal Credit
Impact on Looked After Children and Care Leavers	Those who may need to live in supported housing as part of their transition to independent living.

MAIN REPORT

Information and Analysis

Background

Universal Credit

7. Universal Credit (UC) replaces six existing (legacy) means tested benefits currently administered by the DWP, Her Majesty's Revenues and Customs and Local Authorities. These are:

   (a) Income based Jobseekers Allowance
   (b) Income Related Employment and Support Allowance
   (c) Income Support
   (d) Housing Benefit
   (e) Child Tax Credit
   (f) Working Tax Credit

8. Most people making a new claim for benefit or reporting a significant change in their circumstances will now claim UC, with the exception of the following:

(a) Anyone who has reached the qualifying age for state Pension Credit. Pensioners will claim Pension Credit from the DWP and Housing Benefit from the Council.

(b) Anyone living in supported accommodation (such as hostels or the women's refuge). People in supported accommodation will claim UC to meet their personal costs and Housing Benefit from the Council to meet their housing costs.

(c) Anyone placed in temporary accommodation by the Council because they are homeless. People in temporary accommodation will claim UC to meet their personal costs and Housing Benefit from the Council to meet their housing costs.

(d) Anyone with 3 or more children. People with 3 or more children will continue to claim the benefits listed in paragraph 7.

(e) Anyone who qualifies for the Severe Disability Premium. People who qualify for the Severe Disability Premium will continue to claim the benefits listed in paragraph 7.

9. The migration of existing claims for Housing Benefit to UC will take place between 2019 and 2023, although the exact timetable has not yet been published.

Preparations for the Roll-out of Universal Credit

10. The Council has been working with the DWP staff in Darlington to develop and deliver an implementation and communications plan to prepare for the roll-out of UC. This has included the following:

(a) Briefing sessions delivered to Registered Social Landlords and commissioned providers of homeless support services in March 2018.

(b) Training delivered to Elected Members in March 2018.

(c) A workshop held with the Citizens Advice Bureau, statutory and voluntary sector organisations in May 2018.

(d) A presentation and briefing session delivered to the Darlington Private Landlords Association in June 2018.

(e) Training delivered to front-line staff in Revenues and Benefits, Housing and Customer Services in May and June 2018. This included training for staff to assist residents in making their claim for UC at the Council.

(f) Front-line staff receiving training from the DWP at the Darlington Job Centre in June 2018, including a tour of facilities for residents claiming UC.

(g) Training material and desk aids produced for Council staff to ensure they can give the correct advice and information to residents.

(h) An article in the 'Housing Connect' magazine informing Council Tenants about the roll-out of UC.

(i) Recruitment of an additional Tenancy Sustainment Officer in Housing Services to provide anyone claiming UC with personal budgeting support and help to manage their UC payments.

(j) Changes to the Council's website and Housing Benefit claim forms to ensure residents claim the right benefits with signposting to other sources of advice and information.

(k) Changes to back office IT systems to accommodate the automatic flow of information to and from the DWP about UC claims.

Current Position

11. The full UC service went live at Darlington Job Centre on 20 June 2018. At that point, 993 Darlington residents were already receiving UC, 312 in employment and 681 not in employment. We do not have any published data yet on the numbers of people receiving UC since the go live date, but we are expecting these to increase rapidly. It is still very early days therefore to assess the impact of the full roll-out of UC in Darlington.

Housing Benefit claims

12. The numbers of people receiving Housing Benefit has been steadily decreasing since 2013, due to the improving economic situation. In July 2018, the number of people receiving Housing Benefit in Darlington was 8,435 compared to 9,832 in July 2013. 180 people came off Housing Benefit in July 2018, which will mean at this rate, the number of people claiming Housing Benefit by July 2019 will be around 6,300.

Council Tax Support claims

13. We currently have 380 people in Darlington receiving UC and also receiving Council Tax Support. This represents 3.8% of all the Council Tax Support recipients and 6.4% of all working aged recipients.

Council Tenants

14. As at July 2018, we have 180 Council Tenants in Darlington who have applied for, or are in receipt of UC.

15. Of those 180 Council Tenant UC applicants:

(a) 105 live in one bedroom properties and 75 in family houses.

(b) The DWP are paying the housing costs element of UC for 33 tenants directly to Darlington Borough Council through an Alternative Payment Arrangement (see paragraph 18(e) below).

(c) 40 of these rent accounts are either in credit or are up to date with their rent.

(d) The combined rent arrears for the 180 Council Tenants on UC is currently £99,000.

(e) Therefore the average level of rent arrears for Council Tenants receiving UC is £550 compared to £346.85 for all Council Tenants.

16. Housing Services are registered as a "Trusted Partner" of the DWP and therefore can verify housing costs and apply for Alternative Payment Arrangements with the DWP via an electronic landlord portal. Since 20 June 2018, Housing Services have received:

(a) 84 requests for housing costs to be verified via the portal.

(b) All of these have either been confirmed or declined (mainly due to incorrect or duplicate information from the DWP) and from these we have applied for 2 Alternative Payment Arrangements.

17. Since April 2018, 8 Council Tenants in receipt of UC have attended appointments for Personal Budgeting Support (see paragraph 18(c) below) with Housing Services staff:

(a) All 8 tenants do not work.

(b) 3 accounts are having their housing costs element of UC paid directly by the DWP through an Alternative Payment Arrangement due to reasons such as mental health issues, learning difficulties and rent arrears.

(c) Of the 5 remaining tenants:
  (i) Two tenants are maintaining their rent payments
  (ii) One tenant is in rent arrears due to a DWP sanction
  (iii) One tenant is in rent arrears because the housing costs element of UC has not been assessed by the DWP yet
  (iv) One tenant is in rent arrears because the first payment of UC has not been received yet.

Support Available for Residents

18. A number of measures and sources of advice and support are in place to help residents to claim UC successfully. These include the following:

(a) A two week transitional payment of Housing Benefit is payable to people who migrate to UC. This payment will help to bridge the gap between Housing Benefit and the regular monthly payment cycle of UC. It is also disregarded for UC purposes, so will not reduce the first UC payment.

(b) People making their claim to UC will be able to ask for an advance payment of UC before their first regular payment is made. Applicants are asked about whether they want to claim an advance payment at the point where they make their UC claim and at each interview with DWP staff. Applicants can receive up to 100% of their first payment of UC in advance, which is then repayable over 12 months via deductions from their monthly UC payments. However, applicants are encouraged to only request what they need to reduce the amount of these deductions.

(c) Support is available at the Council to help residents make their claim for UC and to manage their on-line account. In most cases, people can use the PCs in the Customer Contact Centre with assistance available from Customer Services staff if required. However, where someone requires full assistance with their UC claim (for example if their first language is not English or where they have a visual impairment) a referral can be made by the DWP for a booked appointment with a member of staff from the Revenues and Benefits team.

(d) Personal budgeting support is also available from Tenancy Sustainment Officers in Housing Services. Again, referrals can be made by DWP staff for an appointment with Council staff to provide UC applicants with support to manage their monthly UC payments, to ensure they can meet their rent and Council Tax liabilities. Where a person needs more specialist support, or is already being supported by another Housing provider or support organisation, Housing Services will liaise with those services.

(e) Where a tenant is in arrears with their rent, they can also request the DWP pay the housing costs element of their UC payments direct to their landlord. This is known as an Alternative Payment Arrangement. These direct payment requests can also be made by the landlord (including the Council) and will help tenants to manage their rent arrears and reduce the risk of losing their tenancy. However, this is generally seen as a temporary measure to enable tenants to receive support to manage their UC payments.

Conclusion

19. Council staff have proved typically resilient in dealing with these issues, but the expected efficiencies UC will deliver are unlikely to be realised for a number of years. Staffing resources will be required for the foreseeable future to ensure residents are supported through the UC application and transition process, whilst ensuring that Council Tax and rent arrears are kept to a minimum where possible.

ADULTS AND HOUSING SCRUTINY COMMITTEE
11TH September, 2018

ITEM NO.

UNIVERSAL CREDIT – QUAD OF AIMS

SUMMARY REPORT

Purpose of the Report

1. To consider a request that has been received from a Member of this Scrutiny Committee for a task and finish review in relation to Universal Credit to be added to its work programme.

Summary

2. A request has been received **(Appendix 1)** from a Member requesting this Scrutiny Committee to undertake a piece of work to gauge the initial impact of the roll out of Universal Credit in Darlington

3. In accordance with the agreed procedure **(Appendix 2),** the request was forwarded to the Assistant Director, Adults and Housing for a view on its merits, using the identified criteria.

4. The response of the Assistant Director, Adults and Housing is attached (**Appendix 3).**

Recommendation

5. In accordance with the agreed procedure, taking into account the views of the Assistant Director, Adults and Housing, this Scrutiny Committee is asked to made a decision about whether this item should be added to its work programme.

Managing Director

Background Papers

No background papers were used in the preparation of this report other than those referred to.

Shirley Burton Ext 5998

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APPENDIX 1

QUAD OF AIMS (MEMBERS' REQUEST FOR ITEM TO BE CONSIDERED BY SCRUTINY)

PROCESS FOR ADDING AN ITEM TO SCRUTINY COMMITTEE'S PREVIOUSLY APPROVED WORK PROGRAMME

SECTION 1 TO BE COMPLETED BY MEMBERS

NOTE – This document should only be completed if there is a clearly defined and significant outcome from any potential further work. This document should **not** be completed as a request for or understanding of information.

REASON FOR REQUEST?	**RESOURCE (WHAT OFFICER SUPPORT WOULD YOU REQUIRE?)**
To gauge the initial impact of the rollout of Universal Credit in Darlington	Either written report or oral evidence from Housing Officers and Revenues & Benefits section Some officer time from Democratic Services Evidence from Voluntary and Community Organisations i.e. CAB, Foodbanks, DWP. Live Case Studies
PROCESS (HOW CAN SCRUTINY ACHIEVE THE ANTICIPATED OUTCOME?)	**HOW WILL THE OUTCOME MAKE A DIFFERENCE?**
Set up Task & Finish Group. Report back to Scrutiny by December, report to Council by February Take evidence from the Benefits sector, the voluntary sector i.e. CAB, Foodbanks, DWP, any other organisations involved in supporting residents and Councillors and live case studies	Ensuring that any impact to residents, organisations or other bodies is known to Council and can be monitored in the ongoing rollout.

Signed Councillor Marjory Knowles…… **Date …06/08/2018…….**

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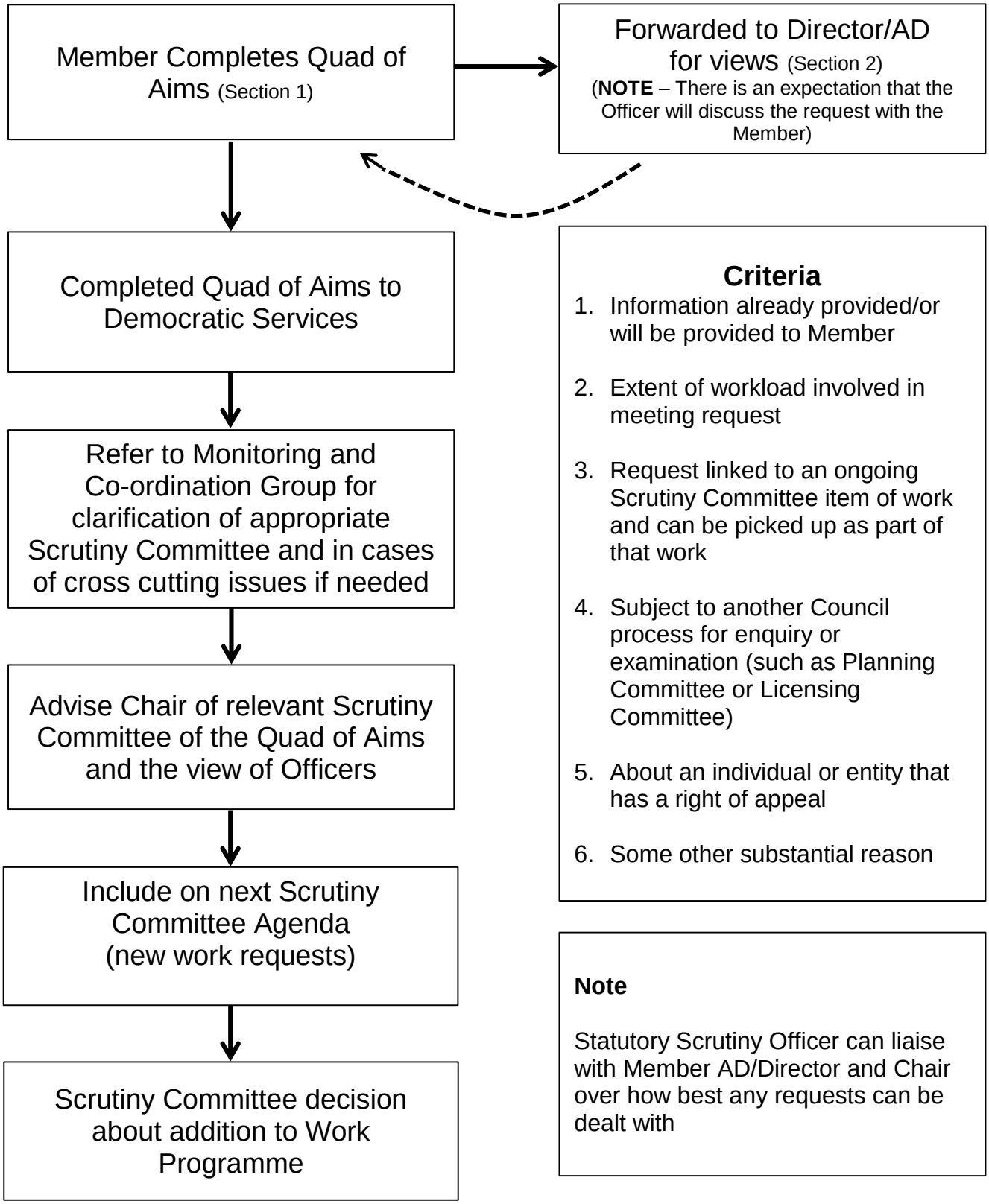
PROCESS FOR ADDING AN ITEM TO SCRUTINY COMMITTEE'S PREVIOUSLY APPROVED WORK PROGRAMME



PLEASE RETURN TO DEMOCRATIC SERVICES

APPENDIX 3

QUAD OF AIMS (MEMBERS' REQUEST FOR ITEM TO BE CONSIDERED BY SCRUTINY)

PROCESS FOR ADDING AN ITEM TO SCRUTINY COMMITTEE'S PREVIOUSLY APPROVED WORK PROGRAMME

SECTION 2 TO BE COMPLETED BY DIRECTORS/ASSISTANT DIRECTORS
(NOTE – There is an expectation that Officers will discuss the request with the Member)

1. (a) Is the information available elsewhere? No If yes, please indicate where the information can be found (attach if possible and return with this document to Democratic Services) …… (b) Have you already provided the information to the Member or will you shortly be doing so? A report in September will provide an update from the LA perspective but not include other partners 2. If the request is included in the Scrutiny Committee work programme what are the likely workload implications for you/your staff? I would anticipate limited officer time if members are undertaking the work with partners themselves 3. Can the request be included in an ongoing Scrutiny Committee item of work and picked up as part of that? This is a specific piece of work	**Criteria** 1. Information already provided/or will be provided to Member 2. Extent of workload involved in meeting request 3. Request linked to an ongoing Scrutiny Committee item of work and can be picked up as part of that work 4. Subject to another Council process for enquiry or examination (such as Planning Committee or Licensing Committee) 5. About an individual or entity that has a right of appeal

4. Is there another Council process for enquiry or examination about the matter currently underway? No 5. Has the individual or entity some other right of appeal? No **6.** Is there any substantial reason (other than the above) why you feel it should not be included on the work programme? No	6. Some other substantial reason

Signed Pauline Mitchell…… Position Assistant Director – Housing and Building Services

14/08/18

ADULTS AND HOUSING SCRUTINY
11 SEPTEMBER 2018

ITEM NO. .....

BETTER CARE FUND

SUMMARY REPORT

Purpose of the Report

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3. To provide a short glossary of terms used across health and adult social care, attached as **Appendix 1**.

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Suzanne Joyner
Director of Children and Adult Services

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Patricia Simpson : Extension 6082

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Urgent Decision	No
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Impact on Looked After Children and Care Leavers	None

MAIN REPORT

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15. Monitoring delivery of the High Impact change model is now part of the quarterly monitoring required nationally. The Local Authority and health partners have been working together on patient flow and discharge planning for a number of years.

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21. The new grant funding (£2.1m in 17/18 and £1,4m in 18/19) is being used to offset expenditure on current pressures and demand to ensure sustainability (50%) while the service undergoes transformation (50%). This will reduce the immediate ASC budget pressure and achieve a more financially stable position for ASC in the medium term when a transformed service can operate sustainably within its

resources.

22. In 17/18 key areas where the grant was used include the Rapid Response Service, which expedites the discharge of people from hospital, the engagement of external consultant support to identify where change will result in improved service and increased efficiency, and the supernumerary review team examining every package of care and identifying where change would benefit the person.

23. In 18/19 we anticipate these main uses to continue, albeit with a taper, and to include implementing changes identified by our external consultancy support, including a programme of workforce development.

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24. In 17/18 the main uses to which the iBCF additional grant was put included the extensive review of our reablement service, the implementation of agile working through equipping staff with appropriate tools including laptops and table computers, support for new community asset and resource directory Livingwell.Darlington.

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    (d) Managing transfers of care
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28. It also requires an update on the four BCF metrics:

Definition	Assessment of progress against the planned target for the quarter	Challenges	Achievements
Reduction in non-elective admissions	On track to meet target	It is difficult to influence the whole of this indicator through BCF related schemes due to it covering all age ranges. Only Apr-18 data is available.	Achieved target in Q2&Q3 in 17-18. Anticipating to achieve Q1 but only April and May data available at time of reporting.
Rate of permanent admissions to residential care per 100,000 population (65+)	On track to meet target	Rolling 12 month rate to May -18 reports well below target.	Position was achieved throughout 2017/18.
Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	Data not available to assess progress	No data yet available for 2018/19. Target just missed in 2017/18 and higher target in 18/19 will be challenging.	Difficulties gathering data from local Acute Trust throughout 2018 look to be resolved. Task and Finish group has been set up to review and improve data collection and robustness.
Delayed Transfers of Care (delayed days)	On track to meet target	We saw a big increase in delayed days throughout Q4. Only Apr and May-18 data available at this stage but is on track to meet the new target from October 2018.	The position improved significantly in Apr-18.

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30. The High Impact Change Model is a set of eight changes developed by the Local Government Association (LGA), directors of Adult Social Services (ADASS), NHS England, Department of Health, the Emergency Care Improvement Team, Monitor and NHSi in 2015. The changes are designed to improve transfers of care across

the whole health and care system. The eight areas for change are early discharge planning, systems to monitor patient flow, multi-disciplinary/multi-agency discharge teams, home-first/discharge to assess, seven day service, trusted assessors, focus on choice, and enhancing care in care homes. Darlington's self-assessment, carried out by the Transfers of Care delivery team, which has representatives from across the system, was submitted as part of quarter 1 monitoring:

	Maturity Assessment				
	Q4 17/18	Q1 18/19 (Current)	Q2 18/19 (Planned)	Q3 18/19 (Planned)	Q4 18/19 (Planned)
Early discharge planning	Established	Established	Established	Established	Established
Systems to monitor patient flow	Plans in place	Established	Established	Established	Established
Multi-disciplinary/multi-agency discharge teams	Established	Mature	Mature	Mature	Mature
Home first/discharge to assess	Plans in place	Plans in place	Plans in place	Established	Established
Seven-day service	Plans in place	Established	Established	Established	Established
Trusted assessors	Plans in place	Plans in place	Plans in place	Plans in place	Established
Focus on choice	Plans in place	Plans in place	Established	Established	Established
Enhancing health in care homes	Established	Established	Established	Mature	Mature

31. In terms of current activity implementing the HICM, key actions are being delivered by all parts of the BCF plan, and other programmes in the health and social care system. For example, blockages to early discharge planning, and trusted assessors are being addressed through an "Action on A&E" project involving the whole health and social care system, and improvements to multi agency discharge team include the use of iBCF funding to support rapid response social care.

32. The Hospital Transfer Protocol is an NHS scheme by which care homes use a specially designated red bag for a resident's personal effects, medication details and other relevant information when a resident is admitted to hospital, to ensure everything necessary is readily available to hospital staff. Rollout in Darlington is

being led by CCG with liaison through the Care Homes Forum.

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33. Locally, BCF delivery is managed through the BCF Darlington Delivery Group, which meets monthly, with input from performance and finance colleagues who also attend quarterly, in line with the national reporting schedule.

34. A number of schemes have been reviewed, resulting in specification changes, contract changes or scheme cessation.

The Operational Guidance Published in July 2018

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35. The year end position is as give at 28 above.

36. Delayed Transfer of Care (DToC) targets are being refreshed nationally. The Government's mandate to the NHS for 2018-19 has set an overall ambition for reducing delays to around 4,000 hospital beds occupied by patients delayed without discharge by September 2018.

37. All areas will be expected to agree a DTOC metric for 2018-19 that meets the nationally set HWB level expectations for 2018-19. Areas should plan based on the assumption that the expectation will be met by the end of September 2018 and that this level will be maintained or exceeded thereafter.

38. The new target for Delays to Transfers of Care in Darlington is set at 5 people delayed per day (five beds unnecessarily occupied each day). The new target is slightly more generous than previously, but system changes including the introduction of electronic assessment, discharge and withdrawal notices, and the associated agreement of how delay categories are interpreted in each locality is resulting in a short term increase in numbers of delays, while in fact the patient experience is unchanged, and in Darlington patient transitions out of hospital remain very smooth and timely. The BCF Darlington Transfers of Care Group is ensuring that all partners to discharge are working closely during this system change to ensure a common understanding and practice in terms of recordable delays, and any delays reported in error are corrected.

39. A process of ensuring the delays recorded as attributable to Social Care by Acute and Non-Acute Trusts is being finalised: such a process is already in place with Tees, Esk and Wear Valleys Foundation Trust.

40. It is important to remember that delays can be recorded not just from our “local” hospital trust CDDFT but from anywhere. There has been an increase in delays recorded by South Tees Hospital Trust for patients from Darlington in the past six months, for example: (delays attributed almost exclusively to NHS rather than Social Care). Consequently, once the new system is embedded with CDDFT, work will start with other Trusts to ensure data accurately reflects what happens “on the ground.”

Delivery Plans

41. The refreshed guidance advises that as Better Care Fund plans were agreed for two years (2017-18 and 2018-19), places are not required to revise their plans for 2018-19 other than in relation to metrics for DTOC as set out above. Places can, if they wish, amend plans to:

    (a) Modify or decommission schemes
    (b) Increase investment, including new schemes.

42. There have been a number of scheme reviews in Darlington but with no impact on the BCF financial envelope as a whole, so we do not need to submit a refreshed expenditure plan.

Length of Stay

43. NHS England and NHS Improvement have recently set out their ambition for reducing long stays in hospital by 25% to reduce patient harm and bed occupancy.

44. The refreshed BCF guidance advises that while this ambition is not part of BCF, they expect BCF plans to support delivery of this reduction through the continuing focus on delivery of the local DToC expectations and through the implementation of the High Impact Change model in relation to systems to monitor patient flow, seven day services and trusted assessors (changes two, five and seven). National partners will give consideration to applying additional requirements for 2019/20, including through the BCF where appropriate, for local areas and NHS bodies that have made insufficient progress in reducing the number of people experiencing long stays in hospital during 2018/19.

Graduation

45. There is passing reference to graduation from BCF, which was first mention in 16/17. However, as the criteria for graduation are yet to be established the guidance simply sets out that a first wave of shortlisted areas eligible for graduation from the Better Care Fund will be confirmed in 2018-19. National partners would then work with shortlisted areas to test readiness for full graduation and co-produce what a meaningful graduation model would look like.

ADULTS AND HOUSING SCRUTINY
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36. Delayed Transfer of Care (DToC) targets are being refreshed nationally. The Government's mandate to the NHS for 2018-19 has set an overall ambition for reducing delays to around 4,000 hospital beds occupied by patients delayed without discharge by September 2018.

37. All areas will be expected to agree a DTOC metric for 2018-19 that meets the nationally set HWB level expectations for 2018-19. Areas should plan based on the assumption that the expectation will be met by the end of September 2018 and that this level will be maintained or exceeded thereafter.

38. The new target for Delays to Transfers of Care in Darlington is set at 5 people delayed per day (five beds unnecessarily occupied each day). The new target is slightly more generous than previously, but system changes including the introduction of electronic assessment, discharge and withdrawal notices, and the associated agreement of how delay categories are interpreted in each locality is resulting in a short term increase in numbers of delays, while in fact the patient experience is unchanged, and in Darlington patient transitions out of hospital remain very smooth and timely. The BCF Darlington Transfers of Care Group is ensuring that all partners to discharge are working closely during this system change to ensure a common understanding and practice in terms of recordable delays, and any delays reported in error are corrected.

39. A process of ensuring the delays recorded as attributable to Social Care by Acute and Non-Acute Trusts is being finalised: such a process is already in place with Tees, Esk and Wear Valleys Foundation Trust.

40. It is important to remember that delays can be recorded not just from our “local” hospital trust CDDFT but from anywhere. There has been an increase in delays recorded by South Tees Hospital Trust for patients from Darlington in the past six months, for example: (delays attributed almost exclusively to NHS rather than Social Care). Consequently, once the new system is embedded with CDDFT, work will start with other Trusts to ensure data accurately reflects what happens “on the ground.”

Delivery Plans

41. The refreshed guidance advises that as Better Care Fund plans were agreed for two years (2017-18 and 2018-19), places are not required to revise their plans for 2018-19 other than in relation to metrics for DTOC as set out above. Places can, if they wish, amend plans to:

    (a) Modify or decommission schemes
    (b) Increase investment, including new schemes.

42. There have been a number of scheme reviews in Darlington but with no impact on the BCF financial envelope as a whole, so we do not need to submit a refreshed expenditure plan.

Length of Stay

43. NHS England and NHS Improvement have recently set out their ambition for reducing long stays in hospital by 25% to reduce patient harm and bed occupancy.

44. The refreshed BCF guidance advises that while this ambition is not part of BCF, they expect BCF plans to support delivery of this reduction through the continuing focus on delivery of the local DToC expectations and through the implementation of the High Impact Change model in relation to systems to monitor patient flow, seven day services and trusted assessors (changes two, five and seven). National partners will give consideration to applying additional requirements for 2019/20, including through the BCF where appropriate, for local areas and NHS bodies that have made insufficient progress in reducing the number of people experiencing long stays in hospital during 2018/19.

Graduation

45. There is passing reference to graduation from BCF, which was first mention in 16/17. However, as the criteria for graduation are yet to be established the guidance simply sets out that a first wave of shortlisted areas eligible for graduation from the Better Care Fund will be confirmed in 2018-19. National partners would then work with shortlisted areas to test readiness for full graduation and co-produce what a meaningful graduation model would look like.

Term or acronym	What it stands for	What it means in plain English
ADASS	Association of Directors of Adult social Services	ADASS is the association of directors of adult social services in England. We are a charity and the association aims to further the interests of people in need of social care by promoting high standards of social care services and influencing the development of social care legislation and policy. The membership is drawn from serving directors of adult social care employed by local authorities. Associate members are past directors and our wider membership includes deputy and assistant directors.
BCF	Better Care fund	The Better Care Fund (BCF) is a programme spanning both the NHS and local government which seeks to join-up health and care services, so that people can manage their own health and wellbeing, and live independently in their communities for as long as possible.
BHP	Better Health Programme	Projects to improve the quality of care in hospital as part of the Sustainable Transformation Partnership's plan
Care coordinator		Someone who provides personal support to a person at risk of an emergency hospital admission, readmission etc to help them better manager their own health, and shift ownership of care from the GP to the person themselves. This builds capacity with the person to manage their own health and wellbeing and enhances their ability to live independently.
Carer(s)		Means somebody who provides support or who looks after a family member, partner or a friend who needs support due to their age, physical or mental illness or due to being disabled. This would not usually include someone paid or employed to carry out that role or someone who is a volunteer.
CCG	Clinical Commissioning Group	An independent statutory body governed by locally based doctors, nurses and experienced managers, supported by health professionals using direct input from the general public. It has a range of commissioning responsibilities from primary care trusts (PCTs) and manage most of the NHS commissioning budget for England. In Darlington the CCG shares its officers with the Hartlepool and Stockton CCG (HAST).
CDDFT	County Durham and Darlington Foundation Trust	Darlington Memorial Hospital, University Hospital of North Durham and Bishop Auckland Hospital
CHC	Continuing Health Care	Some people with long-term complex health needs qualify for social care arranged and funded solely by the NHS. This is known as NHS continuing healthcare.
Choice Policy		Sets out patients' rights to choice in healthcare, where to find information to help choose, and how to complain if choice isn't offered. Choice Policy often refers to a patient's right to some choice in where they

Term or acronym	What it stands for	What it means in plain English
		are discharged to from hospital if they cannot return to the home they occupied before admission.
Clinically (or medically) optimised		The point at which care and assessment can safely be carried out somewhere other than an acute medical setting (hospital). Also known as medically fit for discharge or medically optimised.
Community Hubs		Part of the New Models of Care. GP practices will be brought together into groups of 3 or 4 practices called 'community hubs' so they can share their skills to match the needs of Darlington residents. Community hubs will allow patients to benefit from the knowledge and expertise of local GPs and other practitioners within their hub, and reduce the need for unnecessary attendance at hospital.
CQC	Care Quality Commission	The independent regulator of health and social care in England. CQC makes sure health and social care services provide people with safe, effective, compassionate, high-quality care and we encourage care services to improve. It monitors, inspects and regulates health and social care services, publishing findings, including ratings to help people choose care.
DSAPB	Darlington Safeguarding Adults Partnership Board	The Group accountable for the procedures and processes in place within Darlington for safeguarding vulnerable adults and children.
DCLG/DHCLG	Department for Communities and Local Government	The Ministry of Housing, Communities and Local Government's (formerly the Department for Communities and Local Government). Its declared purpose is to create great places to live and work, and to give more power to local people to shape what happens in their area.
DHSC	Department of Health and Social Care	The Department of Health and Social Care (DHSC). Its declared purpose is to help people to live more independent, healthier lives for longer. It leads, shapes and funds health and social care in England, making sure people have the support, care and treatment they need, with the compassion, respect and dignity they deserve.
D2A or D to A	Discharge to Assess	The principle behind discharge to assess is that once a patient no longer requires an acute level of care, they should not remain in hospital simply because they are waiting for assessments to take place. Patients can be safely discharged into a more appropriate setting for their needs, in a community bed (usually within a nursing home) and the required assessments can take place there.

Term or acronym	What it stands for	What it means in plain English
DoLS	Deprivation of Liberty Safeguards	Article 5 of the Human Rights Act states that 'everyone has the right to liberty and security of person. No one shall be deprived of his or her liberty [unless] in accordance with a procedure prescribed in law'. The Deprivation of Liberty Safeguards is the procedure prescribed in law when it is necessary to deprive of their liberty a resident or patient who lacks capacity to consent to their care and treatment in order to keep them safe from harm.
DST	Decision Support Tool	Used in determining the requirement for Continuing Healthcare funding. The purpose is to support the application of the National Framework and inform consistent decision making
DToC	Delayed Transfer of Care	Specifically from an acute setting into a community setting
ECIP	Emergency Care Improvement Programme	A clinically led programme that offers intensive practical help and support to 40 urgent and emergency care systems across England leading to safer, faster and better care for patients.
Emergency Department	Accident and Emergency at Darlington Memorial Hospital	Accident and Emergency at Darlington Memorial Hospital
Extensivist		Vulnerable complex poly-morbid patients who are at high risk of hospital admission and have high healthcare costs
Great North Care Record		The Great North Care Record is a new way of sharing medical information across the North East and North Cumbria which is accessed by authorised health and social care practitioners. Diagnoses, medications, details of hospitals admissions and treatments is shared between different healthcare services including hospitals, out of hours and ambulance services who could all be involved in an individual's care.
Healthwatch	Healthwatch England	The national consumer champion in health.
HENE	Health Education North East	Staff development work covering a range of professions, programmes and activity, from planning and commissioning, to recruiting and developing healthcare staff in a range of healthcare and community settings
HICM	High Impact Change Model.	A set of eight changes developed by the Local Government Association (LGA), directors of Adult Social Serices (ADASS), NHS England, Department of Health, the Emergency Care Improvement Team, Monitor and NHSi in 2015. The changes are designed to improve transfers of care across the whole health and care system. The eight areas for change are early discharge planning, systems to monitor patient flow, multi-disciplinary/multi-agency discharge teams, home-first/discharge to assess, Seven day service,

Term or acronym	What it stands for	What it means in plain English
		trusted assessors, focus on choice, and enhancing care in care homes
HIU	High Impact User (HIU)	A person who ·Accesses the Emergency Departments (ED) more than 15 times per year ·Accesses the Urgent Care Centre (UCC) more than 10 times per year year ·Accesses a mix of ED and UCC attendances which result in a combined attendance rate of 15 per year ·Regular, potentially inappropriate use of ambulance resources ·is sofa surfing (homeless) or have other extenuating non health related issues
HNT	Healthy New Towns	An NHS initiative to bring together renowned clinicians, designers and technology experts to reimagine how healthcare can be delivered in these places, to showcase what's possible by joining up design of the built environment with modern health and care services, and to deploy new models of technology-enabled primary care. in Darlington, in partnership with public , private and voluntary sector organisations . •3600 homes across 3 sites. •Greenfield and regeneration sites. •Timeline: 2018 for phase one through to 2025. •Region: North The Darlington HNT programme brings together clinicians, community representatives, care providers, technology and digital innovators and health and social care commissioners to "rethink" how health, wellbeing and care services can be delivered. A key element of the additionality in health gain is the focus on community regeneration. The contribution that education, training and skill development and employment make to improving health is well recognised. The Darlington HNT model aims to improve life chances and create health gain for those communities
IAPT	Improving Access to Psychological Therapies programme	Includes counselling, psychotherapy and cognitive behavioural therapy.
iBCF	Improved BCF	The additional grant to Adult Social Care announced in the 2017 spring budget. It carries conditions which include that it is pooled with the BCF, and links receipt of the grant explicitly to working with the CCG and providers to improve the management of transfers of care

Term or acronym	What it stands for	What it means in plain English
Intermediate Care		Intermediate care is a term used to describe a range of health and social care services available to adults 18 years old and over. These services are designed to: •Prevent inappropriate hospital admissions. •Promote faster recovery from illness or injury. •Avoid inappropriate admission to a long term care home. •Facilitate timely hospital discharge. •Promote independence, health and well being. •Provide care at, or close to home.
ISA	Information Sharing Agreement	An agreement designed to enable safe sharing of personal information about people receiving services between partners to ensure the protection of that information.
JSNA	Joint Strategic Needs Assessment	CCGs and local authorities are required to produce a JSNA of the health and well being of their local community. This is a requirement of The Local Government and Public Involvement in Health Act 2007. It enables Local Strategic Partnerships (LSPs), CCGs and Local Authorities (LAs) to consider the needs of their local populations and in how they respond with effective commissioning of services to properly meet those needs. The needs of populations span NHS and LAs, for example the joined up provision of stroke care services, and coordinated approaches to obesity and physical activity through a clear understanding of the needs of the whole population and the wider determinants of health, from both the perspective of the NHS and the LA.
LADB	Local Accident and Emergency Delivery Board	This is the forum where all partners across the health and social care system come together to undertake the assurance of service delivery and performance. The Group will plan for the capacity required to ensure delivery, and oversee the co-ordination and integration of services to support the delivery of effective, high quality accessible services which are good value for tax payers.
LGA	Local Government Association	
LSCB	Local Safeguarding Children Board	Darlington Safeguarding Children Board is the key statutory mechanism for agreeing how the relevant organisations in the Borough will co-operate to safeguard and promote the welfare of children in the Borough of Darlington and for ensuring the effectiveness of what they do. They are responsible for developing, monitoring and reviewing child protection policy and procedures, practice issues and making sure training is available to everyone working with children.

Term or acronym	What it stands for	What it means in plain English
LTC	Long Term Condition	A Long Term Condition is defined as a condition that cannot, at present be cured; but can be controlled by medication and other therapies. Examples of Long Term Conditions are diabetes, heart disease and chronic obstructive pulmonary disease.
MDT		Multi-Disciplinary Team. A team of people from various agencies which meet regularly to discuss options for patients
Care Navigator		A person familiar with the local community (Voluntary, Charitable and Social Enterprise) provision and trained in mentoring and personal support techniques, who can provide personal support to and Individual identify and facilitate access to a range of existing activities and services or social opportunities, to support improved wellbeing.
NEAS	North East Ambulance Service	Provides Transfer to Accident & Emergency NHS 111 Community First Responders Emergency Planning Patient Transport Service
NECS	North East Commissioning Support Unit	The "back Office" for the CCG's across the north East and Cumbria, providing a wide range of support services.
NMC	New Models of Care	Major NHS Programme intended to speed up some of the transformation needed to implement the Five Year Forward View. Individual organisations and partnerships, including those with the voluntary sector, have been established as 'vanguard' sites. These organisations will have the opportunity to work with national partners to co-design and establish new care models, tackling national challenges in the process. In Darlington there are Vanguards
NHSE	National Health Service England	
NHSi		NHS Improvement came into being in 2016 and brought together Monitor, NHS Trust Development Authority, Patient Safety, the National Reporting and Learning System, the Advancing Change Team and the Intensive Support Teams. Its priority is to offer support to providers and local health systems to help them improve.
OPEL	Operational Pressures Escalation Levels	OPEL 1: The local health and social care system capacity is such that organisations are able to maintain patient flow and are able to meet anticipated demand within available resources. OPEL 2: The local health and social care system is starting to show signs of pressure. The Local A&E Delivery Board will be required to take focused actions. OPEL 3: The local health and social care system is experiencing major pressures compromising patient

Term or acronym	What it stands for	What it means in plain English
		flow and continues to increase. Regional teams in NHS E and NHS I will be aware, providing additional support as deemed appropriate and agreed locally. OPEL 4: Pressure in the local health and social care system continues to escalate leaving organisations unable to deliver comprehensive care. Regional teams in NHS E and NHS I will be aware.
Personal Data		Means data which relate to a living individual who can be identified-(a) from the data, or (b) from the data and other information which is in the possession of the Data Controller
Personalisation Agenda		The Government's vision and strategy of how health and social care services will be purchased and provided.
PHB	Personal Health Budget	A personal health budget is an amount of money to support the identified healthcare and wellbeing needs of an individual, which is planned and agreed between the individual, or their representative, and the local clinical commissioning group (CCG). It isn't new money, but a different way of spending health funding to meet the needs of an individual.
PHD	Primary Healthcare Darlington	The Primary Care federation - all 11 GP practices together
Primary Care		General Practitioners
Rapid Response Service		The purpose of the service is two-fold, firstly it provides a waking night/crisis response overnight sitting service as well as an evening and weekend domiciliary care response service. The contracted provider is required to respond to requests for the service within two hours, with the aim of either preventing a hospital admission or facilitating an early discharge.
Reablement		Reablement is one of council's main tools in managing the health and wellbeing of an ageing population. Providing personal care, help with daily living activities and other practical tasks, usually for up to six weeks, reablement encourages service users to develop the confidence and skills to carry out these activities themselves and continue to live at home. It tends to be provided to people who have just been discharged from hospital or are otherwise entering the care system following a crisis.
RIACT		Responive Integrated Assessment Community Team. An intermediate care service for people over 18 who live within the borough of Darlington. Proves assessments, short term therapy and support to help peopel become more independent.

Term or acronym	What it stands for	What it means in plain English
SAFER	A "patient flow bundle" mandated by NHS England for discharge management	The five elements of the SAFER patient flow bundle are: S – Senior review. All patients will have a senior review before midday by a clinician able to make management and discharge decisions. A – All patients will have an expected discharge date and clinical criteria for discharge. This is set assuming ideal recovery and assuming no unnecessary waiting. F – Flow of patients will commence at the earliest opportunity from assessment units to inpatient wards. Wards that routinely receive patients from assessment units will ensure the first patient arrives on the ward by 10 am. E – Early discharge. 33% of patients will be discharged from base inpatient wards before midday. R – Review. A systematic multi-disciplinary team review of patients with extended lengths of stay (>7 days – 'stranded patients') with a clear 'home first' mindset.
Self Directed Support		A process to give Individuals a greater level of control over how their support needs are met.
Setting	Place where care is delivered	An acute setting generally refers to the hospital, a community setting may mean the person's own home, a care home, or a community hospital
SitRep	Situation Report	The situation report (Sitrep) is completed daily (Monday to Friday) and covers the delayed discharges across CDDFT. The Sitrep is produced by CDDFT and shared on a daily basis with designated representatives from DBC. It is expected that the information is interrogated daily and challenged where necessary. Aggregate reports are produced on a monthly basis and uploaded onto Unify by a specified deadline. It is important to note that challenging of the data once it has been uploaded onto Unify is not appropriate
Social Poverty		Loneliness, dysfunctional social relationships
Social Prescribing		Secondary prevention by commissioning services that will prevent worsening health for people with existing Long Term Conditions, experiencing social poverty, or are making high frequency but low benefit contact with health services. It is tailor-made for Voluntary and Community Sector (VCS) -led interventions and can result in: · better social and clinical outcomes for people with LTCs and their Carers · more cost efficient and effective use of NHS and social care resources a wider, more diverse and responsive local provider base.

Term or acronym	What it stands for	What it means in plain English
SoP	Statement of Practice	A document setting out how something is to be done, very often where two or more different organisations have to work together.
STP	Sustainable Transformation Plan	"Working together to improve health and care" is the name of the draft Sustainability and Transformation Plan (STP) for Durham Dales Easington and Sedgefield, Darlington, Teesside, Hambleton, Richmondshire & Whitby NHS England has asked NHS organisations to work together on improvement plans for their area, called Sustainability and Transformation Plans (STPs) to tackle three challenges: 1.Improving the health and wellbeing of the population, 2.Improving the quality of care that is provided, 3.Improving the efficiency of NHS services. The draft plan is one of 44 such plans being developed across the country, and it identifies four priority areas: 1.Preventing ill health and increasing self care 2.Health and care in communities and neighbourhoods 3.Quality of care in our hospitals – “Better Health Programme” 4.Use of technology in health care
Support Plan		An individually designed statement or plan about the means by which an Individual needs will be provided and the lifestyle they are to lead.
TEWV	Tees, Esk and Wear Valleys Foundation Trust	The main Mental Health acute provider in Darlington.
Trusted assessor		A person or team trusted by the "receiving" organisation to make an assessment that a person is same to move to the next stage in the health and care system, most commonly from hospital to home or intermediate care. To create a safe trusted assessor model, care homes and hospitals should co-design and agree a protocol or memorandum of understanding for assessments, documenting who can carry them out, what competencies are required, how they will be delivered, what the review mechanisms will be and what will happen if the receiving service judges that the assessment is flawed.

Term or acronym	What it stands for	What it means in plain English
UECN	Urgent and emergency Care Network	The North East and North Cumbria Urgent and Emergency Care Network brings together over 30 organisations to improve the quality, safety and equity of services. Established through the New Models of Care programme, the network has road-tested a series of changes to improve and ease the pressure on services. These include extra clinical support for 999 and 111, the 'flight deck' demand monitoring system, and Respond mental health training. This vital work is continuing through an ambitious three-year strategy to reduce hospital admissions and A&E attendances, make better use of GPs and pharmacists, and help patients improve their own health.
UCC	Urgent Care Centre	The UCC provides walk-in or appointment (via 111) access to GP services out of hours or in an urgent situation
UNIFY		The data system used by NHS England for the collection and analysis of data about health services
VCS/VCSE	Voluntary and community Sector/Voluntary, Community and Social Enterprise	In Darlington, all the voluntary and community organisations active in the Borough delivering activities and services for Darlington residents. Represented by the Darlington Strategic Implementation Group (SIG)

An extensive list of abbreviations and acronyms is available on the Council's Intranet as a PDF document. While It does not contain definitions or explanations, it does spell out acronyms.

glossary - adult and children's services.p

ADULTS AND HOUSING SCRUTINY COMMITTEE
11 SEPTEMBER 2018

ITEM NO. .....

SUPPORT TO CARERS

SUMMARY REPORT

Purpose of the Report

1. To provide an update on the operation of the Darlington Carers Support contract and the recently published national Carers Action Plan 2018 -20.

Summary

2. The Darlington Carers Support contract is performing well and the number of carers being supported is increasing.

3. Darlington is well placed to develop a response to the newly published national Carers Action Plan, which can build on and expand work that is already in progress. Work on an updated Darlington Carers Action Plan is in progress.

Recommendation

4. It is recommended that :-

   (a) Members note the content of this report

   (b) The updated Darlington Carers Action Plan is shared with members following its completion.

Suzanne Joyner
Director of Children and Adult Services

Background Papers

National Carers Action Plan 2018-20

Lisa Holdsworth : Extension 5861

S17 Crime and Disorder	There are no crime and disorder implications in this report.
Health and Well Being	Carers can experience poor health as a result of their caring responsibilities. Identifying and supporting carers contributes to supporting

	their health and wellbeing and the health and wellbeing of the people for whom they care.
Carbon Impact	There are no carbon impact implications in this report.
Diversity	Caring affects all groups of people in Darlington.
Wards Affected	All wards are affected.
Groups Affected	Carers are the group primarily affected.
Budget and Policy Framework	This decision does not represent a change to the budget and policy framework.
Key Decision	This is not a key decision.
Urgent Decision	This is not an urgent decision.
One Darlington: Perfectly Placed	Supporting carers contributes to supporting the 'One Darlington' Healthy Darlington theme.
Efficiency	Research published by Carers UK in 2015 indicates that unpaid carers in Darlington provide support to the value of £224 million.
Impact on Looked After Children and Care Leavers	This report does not impact on Looked After Children or Care Leavers

MAIN REPORT

Information and Analysis

5. Darlington Carers Support (the contracted provider of carers support for adult carers) has been place since 1st May 2017. It offers a range of support including 1:1 support, carers groups and activities and personalised breaks. As at 30th June 2018, there were 850 carers on the register, an increase of 515 from the 335 carers who agreed for their details to be transferred from the previous carers support provider. On average, 55 referrals per month are being received from a wide range of sources including GP surgeries, voluntary and community sector services, Adult Social Care and West Park Hospital. A considerable number of self-referrals are also received. Quarterly contract monitoring meetings take place at which performance data is considered and plans are made to address any gaps identified.

6. The national Carers Action Plan 2018-20 was published on 5th June 2018 and sets out the cross-government programme of work to support carers over the next 2 years. It is structured around 5 themes, each of which includes a number of subheadings :

   (a) services and systems that work for carers - raising awareness of and promoting best practice amongst health professionals; raising awareness amongst social workers; supporting requirements of the 2014 Care Act and the 2014 Children and Families Act; personalisation; Mental Health Act 1983 and supporting carers

   (b) employment and financial wellbeing - improve working practices; flexible working; returning to work; financial support

(c) supporting young carers - identification of young carers; improving educational opportunities and outcomes; improving access to support services; transition for young adult carers

(d) recognising and supporting carers in the wider community and society - technology and innovation; recognition of carers; community engagement; loneliness

(e) building research and evidence to improve outcomes for carers - research to improve the evidence base

7. Darlington's Carers' Strategy Steering Group meets 6 weekly and is co-chaired by Darlington Carers Support and Humankind Young Carers Service. The aims of the group are to:

   (a) produce a local action plan for carers following the publication of the national Carers Action Plan
   (b) work together to reach out to hidden carers and underrepresented groups to ensure they can access support
   (c) influence commissioning of services for carers and the people they care for by consultation and information gathering, networking and highlighting unmet needs
   (d) work together to ensure support and services for carers complement each other and to progress opportunities for partnership working
   (e) hear the voices of a representative range of carers with lived experience both within the meeting and through wider networks and use these to influence the work of the group

   The group is currently developing a Darlington response to the new national Carers Action Plan. This will be structured under the same themes as the national Carers Action Plan and will outline actions to be taken locally to progress the carers agenda in Darlington. Meetings are scheduled for 21st August, 2nd October and 13th November 2018. The work that Darlington had completed previously in respect of Darlington's Carers Action Plan 2017-18 puts us in a strong position to deliver on the requirements of the new national Carers Action Plan 2018- 20 which focuses on many of the areas where work is currently in progress.

Outcome of Consultation

8. Darlington's response to the national Carers Action Plan will be co-produced and carers' views will be sought during the process. The response will be completed by December 2018.

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ADULTS AND HOUSING SCRUTINY
11 SEPTEMBER 2018

ITEM NO. .....

ADVOCACY SERVICES

Purpose of the Report

1. The purpose of this briefing is to provide Members with details of advocacy arrangements within adult social care services.

Summary

2. The Council is under a statutory duty to provide independent advocacy services for people with adult social care needs who need care and support. The relevant statutes are the Care Act (2014), the Mental Health Act (2007) and Mental Capacity Act (2005).

3. A new contract for the provision of statutory independent advocacy services within Darlington was awarded to Darlington Association on Disability (DAD) on 1 April 2018.

Recommendation

4. It is recommended that:-

   (a) Scrutiny Committee note the advocacy services commissioned by the Council to support individuals with adult social care needs.

   (b) Members note the monitoring information provided by DAD in respect of advocacy services during the period 1 April 2018 to June 2018.

Suzanne Joyner
Director of Children and Adults

Background papers

Advocacy QPM – Recognising Quality in Independent Advocacy
A Code of Practice Revised Edition 2014.

S17 Crime and Disorder	n/a
Health and Well Being	Adult Social Care services are central to the Council's Health and Wellbeing responsibilities.
Carbon Impact	None
Diversity	Advocacy Services are provided to all eligible people in accordance with the Equality Act (2010).
Wards Affected	Advocacy Services affects all wards.
Groups Affected	Advocacy Services affects people receiving adult social services.

Budget and Policy Framework	The provision of efficient and effective commissioned services has a direct impact.
Key Decision	This is not a key decision.
Urgent Decision	This is not an urgent decision.
One Darlington: Perfectly Placed	This report is aligned.
Efficiency	The scrutiny services is integral to the delivery of efficient and effective commissioned services.

Author: Sukhdev Dosanjh

Background

5. Advocacy Services provide support for people who find it hard to make decisions about care and support that they need. Some people may feel that they are not being actively involved in a decision or who experience considerable difficulty in understanding situations facing them. An independent advocate is a person who works with people to ensure that their views are heard and that people receive the right care and support which most effectively meets their needs. They are independent from the Council and ensure that a person's voice is heard. In effect that no decision is made "about them, without them".

6. The Council has a legal duty to involve people in decisions concerning their care arrangements. This will include how their care and support needs will be met and the health and wellbeing outcomes that they wish to achieve. Advocates are also essential where safeguarding enquiries are made to protect people from abuse and neglect.

7. The Council must provide advocacy services under a range of social care legislation. This primarily consists of the Care Act (2014) (otherwise known as general advocacy), Mental Health Act (2007) where there is a duty to provide Independent Mental Health Act (IMHA) and the Mental Capacity Act (2005) where there is a duty to provide an Independent Mental Capacity Act (IMCA). In addition, under the Mental Capacity Act (2005), the Council is also under a duty to provide a relevant person's representative (RPR) who is appointed to provide support where a person is deprived of their liberty under the Mental Capacity Act (2005)'s Deprivation of Liberty Safeguards. This means that where a person is assessed that it is in his/her best interest to be deprived of their liberty, a RPR must be appointed to protect that person's interest during the period of the deprivation. All matters that relate to the Mental Capacity Act (2005) and Deprivation of Liberties (2009) are overseen by the Court of Protection.

8. Under the Care Act (2014), the Council has a duty to provide an independent advocate in general advocacy applies to:

   (a) Adults who need care and support

   (b) Carers of adults (including young carers)

   (c) Carers of children in transition

   (d) Children who are approaching the transition to adult care and support.

9. The Council has a duty to arrange an independent advocate to support and represent a person when two criteria are met. The first is that the person has a "substantial difficulty" in being fully involved in the key care and support processes of assessment, care and support planning and review, or safeguarding. In addition, that there is no one appropriate available to support and represent their wishes. The Council is under a duty to consider and make a determination on a person's need for an advocacy in circumstances where both these criteria are met.

Arrangements of Advocacy Services

10. The Council awarded the advocacy contract to DAD which came into effect on 1 April 2018, following a recommissioning exercise. DAD is a charitable, local user led organisation which adheres to the nationally recognised Advocacy Charter, Appendix 1. The Charter and its associated Code of Practice (2014), Appendix 2 sets out to "provide advocacy schemes and others with a vehicle for both explaining what advocacy is and outlining a common vision of what constitutes effective advocacy."

11. The new arrangements strengthened the Council's oversight of activity levels with a clearer pricing schedule, value for money framework and outcomes requirements. This has ensured that individual advocacy episodes can be better tracked by numbers and type of referrals. Regular business and contractual meetings are held with DAD to monitor outcome based performance.

Contract Monitoring Information

12. The table below sets monitoring information provided by DAD in respect of advocacy activities in the contract (April to June 2018):

Advocacy Element	Number of Referrals	Current Caseload	No. of cases closed	% of DAD Advocacy hours
Care Act (2014) – general	33	92	23	30%
IMCA	10	108	7	9%
RPR	54	143	20	41%
Section 3A MCA (2005)*	1	14	5	1%
IMHA	51	96	48	19%
Not actioned- due to change in circumstances	4	n/a	n/a	n/a
Total	**153**	**453**	**103**	**100%**

13. *Section 3 A are the equivalent of RPRs or those individuals living in the community e.g. supported living, their own homes with support or with a family member, any "deprivation of liberty" needs to be agreed through the Court of Protection.

14. In this last quarter, DAD responded to 89% of all cases within 3 days of a request for a service under the contract.

15. It is recognised by both the Council and DAD that this is a new contractual arrangements and that further improvements to advocacy arrangements will be explored.

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The Advocacy Charter

CLARITY OF PURPOSE Advocacy Providers ensure that the individuals they advocate for, referrers, health and social care services and funding agencies all receive information that helps them understand the advocacy service and the role of the advocate, including its benefits and boundaries. **The Advocacy Providers objectives and activities must align with the principles set out in this Charter:**

Advocacy is taking action to support people to say what they want, secure their rights, pursue their interests and obtain services they need.

Advocacy providers and Advocates work in partnership with the people they support and take their side, promoting social inclusion, equality and social justice.

INDEPENDENCE The Advocacy Provider is independent from statutory organisations and all other service delivery and is free from conflict of interest, both in design and operation of advocacy services. The Advocacy Provider's culture supports Advocates to promote their independence with individuals, professionals and other stakeholders; Advocates will be free from influence and conflict of interest so that they can represent the person for whom they advocate.

CONFIDENTIALITY Information held by the advocacy service about individuals will be kept confidential to the advocacy service. The Advocacy Provider will have a Confidentiality Policy that reflects current legislation. It will be clear about how personal information held by the Advocacy Provider will be kept confidential, under what circumstances it may be shared, the organisation's approach to confidentiality in the delivery of Non-Instructed Advocacy and how the organisation responds if confidentiality is breached. Advocates will ensure that information concerning the people they advocate for is shared with these individuals unless there are exceptional circumstances, when a clear explanation will be recorded. Advocates must also be aware of situations that require making a child or adult safeguarding alert.

PERSON LED The Advocacy Provider and Advocates will put the people they advocate for first, ensuring that they are directed by their wishes and interests. Advocates will be non-judgmental and respectful of people's needs, views, culture and experiences.

EMPOWERMENT The Advocacy Provider will support people to self-advocate as far as possible, creating and supporting opportunities for self-advocacy, empowerment and enablement. Advocates support people to access information to exercise choice and control in their lives and the decisions affecting them. People will choose their own level of involvement and the style of advocacy support they want. Where people lack capacity to influence the service, the Advocacy Provider will ensure the advocacy remains person led and enable those with an interest in the welfare of the person to be involved. People receiving advocacy will be involved in the wider activities of the organisation up to and including the Board.

EQUALITY AND DIVERSITY The Advocacy Provider will have an up to date Equality and Diversity Policy that recognises the need to be pro-active in tackling all forms of inequality, discrimination and social exclusion so that all people are treated fairly. Advocates time will be allocated equitably. Advocates make reasonable adjustments to ensure people have appropriate opportunity to engage, direct and benefit from the advocacy activity.

ACCESSIBILITY Advocacy will be provided free of charge to eligible people. The Advocacy Provider will ensure that its premises (where appropriate), policies, procedures and publicity materials promote full access for the population that it serves. Advocates will provide information and use language that is easy to understand and accessible to the person.

ACCOUNTABILITY The Advocacy Provider is well managed, with appropriate governance arrangements in place, meeting its obligations as a legally constituted organisation. People accessing the service will have a named Advocate and a means of contacting them. The Advocacy Provider will have systems in place for effective recording, monitoring and evaluation of its work, including identification of the impact of the advocacy service and outcomes for people supported. In addition, it will be accountable to people who use its services by obtaining and responding to feedback and complaints. The Advocacy Provider will address systemic issues in health and social care provision or other services.

SAFEGUARDING As part of supporting people to realise their Human Rights, the Advocacy Provider will have a thorough understanding of safeguarding responsibilities and processes as set out in law and best practice guidance. The Advocacy Provider will have clear, up to date policies and procedures in place to ensure safeguarding issues are identified and acted upon. Advocates support people to have their rights upheld and will be supported to understand and recognise different forms of abuse and neglect, issues relating to confidentiality and what to do if they suspect an individual is at risk.

SUPPORTING ADVOCATES The Advocacy Provider will ensure that Advocates are suitably trained, supported and supervised in their role and provided with opportunities to develop their knowledge, skills and experience, including access to legal advice where necessary. It will create a supportive culture that enables Advocates to undertake their role in line with this Charter.

NDTi
National Development Team for Inclusion

The Advocacy Charter v4.1 May 2018 is updated and published by NDTi in partnership with Advocacy Providers.

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Code of Practice

Revised Edition 2014

Contents

Introduction

People are entitled to be in control of their own lives but sometimes, whether through disability, financial circumstances or social attitudes, they may find themselves in a position where their ability to exercise choice or represent their own interests is limited. In these circumstances, independent advocates can help ensure that an individual's rights are upheld and that views, wishes and needs are heard, respected and acted upon.

The Advocacy Charter

The Advocacy Charter was published in July 2002 by Action for Advocacy and set out to define and promote key advocacy principles. The Charter provides advocacy schemes and others with a vehicle for both explaining what advocacy is and outlining a common vision of what constitutes effective advocacy. The Advocacy Charter principles and the Code of Practice have been revised in 2014, by Empowerment Matters CIC and the National Development Team for Inclusion (NDTi), to reflect changes in legislation as well as developments in advocacy practice.

What is the Code of Practice?

The Code of Practice is a set of guidelines for advocates and their managers, aimed at providing clarity, support and boundaries for their practice. It is also a guide for commissioners of advocacy services that outlines the expectations and purpose of the role and what clients as well as commissioners should expect from the delivery of the service. The Code provides a clear description of what is and is not expected of an advocate in their day-to-day work with clients.

An effective Code of Practice can:

- Offer guidance to advocates in their role
- Inform clients of what they can realistically expect from their advocate/advocacy service
- Educate health, social care, third and private sector services, commissioners and others about the scope and limitations of the advocate's role
- Help to develop a better understanding of the training, supervision and support needs of advocates
- Raise awareness of the need for and benefits of independent advocacy for vulnerable people

Definition of advocacy

Advocacy is taking action to help people say what they want, secure their rights, represent their interests and obtain services they need. Advocates and advocacy providers work in partnership with the people they support and take their side. Advocacy promotes social inclusion, equality and social justice.

Definition of non-instructed advocacy

Non-instructed advocacy takes place when a person lacks the capacity to instruct an advocate.[1]

The non-instructed advocate seeks to uphold the person's rights; ensure fair and equal treatment and access to services; and make certain that decisions are taken with due consideration for all relevant factors which must include the person's unique preferences and perspectives.

[1] An individual might be able to express what they want, e.g. to go home, state what they like or dislike, but may lack the capacity to instruct an advocate as to the action to take regarding a particular issue.

The Advocacy Charter

Defining and promoting key advocacy principles

Clarity of purpose

The advocacy provider's aims, objectives and planned activities are within the objects set out in its governing document and providers should be able to demonstrate how these meet the principles contained in this Charter. Advocacy providers should ensure that the people they advocate on behalf of, health and social care services and funding agencies have information on the scope and limitations of the advocacy provider's role.

Independence

The advocacy provider will be structurally independent from statutory organisations. The advocacy provider will be as free from conflict of interest as possible, both in design and operation of advocacy services, and seek actively to reduce conflicting interests, in particular where the organisation provides additional services such as housing provision.

Person Centred Approach

The advocacy provider will ensure that the wishes and interests of the people it advocates on behalf of direct its work. Advocates should be non-judgmental and respectful of people's needs, views, culture and experiences.

Empowerment

The advocacy provider will support self-advocacy and empowerment through its work. People who access the service should have a say in the level of involvement and style of advocacy support they want where they are able and wish to. Where clients lack the ability or capacity to influence the service, the advocacy provider should have a process in place to enable those with an interest in the welfare of the person to influence this. Providers will ensure that people who want to, can influence and be involved in the wider activities of the organisation up to and including at Board level.

Equal Opportunity

The organisation will have a written equal opportunities policy that recognises the need to be pro-active in tackling all forms of inequality, discrimination and social exclusion. The advocacy provider will have systems in place for the fair and equitable allocation of advocates' time.

Accessibility

Advocacy will be provided free of charge to eligible people. Where clients need or want to purchase advocacy or where someone has an appointed deputy/attorney in place who wishes to instruct an advocate on the person's behalf, suitable processes should be in place to safeguard the person and ensure they are not open to financial abuse. The advocacy provider will aim to ensure that its premises (where

appropriate), policies, procedures and publicity materials promote access for the population that it serves.

Supporting advocates

The advocacy provider will ensure advocates are suitably prepared, trained and supported in their role and provided with opportunities to develop their knowledge, skills and experience.

Accountability

The advocacy provider will have systems in place for the effective monitoring and evaluation of its work, including identification of outcomes for people supported. All those who access the service will have a named advocate and a means of contacting them.

Confidentiality

The advocacy provider will have a written policy on confidentiality that is in line with the Data Protection Act 1998 and the Mental Capacity Act 2005. It should outline how information about a person accessing the service may be shared as well as the circumstances under which confidentiality might be breached. Advocates must also be aware of situations that would require making a child or adult safeguarding alert.

Complaints

The advocacy provider will have a written policy describing how individuals, including relevant stakeholders, can make complaints or give feedback about the service or about individual advocates. Where necessary, the organisation will enable people who use its services to access external independent support to make or pursue a complaint.

Safeguarding

Clear policies and procedures will be in place to ensure safeguarding issues are identified and acted upon. Advocates will be supported to understand the different forms of abuse and neglect, issues relating to confidentiality and what to do if they suspect a client is at risk.

Code of Practice

Clarity of purpose

1. Advocates should be clear about the nature and extent of their role. They should understand the boundaries of their own advocacy role and non-advocacy roles such as mediation and advice giving.
2. Advocates should not act outside of these boundaries. Advocates should seek permission (where the client has the capacity to consent or refuse) to refer people on to other agencies where appropriate.
3. Advocates should refer clients who lack capacity to consent to other appropriate services, including other advocacy providers, where appropriate/in their best interests (in accordance with the Mental Capacity Act 2005).
4. Advocates should be able to explain, in straightforward language, what advocacy is and isn't; why some people need advocacy; where people have a statutory right to access advocacy; where there is a statutory duty placed on the NHS or Local Authority to instruct an advocate; and the benefits advocacy can bring. They should be equipped to answer questions and deal with enquiries about advocacy.
5. Advocates should be responsible for providing clients with a clear explanation of their role at the start of any new relationship, which should include providing easy to read materials where this is required.
6. Advocates should provide written information about their organisation and a copy of the Code of Practice to clients, carers or other professionals if requested.

Independence

1. Advocates should be able to describe how they are independent from other service providers.
2. Advocacy providers should ensure there is a service level agreement where they receive funding from the local authority or other organisation that provides services that are not advocacy e.g. domiciliary care or supported housing. This should make clear that the advocacy provider is independent from the other organisation.
3. Advocacy providers should have suitable policies and processes in place that support them to challenge decisions made on behalf of their clients by practitioners working in health and or social services.
4. Advocates should take all appropriate steps to avoid conflicts of interest occurring in their work with clients. Where a conflict of interest does arise, it should be declared to the line manager and advice should be sought as to how to proceed.
5. Advocates should be free to act according to the wishes and needs of clients. They should not be compromised through requirements of contracts to act in a certain way that is not in line with advocacy principles or other guidance such as the Mental Health Act 1983 Code of Practice; Mental Capacity Act 2005 Code of Practice or Advocacy Code of Practice whilst carrying out their duties. Where this occurs, it should be reported to the line manager at the earliest opportunity.

Person Centred Approach

1. Advocates should ensure advocacy support is appropriate to the client's needs and/or expressed wishes.
2. Advocates should take instruction from clients where they have the capacity to instruct or take instruction from a third party where the client lacks capacity to instruct.
3. Advocates should base their actions on mutually agreed plans and preferred outcomes, and work in partnership with clients to achieve this.
4. Where advocates are acting in a non-instructed role their actions should be guided by the framework of the Mental Capacity Act 2005, the Mental Health Act 1983 (where applicable) and the recognised approaches to non-instructed advocacy.
5. The advocacy provider should have clear policies and processes that outline the model of advocacy that they deliver and which guide the advocacy role including:

- Prioritisation policy
- Non instructed advocacy policy
- Referral/instruction forms that include third party referral options
- Form of authority (for use in both instructed and non instructed advocacy)

The advocacy role may include:

Instructed Advocacy:

- Gathering and presenting up to date and accurate information to help clients make informed choices but NOT giving advice.
- Listening to clients and discussing options but NOT imposing views or opinions.
- Channelling clients wishes, views and requested instruction, NOT filtering them e.g. due to personal views that the client will not achieve what they wish.
- Talking to and corresponding with family members or other professionals with the client's permission but NOT making decisions or choices on behalf of clients.
- Representing the client's expressed views and wishes but NOT taking action independently of the client unless they have clearly instructed this.
- Agreeing a plan of action and identifying initial outcomes and timescales with clients but NOT being prescriptive or inflexible.
- Ensuring the person's fundamental human rights are respected and upheld at all times.
- Challenging health, social care or third sector service providers and decision makers in order to promote a person-centred approach.

Non-instructed advocacy:

- Where a client lacks the capacity to instruct, using the recognised models of non-instructed advocacy which include:
    - Person centred approach
    - Witness observer approach

    - Rights based approach
    - Watching brief
- Questioning approachUsing the framework of relevant legislation to guide and underpin the advocacy role including the Mental Capacity Act 2005 (5 statutory principles and best interests checklist); Mental Health Act 1983; Human Rights Act 1998; Equality Act 2010; Data Protection Act 1998 and any other relevant legislation or guidance.
- Spending time with the person in order to get to know them and building a picture of their preferences, wishes, views, circumstances, lifestyle and their cultural or religious background.
- Seeking appropriate alternative forms of communication, which enable the client to express wishes, views and choices.
- Ensuring the person's fundamental human rights are respected and upheld at all times.
- Following the process of supported decision making to ensure the client is as involved in decisions about them as much as possible.
- Challenging health, social care or third sector service providers and decision makers in order to promote a person-centred approach.

Other forms of advocacy may also include:

- Peer Advocacy
- Group Advocacy
- Self Advocacy

Empowerment

1. The advocacy provider should have empowerment at the heart of their service delivery and carry out the following actions to ensure clients are as active and present in decisions that are being made about them as they possibly can be:

- Promoting and delivery of self-advocacy tools/models.
- Promoting supportive decision-making to ensure the client is at the heart of decisions about their own care and support.
- Recording the outcomes achieved by an advocacy client.
- Promoting the person's rights within decision-making meetings and highlighting relevant guidance and legislation that underpins this.
- Agreeing on methods of advocacy representation where the client is able to instruct the advocate to ensure they have a say in their own lives and become enabled to access relevant services.
- Use the framework of the Mental Capacity Act 2005 and recognised models of non-instructed advocacy where the person lacks capacity to make particular decisions to ensure the person has a say in their own lives and decisions that are being made about them.
- Ensuring that the client has been referred appropriately and considering if advocacy is the best option or if another form of support would be more appropriate (advice or information for example).

2. Advocates should be able to explain to all clients what their rights and options are with respect to the specific decision at hand. Where the advocate is unable to do this either due to a lack of knowledge, skills or specific expertise they should support clients to access the most appropriate representation, advice or information e.g. via a solicitor, advice organisation or alternative specialist service.
3. Advocates should inform clients of their right to request a change of advocate (within the constraints of the organisation), or terminate contact with the advocate, at any time if a client is unhappy with the advocate's approach to a particular issue.
4. Advocates should be open and transparent in their work with clients. Advocates should recognise the existing skills of clients, and support people to develop new skills and the confidence to speak for themselves.
5. Advocates should provide clients with information about making a complaint about the service or advocate.
6. Advocates should provide clients with information about how they can give feedback to the advocacy provider about its work and how to get involved in the wider activities of the organisation if they wish/where this is an option.

Equal Opportunity

1. Advocacy providers should ensure that they are able to meet the needs of the population they serve and where this is compromised e.g. due to lack of resources, this is raised with relevant stakeholders and/or funders.
2. Advocates should be fully conversant with their organisation's equal opportunities policy and be able to explain it to others in straightforward language. Advocates should adhere to this policy at all times.
3. Advocacy providers should be aware of their duties and responsibilities under relevant human rights and equality legislation including the Equality Act 2010, Human Rights Act 1998 and other relevant wider policies that promote personalisation and person centred care and support.
4. Advocates should counter/challenge any evidence of unfair or unequal treatment and challenge discriminatory practice. Advocacy providers should ensure there are systems in place that enable advocates to whistleblow, make complaints, make a safeguarding alert or seek legal advice where appropriate.
5. Advocates should be respectful of clients' religious, cultural and spiritual needs and be proactive in ensuring these are met. Where a client expresses a preference for advocates with particular skills, knowledge or attributes, this should be referred to the line manager.

Accessibility

1. Advocates should not make a charge to clients for their services where they are funded directly to provide this service.
2. Advocacy providers that charge for their service e.g. where someone has a property and affairs deputy or attorney who believes that advocacy representation would be in the client's best interests, must ensure there are appropriate safeguards and agreements in place that ensure the client is not vulnerable to financial abuse.
3. Advocacy providers that charge for their services for clients who have capacity to consent to this (e.g. because there is not appropriate funding provision in place) must ensure there are appropriate safeguards and processes in place to ensure the client is not vulnerable to financial abuse. This may involve approaching the local authority for specific funding or having a sliding scale of charges that are proportionate to a person's circumstances.
4. Advocacy providers should ensure there is information made publicly available about their service and its remits on their websites and in written information, in a format reflective of the needs of local client groups e.g. in other languages, Makaton, Easy Read, Braille etc.
5. Advocacy providers should ensure there is a clear and accessible referral/instruction process for self-referrers as well as third parties.
6. Advocates should ensure that clients are aware of when and how they can be contacted and any limitations to this contact (e.g. not at weekends).
7. Advocates should respond positively to requests from clients to meet in places and at times, which are mutually convenient. Where necessary, the advocate should make arrangements for accessible meeting places, which are acceptable to the client and/or setting they are in.
8. Advocates should be fully conversant in their and other organisations' (where they provide advocacy in a range of settings) risk management and health and safety policies. Advocates should explain to clients when particular aspects of these polices impact upon when and where the advocate can meet the client (e.g. in some secure settings).
9. Advocates should make every effort to ensure that information they have gathered on behalf of the client is accessible and understandable to them.

Supporting advocates

1. Advocacy providers should ensure the following is available, and that advocates make full use of and contribute to:

- On-going relevant training and personal development opportunities.
- One to one casework supervision with the line manager or other appropriate identified person who is suitably skilled and knowledgeable about the role of advocacy.
- Annual appraisal against agreed targets.
- Group support and networking opportunities with other advocates and other health, social care, third or private sector organisations.
- Opportunities for reflection and analysis of their own practice.
- Specialist supports such as counselling, as required and available.

2. Advocacy providers should ensure that advocates are supported to carry out their roles safely and competently through having the right knowledge and skills.
3. Advocates should ensure they have access to, and know how to use, a wide range of information resources such as books, journals and the internet, which are accurate and up to date.
4. Advocacy providers should consider putting in place processes for mentoring or shadowing advocates where this may enhance or support development of their practice.

Accountability

1. Advocates should operate within the law at all times, and ensure they adhere to their organisation's employment and funding contracts.
2. Advocacy providers should ensure they are fully aware of their duties and responsibilities under employment law and that advocates are familiar with this.
3. Advocacy providers and advocates should be aware of their statutory duties with regards to human rights legislation and safeguards where they receive funding from a statutory body.
4. Advocates are accountable on different levels, including to their organisation and the client. In practice this means that:

- Advocates should keep accurate and up to date written records of actions taken and progress made with their work. Clients should be kept informed of and involved in all aspects of the advocacy process.
- Advocates should comply with the organisation's data collection policy and the Data Protection Act 1998 and ensure client-monitoring information is routinely collected and fed back to the organisation.
- Advocates should not hold money or possessions belonging to a client. In exceptional circumstances where there is no alternative but for the advocate to do so, proper records and receipts should be kept and the line manager must be notified of any such transactions at the earliest opportunity.
- Advocates should not accept gifts other than one-off, inexpensive items, which should be declared to the line manager. Further gifts should be declined, and an explanation given to the client.
- Advocates should not make promises to clients, which they may not be able to fulfil.
- Advocates should conduct themselves in a professional and responsible manner in all dealings with clients, carers and other professionals. Where disputes do arise, these should be referred to the line manager at the earliest opportunity.

Confidentiality

1. Advocacy providers should ensure their confidentiality policy is in line with the Data Protection Act 1998 and Mental Capacity 2005.
2. Advocates should be fully conversant with their organisation's confidentiality policy and be able to explain it in straightforward language including where information will be shared in a person's best interests (in line with the Mental Capacity Act 2005).
3. Advocates should at all times observe and respect the rights and remits of confidentiality for clients within the policy of the organisation which should include:

- Breaching confidentiality where there are concerns for the health and / or safety of the person or others.
- Sharing information in line with the Data Protection Act 1998 and Mental Capacity Act 2005 when it is deemed to be in the client's best interests.
- Awareness of the responsibilities of being a 'record holder' under the Data Protection Act 1998 and the holding of data about clients.

In line with best practice, this will generally mean that:

- Advocates should be honest with the client about the level of confidentiality they can realistically guarantee. This means explaining any conditions under which confidentiality may be breached (e.g. harm to self or others and abuse) and the means by which this may occur.
- Advocates should receive appropriate casework supervision and will be expected to discuss their work with their line manager on a regular basis.
- Notwithstanding the above exceptions, advocates should not share information about a client with others without that individual's permission where they have the capacity to consent. Where permission cannot be obtained due to reasons of incapacity, information should be shared in accordance with the Mental Capacity Act 2005 i.e. where it is deemed to be in their best interests e.g. to ensure their wishes and views are heard and their rights are upheld/taken into account within decision making.
- Advocates should inform the client about all actions taken on their behalf.
- Advocates should avoid colluding with hearsay and speculation about a client.
- Advocates should ensure that all data kept on a client is securely stored in line with the Data Protection Act 1998 and routinely updated and checked for accuracy. Clients should have access to this information as requested.

Complaints

1. Advocacy providers should ensure that complaints are dealt with in a timely manner and in accordance with the organisation's policies and procedures.
2. Advocates should be fully conversant with their organisation's complaints procedure and be able to explain it in straightforward language to both clients and other relevant stakeholders.
3. Advocates should ensure that clients are made aware of their right to make a complaint about the advocate or advocacy service. This may involve giving clients a copy of the organisation's complaints leaflet; explaining the various stages of the complaints process to them at the start and during the course of the relationship; and being open to criticism and suggestions without becoming defensive.
4. Where the complaint is from another professional e.g. social worker, care home manager or a relative of the client, the same high standards of professional conduct should apply.
5. All complaints received by the advocate in the course of their work, whether verbal or written, should be passed on to their line manager at the earliest opportunity.

Safeguarding

1. Advocacy providers should have suitable adult and child safeguarding policies and procedures in place that enable the advocate to make a safeguarding alert or represent the client through the process.
2. Advocates should be trained in and knowledgeable about the different forms in which abuse and neglect can take place, including but not limited to, physical, emotional and financial abuse.
3. Advocates should be aware of the appropriate action to take if safeguarding issues are identified.
4. Advocates should be aware of the organisation's whistleblowing policy and procedures and be supported to make use of these where appropriate.
5. The organisation should have a clear policy, which is understood by all advocates, detailing in what circumstances client confidentiality can be breached.
6. The organisation should have strong links with local safeguarding agencies if alerts need to be raised.
7. Advocates and providers should ensure that any alerts are followed up and outcomes recorded.

References

Watching brief
http://www.asist.co.uk/watching-brief

MCA
http://www.legislation.gov.uk/ukpga/1998/29/contents

DPA
http://www.legislation.gov.uk/ukpga/1998/29/contents

HRA
http://www.legislation.gov.uk/ukpga/1998/42/contents

The original Charter and Code of Practice was based on work done previously by other organisations that have developed their own Codes of Practice.

These are: Advocacy – a Code of Practice (UKAN, 1994); Advocacy Network Newcastle Code of Practice; Bild Statement of Working Practice (April 2003); Di Barnes and Toby Brandon with Tricia Webb (June 2002); Wessex Advocacy Consortium Code of Practice (April 1996); Your Say Code of Practice by Kirstie Mann (January 2002).

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ADULTS AND HOUSING SCRUTINY COMMITTEE
11th September 2018

ITEM NO. .....

WORK PROGRAMME

SUMMARY REPORT

Purpose of the Report

1. To consider the work programme items scheduled to be considered by this Scrutiny Committee and to consider any additional areas which Members would like to suggest should be added to the previously approved work programme.

Summary

2. Members will recall that, at previous meetings of this Scrutiny Committee, discussions have been held and agreement reached on areas which this Scrutiny Committee wished to undertake a number of pieces of work. Although there are a couple of areas where work is still on-going, the majority of this work has now been completed and Members are requested to consider areas where it would like to focus its work over the next Municipal Year.

Recommendations

3. It is recommended that Members note the current status of the Work Programme and consider any additional areas of work they would like to include.

4. Members' views are requested.

Paul Wildsmith
Managing Director

Background Papers

No background papers were used in the preparation of this report.

Author: Shirley Burton

S17 Crime and Disorder	This report has no implications for Crime and Disorder
Health and Well Being	This report has no direct implications to the Health and Well Being of residents of Darlington.
Carbon Impact	There are no issues which this report needs to address.
Diversity	There are no issues relating to diversity which this report needs to address
Wards Affected	The impact of the report on any individual Ward is considered to be minimal.
Groups Affected	The impact of the report on any individual Group is considered to be minimal.
Budget and Policy Framework	This report does not represent a change to the budget and policy framework.
Key Decision	This is not a key decision.
Urgent Decision	This is not an urgent decision
One Darlington: Perfectly Placed	The report contributes to the Sustainable Community Strategy in a number of ways through the involvement of Members in contributing to the delivery of the eight outcomes.
Efficiency	The Work Programmes are integral to scrutinising and monitoring services efficiently (and effectively), however this report does not identify specific efficiency savings.
Impact on Looked After Children and Care Leavers	This report has no impact on Looked After Children or Care Leavers

MAIN REPORT

Information and Analysis

5. The format of the proposed work programme has been reviewed to enable Members of this Scrutiny Committee to provide a rigorous and informed challenge to the areas for discussion.

6. Each topic links to the outcomes and the conditions in the Sustainable Community Strategy – One Darlington Perfectly Placed:-

SCS Outcomes:	Three Conditions:
a) Children with the best start in life	a) Build strong communities
b) More businesses more jobs	
c) A safe and caring community	b) Grow the economy
d) More people caring for our environment	c) Spend every pound wisely
e) More people active and involved	
f) Enough support for people when needed	
g) More people healthy and independent	
h) A place designed to thrive	

7. In addition, each topic links to performance indicators from the Performance Management Framework (PMF) to provide robust and accurate data for Members to use when considering topics and the work they wish to undertake. There are some topics where appropriate PMF indicators have not yet been identified however; these can be added as the work programme for each topic is developed.

8. The topics have been grouped into three sections as follows:

   a) Overarching e.g. Health Watch; Performance Management
   b) Adult Social
   c) Housing

   In some cases topics have been grouped together where they are closely related such as Welfare Reform and Universal Credit.

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ADULTS AND HOUSING SCRUTINY COMMITTEE WORK PROGRAMME

2018/19

Topic	Timescale	Lead Officer	SCS Outcome	Darlington Conditions	Link to PMF (metrics)	Scrutiny's Role
Performance Management and Regulation Regular performance reports to be programmed End of Year Performance including Compliments, Comments and Complaints)	Quarter 1 – 11th September, 2018 Quarter 2 – 18th December, 2018 Quarter 3 – 12th March, 2019 Quarter 4 – End of Year – 3rd July, 2019	Pauline Mitchell/ James Stroyan/ Christine Shields	More people healthy and independent A safe and caring community Enough support for people when needed	Build strong communities Spend every pound wisely	Full PMF suite of indicators	To receive quarterly monitoring reports and undertake any further detailed work into particular outcomes if necessary.
Support for Adults with autism	Review to commence June 2017. Completion date September, 2018	Christine Shields	More people healthy and independent A safe and caring community	Spend every pound wisely	ASC 023 ASC 043 ASC 044 ASC 089 ASC 113 ASC 131 ASC 137 ASC 155 ASC 161	To undertake an in-depth review into the support pathway within Darlington. Task and Finish Review Group established.

Adult Social Care Transformation Programme	30th October, 2018	Christine Shields/ James Stroyan	A safe and caring community Enough support for people when needed	Building strong communities		Update on progress of all work streams
Support to Carers	11th September, 2018	Christine Shields	More people healthy and independent Enough support for people when needed	Building strong communities		To look at the Carers Strategy and Implementation Plan and ensure that structures and services are in place to support carers in their role and to allow them to live a life of their own alongside their caring role.
Adult Transport Service	TBC	James Stroyan	Enough support for people when needed	Spend every pound wisely		To look at the revised policy
Advocacy	11th September, 2018	Christine Shields	More people healthy and independent Enough support for people when needed	Building strong communities		To look at the advocacy services provided to support individuals to get the social care support that they need Scene setting – Members mystery shopping. Possible Task and Finish review

Darlington Adults Safeguarding Board – Annual Report	30th October, 2018	Ann Baxter	A safe and caring community	Build strong communities	ASC 028 ASC 029 ASC 059 ASC 061 ASC 062 ASC 199 ASC 200 ASC 201 ASC 202 ASC 203 ASC 204 ASC 205 ASC 206 ASC 207 ASC 209 ASC 210 ASC 213 ASC 214	To consider the Annual Report on the work of the Board and to receive reassurance that adult safeguarding is being addressed and an effective approach is in place. To be advised of the key issues for the Board and funding.
Quality Assessment Annual Monitoring of local care homes for older people	30th October, 2018	Christine Shields	Enough support for people when needed	Spend every pound wisely		To look at the outcome of the assessment and undertake any further work if necessary
Customer Engagement in Housing Services	18th December, 2018	Pauline Mitchell	More people active and involved	Build strong communities		To look at work being done within communities and how the Customer Panel engage with new communities.

Homelessness Strategy and the Homelessness Reduction Act	July 2019	Pauline Mitchell	A safe and caring community Enough support for people when needed	Build strong communities	HBS 027	To look at the impact following the introduction of the Act. Update on current position within Darlington
Syrian Refugees	18th December, 2018	Pauline Mitchell	Enough support for people when needed	Build strong communities		To look at the support services provided.
Housing Business Plan and Housing Revenue Account	18th December, 2018	Pauline Mitchell	A place designed to thrive	Build strong communities Spend every pound wisely. Grow the Economy		To monitor the Housing Strategy and ensure it delivers and meets its objectives. To look at the priorities for maintenance
New Build Housing	18th December, 2018	Pauline Mitchell	A place designed to thrive	Building Strong Communities		To review new build housing and undertake visits.
Community Equipment Service	18th December, 2018	Christine Shields	More people healthy and independent. More people active and involved	Spend every pound wisely	ASC 005 ASC 015	To monitor spend and review the operation of the contract following its award in 2015. Case studies

Welfare Reforms and Universal Credit Welfare Reforms Update	11th September, 2018	Pauline Mitchell/ Anthony Sandys	Enough support for people when needed More businesses and more jobs	Build strong communities Grow the economy		To look at the impact of the roll-out of Universal Credit in Darlington and the potential impact on residents and Council services.
Deprivation of Liberty Safeguards (DoLS)/Mental Capacity Act	18th December, 2018	James Stroyan	A safe and caring community Enough support for people when needed	Build strong communities	ASC 063 ASC 064	To look at the outcomes and experiences of those who lack capacity and are subject to a DoLS and to look at how partners work together to ensure high quality services and outcomes. Update on impact following new legislation
Better Care Fund	11th September, 2018	James Stroyan/ Christine Shields	More people healthy and independent	Spend every pound wisely	ASC 08 ASC 058 (ASCOF 3e) ASC 051 ASC 038 ASC 054 Inpatient Survey GP Survey	Progress through metrics. To monitor the impact and delivery of the Better Care Fund in achieving better care for residents by preventing unnecessary hospital and care homes admissions by allowing people to live more independently in the community.

ARCHIVED ITEMS

Quality Assurance Arrangements – Domiciliary Care	3rd July, 2018	Christine Shields	More people healthy and independent Enough support for people when needed	Building strong communities Spend every pound wisely	ASC 157 ASC 158	To look at the quality of care of commissioned services within Darlington for residents in domiciliary care. Domiciliary Care – Update on new contract/commissioned services/reassurance demand being met
Healthy New Towns	3rd July, 2018	Miriam Davidson/ Hilary Hall	Enough support for people when needed A safe and caring community More people active and involved	Building Strong Communities		To consider how Scrutiny can be involved

JOINT COMMITTEE WORKING – HEALTH AND PARTNERSHIP SCRUTINY COMMITTEE

Topic	Timescale	Lead Officer/ Organisation Involved	SCS Outcome	Darlington Conditions	Link to PMF (metrics)	Scrutiny's Role
Telecare and Telehealth **Health and Partnerships to lead**	Date to be advised	Christine Shields	More people healthy and independent More people active and involved	Spending Every Pound Wisely Build Strong Communities	To be determined	To scrutinise and challenge New Models of Care
End of Life and Palliative Care **Health and Partnerships to lead**	Date to be advised	CDDFT/CCG	A safe and caring community Enough support for people when needed.	Spending Every Pound Wisely Build Strong Communities	To be determined	To scrutinise processes in place across agencies
Better Health Programme **Health and Partnerships to lead**	Date to be advised	DBC/CCG/ CDDFT	More people healthy and independent	Build Strong Communities Spend Every Pound Wisely	To be determined	To scrutinise and challenge processes in place

JOINT COMMITTEE WORKING – HEALTH AND PARTNERSHIPS AND CHILDREN AND YOUNG PEOPLES SCRUTINY COMMITTEES

Topic	Timescale	Lead Officer/ Organisation Involved	SCS Outcome	Darlington Conditions	Link to PMF (metrics)	Scrutiny's Role
Domestic Abuse	Date to be advised	Miriam Davidson	More people healthy and independent More people active and involved Children with the best start in life	Spending Every Pound Wisely Build Strong Communities	To be determined	