



Adults, Wellbeing and Health Overview and Scrutiny Committee

Date **Monday 20 December 2010**
Time **10.00 am**
Venue **Committee Room 2 - County Hall, Durham**

Business

Part A

**Items during which the Press and Public are welcome to attend.
Members of the Public can ask questions with the Chairman's
agreement.**

1. Minutes of the Meeting held 21 October 2010
2. Declarations of Interest, if any
3. Any Items from Co-opted Members or Interested Parties
4. Care Quality Commission Performance - Assessment for Adult Social Care (Pages 1 - 38)
Report of the Corporate Director, Adults, Wellbeing and Health
5. NHS County Durham - Transitional Arrangements following health White Paper
Presentation by David Gallagher, Director of Unplanned Care/Locality Director – Darlington, NHS Co Durham and Darlington
6. Putting People First/Transforming Social Care (Pages 39 - 48)
Report of the Head of Commissioning
7. Safeguarding Adults Board Annual Report (Pages 49 - 80)
Report of the Corporate management Team

8. Quarter 2 2010/2011 - Performance Management Report
(Pages 81 - 104)
Report of the Assistant Chief Executive
9. Forecast of Outturn 2010/2011 - Quarter 2 (Pages 105 - 110)
Report of the Hed of Finance, Adults, Wellbeing and health
10. Working Group Reviews (Pages 111 - 122)
 - (i) Short Breaks Reprovision, Heathway, Seaham
Report of the Assistant Chief Executive
 - (ii) Health Inequalities/Regional Scrutiny – Veterans
Mental Health Workstream
 - (iii) Review of Older Peoples Mental Health Services in
South Durham and Darlington
Verbal update by the Overview and Scrutiny Manager
11. Such other business as, in the opinion of the Chairman of the
meeting, is of sufficient urgency to warrant consideration

Colette Longbottom
Head of Legal and Democratic Services

County Hall
Durham
10 December 2010

To: **The Members of the Adults, Wellbeing and Health Overview and
Scrutiny Committee**

Councillor R Todd (Chairman)
Councillor J Chaplow (Vice-Chair)

Councillors J Armstrong, J Bailey, A Barker, R Bell, B Brunskill, D Burn,
A Cox, R Crute, K Davidson, P Gittins, A Laing, M Potts, A Savory, A Shield,
W Stelling, P Stradling, T Taylor, O Temple and A Wright

Co-opted Members: V Crosby, K J M Currie, H Gibbon, R Hassoon, D Haw
and Taylor-Gooby

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Cabinet

15 December 2010

**Care Quality Commission Performance
Assessment for Adult Social Care
2009/10**



Report of Corporate Management Team

Rachael Shimmin, Corporate Director, Adults, Wellbeing & Health

Councillor Morris Nicholls, Portfolio Member for Adult Services

Purpose of the Report

- 1 To report the Care Quality Commission (CQC) annual Assessment of Performance for Durham County Council's Adult Social Care Services in 2009/10.

Background

- 2 The Care Quality Commission (CQC) is the regulator of health and social care in England. On 25th November 2010, CQC provided their Assessment of Performance Report for Durham County Councils Adult Social Care Services relating to 2009/10. Annual Performance Reports have been produced by the regulator since November 2002 and aim to improve public information about current performance of councils and to promote improvement at local, regional and national levels.
- 3 The publication of the report follows a thorough assessment process, which has required the Council to submit evidence to CQC to demonstrate that high quality outcomes are being delivered to service users and carers. In formulating their performance report CQC have considered a broad range of evidence including:
 - a. The Councils self assessment of performance
 - b. Regulatory information about the quality of residential and domiciliary care services commissioned and provided by the County Council,
 - c. Performance against key indicators and targets,
 - d. Service user and carer feedback,
 - e. Case studies which have identified positive outcomes for service users and carers
 - f. Progress against areas identified for improvement during the 2008-9 performance assessment
 - g. Direct feedback from meetings with service users with a Learning Disability and their carers, and service users who have had a stroke.

Performance Assessment and Grades in 2009/10

- 4 There are two elements to the CQC performance judgement of adult social care. The first element relates to “Delivering Outcomes” for service users and carers. This is a scored assessment against seven outcomes identified by CQC. The possible grades for each of the outcomes are Poor, Adequate, Well and Excellent.
- 5 The second part of the CQC performance assessment process relates to the quality of Leadership and Commissioning and Use of Resources. This is reported in the form of a narrative and is not awarded a grade.

Delivering Outcomes

- 6 A significant change to the assessment process in 2009/10 was that Councils were able to make a self declaration (i.e. propose a grade) for each of the seven outcomes. Where Durham self declared at an improved grade for any of the outcomes then CQC required the full range of evidence to be submitted to support this improvement. For the outcome Personal Dignity and Respect (which includes safeguarding arrangements for vulnerable adults), all Councils had to submit the full range of evidence to CQC. CQC considered the self declaration of the Council on the basis of available information, past performance and appropriate intelligence.
- 7 The grades CQC have awarded Durham in relation to each of the seven outcomes in 2009/10 are shown in the table below:

Table 1 – Delivering Outcomes

Outcome	CQC Grades 2008/9	CQC Grades 2009/10
Improved health and emotional wellbeing	Well	Excellent
Improved quality of life	Excellent	Excellent
Making a positive contribution	Excellent	Excellent
Choice and control	Well	Well
Freedom from discrimination	Well	Excellent
Economic well-being	Well	Well
Personal dignity	Well	Well
Overall Judgement for ‘Delivering Outcomes’	Well	Excellent

- 8 In 2009/10, Durham has improved the two outcome grades relating to ‘Improved Health and Emotional WellBeing’ and ‘Freedom from Discrimination’, which are both

now graded as 'Excellent'. All other outcome grades have remained the same as in 2008/9. As a result, Durham has achieved four outcome grades of 'Excellent' and three outcome grades of 'Well'.

- 9 CQC aggregate the grades for each of the seven outcomes against published criteria to formulate an overall judgement for "**Delivering Outcomes**". For Durham County Council the overall judgement is '**Excellent**'. The Performance Assessment letter received from CQC on 25th November is attached at **appendix 2**

Commissioning and Use of Resources

- 10 The second part of the CQC judgement relates to 'Leadership' and 'Commissioning and Use of Resources'. CQC assess the two domains, but do this in the form of a narrative report, instead of a graded score.
- 11 For 'Leadership' the narrative report highlights key strengths in relation to a clear vision for adult social care amongst managers and members, robust planning systems, partnership working with health, performance management systems, workforce strategies and risk management. There are no areas for improvement identified.
- 12 Similarly for 'Commissioning and Use of Resource', the CQC report highlights key strengths as the development and implementation of joint commissioning strategies, improving outcomes for self funders, quality assurance of service commissioning and increasing numbers of people receiving individual budgets. There are no areas for improvement highlighted.

Reporting the CQC Performance Report

- 13 The Director of Adult Social Services is expected to present the CQC Assessment of Performance report (attached as **appendix 3**) to the relevant executive committee of the council by 31st January 2011, and to inform CQC of the date that this will take place. Councils should also make the Assessment of Performance report available to the public at the same time (the report will be published on the Council website on 15th December 2010), as well as copying the grading letter and report to their appointed auditor.

National and Regional Comparison

- 14 On 25th November, 2010, CQC published the 'Delivering Outcomes' grades for all local authorities in England. The following table provides a summary of national and regional performance in relation to the grades achieved by authorities:

Table 2 – Regional and National Performance

CQC Delivering Outcomes Grade	North East Region	National
Excellent	5	37
Well	4	108
Adequate	3	7
Poor	0	0

- 15 At national level, 24.3% of Councils achieved an overall grade for 'delivering outcomes' of 'Excellent' in 2009/10, whilst 71% achieved a grade of 'Well'. Within the North East Region, 41% of Councils achieved 'Excellent' with 25% graded as

'Adequate'. The table below provides an analysis of the 'Delivering Outcomes' grades achieved by North East Councils:

Table 3 – Performance of North East Councils

Council	Excellent	Well	Adequate	Poor	Overall Grade
Hartlepool	5	2			Excellent
Newcastle upon Tyne	5	2			Excellent
Durham	4	3			Excellent
Middlesbrough	4	3			Excellent
North Tyneside	4	3			Excellent
Northumberland	2	5			Well
Stockton-on-Tees	1	6			Well
Darlington		6	1		Well
Sunderland		5	2		Well
Redcar & Cleveland	1	4	1	1	Adequate
South Tyneside	1	2	4		Adequate
Gateshead		4	2	1	Adequate

Key Strengths

16 Within the Assessment of Performance Report, CQC have highlighted a significant number of 'key strengths' for Durham (**Appendix 4**), including the following:

- Councillors and senior managers have a clear vision of the direction of adult social care services within Durham. This vision is communicated in a variety of ways to all stakeholders.
- Joint commissioning strategies are in place and more are being developed.
- Numbers of people managing an individual budget are increasing.
- Supporting increasing numbers of people to live independent lives.
- Successfully reducing the numbers of delayed discharges.
- Working with health partners to address and remedy under nutrition of older people living in residential settings.
- Increasing the numbers of people benefiting from assistive technology.
- Addressing the issue of health inequalities and successfully reducing the gap in life expectancy for males and females in a number of areas within the county.
- Public awareness of safeguarding is high and this is reflected in the increasing number of referrals being made.
- Performance management framework which includes a joint framework with key partners and is linked through strategies and service improvement plans to national and local priorities.

Areas for Improvement

17 There are no areas for improvement identified by CQC in the 2009/10 Assessment of Performance. However, for Economic Wellbeing, CQC concluded that evidence of effective brokerage services for people on direct payments and individual payments still needs to be demonstrated before the Council could be considered excellent for this outcome. In response, the Council has undertaken market testing for external brokerage services and has developed plans for the future provision of this service. This includes promoting the use of brokerage services, as well as involving potential providers in personalisation events. The direct payments team are also supporting service users to make informed choices about their care.

Conclusion

18 The CQC Assessment of Performance Report is very positive about the performance of the County Council during 2009/10. The achievement of an overall 'Excellent' grade for delivering outcomes for service users and carers reflects a sustained programme of service improvement and performance management undertaken over several years. In achieving the 'Excellent' grade, the Council has made significant improvements in a number of key outcome areas which have been recognised by CQC. These include a number of areas which CQC previously identified as areas for improvement, and which are now recognised as key strengths.

Recommendations

19 Cabinet is recommended to:

- Receive the report and note the arrangement to include the report on the County Councils website on 15th December 2010.

**Contact: Peter Appleton, Head of Policy, Planning and Performance,
Adults Wellbeing & Health Tel: 0191 3833628**

Appendix 1: Implications

Finance	Adult Social Care services will need to manage increased demand for services, higher levels of performance criteria and changes in demography within available budgets.
Staffing	Effective Human Resource Management including recruiting and retaining high quality staff in all social care sectors is a critical factor in consolidating and improving performance.
Equality & Diversity	Ensuring services are accessed and provided in an equitable manner is an important factor in consolidating and improving performance.
Accommodation	N/A
Crime and Disorder	The relationship between effective community safety services and safeguarding vulnerable adults is considered within the CQC performance assessment process
Human Rights	CQC assess how well service users and carers are safeguarded from abuse and that personal care maintains their human rights and preserves dignity and respect.
Consultation	The involvement and engagement of service users and carers will become an increasingly strong feature of future performance assessment
Procurement	N/A
Disability Discrimination Act	The CQC Performance Assessment requires local authorities to ensure that people who use services and their carers have fair access to services. Their entitlements to health and care services are upheld. They are free from discrimination or harassment in their living environments and neighborhoods
Legal implications	There are a range of specific legislative requirements which must be complied with in delivering adult social care services.



Appendix 2

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Mrs Rachael Shimmin
Corporate Director: Adults, Wellbeing and Health
Durham County Council

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25th November 2010

Assessment of Commissioning for Durham County Council 2009/10: Performance grading

Dear Director

Following our letter of 4th October, I am writing to confirm your adult social care performance grading.

The performance grading for your council is as follows:

Delivery of outcomes: Performing Excellently

The performance grading and underlying judgements will be published today. The Assessment of Performance report for your council will also be available on the CQC website <http://www.cqc.org.uk/findcareservices.cfm>

Yours sincerely

A handwritten signature in black ink, appearing to read 'Jo Dent', with a horizontal line underneath.

Regional Director
Care Quality Commission



Assessment of Performance Report 2009/10

ADULT SOCIAL SERVICES ASSESSMENT OF PERFORMANCE 2009/10 :Durham



<i>Contact Name</i>	<i>Job Title</i>
Julie Rayner	Area Manager
<p>The report will produce a summary of the performance of how the council promotes adult social care outcomes for people in the council area.</p> <p>The overall grade for performance is combined from the grades given for the individual outcomes. There is a brief description below – see Grading for Adult Social Care Outcomes 2009/10 in the Performance Assessment Guide web address below, for more detail.</p> <p>Performing Poorly - not delivering the minimum requirements for people. Performing Adequately - only delivering the minimum requirements for people. Performing Well - consistently delivering above the minimum requirements for people. Performing Excellently - overall delivering well above the minimum requirements for people.</p> <p>We also make a written assessment about</p> <p>Leadership and Commissioning and use of resources</p> <p>Information on these additional areas can be found in the outcomes framework To see the outcomes framework please go to our web site: Outcomes framework You will also find an explanation of terms used in the report in the glossary on the web site.</p>	

2009/10 Council APA Performance

<p><i>Delivering outcomes assessment</i> Overall council is:</p>	<p><i>Excellent</i></p>
<p>Outcome 1: Improved health and well-being</p>	<p><i>Excellent</i></p>
<p>Outcome 2: Improved quality of life</p>	<p><i>Excellent</i></p>
<p>Outcome 3: Making a positive contribution</p>	<p><i>Excellent</i></p>
<p>Outcome 4: Increased choice and control</p>	<p><i>Well</i></p>
<p>Outcome 5: Freedom from discrimination and harassment</p>	<p><i>Excellent</i></p>
<p>Outcome 6: Economic well-being</p>	<p><i>Well</i></p>
<p>Outcome 7: Maintaining personal dignity and respect</p>	<p><i>Well</i></p>

Council overall summary of 2009/10 performance

Durham County Council was judged to be “performing well” in the 2008/09 Annual Performance Review (APA). Since then, the council have worked on the areas for development, as identified during that APA, and have submitted evidence this year to demonstrate measurable improvements. Some outcomes have not been assessed this year as the council have self- assessed their performance against these outcomes and concluded that the rating, as awarded last year, remains relevant.

The council has in place a strategic framework which includes the Council’s Sustainable Communities Strategy, the Joint Strategic Needs Assessment, six Service Improvement Plans specific to Adult Social Care and the Corporate Improvement Plan. Service improvement plans are linked into the Medium Term Financial Plan and have been developed following consultation and feedback from service users, carers, partner agencies and key stakeholders. The Adult Wellbeing & Health (AWH) Workforce Strategy lays out how the council will prepare their workforce to take on the on-going challenges of personalisation.

The council has undertaken a comprehensive benchmarking exercise and review of unit costs. It used the approach outlined in John Bolton’s work on ‘Use of Resources’ and the council reports that this work has already identified patterns of spend, opportunities for efficiencies and where further investigation is needed. The council have provided a number of examples where they have used their Value for Money work to improve services and transform them to support the personalisation agenda.

The council continue to provide people with a wide range of information on health and well-being and this work is beginning to have an effect on the health of population. People are supported to live independent lives in Durham and this year more people are holding a direct payment or an individual budget and buying the services they need to support their own choices and maintain their independence. Physical activity, food and nutrition is one of the key priorities of the councils Health Improvement Plan. The council has done a lot of work to ensure people receive nutritious food in residential care and have worked in partnership with health colleagues to develop and launch a policy for the identification and treatment of under nutrition in adults. The joint Palliative Care Strategy has been redrafted and the council expect this to be published in November 2010 as a Joint Commissioning Strategy for Palliative Care.

The council’s eligibility criteria remains at critical and substantial and information on eligibility is widely available and easily accessible. Processes are in place to effectively signpost people whose needs do not fall within the critical or substantial criteria and to monitor the effectiveness of this signposting and the quality of the care provided to self-funders. Assistive technology helps people feel safer in their own homes and the council has worked with minority communities and the general public to increase social cohesion and promote a greater understanding between communities. Equality and diversity training is mandatory for all staff and processes are in place to monitor attendance and application of the learning. Advocacy is available and includes an IMCA service which is commissioned by the Deprivation of Liberty Safeguarding team.

The council works in partnership with a number of agencies to increase the employment opportunities for services users and carers and have successfully managed, through the Welfare Rights Service, to maximise income for more people in 2009/10 than the previous year. There are effective safeguarding arrangements in place with a dedicated safeguarding web-site that gives people easy to understand information on what constitute abuse and what they can do to report suspicions and concerns. Safeguarding referrals have increased by 66% in 2009/10 and comprehensive safeguarding training is offered to staff in all sectors.

Overall Durham County Council have provided evidence to demonstrate improvements being made within a number of areas and relating to the Outcomes assessed.

Leadership

"People from all communities are engaged in planning with councilors and senior managers. Councilors and senior managers have a clear vision for social care. They lead people in transforming services to achieve better outcomes for people. They agree priorities with their partners, secure resources, and develop the capabilities of people in the workforce".

Conclusion of 2009/10 performance

The councils Sustainable Communities Strategy includes national and local priorities. The council has developed a new vision 'Altogether Better Durham' which includes improvement actions structured around five priority areas, which are: Altogether wealthier; Altogether healthier; Altogether safer; Altogether better for children and young people; Altogether greener. Within the Altogether Healthier priority area, sits six Service Improvement Plans (SIPs) which were produced for each service area in Adults, Wellbeing & Health (AWH) for 2009/12. These plans were signed off by the AWH Management Team in March 2009. The SIPs are part of a suite of strategic planning documents which outline to staff, elected members, partners and other key stakeholders the strategic improvement priorities of each service area within AWH. Service improvement plans link appropriately to council plans including the Medium Term Financial Plan.

The Corporate Improvement Programme has been established to deliver improvements in five key areas of operations: Financial Management, HR, ICT, Asset Management and Customer Services. AWH is represented in each of these themes which have been evaluated and lessons identified and the planned cost savings, improvements in technology and increases in efficiencies are beginning to be evidenced. A wide range of stakeholders are consulted and feed into the development of strategies and improvement plans. Strategies and improvement plans are also informed by the newly refreshed JSNA.

A review of integration of County Durham and Darlington Community Health Services has been completed and a single model of integrated teams of social care and nursing staff has been established. Partnership agreements have been developed to create robust governance and performance monitoring systems. The agreements currently cover older people, people with physical disabilities and people with learning disabilities. The council report numerous key benefits to people following on from this agreement which include a single point of access, more integrated support and quicker delivery of services.

The AWH Workforce strategy is linked to the Social Work Reform Board Strategy and demonstrates how the service will prepare and develop its workforce in order to implement requirements of workforce transformation and modernisation over the next three years. The council reports continued good performance on key workforce indicators including a reduction in the staff vacancy rate and a slight reduction in staff turnover. Sickness absence has also reduced further than the target for this year.

The service has established a Health and Safety Management System to control and mitigate risk and the monitoring of key areas such as accidents and incidents. This includes lone working. Action plans have been developed and risks are monitored on a quarterly and annual basis through an established Health and Safety Steering Group and Senior Management Team. As a result sickness absence as a result of accidents at work has fallen by 1.3% and work related ill health has also fallen by 6.5%

The council continues to have a robust performance management framework in place, including joint frameworks with key partners. It includes target setting, monitoring against a range of performance indicators, service user feedback, regular supervision and individual performance management and escalation processes. These are linked through strategies and service improvement plans to local and national priorities. Regular reports are produced to CMT, Cabinet and Overview and Scrutiny Committee against key priorities and indicators resulting in scrutiny of any areas of underperformance. Improvement action plans are developed in response to any issues. The council has demonstrated that strategies and plans based on quality management information from benchmarking, service reviews and consultation with people have led to service improvements and personalisation of services.

AWH have led the development of performance frameworks for the Safe Durham Partnership, Safeguarding Adults Board and contributes to arrangements for the Health and Wellbeing Partnership.

The council has a range of data access agreements in place with partners to ensure data is accessed appropriately. The council has implemented an electronic self assessment system to enable all service users to undertake online assessment for social care needs.

KEY STRENGTHS

- Councillors and senior managers have a clear vision of the direction of adult social care services within Durham. This vision is communicated in a variety of ways to all stakeholders.
- Transformation plans cut across the whole service and link in with national and local priorities. Plans are influenced by population need and customer feedback.
- Strong partnership working with health colleagues in service design and development.
- Reducing the staff vacancy and staff sickness rates.
- Development of robust risk management processes.
- Performance management framework which includes a joint framework with key partners and is linked through strategies and service improvement plans to national and local priorities.

AREAS FOR IMPROVEMENT

None identified.

Commissioning and use of resources

"People who use services and their carers are able to commission the support they need. Commissioners engage with people who use services, carers, partners and service providers, and shape the market to improve outcomes and good value".

Conclusion of 2009/10 performance

The JSNA has been refreshed and published. It includes a new economic narrative, a Joint Strategic Intelligence Threat Assessment, confirmation of collaborative working across all themes of County Durham Partnership and consultation with representatives from the 14 Area Action Partnerships, Town and Parish councils. It includes market and gap analysis, anticipates future demand and identifies priorities. Additional investment has been targeted in ASC for 2010/11 to meet demands and priorities identified including personalisation, for example, a reablement service and improved safeguarding and a domestic abuse service.

Joint commissioning strategies are informed by the JSNA and were implemented this year for carers, people with learning disabilities, adult and older people with mental health needs and for intermediate care. The development of all these strategies involved consultation with people who use services and carers. People and partner agencies were able to provide their feedback in a variety of formats. Action plans are linked to the strategies and progress against these action plans is monitored by the relevant joint commissioning group. The council can evidence outcomes from these plans such as the Emergency Support Service for Carers and re-modelling a residential care service for people with learning disabilities.

The council has also undertaken a gap analysis with specific groups of users and third sector organizations to establish views about current services and identify developments. This review will be published in December 2010. A Marketing and Communications Plan for Personalisation was implemented in October 2009, this Plan includes staff road shows and targeted work with hard to reach groups. It has resulted in increased staff awareness of self directed support and an increase in the number of people with MH health needs purchasing via direct payments.

The council works in partnership with local providers to develop personalised services. Sharing good practice and specialist knowledge takes place through the Care Homes Forum which was implemented this year and the council can demonstrate, through their work with the Independent Sector, measurable improvements in outcomes for self-funders within the care home

sector.

In March 2010, Cabinet agreed the council's strategic approach to Value For Money (VFM) and an action plan was developed across all services. The council has undertaken a comprehensive benchmarking exercise and review of unit costs. It used the approach outlined in John Bolton's work on 'Use of Resources'. The council reports that this work has already identified patterns of spend, opportunities for efficiencies and where further investigation is needed. The council also undertook a detailed spending review of a range of services, focusing on changing trends, higher spend and best practice. As a result of the review a number of key efficiency targets and major service reviews were identified while protecting frontline services where possible.

The council continues to have robust performance management arrangements which are linked to budgets. It achieved £3m efficiency target for ASC in 2009/10 through identified initiatives such as revised contracting and commissioning arrangements. Some charges were also reviewed. ASC efficiencies of £2.9m have been identified for 2010/11 and this has been supported by the management information gained through the benchmarking and unit costs exercises. The Spending Review has informed the Medium Term Financial Plan for 2010-13 and the Adults Wellbeing & Health Service Improvement Plans.

The council continues to have robust processes in place to ensure it commissions services from the best providers. Providers are monitored against a quality assessment framework based partly on CQC ratings and appropriate action is taken with any providers not meeting standards, which may include suspension of placements. The council continues to pay a higher percentage (78%) of contracts a variable fee for quality reasons than the average for comparators (48%) and England (25%).

The council can evidence a number of service improvements which are transforming services to meet future demands and personalisation based on Value for Money and supported by performance management information and JSNA:

KEY STRENGTHS

- Joint commissioning strategies are in place and more are being developed.
- Demonstrable improvement of outcomes for self funders.
- Robust performance management arrangements are in place that are linked to budgets.
- The quality assessment framework gives assurance that services are commissioned from the best providers.
- Numbers of people managing an individual budget are increasing.

AREAS FOR IMPROVEMENT

None identified.

Outcome 1: Improving health and emotional well-being

“People in the council area have good physical and mental health. Healthier and safer lifestyles help them lower their risk of illness, accidents, and long-term conditions. Fewer people need care or treatment in hospitals and care homes. People who have long-term needs and their carers are supported to live as independently as they choose, and have well timed, well-coordinated treatment and support”.

Conclusion of 2009/10 performance

The council were assessed as performing well for this Outcome in the 2008/09 Annual Performance Assessment (APA). The council have declared, via their self assessment for the 2009/10 performance year that they are now performing excellently.

People have access to a wide range of information and advice on physical and mental health and wellbeing. This information is available in a range of accessible formats and locations including Social Care Direct (the single point of contact), the Council's district offices, GP surgeries, pharmacies, event venues, libraries and online. The council has continued with a range of targeted social marketing and communication campaigns this year, for example 'Health Zones' in all libraries and these have led to an increased awareness of health issues for the public.

This performance year has seen an increase in the take up of free electrical safety checks, fire safety checks, benefit checks and WarmFront referrals. The Rights to Warmth Partnership continues to demonstrate positive outcomes for people in respect of fuel poverty, cold related illnesses and excess winter deaths.

The council has five spearhead areas to tackle health inequalities with the county. Recent data has demonstrated that the gap in life expectancy for males has reduced in four of these spearhead areas and within three of the areas for females, exceeding the national trajectory in a number of areas. The council can demonstrate health improvements delivered by health and well-being schemes throughout the county, for example, an increased number of smoking quitters amongst manual workers, improved access to eye clinic services resulting in equipment/adaptations and an increase in problematic drug users in effective treatment since the previous year.

People are supported to live independent lives. Durham County Council already has a high number of individuals who reside in supporting living environments. However, the past year has seen this figure increase, with the percentage of adults with learning

disabilities (LD's) in settled accommodation at review or assessment now at 82% from 78% last year. People report that intermediate care services are improving their quality of life and the work of the county wide stroke coordinator has improved the care, treatment and support offered to people who have had a stroke and their carers to enhance their recovery and future independence. The success of the COPD service and treatment pathway in Easington has supported people to maintain their condition enabling their independence. The lessons learnt from this area are being used to inform strategy which will be rolled out to other areas based on identified need. There has been a reduction in the level of delayed discharges in 2009/10 to make Durham one of the highest performing councils nationally.

The council implemented a Marketing and Communications Plan for Personalisation in October 2009. This plan includes staff road shows and targeted work with hard to reach groups. It has resulted in increased staff awareness of self directed support and an increase in the number of people with MH health needs purchasing via direct payments. Overall, the number of people holding and managing a direct payment has increased by 46% this year compared to last.

Physical activity, food and nutrition is one of the key priorities of the councils Health Improvement Plan and an action plan is in place and regularly updated. The council has done a lot of work to ensure good nutritional standards in residential care and the healthier foods pilot will be evaluated when complete in January 2011. Also in residential care, a policy for the identification and treatment of under nutrition in adults has been developed in partnership with NHS County Durham. This includes mandatory training for staff and a universal screening tool. Within the community the council has undertaken a mapping project to identify nutrition projects, gaps in provision and plan for future commissioning for older people. This has led to the development of an awareness training session for community centre staff and volunteers.

The joint Palliative Care Strategy has been redrafted and the council expect this to be published in November 2010 as a joint strategy. The council has a palliative care pathway in place across integrated health and social care teams supported by Macmillan Nurses and Marie Curie Cancer Support. The council states that this service is available equitably across the County and numbers of referrals received by Marie Curie Cancer Support demonstrate this spread. Of the referrals received, 98.1% of people were supported to die at home with the remaining 1.9% dying in a hospice. The council has provided evidence of how people and their carers have been supported to remain in an extra care setting until the end of their lives and their wishes followed throughout.

KEY STRENGTHS

- Raising the awareness of health and wellbeing issues through wide reaching social marketing and communication campaigns.
- Recognising and addressing the wider determinants of health and wellbeing such as heating, benefits and fire safety.
- Addressing the issue of health inequalities and successfully reducing the gap in life expectancy for males and females in a number of areas within the county.
- Supporting increasing numbers of people to live independent lives.
- Delivering a substantial percentage increase in the number of people receiving a direct payment compared to last years figure.
- Increasing the numbers of people managing an individual budget.
- Successfully reducing the numbers of delayed discharges.
- Working with health partners to address and remedy under nutrition of older people living in residential settings.
- Supporting people to die at home or in a place of their choice.

AREAS FOR IMPROVEMENT

None identified.

Outcome 2: Improved quality of life

“People who use services and their carers enjoy the best possible quality of life. Support is given at an early stage, and helps people to stay independent. Families are supported so that children do not have to take on inappropriate caring roles. Carers are able to balance caring with a life of their own. People feel safe when they are supported at home, in care homes, and in the neighborhood. They are able to have a social life and to use leisure, learning and other local services.”

Conclusion of 2009/10 performance

The Care Quality Commission has agreed to carry forward the judgement awarded for outcome 1 from the 2008/09 year into the 2009/10 assessment. The council has confirmed, through self declaration that it is continuing to perform excellently in 2009/10 for this outcome. CQC will continue to monitor this performance.

KEY STRENGTHS

None identified.

AREAS FOR IMPROVEMENT

None identified.

Outcome 3: Making a positive contribution

“People who use services and carers are supported to take part in community life. They contribute their views on services and this helps to shape improvements. Voluntary organisations are thriving and accessible. Organisations for people who use services and carers are well supported”.

Conclusion of 2009/10 performance

The Care Quality Commission has agreed to carry forward the judgement awarded for outcome 1 from the 2008/09 year into the 2009/10 assessment. The council has confirmed, through self declaration that it is continuing to perform excellently in 2009/10 for this outcome. CQC will continue to monitor this performance.

KEY STRENGTHS

None identified.

AREAS FOR IMPROVEMENT

None identified.

Outcome 4: Increased choice and control

“People who use services and their carers are supported in exercising control of personal support. People can choose from a wide range of local support”.

Conclusion of 2009/10 performance

The Care Quality Commission has agreed to carry forward the judgement awarded for outcome 1 from the 2008/09 year into the 2009/10 assessment. The council has confirmed, through self declaration that it is continuing to perform well in 2009/10 for this outcome. CQC will continue to monitor this performance.

KEY STRENGTHS

None identified.

AREAS FOR IMPROVEMENT

None identified.

Outcome 5: Freedom from discrimination and harassment

“People who use services and their carers have fair access to services. Their entitlements to health and care services are upheld. They are free from discrimination or harassment in their living environments and neighborhoods”.

Conclusion of 2009/10 performance

The council were assessed as performing well for this Outcome in the 2008/09 Annual Performance Assessment (APA). The council have declared, via their self assessment for the 2009/10 performance year that they are now performing excellently.

The council's fair access to care services (FACS) procedure and guidance were reviewed in February 2010 and remains at critical and substantial. Information on eligibility criteria is widely available in accessible formats, including interpreters for people from BME communities. The council signposts people who are not eligible for council funding to alternative services and has followed up the outcome of these referrals. The council continues to support people who self fund their care and a recent survey has confirmed that people are satisfied with the help and support they receive. No complaints about eligibility were received in 2009/10.

The council has completed 26 impact assessments across the whole range of services and can demonstrate how these have led to service improvements.

“Making it Happen for All Communities” was staged on 28 October 2009 for people who have learning disabilities, their carers and professionals as an introduction to explore ways of removing barriers and promoting inclusiveness. The event provided an opportunity to share and develop good practice in learning disability services when working with people from minority communities. 98 people attended from a wide range of organisations including health colleagues and other regional councils. Awareness raising sessions have been held to develop community cohesion further with the gypsy and traveller communities and a number of gypsy and traveller sites have been assessed for Disability Discrimination Act and ‘decent homes’ compliance, leading to refurbishment work on 2 sites.

Staff have attended mandatory equality and diversity training which is updated and monitored through regular supervision, team meetings and service user surveys. The council reports positive feedback from these surveys.

The council has reviewed its five advocacy services, utilising an independent organisation to consult service users and carers. People reported high levels of satisfaction with the services received from advocacy and feedback from the surveys and reviews.

has resulted in service improvements and changes.

The council has invested in telecare and community alarm infrastructure to improve security and safety of vulnerable people. There is a new countywide service providing systems and support to people 24/7 all year round and more people have received a service than in 2008/09. Police and Communities Together (PACT) meetings are established across the county and the incidence of hate crime has reduced by 4% in the last year. The council has run a number of campaigns aimed at reducing harassment of vulnerable people including, 'Time for a change', an anti stigma campaign which has engaged 750 members of the public since August 2009 to understand attitudes to people with mental health problems in order to shape services for the future.

Other examples of actions taken by the council this year to protect vulnerable people include:

- Producing a leaflet for people with learning disabilities on hate crime produced by LD 'People As Citizens' task group
- Circulating an Autism Alert Card to over 1,000 people with Autism and associated conditions containing advice, personal information and a helpline number.
- Launching a Registered Traders Scheme to provide information on vetted companies who complete home repairs.
- Setting up Cold Calling Awareness Zones providing advice on combating doorstep crime.
- A "Scamnesty Campaign" was launched to raise awareness and identify the scale of the problem. Bins are also provided to collect scam mail at local public points.

KEY STRENGTHS

- Effectively applying the FAC's criteria.
- Providing easy access to services for people whose needs fall outside of the FAC's criteria
- Structured follow up and monitoring of services provided to people who fall outside the FAC's criteria.
- Increasing the numbers of people benefiting from assistive technology.
- Reducing the incidence of hate crime through partnership working with the Police.
- Dealing with the root causes of discrimination through education and awareness programmes aimed at the general public, professionals, service providers and carers.
- Launching innovative programmes to protect vulnerable people from harm.
- Providing and monitoring the success and uptake of staff equality and diversity training.

AREAS FOR IMPROVEMENT

None identified.

Outcome 6: Economic well-being

“People who use services and their carers have income to meet living and support costs. They are supported in finding or maintaining employment”.

Conclusion of 2009/10 performance

The council were assessed as performing well for this Outcome in the 2008/09 Annual Performance Assessment (APA). The council have declared, via their self assessment for the 2009/10 performance year that they are now performing excellently.

The Welfare Rights Service continues to provide advice and information to maximize income for people. In 2009/10 the council raised an additional £8.5m in unclaimed benefits through their work in partnership with MacMillan Cancer Care, the free school meals service and the Revenues and Benefits service. 1,195 gypsy and traveller families received welfare checks in 2009/10 and people report positive outcomes from financial assessments. Information relating to direct payments has been available for some time now and continues to be available from a variety of different outlets and in various formats ensuring its accessibility to people. The direct payments team is also available to give advice and support to people to enable them to manage their own money and care.

The council safeguards the interests of people who lack capacity to manage their own financial affairs with a single point of access through Social Care Direct. People are supported effectively by the IMCA service, which is commissioned by the DoLS Team. The IMCA service supports people to make ‘best interest decisions’. These decisions are recorded and monitored by the DoLS Team Manager and the Senior Management team. An audit schedule for case records is in place to monitor how best interest decisions are reached and outcomes, including recommendations for improvement, are shared with teams.

The council reports that all managers and staff have undertaken appropriate training in respect of the Mental Capacity Act 2005 (MCA 2005) and the Deprivation of Liberty Safeguards (DoLS) and that learning outcomes for individual staff are monitored. Information and training is also provided to the independent providers, voluntary sector and support groups. The council is able to demonstrate service improvements as a result of learning outcome monitoring, for example, improved training on MCA 2005 for independent sector providers.

Policies and procedures were reviewed in 2009/10 and direct payment information has been redesigned to reflect the new

legislative requirement for vetting and appointing suitable people to work with and care for people who lack mental capacity. The council have developed a comprehensive IT systems to ensure robust recording.

The council works in partnership with a range of agencies to improve employment opportunities for people across the county, including Durham Employers Care and Health Alliance, LSC, Job Centre Plus, New College Durham, Regeneration and Economic Development and private sector employers. The council continues to support users and carers into employment through Workable Solutions which has supported more people with a range of disabilities into open employment during 2009/10 than in 2008/09. The service has also supported people to complete a variety of vocational courses in preparation for employment.

The council has a Mental Health Employment & Training Network in place and this has supported almost double the number of people with mental health problems into education, training and employment in 2009/10 than in 2008/09 and the number of people with mental health problems assessed or reviewed who are already in employment has also increased by 2.8% during this assessment year. In addition to this, the council also has a number of schemes to support people to find job placements including the Countryside Service (for LD), Pathways (for young people) and Future Job Fund (for long term unemployed). The council has targeted support for specific groups experiencing unemployment through the Area Action Partnerships. The council reports that Adult Wellbeing and Health employ a comparatively high number of staff who are registered disabled.

The Joint Commissioning Strategy was implemented in 2009/10 and includes actions to support carers to achieve employment. From October 2009 the new core carer service contract required Carers Centres to ensure access to working carers, to work with partner agencies to promote issues for unemployed carers wishing to re-enter employment and to raise awareness with local employers. Examples of jointly commissioned services include Emergency Support for Carers and a carers break pilot. There is now a dedicated website for carers providing advice and guidance for carers, including employment issues.

The councils 'Access to Work' scheme has received more referrals on behalf of carers in 2009/10 than during the previous year, and this has enabled carers to access an additional £78,000. The Welfare Rights Service has also been developed to include support for carers to access benefits. Carers can also access support for training, interviews and respite care through JobCentre Plus. The council has family/carer leave policies to assist carers in their role.

KEY STRENGTHS

- Working with partners to maximise people's incomes.
- Supporting people with disabilities or mental health problems into open employment.
- Processes and support to help carers into employment.
- Providing a dedicated carers web-site which, amongst other things, provides guidance and support for carers on a range of employment issues.

AREAS FOR IMPROVEMENT

None identified.

Outcome 7: Maintaining personal dignity and respect

“People who use services and their carers are safeguarded from all forms of abuse. Personal care maintains their human rights, preserving dignity and respect, helps them to be comfortable in their environment, and supports family and social life”.

Conclusion of 2009/10 performance

The council were assessed as performing well for this Outcome in the 2008/09 Annual Performance Assessment (APA). The council have declared, via their self assessment for the 2009/10 performance year it is continuing to perform well for this outcome.

There is a dedicated safeguarding web-site that is accessible from the health & social care pages of the council web-site. This dedicated web-site gives people easy to understand information on what constitutes abuse and what they can do to report suspicions and concerns. In addition to the web-site, information about recognising and reporting abuse is accessible within various outlets throughout the County (as described above in relation to other forms of information). Social Care Direct is the single point of referral for safeguarding concerns within the council

A Multi Agency Safeguarding Adults Board (SAB) is established which is chaired by the Head of Adult Care and includes the Head of Children’s Social Care and enjoys the full engagement of elected members. The council report that the SAB has strengthened policies, procedures, performance management, practice, training, communication and risk. A number of service improvements can be identified as a result of the review in 2009/10 including referral process for people lacking capacity and inclusion of risk assessment for MARAC. There has been a significant increase in referrals during 2009/10 and the council have obtained additional funding to support the impact on front line managers of this increased referral rate. Although referrals have increased, the SAB continues to investigate concerns in a timely manner and data confirms that 85% of strategy meetings are completed within five days of referral. The SAB has a robust performance management framework in place which includes quarterly reporting and escalation of issues.

The safeguarding and dignity in care training mentioned above is being delivered through a variety of methods, including e-learning, CD and answer pack, workbook and face to face sessions. All organisations are issued with appropriate materials to provide ongoing training and must also report to the council whether it is used as part of an annual review.

CRB checks are undertaken and reviewed for all staff, agency workers, volunteers, adult placement family members and workers employed through direct payments.

The services commissioned by the council have demonstrated progress against a range of KNMS relating to this outcome (i.e. protection, staff training and safe working practices) with particular increases noted in the number of domiciliary care agencies who are meeting the staff training standard and the number of older person's care homes meeting the protection standard.

The council has worked with provider services, both within and outside the local authority to ensure that responsibilities under Deprivation of Liberty Safeguards (DoLS) are understood within the wider context of the Mental Capacity Act 2005 (MCA 2005). It is reviewing operational plans and structures to ensure that this is effective. MCA 2005 assessments are completed by a team of appropriately qualified and experienced Best Interest Assessors and mandatory refresher training is provided to this team by Northumbria University. The council has established processes between DoLS and wider safeguarding processes to ensure effective sharing of information, this includes regular liaison between the two teams.

The council routinely seeks peoples' views through general public or customer surveys, either directly or through support groups and other agencies. This information contributes to service development and improvements. Results from the council's customer surveys show that all carers and almost all service users feel that their needs were assessed fairly and that they were treated with dignity and respect. The council has provided various examples and case studies which demonstrate that people views and preferences are taken into account during assessment and delivery of services.

The council provides a range of information and advice for carers, including through a dedicated website for carers. A range of publications are also available through 'leafletweb'. Feedback from the DoH Survey of Carers show that 95% of carers felt that they were involved or consulted in decisions to some degree and that 99.5% felt they were at least sometimes treated with courtesy and respect.

KEY STRENGTHS

- Information on what constitutes abuse and how to report it is widely available at a variety of different venues throughout the county and in a variety of formats, including via a dedicated web-site.
- Public awareness of safeguarding is high and this is reflected in the increasing number of referrals being made.
- The performance management framework which allows the Safeguarding Board to monitor and report effectively on outcomes.
- The multi-disciplinary team that works with and supports the local care home sector, providing training and guidance. Safeguarding training that is provided via a variety of mediums.
- Monitoring the delivery and effectiveness of training that is provided to external organisations.
- Use of people's views to influence service developments and improvements.
- Regular and structured liaison between the DoLS and Safeguarding teams.

AREAS FOR IMPROVEMENT

NONE IDENTIFIED.

Key Strengths Identified by the Care Quality Commission

Improved health and emotional well-being
<ul style="list-style-type: none"> ❖ Raising the awareness of health and wellbeing issues through wide reaching social marketing and communication campaigns. ❖ Recognising and addressing the wider determinants of health and wellbeing such as heating, benefits and fire safety. ❖ Addressing the issue of health inequalities and successfully reducing the gap in life expectancy for males and females in a number of areas within the county. ❖ Supporting increasing numbers of people to live independent lives. ❖ Delivering a substantial percentage increase in the number of people receiving a direct payment compared to last years figure. ❖ Increasing the numbers of people managing an individual budget. ❖ Successfully reducing the numbers of delayed discharges. ❖ Working with health partners to address and remedy under nutrition of older people living in residential settings. ❖ Supporting people to die at home or in a place of their choice.
Improved quality of life
<ul style="list-style-type: none"> ❖ Self Declared by Council - Outcome not assessed by CQC
Making a positive contribution
<ul style="list-style-type: none"> ❖ Self Declared by Council - Outcome not assessed by CQC
Increased choice and control
<ul style="list-style-type: none"> ❖ Self Declared by Council - Outcome not assessed by CQC
Freedom from discrimination or harassment
<ul style="list-style-type: none"> ❖ Effectively applying the FAC's criteria. ❖ Providing easy access to services for people whose needs fall outside of the FAC's criteria ❖ Structured follow up and monitoring of services provided to people who fall outside the FAC's criteria. ❖ Increasing the numbers of people benefiting from assistive technology. ❖ Reducing the incidence of hate crime through partnership working with the Police. ❖ Dealing with the root causes of discrimination through education and awareness programmes aimed at the general public, professionals, service providers and carers. ❖ Launching innovative programmes to protect vulnerable people from harm. ❖ Providing and monitoring the success and uptake of staff equality and diversity training.

Key Strengths Identified by the Care Quality Commission Cont'd

Economic well being

- ❖ Working with partners to maximise people's incomes.
- ❖ Supporting people with disabilities or mental health problems into open employment.
- ❖ Processes and support to help carers into employment.
- ❖ Providing a dedicated carers web-site which, amongst other things, provides guidance and support for carers on a range of employment issues.

Maintaining personal dignity and respect

- ❖ Information on what constitutes abuse and how to report it is widely available at a variety of different venues throughout the county and in a variety of formats, including via a dedicated web-site.
- ❖ Public awareness of safeguarding is high and this is reflected in the increasing number of referrals being made.
- ❖ The performance management framework which allows the Safeguarding Board to monitor and report effectively on outcomes.
- ❖ The multi-disciplinary team that works with and supports the local care home sector, providing training and guidance.
Safeguarding training that is provided via a variety of mediums.
- ❖ Monitoring the delivery and effectiveness of training that is provided to external organisations.
- ❖ Use of people's views to influence service developments and improvements.
- ❖ Regular and structured liaison between the DoLS and Safeguarding teams.

Leadership

- ❖ Councillors and senior managers have a clear vision of the direction of adult social care services within Durham. This vision is communicated in a variety of ways to all stakeholders.
- ❖ Transformation plans cut across the whole service and link in with national and local priorities. Plans are influenced by population need and customer feedback.
- ❖ Strong partnership working with health colleagues in service design and development.
- ❖ Reducing the staff vacancy and staff sickness rates.
- ❖ Development of robust risk management processes.
- ❖ Performance management framework which includes a joint framework with key partners and is linked through strategies and service improvement plans to national and local priorities.

Commissioning and Use of Resources

- ❖ Joint commissioning strategies are in place and more are being developed.
- ❖ Demonstrable improvement of outcomes for self funders.
- ❖ Robust performance management arrangements are in place that are linked to budgets.
- ❖ The quality assessment framework gives assurance that services are commissioned from the best providers.
- ❖ Numbers of people managing an individual budget are increasing.

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**Adults, Wellbeing and Health
Overview and Scrutiny Committee**



20 December 2010

**Care Quality Commission Performance
Assessment for Adult Social Care
2009/10**

**Report of Rachael Shimmin, Corporate Director, Adults, Wellbeing
& Health**

Councillor Morris Nicholls, Portfolio Member for Adult Services

Purpose of the Report

- 1 To present the Care Quality Commissions (CQC) Assessment of Performance Report for Durham County Council's Adult Social Care Services in 2009/10.

Background

- 2 The Care Quality Commission (CQC) is the regulator of health and social care in England. On 25th November 2010, CQC provided their Assessment of Performance Report for Durham County Councils Adult Social Care Services relating to 2009/10. CQC have awarded Durham County Council an overall judgement of 'Excellent' in relation to delivering outcomes.
- 3 CQC require that the Assessment of Performance Report is presented to the relevant executive committee of the council by 31st January 2011. The report was presented to Cabinet on 15th December, 2010 and a copy is attached to this report for the information of Overview and Scrutiny Committee.
- 4 The Assessment of Performance Report has also been made available to the public on the Council website from 15th December 2010.

Recommendations

- 5 Overview and Scrutiny Committee is requested to:
 - Consider the attached report

Contact: Peter Appleton, Head of Policy, Planning and Performance
Tel: 0191 3833628

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**Adults, Wellbeing and Health
Overview and Scrutiny Committee**

20th December 2010



**Putting People First /
Transforming Social Care:**

**Report of Nick Whitton , Head of Commissioning,
Adults , Wellbeing and Health**

Purpose of the Report

The purpose of this report is to provide an update to Scrutiny Committee members, regarding the personalisation of services for people who use adult social care services.

Background

- 1 The publication of the Putting People First concordat document in December 2007, jointly committed all signatories to a radical transformation of adult care. This transformation was aimed at improving choice and control for service users in adult care.

- 2 This policy has been continued by the coalition government which included the extension of choice and control as part of its key social care proposals. In November 2010, “ A Vision for Adult Social Care “ was issued which re-enforced the following :-
 - a) An increasing role for personal budgets in social care in the future, with personalisation at the heart of the service delivery and Direct Payments as the preferred option for personal budgets.
 - b) A greater emphasis on the need for high quality advice and information to be available to promote choice to all people,
 - c) An enhanced leadership role for Councils in health improvement and the prevention agenda
 - d) Additional work is to be carried out on delivering quality and outcomes in adult social care.
 - e) A renewed emphasis on support for and the development of the voluntary sector and small providers.
 - f) A review of the law surrounding adult care in mid 2011

- 3 Last month, a joint concordat was issued by the Department of Health, the Association of Directors of Adult Social Services (ADASS), and many others to update the previous Putting People First document.

“Think Local , Act Personal” is a proposed sector wide partnership agreement which complements the coalition government agenda and underlines the links between the extension of personalisation and the increased importance of community based support.

Key Aspects of the Transformation to date

4. In order to support the process of change, in 2008, ADASS and the Local Government Association worked in partnership with the Department of Health and other key stakeholders such as CQC to establish a set of 5 key priorities against which progress will be measured in this phase of transformation.
 - a. That the transformation of adult social care has been developed in partnership with existing service users (both public and private), their carers and other citizens who are interested in these services.
 - b. That a process is in place to ensure that all those eligible for council funded adult social care support will receive a personal budget via a suitable assessment process.
 - c. That there is investment in cost effective preventative interventions, which reduce the demand for social care and health services.
 - d. That citizens have access to information and advice regarding how to identify and access options available in their communities to meet their care and support needs.
 - e. That service users are experiencing a broadening of choice and improvement in quality of care and support service available.

5. Key milestones

The above ADASS / DH guidance from October 2009 sets various milestones to be reached prior to April 2011. Set out below is a summary of actions which have or will be taken in order to achieve the milestone.

a. Change to Personal Budgets

All services purchased with public funds through social care must be safe, legal and meet the outcomes of the agreed care plan. In Durham, from 6th April 2010, people whose condition is sufficiently stable for them to manage, have had 3 choices as to the route by which their care needs are met.

Each route offers different degrees of choice and control.

- Direct Payments – The service user chooses to control the money and manage contracts for services, which provides maximum control for the service user and greater responsibility to choose carefully.

- Virtual Budgets – The service user participates in choosing and arranging services. In this case they exercise influence over the service provision but within an agreed framework and take some responsibility for their choices.
- Current Service Model – The service user chooses to have their services arranged for them by social work staff.

This offer is also being made to all current service users as they have their care packages reviewed. All service users receive an annual review of their care package.

b. Preventative Services.

There is increasing recognition that in the current financial climate, opportunities to fund and promote preventative services through social care are reducing.

However, within the Council's framework for preventative services there is the recognition that prevention can include wider community resources and that low cost services such as advice, information and guidance, support to carers and support to community groups, can help people to maintain their independence and wellbeing in the community, and delay them needing to access social care services.

Increasingly, a minority of these services will be supplied through social care, with services such as luncheon clubs, befriending, healthy living advice, employment advice, leisure services, housing services and transport being provided via other universal services provided by the council and by health.

c. Involving Service users and carers

In Durham, from 6th April 2010, people requesting access to social care services have had the opportunity to be part of a new kind of social care assessment.

Service users, and potential service users, now have a greater say in their care assessment and they are encouraged and supported to provide their own views of their needs and how best they could be met, before the social work staff visit them.

This has required a major change to professional practice and the related IT infrastructure and at 1st October 2010 there have been over 2500 assessments carried out in this way.

A marketing and communications plan is in place and is being used to promote the new opportunities for service users and existing networks are also being used to inform service users about the new processes and presentations have been made to all of these user groups e.g. Older Peoples' Partnership Board, Learning Disability Parliament, Carers groups

The Local Involvement Network (LINK) - an independent network of local people and groups set up by the Government in April 2008 to give local people a stronger voice in how their health and social care services are delivered. - have also made Personalisation one of their key work priorities in this year and meetings have taken place to keep them involved and informed in the developments.

d. Extending access to information, advice and guidance

The Council's corporate website has developed the "My Durham" function since the Unitary Council was formed and it is logical to extend this to include services paid for by the public purse as well as those directly provided.

This will provide direct access to advice for those with access to the website and will also collate a directory of services to allow other organisations involved in the provision of information, advice and guidance to provide more comprehensive services more quickly. For example, this database will be available to all council customer access points and libraries, as well as and other organisations, such as Age Concern, Citizens Advice Bureaux etc..

e. Provision of choice in services

Commissioning staff have been working with providers to prepare the market for these anticipated changes for some months now. Attendance at monthly Provider forums and meetings with individual organisations have helped to prepare them for the potentially different demands that service users may place on them as the ability to exercise more choice and control is expressed.

Other methods of promoting Personalisation with service providers include:-

(i) Encouraging innovation by inviting bids from providers in County Durham for projects which would advance the merits of Personalisation and provide learning to be shared by others at a later date.

(ii) A large scale provider event was held in County Hall to discuss the background to Personalisation and the challenges that this presents. 95 people attended this event and in response to demand a website page is now available on Personalisation for providers which is updated monthly. The launch of an awards scheme for Personalisation was launched, with a view to capturing and publicising best practice in the areas of community and domestic settings, residential care and specifically in the area of food and nutrition.

(iii) In November 2010, a list of the menu of services able to be purchased to meet social care outcomes was collated and published for the first time. This list will expand in the next 12 months and will be available to all staff, carers and service users, including those people who wish to fund their own wellbeing, to assist them with information on what is available and what it is possible to do in their area.

6. Changes in the care assessment process and resource allocation.

Since 6th April 2010, a new style of assessment process has been in place for people wishing to access social care services and funding.

Driven by the Personalisation agenda and the need to be able to demonstrate an equitable approach across all client groups, a single assessment process has been in place for people not in crisis, driven by a self directed support questionnaire, which allows the Council to measure relative needs between client groups.

This has also enabled the development of the new Resource Allocation System – a consistent way of calculating a baseline financial allocation for each person – to be introduced for new service users from 1st November 2010 and on review from April 2011.

7. Charging for Services

The power to charge for non-residential social care services is provided within legislation and statutory guidance. To support the move towards Personalisation further Statutory Guidance, “Fairer Contributions Guidance: calculating an individual’s contribution to their personal budget”, was issued in July 2009. This supplements the original Fairer Charging Guidance and sets out how a person’s contribution towards their personal budget should be calculated. The guidance requires that where local authorities apply charges their charging policies are fair and reasonable and consistently applied.

The Council’s charging and contributions policy was updated in April 2010 to reflect the new Fairer Contributions guidance and this has been applied to all service users who have received a personal budget since April 2010.

Under both the original and revised charging and contributions guidance the key principle that service users will pay no more than they can reasonably afford to, is still in place. A financial assessment of all service users is undertaken before any contributions to service costs is payable. The Council has also set a maximum contribution than any individual service user can make regardless of the level of service received. This is currently set at £316.32.

The current policy, although generally meeting the principles of the Fairer Charging and contributions guidance, includes some inconsistent treatment of charging for different services.

The cost of the majority of adult care services are currently included at full or market rate for the purposes of assessing a service users contribution and need no further consideration. For people currently receiving day care however no costs are included at all is for the service, and a flat rate subsidised charge is made for transport provision.

The introduction of a Fairer Contributions Policy is one of the key elements to the successful implementation of Personal Budgets. To achieve this there clearly needs to be a single and equitable approach to the way that contributions are assessed for non-residential services. The new Fairer Contributions guidance makes it clear that Councils should consider carefully the full implications of their charging policies.

It is essential therefore that a fair, equitable and consistent charging and contributions policy is applied to all service users. This will allow service users to fully and freely exercise the choice afforded to them by personal budgets.

As part of the 2011 – 15 Medium Term Financial Plan report on 2nd November, Cabinet agreed to undertake a consultation exercise on the introduction of charges for day care.

The consultation started on Monday 22nd November, 2010 and will close on Friday 11th February 2011, with the results being presented to the 13th April 2011 Cabinet meeting for consideration.

8. Recommendations and Reasons

Members are requested to note the report for information.

<p>Contact: Nick Whitton, 0191 383 4188, Head of Commissioning, Adults , Wellbeing and Health Graham Bainbridge, 0191 383 3388 , Head of Finance, Adults, Wellbeing and Health.</p>
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Appendix 1: Implications

Finance -

The current DH milestone which requires the Council to make cashable savings through investment in the prevention agenda is unlikely to be met in the current climate and this has been communicated to them.

The proposed changes to the charging policy will generate some additional income through the need to treat all types of service provision chosen in an equitable manner.

It is not proposed to increase the maximum contribution that a service user can be required to make for community based services.

Staffing -

The future service delivery workforce, both in-house and independent sector, will have to change radically to meet the challenges. The workforce strategy has been developed to reflect these challenges.

Equality and Diversity -

Personalised services will offer the opportunity for greater independence, choice and control for all service users and carers.

The transformation of social care services is expected to address inequality in service delivery. Changes to the charging and contribution policies and the creation of the Resource Allocation Systems will ensure fairness and equity, to both service users and providers.

Such a transformation also assists with the requirements of the Equalities Act introduced from 1st October 2010.

Accommodation –

None

Crime and Disorder –

Not Applicable

Human Rights –

Organisations will be expected to put citizens at the heart of a reformed system. Universal information, advice and guidance will be increased for people needing services and their carers, irrespective of their eligibility for public funding, and this will be extended in the coming year.

Consultation –

This agenda has been proposed by the Government partly due to the demands nationally of service users to have outcome based services which better match their needs and aspirations.

A 3 month public consultation on the charging and contribution proposal commenced on 22nd November 2010 following the decision earlier that month by Cabinet.

A further report including the results of the consultation will be brought to Cabinet for consideration in April 2011.

Procurement –

The Council will still contract with key providers of services for commissioned services, and holders of personal budgets may choose to access these services or procure their own using the Direct Payment provisions.

Disability Discrimination Act –

By using a common Resource Allocation System to establish base budgets for all client groups, and involving them in the process, the new system will ensure compliance.

Appropriate support is available for those people who have difficulty taking a full part in the self directed support process

It is important to note that all care packages must continue to meet the assessed and eligible needs of the individual and therefore financial support may vary from the initial base budget.

Legal Implications –

There are no legal barriers to the Council's decision to vary its own charging policy

Appendix 2

Background Papers

A Vision for Adult Care – Department of Health – November 2010

Think Local , Act Personal – ADASS and others – November 2010

Putting People First concordat – November 2007

Putting People First – Working to Make it Happen: Adult Social Care Workforce Strategy – Interim Statement'. Department of Health, July 2008

'Transforming Social Care', Local Authority Circular, Department of Health, 17th January 2008 (LAC, DH, 2008, 1).

'Transforming Social Care', Local Authority Circular, Department of Health, 5th March 2009 (LAC, DH, 2009, 1).

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**Adults Well-being and Health Overview
and Scrutiny Committee**

20 December 2010



Safeguarding Adults Board Annual Report

**Report of Corporate Management Team
Report of Rachael Shimmin, Corporate Director, Adults Wellbeing
and Health
Councillor Morris Nicholls, Portfolio Holder for Adult Services**

SUBJECT OF REPORT

1. To present the County Durham Safeguarding Adults Board Annual Report for 2009/10.

PURPOSE OF REPORT

2. The report is to provide information about the current position of the County Durham Safeguarding Adults Board, achievements in 2009/10 and plans for 2010/11.

BACKGROUND

Safeguarding in its current context

3. The Safeguarding Adults Board is now well established and has increased its membership to include independent and voluntary sector representation. There is an increased awareness of adult safeguarding which has resulted in a rise in referrals of 49% in the year 2009/10, much of which can be attributed to the substantial increase in the amount of training being delivered, especially to the voluntary and independent sector. In terms of support offered to the safeguarding function, a senior development officer has been recruited to develop policies and procedures, serious case reviews and review processes. An Occupational Therapist joined the Safeguarding and Practice Development Team to address issues connected with manual handling, restraint, activities and the provision of equipment. The safeguarding adults web site went live in January 2010 and has been updated with the latest policies and procedures, training events and information for service users and carers.

National developments

4. Nationally there are two major pieces of work currently being carried out; a review of "No Secrets" (department of health policy guidance) and the Law Commission Review, both of which would seek to place adult safeguarding on a statutory footing. This would formalise some of the more important protocols

and arrangements such as information sharing and how serious case reviews are conducted.

KEY DATA ON SAFEGUARDING ACTIVITY IN COUNTY DURHAM

5. There has been a significant and continued rise in the referral rate (49%). The numbers of referrals have risen from 246 in the year 2006/7 to 1079 in the year 2009/10. This increased workload has been managed without any significant increase in resources and is testament to the hard work and dedication to all of those involved in safeguarding adults. Further work will take place throughout the Autumn to implement a restructure of functions linked to safeguarding to better support front-line staff in responding to allegations of abuse and subsequent investigations.

ACHIEVEMENTS DURING THE YEAR 2009 /10

Performance & Quality

6. Quarterly performance reports are now part of the general performance management processes and focus on performance targets and areas for improvement and development. The processes for collecting this information can easily be modified to respond to changing requirements and ad-hoc enquiries. Performance information is being used to address areas of concern which are proactively targeted to ensure that standards are maintained and policies and procedures adhered to.

Policy and Practice

7. An annual review of the policies and procedures has taken place and a number of additions have been made such as the role of Social Care Direct and information regarding the Independent Safeguarding Authority. Policies and procedures are now embedded into commissioning procedures and there are comprehensive links to other procedures such as Honour Based Violence and Multi Agency Risk Assessment Conferences (MARAC). A number of issues identified during the audits of the SSID system and from the lessons learnt from the 'Baby P' serious case review have also been incorporated into the procedures. **The North East Improvement and Efficiency Partnership have cited Durham's safeguarding approach as best practice in a number of areas.**

Training

8. Classroom based alerter training is now well established and is being delivered to a significantly larger number of professionals, especially in the independent and voluntary sector. Alerter training is available as a distance learning package by CD ROM and workbook which has proved hugely popular, in particular, with care homes. Formal 'investigation training' and 'managing the process' modules have been fully developed and delivered. Promotional materials and administrative systems have been put in place to support the training programme.

Communications & Engagement

9. New Safeguarding Adults Board logo and imagery has been developed and adopted by the partnership and are being used on all relevant literature. A quarterly Dignity newsletter aimed at health and social care professionals and the safeguarding adults website, which provides information to both service users and professionals, have both been launched over the review period. A briefing note system has been introduced to provide information to lead officers regarding any key learning and developments. Developmental work has started with regard to obtaining service user feedback with a view to improving service delivery and to ensure that the views of service users are heard and considered.

KEY ACTIONS FOR 2010 / 2011

10. We will look at ways in which service user feedback can be used in the performance framework in an attempt to determine user satisfaction. The group is exploring how performance data from partner agencies can be better utilised and how data can be further used to prioritise preventative work with care home providers.
11. Multi Agency Safeguarding policies and procedure will undergo a complete re-formatting, combining three policy documents into one comprehensive document. Executive Strategy Meetings will be subjected to a complete review to ensure that they remain fit for purpose. There will be a focus on lead officer compliance to procedure, decision making, risk management and issues concerning capacity.
12. The Training Sub Group will continue to focus on the delivery of four levels of training whether that be as classroom base delivery or as a distance learning package in the form of CD ROM, workbook or e-learning. Work has commenced on the development of a suite of modules covering all aspects of adult safeguarding and which will be designed to be in tune with National Occupational Standards. Consultation is taking place with Teesside University with a view to obtaining accreditation for all of the training modules and the establishment of a degree level qualification.
13. The Communications & Engagement Sub Group continues to raise the profile of the Safeguarding Adults Board across a number of communication mediums such as the internet, posters and the radio. Methods of obtaining service user feedback will continue to be developed and information on safeguarding processes is being developed in the form of a user and carer leaflet and easy read formats which cover three aspects of safeguarding. All posters, leaflets and easy read literature will be available on the website.

PERSPECTIVES OF THE KEY PARTNERS

14. The key partners on the Safeguarding Adults Board have continued to develop their systems and procedures to ensure that they fulfil their obligation and demonstrate their commitment to safeguarding adults.

CONCLUSION

15. A great deal of developmental work has taken place within the last three years in County Durham. This has included embedding effective and robust safeguarding systems and processes. The annual review highlights some of these developments. This work would not have been possible without investment from the County Council and NHS County Durham.
16. In recognition of the progress made in raising standards and developments in practice; in particular in the independent and private sector care environments, safeguarding practitioners working in the Safeguarding and Practice Development Team have achieved a number of accolades. These include:
 - Department of Health. Transforming Community Services Innovation Award (2009). Improving Quality through multi-disciplinary safeguarding.
 - Durham County Council. Adults, Wellbeing and Health (2009-10). Service Improvement Award
 - NHS County Durham and Darlington. Genesis 3 Winning Success Story (2009).

The service has also featured positively in a number of publications as outlined in appendix 2.

RECOMMENDATIONS

17. It is recommended that the Adults, Well-being and Health Overview and Scrutiny Committee:
 - a) Receive the annual report and note the significant improvements made to practice in this area.

Contact: Lesley Jeavons, Head of Adult Care, Adults Wellbeing and Health
Tel: (0191) 383 6476

Appendix 1: Implications

Finance - Ongoing pressure on public service finance will challenge all agencies to consider how best to respond to the safeguarding agenda.

Staffing - Within DCC arrangements have been put in place for the redeployment of staff to assist with increased work loads of frontline staff.

Equality and Diversity - Adult safeguarding is intrinsically linked with equality and diversity and this is covered in the SAB policies and procedures.

Accommodation - N/A

Crime and disorder - Adult safeguarding is intrinsically linked with crime and disorder and this is covered in the SAB policies and procedures. There are well established interfaces with key personnel and processes within the Safe Durham Partnership.

Sustainability - N/A

Human rights - Adult safeguarding is intrinsically linked with human rights issues and this is covered in the SAB policies and procedures.

Localities and Rurality - N/A

Young people - Adult safeguarding is linked to safeguarding activity within CYPS. There are arrangements in place through the LSCB and Safer Durham Partnership Board which support the interface.

Consultation - Report available for all partner agencies

Health - Health organisations are part of the partnership and are fully consulted on all matters.

Appendix 2:

Publications

Occupational Therapy News (College of OT Publications), Sep 2010

National Mental Health Development Unit website (www.nmhdu.org.uk)

Department of Health. 'Living well with dementia. Views from the North East' July 2009. (www.connectforcare.com/living.pdf)

County Durham Business Board. Report on Safeguarding Adults Practice Officers. May 2009. (www.countydurham.nhs.uk)

NHS Darlington 'Nursing, AHP and Patient Safety Newsletter' Issue 2, July 2010 (www.countydurham.nhs.uk)

Durham County Council 'Dignity Newsletter' July 2009. Published on Durham Safeguarding Adults website (www.safeguardingdurhamadults.info)

Conferences (Guest Speakers)

Durham County Council – Dignity Conference, 3rd March 2010

Care Matters Partnership – 'Supporting Older People: Best Practice in the Prevention and Management of Elder Abuse' London 12th October 2010

NHS North East and Safer Care North East 'Safeguarding Adults Conference' 14th October 2010



County Durham
SAFEGUARDING ADULTS
INTER-AGENCY PARTNERSHIP

Annual Report **2009/10**

Working with The Safe Durham Partnership *Altogether safer*

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Foreword from Lesley Jeavons, Chair, County Durham Safeguarding Adults Board

It has been an interesting and eventful year in terms of safeguarding and I've taken great pleasure in continuing in my role as chair of the Multi Agency Safeguarding Board.

We have continued to see the safeguarding function strengthen across all agencies; this includes the raising of the profile of vulnerable people and the familiarity of safeguarding processes and procedures for staff working within the sector. The Dignity in Care initiative has been a real highlight for us and evidences our commitment to commissioning and providing high quality services.

I am pleased to report that performance has improved in a number of key areas. This is despite safeguarding referrals increasing by 49% for the third year running. Whilst such activity indicates that vulnerability is becoming a concern of wider communities the resultant effect on capacity for agencies to manage the increased volume of work poses challenges for the partnership. This is very relevant given the current financial climate which will see significant reductions in public expenditure in the short and medium term.

A challenge for the partnership will be to effectively manage increasing demand associated with safeguarding with fewer resources. Already, structural changes are being made within the Council to better support the vulnerability agenda and to provide alternative resources for front line staff.

A key activity for us will be to continually review how we perform and to learn lessons from good practice and case reviews where concerns have been identified.

I look forward to another year of improved safeguarding activity and as Chair of the Board I will continue to encourage the partnership to promote and achieve best practice within their organisations.

Lesley Jeavons, Head of Adult Social Care

Introduction

This annual report covers the key achievements and developments that have taken place during 2009/10

The Safeguarding Adults Board has fully embraced the principles of the 'No Secrets' guidance and the ADSS standards to produce a robust response to protecting 'adults at risk'. The Board has continued to be represented by senior members of the partner organisations and has looked to expanding its membership in the voluntary and independent sectors. The four subgroups are now well established and make a valuable contribution to safeguarding in County Durham. The main aims of the board are:-

- To safeguard and promote the welfare of Adults at risk in County Durham through inter-agency collaboration.
- To co-ordinate the safeguarding activity undertaken by each organisation represented on the board.
- To ensure the effectiveness of what is done by each organisation for that purpose.
- To promote public confidence in safeguarding systems within County Durham and ensuring human rights are balanced with protecting the public from harm.
- To understand the nature of adult abuse and foster strategies that reduce incidence and effect.
- To give strategic direction to partner agencies and organisations across County Durham in relation to safeguarding activity.

(SAB Terms of Reference)

An indication of how the profile of adult safeguarding has risen in County Durham can be demonstrated by the 49 % rise in referrals of suspected abuse during the period 2009/10 which can be directly correlated to the increased provision of multi agency safeguarding training provided by the Board.

The increased demands and how the profile of adult safeguarding has grown, has led to the introduction of a Senior Development Officer to support the development of policies and practices, serious case reviews and the processes of the safeguarding adult arrangements. In addition to this the Safeguarding and Practice Development Team, which received a Service Improvement Award in early 2010, saw the introduction of an Occupational Therapist to the team to address issues regarding manual handling, restraint, activities and equipment provision.

Strategic Overview of Safeguarding Adults Activity

The 'No Secrets' guidance directed that all responsible agencies should work together within a coherent policy with a view to providing a consistent response to incidence that give rise to concerns, formal complaints or expressions of anxiety. There should be a single formal process for alerts, referrals, strategy meetings, investigations and case conferences that should be followed for all types of incidents and all types of harm. This has been embraced in County Durham where there are well developed safeguarding adults policies and procedures, which as part of the regular review process, were updated in January 2010 and now include new, more coordinated reporting procedures for social care direct and the reporting procedures for the Independent Safeguarding Authority.

The levels of multi-agency, classroom based training has increased considerably over the last year with an increased focus on awareness training to the voluntary and independent sector. In addition, there has been a roll out of distance learning packages, in the form of e-learning, workbook and CD ROM formats which have proved very popular with all types of care providers. Two further training packages have been rolled out during the past year 'Investigative Training' and 'Managing the Process' both of which have been well received.

In January 2010 the safeguarding adults website went live and has proved to be a good source of Safeguarding information for both professionals and members of the public. From it's inception in January 2010 to the end for the financial year the site was visited 1,288 times.

It is recognised that at both a local and national level that more bespoke arrangements need to be put in place to deal with specific problems such as sex offenders and domestic abuse. The MAPPA process has been well developed for a number of years and the Potentially Dangerous Person protocol is now becoming more established throughout the County. The MARAC arrangements that were set up in the Easington area in 2008 have been rolled out across the south of the County and will be in place in North West Durham from July 2010.

Safeguarding Adults in County Durham

Durham County Council has responded to the government's challenge of delivering personalised services – the main thrust of the Putting People First concordat of 2007 - by changing the way Adults, Wellbeing & Health assess and meet the needs of those members of society who are vulnerable and in need of social care support within their community. An extensive amount of preparatory work, regarding the systems and processes that needed to be put in place, has been carried out prior to the introduction of Self Directed Support across adult services on 6th April 2010. We have developed a Self Directed Support Questionnaire for all service users to use in order to identify their own level of need at the point of assessment, which is then ratified by a social worker or care co-ordinator. A Resource Allocation System which will calculate the amount of Personal Budget will be made available to each service user living in the community. Service users also have the opportunity to develop their own Care & Support Plan; determine what services they feel will meet their agreed outcomes; and choose how their Personal Budget is managed. New procedures have been introduced within care management and working practices within social work and care co-ordination are changing as a result. Durham County Council now offers a variety of options to its service users to help them take more responsibility for managing their Personal Budget – including Direct Payments; Virtual Budgets; and Individual Service Fund. Service users choosing to take their Personal Budget via a Direct Payment have the greatest control over managing their own resources and care and support arrangements. The implications of increasing numbers of Direct Payments to service users upon safeguarding adults activity are recognised and continue to be explored.

Increased awareness-raising has commenced with Vulnerability Unit staff within Durham Constabulary, and further exploration of these issues within the Safeguarding Adults Boards is planned.

Further learning and development is planned for social care staff to improve and develop practice within risk management – particularly where service users choose more risky service provisions/ activities.

The Dignity in Care Action Plan was agreed by Adult Care Management Team in March 2010. The action plan outlines: raising awareness of dignity in care with Adults Wellbeing and Health staff; raising awareness of dignity in care in care homes; improving outcomes in adult care; maintaining person centred approaches and promotion of dignity in care management and care co-ordination. The Dignity Newsletter began in July 2009 and is published quarterly. The newsletter is available on the safeguarding adults website and the Durham Employers Care and Health Alliance (DECHA) website.

The Dignity in Care Conference took place in March 2010 as a good practice event for staff from Adults Wellbeing and Health. The conference was attended by over one hundred staff. At the end of March staff were encouraged to register with the DH Care Network as Dignity Champions. Staff who registered as Dignity Champions have since been included on a network of Dignity Champions in Durham.

Deprivation of Liberty

Deprivation of Liberty Safeguards came into effect on 1st of April 2009. This is a measure to protect the human rights of vulnerable adults either living in care homes or in hospital. This has expanded the protection given to people under the Mental Capacity Act 2005 which ensures that people are supported in making their own decisions wherever possible and where they lack the ability to do so, any decisions made must be in their best interests.

Adults Wellbeing and Health has worked pro-actively with independent care-providers to raise awareness of the principles and to understand the procedures. Ninety three applications were made, from April 09 to March 10, to protect adults using these regulations by ensuring that where care is very restricted, amounting to a deprivation of liberty, this is only approved when it is necessary and there is no less restrictive alternative which would prevent the person suffering from serious harm. Independent Mental Capacity Advocates have been instructed in 20 cases, over the same period, which has provided an additional level of support for service users and ensured their own wishes, views and feelings have been considered.

The Deprivation of Liberty team has good links with the safeguarding team and share information about standards and any potential concerns in care homes. This results in raising standards across the sector.

National Developments

The review of 'No Secrets'

July 2009 saw the publication of the Report on the Consultation on the Review of "No Secrets". The consultation process involved 12,000 participants, 3,000 of which were members of the public, many of whom were service users or their carers, as well as numerous professionals who work in the safeguarding adults arena. It involved four government departments: the Department of Health, the Home Office, the Ministry of Justice and the Attorney General's Office and there were a number of issues uncovered by the consultation. There were four Key Messages from those who were potential service users. Namely:-

- Safeguarding requires empowerment / the 'victim's' voice needs to be heard.
- Empowerment is everybody's business, but safeguarding decisions are not.
- Safeguarding adults is not like Child Protection.
- The participation/representation of people who lack capacity is also important.

There was considerable support for the introduction of legislation in a general sense and in particular to place adult safeguarding on a statutory footing and to introduce a duty to cooperate on safeguarding issues. It was felt that legislation was needed to encourage the main partner agencies of social care, NHS and the Police Service to work more efficiently and give a higher priority to adult Safeguarding work. It was also felt that the creation of a Safeguarding Adults Board would help ensure adequate funding and consistence of delivery.

Law Commission consultation paper

The law Commission has a statutory obligation to review the law from time to time in order to ensure that it is up to date and fit for purpose. There is currently a review taking place into the law relating to Adult Social Care, the aim of which is to **'achieve a coherent, effective and modern legal framework for adult social care. Our preliminary view is that this would be best achieved by consolidating and reforming the existing provisions in adult social care law into a unified adult social care statute'**

They are proposing a three tier structure of Primary Legislation, Statutory Instruments and guidance which may be in the form of a statutory 'Code of Practice' for Adult Social Care.

Within the proposals for safeguarding there is a focus on 'Adults at Risk' and work from the predisposition that an adult at risk 'should be based on a person's social care needs, rather than having eligible needs, being in receipt of services or diagnosed with a particular condition or disability. They suggest that an adult at risk should be defined as 'anyone with social care needs who is, or may be, at risk of significant harm'.

The proposals for safeguarding would place a statutory duty on all local authorities to create Adult Safeguarding Boards specifying the functions and the membership of the board and putting arrangements in place for information sharing and conducting Serious Case reviews.

The Safeguarding Adults Board and Sub Group Objectives

The Safeguarding Adults Board has the following key objectives:

- To establish and maintain an effective, accountable County-wide Safeguarding Adults Board.
- To establish robust governance and accountability arrangements.
- To make strategic decisions concerning the development of key processes and systems.
- To create a sub group structure to support the Board's activity and agree resources and sub groups.
- To agree business planning and reporting mechanisms.

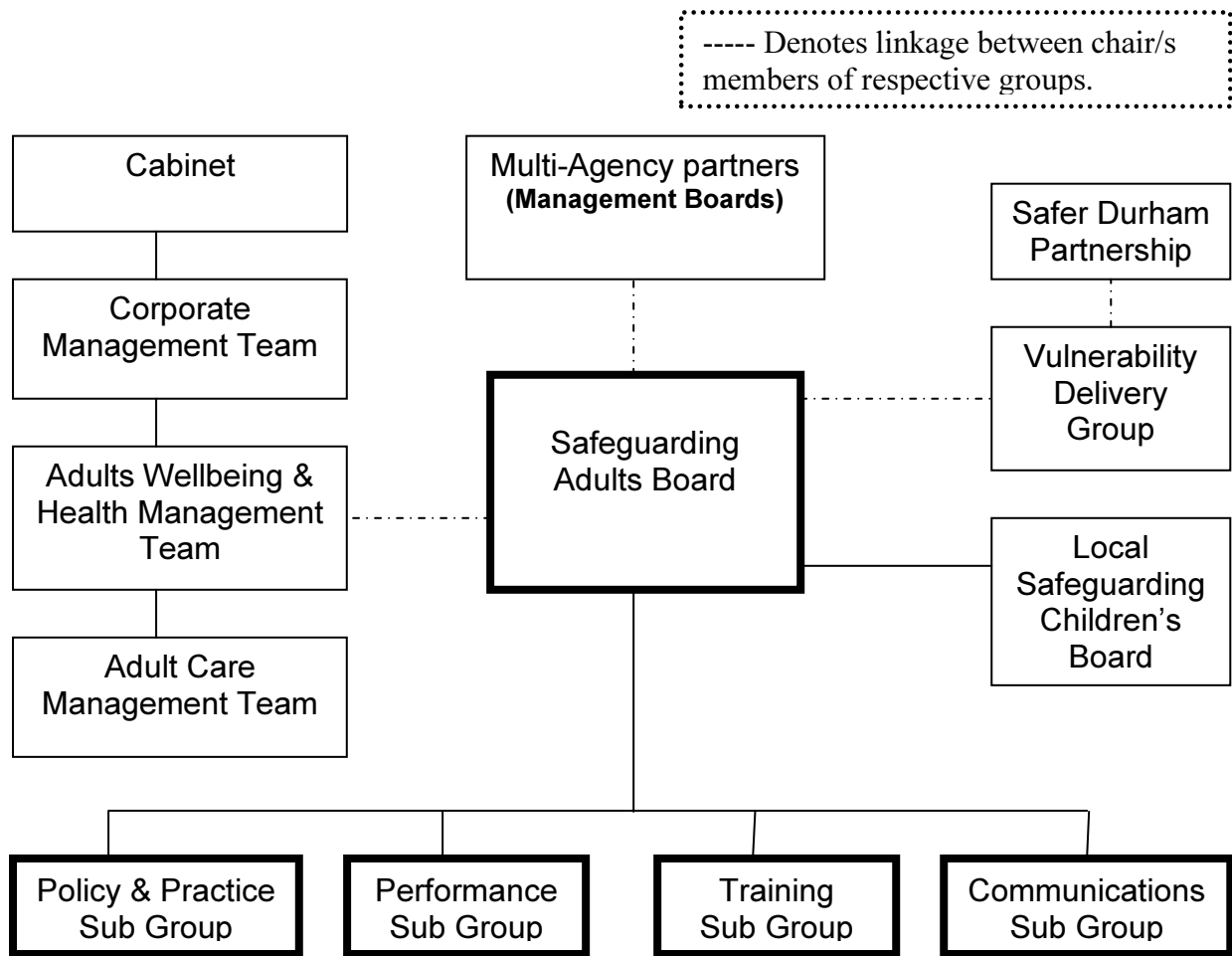
The Board is made up of senior representatives from the following Agencies:

Durham County Council, Adults, Wellbeing & Health
Durham County Council, Children & Young People's Services
County Durham and Darlington Community Health services
NHS County Durham and Darlington
Tees, Esk & Wear Valley Foundation NHS Trust
County Durham & Darlington NHS Foundation Trust
Durham Constabulary
Prison Service
National Probation Service
Care Quality Commission
Age Concern
Victim Support

The four Sub Groups of the Safeguarding Adults Board meet 4 times per year. They carry out much of the development work on behalf of the Board and aim to achieve the following key objectives:-

1. **Performance** - Regular reviews of performance – volume, trends and compliance to prioritise preventative work and inform practice learning and resource allocation.
2. **Policy and Practice** - Improvements to quality of Lead Officer recording focused on compliance to procedures, effective decision making and risk management, user centred and proportionate intervention.
3. **Training** - Increase training audience to include service users and local colleges.
4. **Communications** - Establish methods of engaging public views about our 'safeguarding service'.

Reporting and Interface Arrangements



The Board and its Sub Groups have undertaken a significant amount of work in the past year with progress being made across all functional areas.

Working with the Local Safeguarding Children Board (LSCB)

There has continued to be strong links and opportunities for learning between the Safeguarding Adults Board and the LSCB. The chair of the SAB represents the Board at the LSCB board meeting and vice versa. Regular meetings and joint working continues between adult and children's services. The key achievements over the last year have focused on the redevelopment of Social Care Direct and the publication of the Working Together Protocol.

Links to the Vulnerability Thematic Group

The Vulnerability Group is a thematic sub group of the Safe Durham Partnership. The group meets on a bi-monthly basis and is chaired by the Chair of the Safeguarding Adults Board. The remit of the group is to consider safeguarding issues, in the broadest terms, for those more vulnerable to serious harm, crime, disorder and anti social behaviour. Examples of areas of work strategy development include potentially dangerous persons, fire death, sexual violence, hate crime and seriously vulnerable individuals.

Key Milestones Achieved: April 2009 – March 2010

The following represents the key milestones achieved by the Board's thematic sub groups:

Performance

- Apr 09 Safeguarding adults performance monitoring embedded into general performance management processes.
- Jan 10 Procedures developed to ensure appropriate interface between an unauthorised Deprivation of Liberty and safeguarding adults procedures.
- Jan 10 Improved performance response times from referral to strategy (5 days) & completion of investigation (28 days).
- Mar 10 Performance monitoring and collection systems modified to respond to changing requirements.
- Mar 10 Quarterly Performance Reports and target key areas for improvement and development produced.

Policy and Practice

- April 09 Commissioning Strategies now refer to safeguarding and its importance in the delivery of quality services.
- Apr 09 Provider responsibilities that are consistent with safeguarding procedures incorporated into service level contracts.
- Jun 09 Review completed and Working Together Protocol updated.
- Jul 09 Seriously Vulnerable Persons Protocol, Potentially Dangerous Persons Protocol and Honour Based Violence Policy developed and operational.
- Sept 09 Actions implemented in respect of safeguarding audit.
- Sept 09 Action plan completed in respect of the key learning to emerge from the Baby P joint review where parallel issues existed for adult safeguarding in Durham.
- Dec 09 Second audit of safeguarding records actioned to ensure compliance with policies and procedures and the quality of recording.
- Jan 10 Policy and Procedural guidance reviewed.
- Mar 10 Preparation continues for forthcoming CQC inspection by learning from inspection reports concerning other Local Authorities.

- Mar 10 Multi-agency action plan developed in respect of the CSCI document 'Rights, Risk and Restraint'.
- Mar 10 Operational capacity associated with the increasing volume of safeguarding adults cases reviewed.

Training

- Apr 09 Implementation of new administrative systems to support the multi-agency training programme.
- Jul 09 Levels 1 and 2 safeguarding adults training to the widest possible audience delivered.
- Jul 09 Voluntary and independent sector targeted and provision of training to this staff group increased.
- Jan 10 Managing the Process training (level 4) to safeguarding lead officers delivered.
- Feb 10 Investigation training (level 3) developed in conjunction with Durham Constabulary.
- Mar 10 Promotional material/activities in respect of safeguarding adults training developed.
- Mar 10 Further training developments explored in line with emerging needs.

Communications

- Aug 09 Safeguarding briefing note system implemented to provide regular feedback to lead officers practitioners on practice requirements linked to key developments and learning from experience.
- Nov 09 'Dignity' a new quarterly newsletter aimed at health and social care professionals promoting good practice in respect of safeguarding and Dignity in Care launched.
- Dec 09 New Safeguarding Adults Board logo developed and adopted by partnership.
- Jan 10 Safeguarding Adults Board website launched.
- Jan 10 'Safeguarding Brand' developed so extending the imagery used in new literature.
- Mar 10 Communication methods with service users developed to ensure their perspective is heard and considered.

Key Actions: April 2010 - March 2011

The following provides a summary of the key actions planned for development in 2010/11. These actions reflect the core business of the Safeguarding Adults Boards thematic Sub Groups previously described on page 7. The Board provides governance in overseeing the progress of the subgroups and in making key decisions and providing strategic direction. Our business plan describes these key actions in more detail. A copy of this plan can be made available on request by contacting the Safeguarding and Practice Development Manager. Please see contact details at the back of this document.

Performance

- Modify performance framework in response to changing requirements
- Improve performance and practice in respect of completing investigations within timescales
- Establish methods of determining user satisfaction
- Action Plan to implement key recommendations from annual case file audit
- User of performance information from partner agencies such as the Police
- Regular review of performance – volume, trends and compliance
- Use of data to prioritise preventative work with care home providers
- Continue to use trend information to inform practice learning and resource allocation

Policy and Practice

- Prepare for forthcoming CQC inspection by learning from practice
- Annual review of Policy and Procedures (incorporating any lessons learned from investigations)
- Continue to review capacity associated with the increasing volume and improving practice/ recording standards
- Incorporate effective safeguarding measures in the development of self directed care and individual budgets
- Improvements to quality of Lead Officer recording focused on compliance to procedures, effective decision making and risk management, user centred and proportionate intervention
- Improvements to case worker interventions linked to assessment and protection planning
- Develop contracts with the voluntary sector to provide better support to victims of abuse
- Develop inter-agency agreement in respect of interface arrangements between safeguarding adults procedures and management reviews following death and serious injury to an 'adult at risk'
- Strategic planning on how newly acquired resources should be deployed to assist front line staff
- Review administrative and procedural processes in relation to Executive Planning Meetings.

Training

- Continue significant increase in training role out to IVS providers
- Increase training audience to include service users and local colleges.
- Consider training for administrative staff on recording / minuting of Executive Planning Meetings.
- Web based learning materials to be developed on how to keep safe and how to make a complaint about abuse. This is to include specific material for those receiving self directed support
- Establish additional investment to a dedicated training budget
- Revise and market e-learning (level 1) to compliment classroom sessions and increase license to include all Safeguarding Adults Board partners
- Market newly developed alerter workbook
- Develop bespoke workshop style sessions to focus on key areas such as financial protection, self directed support and criminal law
- Explore development of an accreditation service to approve and monitor training delivered by IVS
- Continue the delivery of training as identified in the training plan and monitor the uptake
- All training session plans are updated to evidence where equality and diversity issues are integrated into courses
- Review of National Occupational Standards in training strategy to ensure that these are being met for all target audiences in training

Communication and Engagement

- Develop communication methods to engage the service user perspective
- Consider additional investment to a dedicated communications budget
- Review and improve access to site from learning following go live date
- Develop an easy read public leaflet to engage LD and other groups
- Develop literature to inform victims and their supporters what to expect from the safeguarding/strategy process
- Enhance remit of the group to become focused on 'communication and engagement'

Perspectives of Key Partners

The following represents a brief summary of the developments that have taken place within the key safeguarding adults partnership organisations.

Durham County Council, Adults, Wellbeing and Health -

There have been a number of developments over the preceding year that has enhanced the services provided to vulnerable persons within County Durham. A Seriously Vulnerable Individual's policy has been introduced to deal with cases where vulnerable adults who are currently not open cases and who do not want, or are deemed not to require an assessment of need, but who are at risk of serious or significant harm, often because of their behaviour or lifestyle choices. There has been a greater focus on providing alert and managing the alert training to the voluntary and independent sector, with a significant increase in that provision which in some part is responsible for the continued rise in the referral rate. A considerable amount of preparatory work was undertaken in preparation for the introduction of Self Directed support in April 2010. A resource allocation system was developed to calculate the amount of personal budget that would be allocated to each service user. There are now several options available to service users who wish to manage their own budgets and they now have the opportunity to develop their own care and support plan.

During the course of 2009 the Deprivation of Liberty Safeguards came into effect and a Deprivation of Liberty team was put into place to assist its introduction. The team worked closely with the Safeguarding team with a view to raising standards and addressing potential problems in care homes.

There has been a reconfiguration of Social Care Direct which has resulted in the creation of a dedicated team of staff to take adult safeguarding referrals and ensure that they are given the most appropriate response. This has provided a more timely and efficient service for anyone, whether it be a member of the public or a professional, wishing to report suspected abuse.

A multi agency information sharing group involving Adults Wellbeing and Health, the Care Quality Commission and NHS County Durham and Darlington is now well established and meets regularly to share information in respect of safeguarding and general practice standards in respect of care providers.

Durham Constabulary

Durham Constabulary has seen a number of changes over the last financial year such as the introduction of a new integrated IT system (SLUETH), with a specific Protecting Vulnerable Persons (PVP) Module that is focused on recording and managing cases involving vulnerable adults such as adults at risk. There has been a continuation of the professional development program for specialist vulnerability officers which includes the use of focus days where specific guest speakers talk on subjects relevant to the role. There has been a reorganisation of the Headquarters Investigation Team, which has seen the introduction of an additional Detective Inspector who will have responsibility for the computer crime unit, line management for the Public Protection Unit (PPU) staff and will provide some resilience for the

Detective Chief Inspector role. The creation of the new Safeguarding Team (DC and Sleuth Administrator) will play a vital role in the new Disclosure Scheme. They will work closely with the Force Disclosure Unit and will carry out the home visits and liaison with partner agencies/PPU. As from the 20th July 2010 the whole of County Durham will be covered by MARAC arrangements when the first meeting cover North West Durham takes place at Chester-le-Street Civic Centre

Tees, Esk & Wear Valley Foundation NHS

Tees, Esk and Wear Valleys NHS Foundation Trust is committed to driving forward and working in partnership with Durham, as the Trust recognises it has a key role as a partner agency in delivering the national safeguarding agenda. This has been demonstrated by ongoing Senior Nurse Representation from Tees, Esk and Wear Valley NHS Foundation Trust at both the Safeguarding Adults Board and Sub groups to deliver on key performance indicators and priorities to meet national and local targets.

Internally we have strengthened the safeguarding process by reviewing the safeguarding adults protocol to reflect the roles and responsibilities of staff and have agreed through the workforce development for alerter / level 1 training to become mandatory for all staff providing clinical care.

We have strengthened the links between existing work streams within the trust to ensure we adopt a zero tolerance to abuse. This has been achieved through training key staff within the patient experience services such as the PALS and Complaints Team, and involvement in the SUI / RCA process when abuse has contributed to the SUI.

Training provided to key personnel within the HR team has improved the recognition of abuse within the disciplinary / grievance process and systems have been arranged to ensure no cases slip through the net. The recognition of abuse is key to learning lessons to ensure all patients are safe from harm.

Further work is required to enhance arrangements to ensure that adult safeguarding becomes fully integrated into NHS systems as sited within the DOH Clinical Governance and Adult Safeguarding 'An Integrated Process' February 2010.

County Durham & Darlington Foundation Trust

The Trust has a Safeguarding Adults Committee that looks at incidents relating to adult protection, seeks assurance that policies and protocols are being followed, monitors training requirements and achievement, and follow up action plans arising from incidents to ensure learning across the Trust.

The Deputy Director of Nursing is the Trust lead with a lead physician designated and a matron leading for each acute site. The vulnerable adult policy has been reviewed and revised during the year to ensure it takes account of guidance and learning.

safeguarding adults updates continue to be provided on mandatory training sessions for all staff, an e-learning package has been purchased and Training and Development deliver multi-agency training through the lifelong learning portfolio

County Durham and Darlington Community Health Service

In response to the developing safeguarding agenda, a dedicated Safeguarding Lead was appointed in October 2009. Their role is to work alongside all of the agencies committed to keeping patients at risk safe from harm and abuse. The lead for safeguarding offers highly specialised advice and guidance to ensure standards of excellence in safeguarding adults practice is maintained across the organisation.

The Safeguarding Lead has produced a Safeguarding Adults at Risk of Abuse policy which has recently been approved by the Patients Safety Committee. The policy sets out CDDCHS's approach to provide a summary of standards and guidance for all CDDCHS staff regarding the safeguarding of adults at risk. This is a specific CDDCHS policy which summarises and compliments the more comprehensive standards and guidance contained within the agreed County Durham Inter-agency Policies for Safeguarding Adults at Risk of Abuse.

There continues to be a network of local safeguarding adult representatives within each service area who make up the CDDCHS Safeguarding Adults Steering Group. The purpose of the group is to oversee the organisation-wide coordination, prioritisation and development of safeguarding adult activity.

The Trust continues to be committed to delivering multi-agency training through the dedicated Safeguarding Adults Trainer and lead for safeguarding. Safeguarding adults is covered within the corporate induction programme for all new employees and 'alerter' training is included in the mandatory training schedule for all clinical staff.

NHS County Durham & Darlington

NHS County Durham & Darlington has an Integrated Business Board, which approved the internal 'safeguarding adults' procedural guidelines, which are consistent with the multi-agency policy and procedure. The guidelines clearly describe the responsibilities of all commissioned providers, including independent contractor services such as GPs and dentists, in safeguarding vulnerable adults. The guidelines describe the process from raising concerns and making a referral to attending strategy meetings or Executive Strategy Meetings to scope the range of investigation, development of action plans and ongoing monitoring.

NHS County Durham and Darlington jointly fund Safeguarding Adults Practice Officers who have joint accountability to both health and social care organisations through the Head of Adult Care and Director of Nursing and Clinical Quality. Regular information sharing meetings have been established between the Director of Nursing, the Safeguarding and Practice Development Team Manager and the Practice Officers. These meetings aim to influence the commissioning of provider organisations to ensure they have strong safeguarding practices and procedures

through the sharing of information which links clinical governance and safeguarding activity.

A schedule of those providers who are currently under executive strategy is kept and updated by the Practice Officers when working with service providers. This schedule is shared with the Safeguarding Adults Board and the Safeguarding Adults Lead for NHS County Durham & Darlington who regularly provides the NHS County Durham and Darlington Integrated Business Board with updates on the number of Safeguarding executive strategies that are currently in progress. An annual report on Safeguarding Vulnerable Adults provides the County Durham and Darlington PCT Integrated Business Board with assurance that safeguarding vulnerable adults is a priority within services specifications and contract monitoring of commissioned NHS services

Safeguarding Activity in Durham

The SSID safeguarding module has become well established since its launch in July 2008 and is the source of all the safeguarding performance data. Records have been audited in order to ensure that information is recorded correctly and there has been compliance with policies and procedures.

Table 1 (Referral Rates)

The steep rise in referrals that was first encountered in 2006/07 has continued with referral rates increasing by 49% to 1079 during the period 2009/10. Much of this can be attributed to the better provision of alerter training especially to the voluntary and independent sector, which is now being provided using work books, CD ROMs and e-learning as well as the usual classroom based tuition.

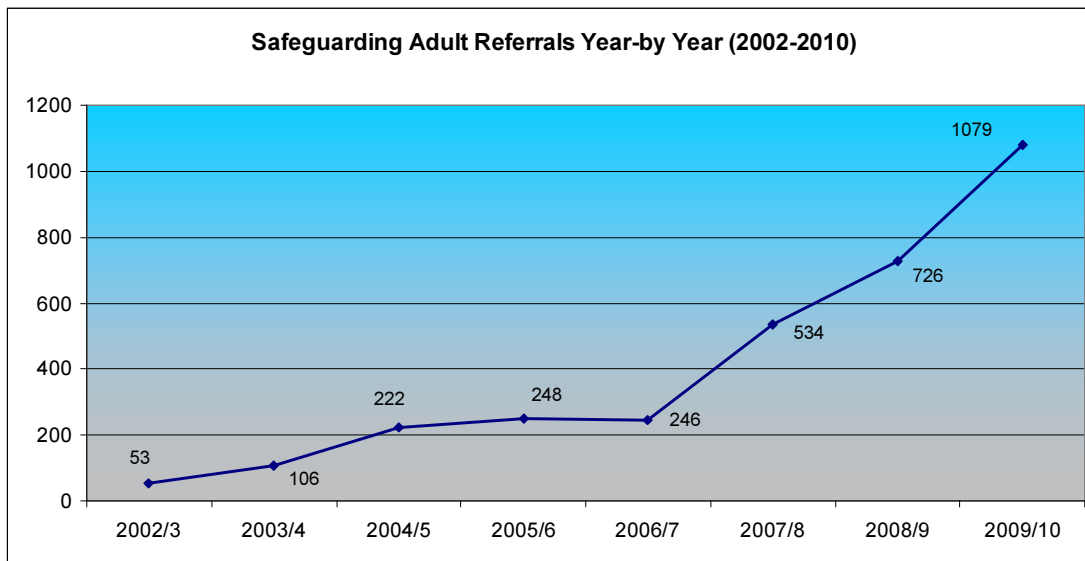


Table 2 (Referral Source)

The majority of referrals (52%) continue to emanate from independent providers and internal referral sources. The number of those referrals has remained at approximately the same level as the previous year; however there has been a general increase in the other sources of referral.

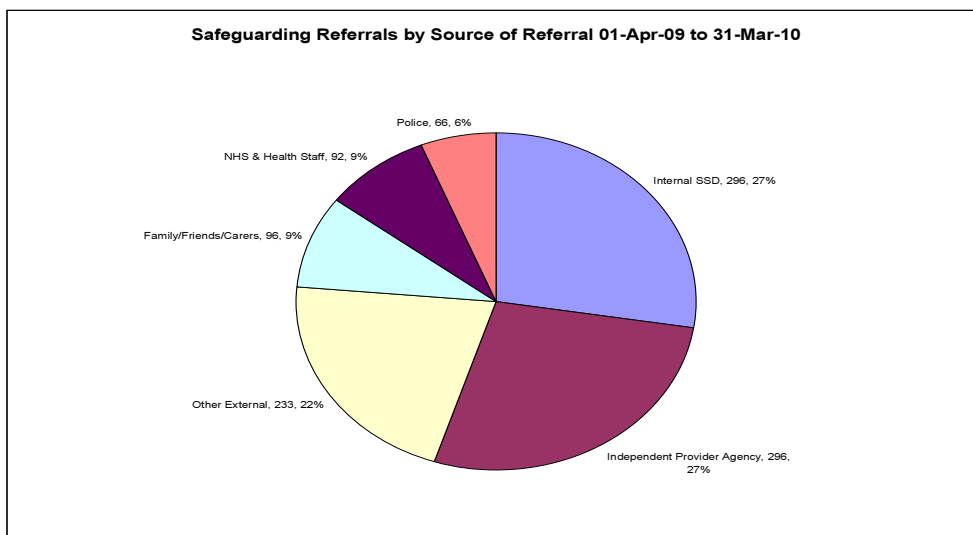


Table 3 (Location of Abuse)

The majority of referrals refer to incidents that have occurred in Care Homes and at the service user's home address. They have also shown the largest rise in referrals of 53 and 23 respectively on the previous year. This is entirely expected as they represent the care status of the two largest service user types. It is also indicative of the increased levels of alerter training that has been provided especially to care home staff. The levels for all other locations have remained relatively unchanged.

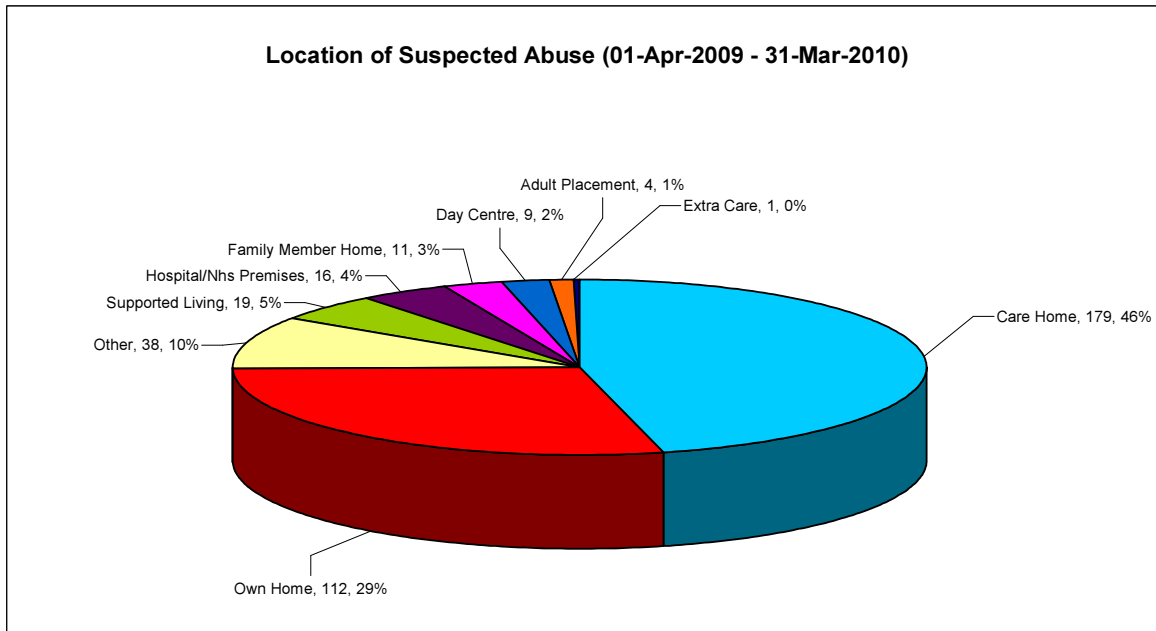


Table 4 (Type of Abuse)

Physical and financial abuse remain the most common forms of abuse although physical abuse has dropped from 33% to 27% of all referrals in respect of the previous year. All other types of abuse have remained at the same levels other than neglect which has risen from 14% to 19% of all referrals. This represents a rise in all types of reported abuse when viewed in the light of an overall rise in referrals of 49%.

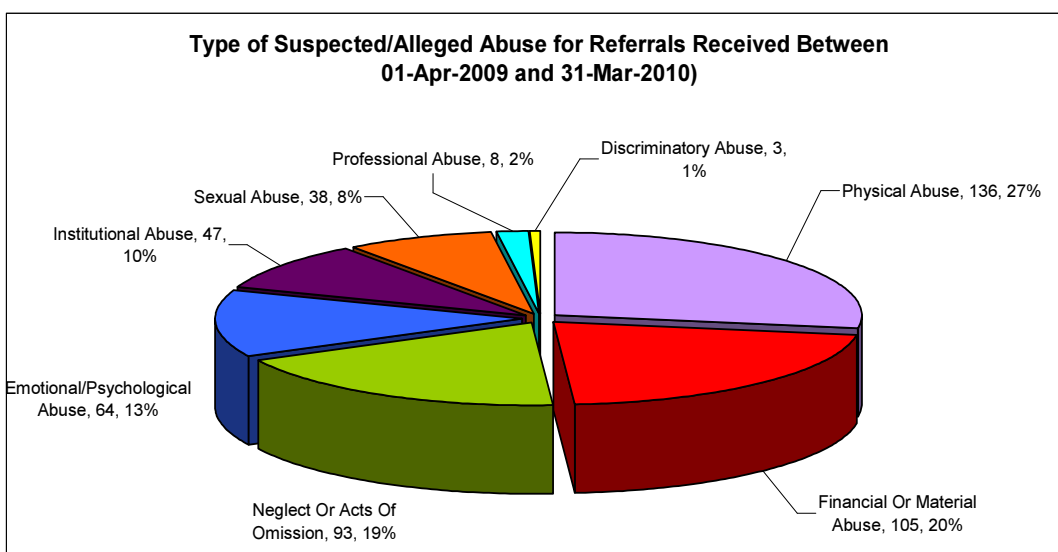


Table 5 (Victim Category)

There has been no marked percentage change in the levels of the types of alleged victims from the previous year. Older persons remain the largest category of referral however this is expected as they represent the largest client type.

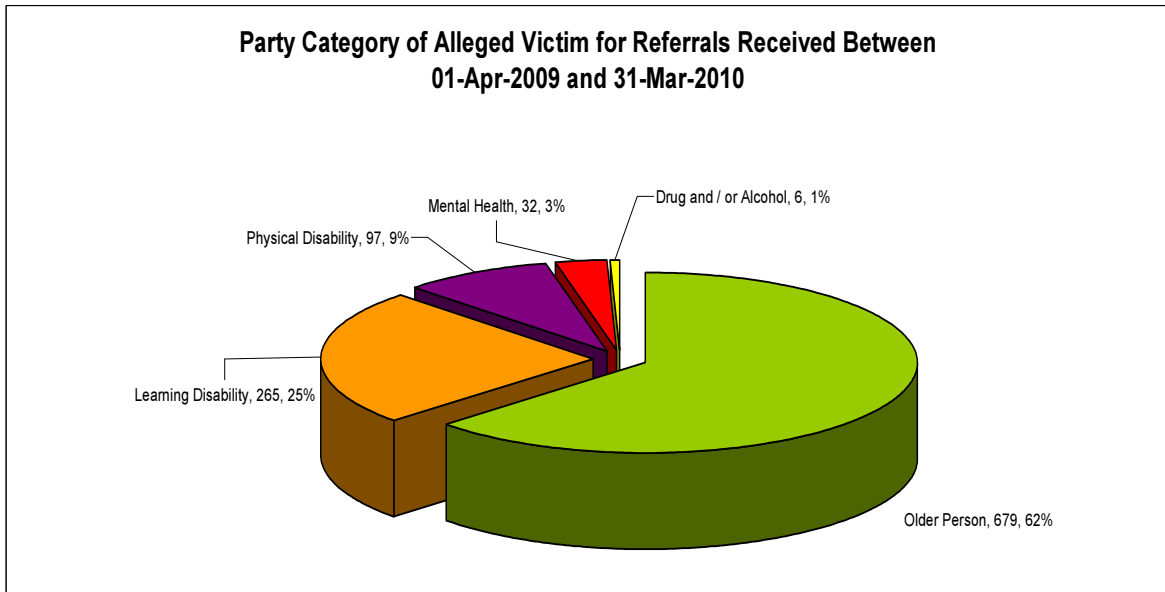


Table 6 (Perpetrator Category)

There is no marked change in the types of alleged abuser from the previous year. It is the persons that are in closest contact with the service users, friends, relatives and authorised providers that attract the majority of allegations.

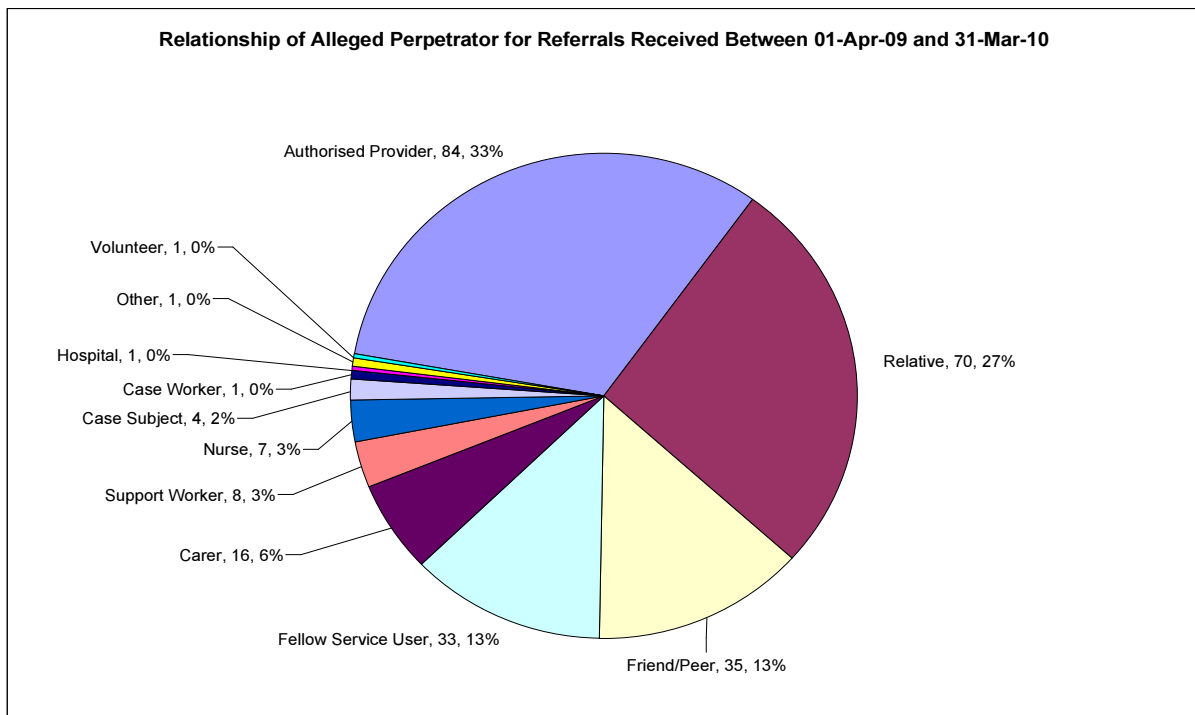
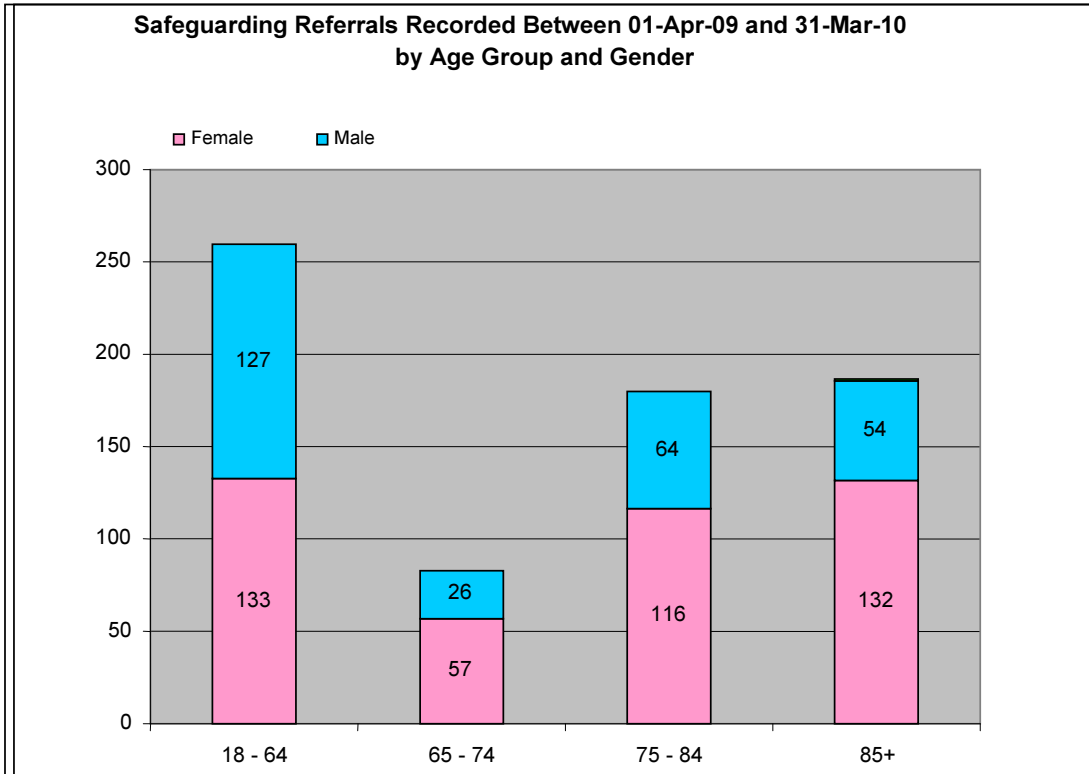


Table 7 (Gender)

The overall percentage of alleged male and female victims remains constant at 38% and 62% respectively. In the age range 18 – 64 the number of referrals is evenly split, however, in the 65 and above category this changes considerably with a 68% female and a 32% male referral rate. This would be entirely expected due to the longevity of women in this age group and their greater need for services.



Tables 8 (Outcomes)

During the course of the year a new outcome of 'Partially Substantiated' has been introduced for occasions when there are multiple allegations where they are not all substantiated. This has accounted for 7% of the outcomes since it was introduced in November 2009. There has been a 5% drop in the level of those finalised as 'Not Substantiated'.

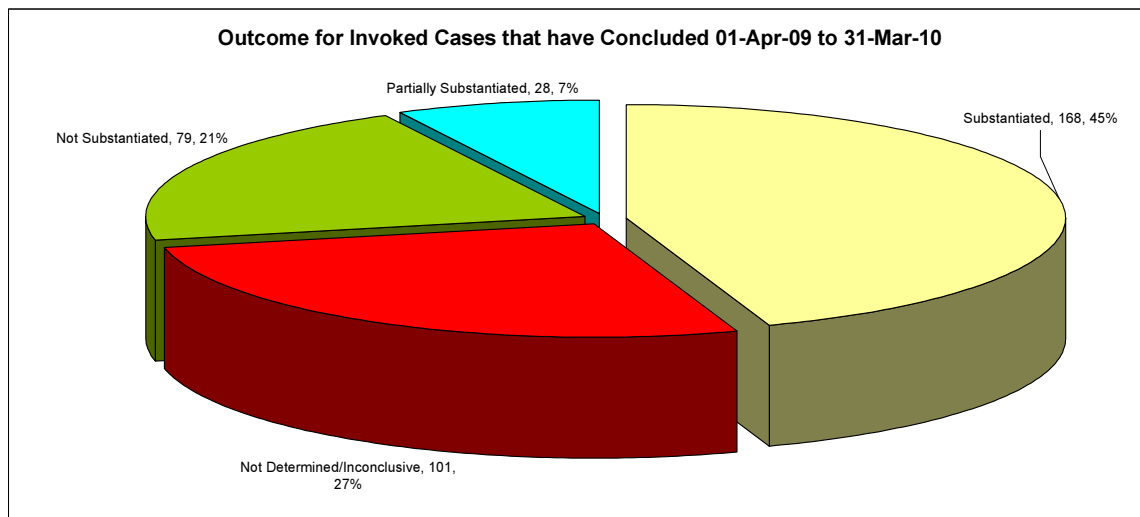
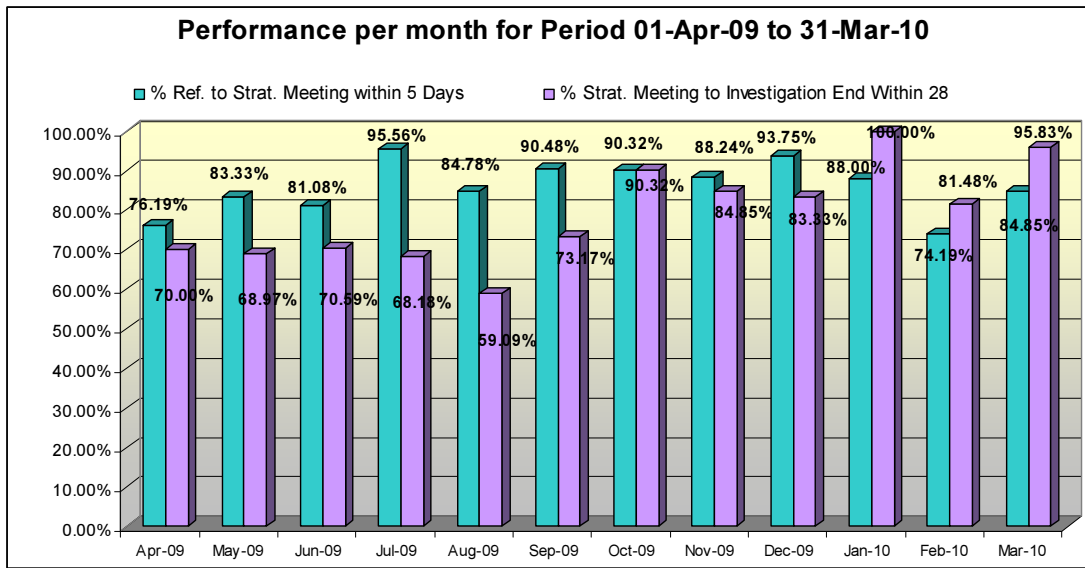


Table 9 (Local Performance)

The number of referrals that progress to strategy meeting stage within 5 days ranged between 74% and 96% within an overall average of 86% this is below the current target level of 90%. The overall percentage of investigations that are completed within the 28 day deadline is 79% which is above the current target level of 75%. There has been a marked improvement since new guidance on closing investigations was circulated in September 2009. Two additional subgroups of data, percentage of service users who are 'made safe' and did they use the Risk support Tool to assess risk are being collected to ensure the most important risk issues are addressed to better protect service users. Overall, in the context of managing an increased volume of safeguarding referral, performance has been maintained at a high level. This has continued to be the case in 2010 / 11.



Conclusion from the Safeguarding and Practice Development Manager

This year's Annual Report presents the achievements and key developments within safeguarding adults in 2009-2010. It is pleasing to see an overall improvement in performance connected to the management of cases, as can be seen in table 9 on page 22. This has been achieved despite a 49 percent increase in safeguarding adults referrals.

Both the improvements in practice and the increase in workloads can be attributed to the continuing roll-out of training and communications to key professionals who work with vulnerable adults, as well as the development of literature and media aimed at increasing the awareness of the general public.

A significant amount of work has been undertaken to learn from practice and to continue to develop our safeguarding functions. Evidence of this includes the implementation of a safeguarding briefing note system for lead officers and key professionals, and reporting key learning to the Safeguarding Adults Board from Care Quality Commission inspections of other local authorities.

The roll-out of training represents another key area of development over the last year. All core areas of training have been developed and roll out has commenced. This programme has included the delivery of training to the independent and voluntary sector in respect of basic awareness and in making decisions about when to raise a safeguarding adults referral. Training sessions have also been delivered to lead officers on 'managing the safeguarding process', and to key staff in respect of carrying out investigations.

Safeguarding adults remains a key priority for Durham County Council, Adults Wellbeing and Health, and increasingly for our partner organisations. This is reflected by a strong partnership approach and regular engagement from key stakeholders at the Safeguarding Adults Board.

We face many challenges in 2010- 2011. Not least, we will closely monitor our capacity associated with managing an increasing volume of safeguarding adults work, allied with continuing to improve practice. This report identifies the key actions on page 12 that will form much of our core business. We will also consider the need for service redesign in order to best meet the growing demands and expectations associated with the safeguarding adults agenda.

Lee Alexander

Abbreviations / Glossary of Terms

ADASS - Association of Directors of Adult Social Services (formerly ADSS)

CQC - Care Quality Commission (Formerly CSCI)

CRB - Criminal Records Bureau

CSCI - Commission for Social Care Inspection

CYPS - Children and Young People's Service

DOL - Deprivation of Liberty

ISA - Independent Safeguarding Authority

LSCB - Local Safeguarding Children Board

MARAC - Multi-Agency Risk Assessment Conference

POVA - Protection of Vulnerable Adults

SAB - Safeguarding Adults Board

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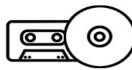
Email: lee.alexander@durham.gov.uk

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Adults, Wellbeing and Health
Overview and Scrutiny Committee
20 December 2010
Quarter 2 2010/11
Performance Management Report
Report of Corporate Management Team

Report of Lorraine O'Donnell, Assistant Chief Executive
Simon Henig, Leader

Purpose of the Report

1. To present overall progress against key performance indicators, highlighting areas of good performance and exploring areas of underperformance in respect of the Altogether Healthier priority theme.

Background

2. This is the quarterly performance management report focussing on the Altogether Healthier theme for Durham County Council covering Quarter 2 - July to September 2010.
3. The Council with its partners continues to work to improve by monitoring and reviewing performance so that focus and resource is concentrated on those areas of greatest priority. This overarching report is drawn from performance data and commentaries that have been provided by council service groupings and partners
4. The report looks at the corporate basket of indicators identified from the outcomes of the LAA, Sustainable Community Strategy and the Council Plan.
5. The report is structured as follows:
 - a) Section 1 – Altogether Healthier overview of performance
 - b) Section 2 - Index of performance indicators
 - c) Section 3 - Indicator analysis reports. Analysis is carried out on those performance indicators which are:-
 - above or below target by more than 2%
 - above or below performance by more than 2% compared with performance at the same quarter last year
 - d) Section 4 - Indicator tables.
 - **Table 1** covers stable quarterly PIs. Indicators appear in this table if they are within 2% of target or they are within 2% of performance at the same quarter last year

- **Table 2** includes annually reported PIs. Indicators appear in this table only if there are no new data to report.

e) Section 5 – Council Plan progress.


6. For Quarter 2 risk management and locality reporting are integrated into the report.
7. A list of symbols used in this report can be found in Appendix 1 at the end of this report.

Section 1 - Overview of Performance

8. 97% of Council Plan actions within the Altogether Healthier theme were on track at Quarter 2, with 10 already having achieved or exceeded targets. Only one action was behind target – ‘Increase the number of adults with learning disabilities in employment through interventions provided’. The target for this action has been revised to reflect the current uncertainties within the employment market.
9. Of the 17 performance indicators reported at quarter 2, 13 (76%) were approaching, meeting or exceeding the target set. Of the four indicators that were below target at Quarter 2:
 - one indicator was improving (percentage of people remaining in their own homes 12 weeks after discharge from rehabilitation or intermediate care, p.11),
 - two indicators have deteriorated (number of adults with learning disabilities in employment, p.16 and four week smoking quitters, p.7)
 - The fourth indicator (number of people referred to the Community Alcohol Service) has no previous data so the direction of travel is not available.
10. Performance highlights include:-
 - a) The Health and Wellbeing Partnership signed off their delivery plan in July 2010. The 5 Health Networks are now in place across the County, and all have identified tobacco control as one of their highest priorities.
 - b) The percentage of vulnerable people achieving independent living (NI 141) continues to exceed target. This indicator measures the work of the supporting people service in moving on people with high support needs from supported accommodation. 2nd quarter performance has increased to 78% of people moving on from supported housing in a planned way to independent living i.e. a supported housing scheme, permanent accommodation in the community or back to family, against a target of 71%. (p.15).
 - c) The overall satisfaction rating for adult social care assessments is 92.2% (90% in Quarter 1) and is above the target of 92% set by the service for 2010/11. (p.20).
 - d) Since 6th April 2010, anyone receiving an assessment or review of their adult social care services has been considered for an individual budget, which will provide service users with greater choice and control over the services they receive. At the end of Quarter 2, 19% (3,750) of service users are receiving a personal budget (self directed support). This figure will continue to increase over the course of 2010/11, and is projected to exceed the year end target of 30% (which was developed nationally by the Department of Health and Association of Directors of Adult Social Services). (p.13).










11. Areas for improvement identified by the service are:-
- a) Due to the uncertainties in the employment market, the target for NI 146 (people with learning disabilities in employment) has been revised to 3.8%. At Quarter 2, the number of people with a learning disability who have received a service in the last 12 months and were in paid employment is 3.5% (equating to 55 service users). Performance has reduced from that reported in Quarter 1 (3.8%). An additional four service users would have needed to be in employment to achieve the agreed target of 3.8%. The service has taken steps to improve performance against this indicator. For example, Workable Solutions have supported 120 people with a learning disability in employment since April 2010 (although many of these can not be counted in this indicator as they are not receiving a social care service). This remains a very challenging target for the Council. (p.16).
 - b) The percentage of people who remain in their own homes 12 weeks after discharge from rehabilitation or intermediate care services (NI 125) has decreased slightly to 84.6% (86% in Quarter 1). This indicator measures the effectiveness of services in preventing unnecessary hospital and long term care admissions and in helping people to recover from hospital admissions. Durham's performance remains above 2009/10 England (82%) and similar authority averages (80.1%). In addition, a joint intermediate care strategy has been agreed with NHS County Durham and is being implemented across the county to develop a broader range of services. 98.8% of respondents to the local intermediate care survey were 'very' or 'fairly' satisfied with the services they received. (p.11).
12. The key risks to delivering the objectives of this theme successfully are:-
- a) Inability to manage markets for the delivery of Adult Social Care Services.
 - b) Failure to meet escalating costs of external and high-cost placements effectively.

Section 2 - Index of performance indicators

Description	Page	Current status	Performance direction of travel
Altogether Healthier			
Smoking attributable to mortality per 100,000 ¹	-	Not reported	-
Four week smoking quitters	7	RED	
Number of IB claimants that have entered onto employment, education or voluntary work	-	Not reported	-
All age, all cause mortality - male	21	Annual indicator	-
All age, all cause mortality - female	21	Annual indicator	-
Mortality rate from all circulatory diseases at ages under 75	21	Annual indicator	-
Mortality from all cancers at ages under 75	21	Annual indicator	-
Number of health checks delivered	8	GREEN	N/A
% of total eligible population screened for bowel cancer	20	GREEN	N/A
% of total eligible population screened for cervical cancer	-	Not reported	N/A
Decrease in deaths from AAACM in the previous 12 months	-	Not reported	-
Decrease in rolling annual CVD deaths (CVD deaths in the previous 12 months - rolling data)	-	Not reported	-
Clinical staff enrolled on cancer awareness training in targeted areas ²	20	GREEN	N/A
Decrease in rolling annual cancer deaths (Cancer deaths in the previous 12 months - rolling data)	-	Not reported	-
Increase cancer awareness by 2% from baseline in the communities surrounding the 12 targeted GP surgeries	-	Not reported	-
Rate of alcohol related hospital admissions (also included under safer)	21	Annual indicator	-
Number of people referred to alcohol treatment services (also included under safer)	9	RED	N/A
Percentage of referrals commencing alcohol treatment programme (also included under safer)	20	GREEN	N/A

¹ This indicator is under development and will be reported in 2011. The number of four week smoking quitters is a proxy measure in the interim

² This is a proxy measure for mortality from all cancers at ages under 75. There are a number of other proxies for this measure and the usefulness of this indicator is under review. Discussions will be held with the PCT and any change will be reported in Quarter 3.

Description	Page	Current status	Performance direction of travel
Percentage of referrals commencing alcohol treatment programme who have completed (also included under safer)	-	Not reported	N/A
Number of people with a mental health problem progressing from employment support into education, training, volunteering and employment	10	GREEN	
% of assessments where the needs of the young carer have been identified and addressed	20	GREEN	
Overall satisfaction rating for assessment of social care	20	GREEN	
% of people who remain in their own homes 12 weeks after discharge from rehabilitation or intermediate care	11	RED	
Social Care service users received self directed support (direct payments and individual budgets)	13	GREEN	
Carers receiving needs assessment or review and a specific carer's service, or advice and information	14	GREEN	
Percentage of vulnerable people achieving independent living	15	GREEN	
Number of Adults with learning disabilities in employment	16	RED	
Adults in contact with secondary mental health services in settled Accommodation	18	GREEN	
% of users assessed stating that they were "very happy" with the way they were treated	19	GREEN	
Adults in contact with secondary mental health services in employment	20	GREEN	

Section 3 – Indicator Analysis Reports

Altogether Healthier									
Performance Indicator		Quarter 1	Quarter 2	Quarter 3	Quarter 4	Performance to Target	Latest performance compared to 12 months earlier	All England Average 2009/10	Nearest Statistical Neighbour Average 2009/10
NI123 self reported 4 week smoking quitters per 100,000 population	2009/10	283	574	854	1243	▲	▼	895	1155
	Target	268	526	761	1202			✓	✓
	2010/11	257							
	Target	273	537	778	1215				

Quarter	2009/10	2010/11	2009/10 Target	2010/11 Target
Quarter 1	283	257	268	273
Quarter 2	574		526	537
Quarter 3	854		761	778
Quarter 4	1243		1202	1215

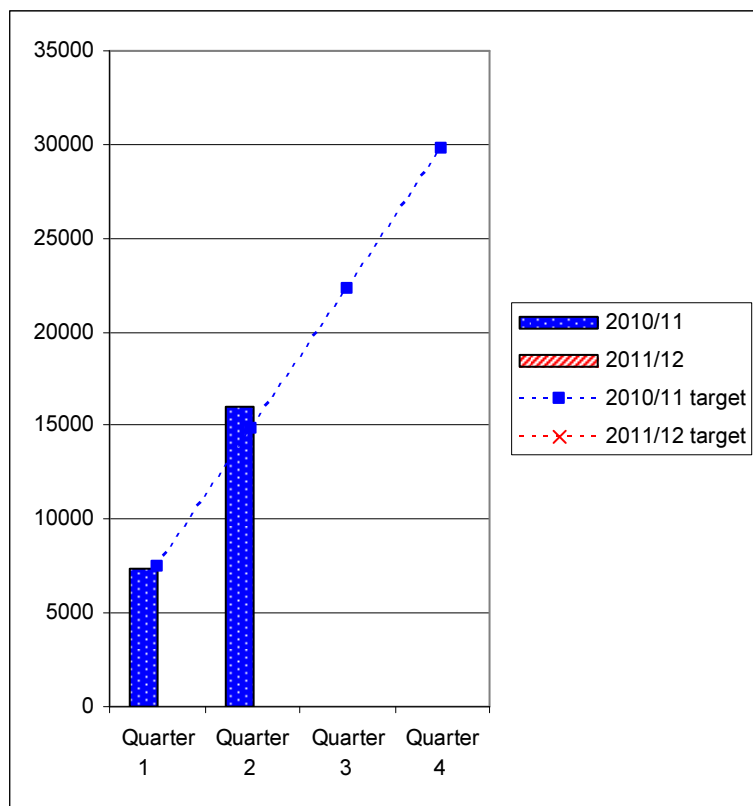
This is a proxy indicator for
NI 120 - all age, all cause mortality
NI 122 - mortality from all cancers at ages under 75
AWH AH1 - smoking attributable to mortality per 100,000

NHS County Durham achieved 1082 smoking quitters in Quarter 1 against a target of 1149 quitters. This equates to 257 per 100,000 against a Quarter 1 target of 273 per 100,000. Improvements were noted in the achievement of a higher proportion of those setting a quit date going on to successfully quit.

The Stop Smoking Service is currently reviewing activity and delivery. Changes will include implementation of the new web based patient data management system and a health equity audit in October to target routine and manual workers in order to align services accordingly.

In comparison to 2009/10 data, County Durham's level is significantly above the England average and also above the nearest statistical neighbours average.

Altogether Healthier									
Performance Indicator		Quarter 1	Quarter 2	Quarter 3	Quarter 4	Performance to Target	Latest performance compared to 12 months earlier	All England Average	Statistical Neighbours Average
AWH AH2 Number of health checks delivered	2010/11	7368	16056			★	N/A		Local indicator - benchmarking not available
	Target	7440	14880	22320	29760				
	2011/12								
	Target								

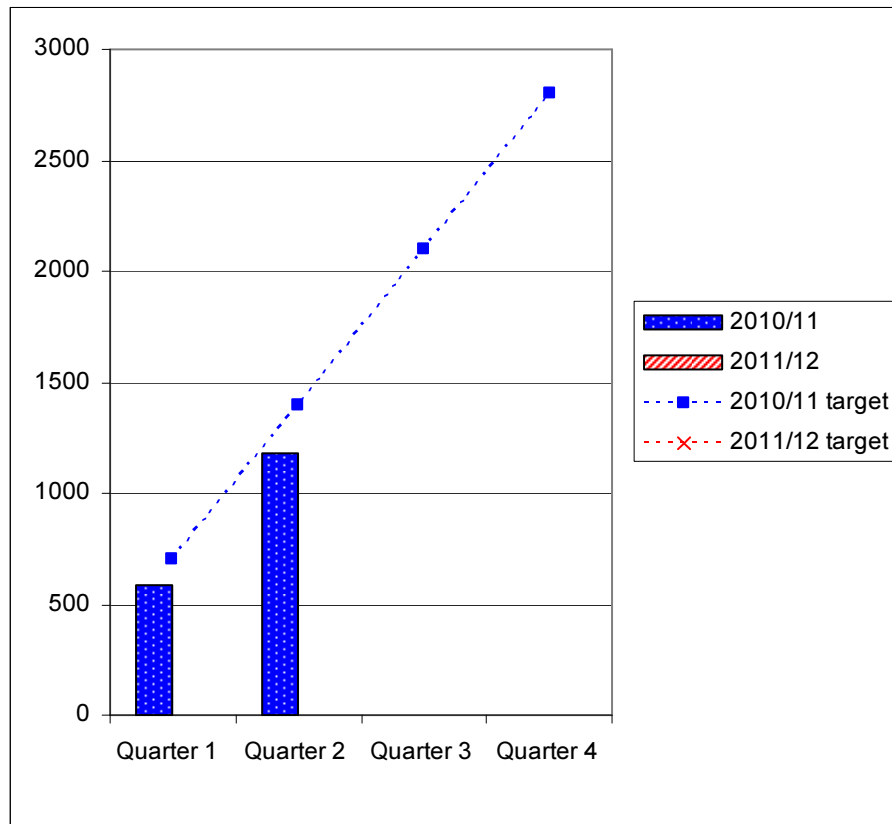


This is a proxy indicator for NI 120 - All age, all cause mortality and NI 121 - Mortality rate from all circulatory diseases at ages under 75

8688 Health checks have been delivered in quarter 2 giving a year to date cumulative total of 16056. This has achieved the quarter 2 target of 14880.

Altogether Healthier

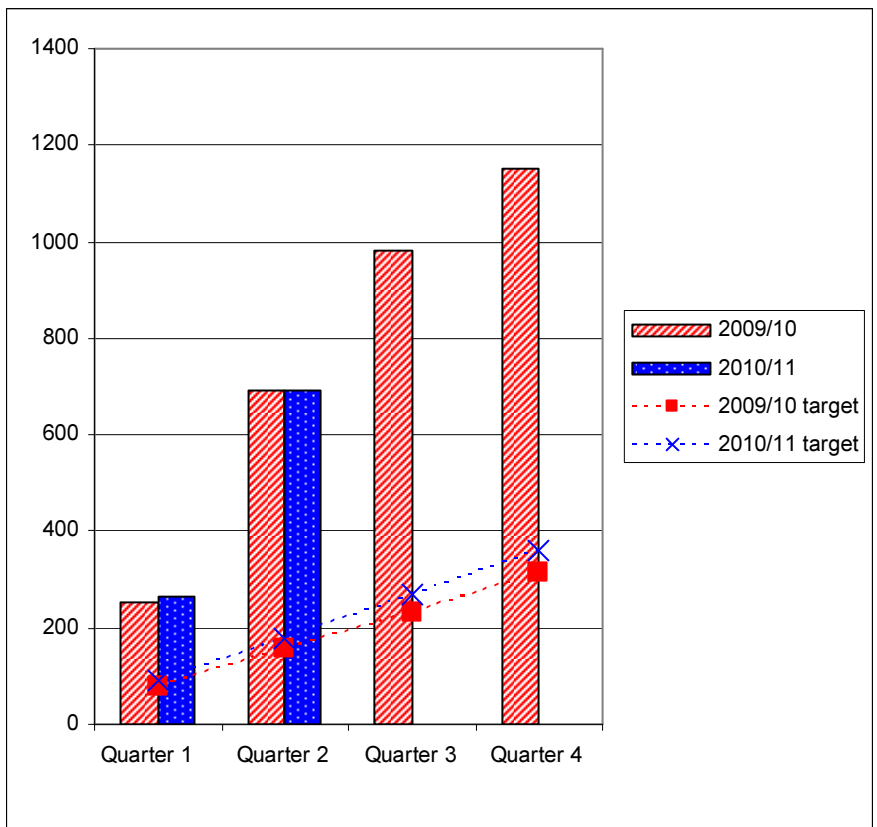
Performance Indicator		Quarter 1	Quarter 2	Quarter 3	Quarter 4	Performance to Target	Latest performance compared to 12 months earlier	All England Average	Statistical Neighbours Average
AWH AS3 Number of people referred to alcohol treatment services (also included under safer)	2010/11	586	1177			▲	N/A	Local indicator - benchmarking not available	
	Target	700	1400	2100	2800				
	2011/12								
	Target								



This is a proxy indicator for NI 39 - rate of alcohol related admissions and is also in the Altogether Safer basket

Although the year to date target has been identified at 1400 referrals with 1177 actual referrals made, the target is subject to significant seasonal variance. Work is also taking place to re-visit GPs who have had training on the Alcohol Screening Tool to ensure they are referring people to the CAS when appropriate. No risks have been noted and the annual target of 2800 is expected to be achieved.

Performance Indicator		Quarter 1	Quarter 2	Quarter 3	Quarter 4	Performance to Target	Latest performance compared to 12 months earlier	All England Average	Statistical Neighbours Average
LPI 1 - Number of people with a mental health problem progressing from employment support into education, training, volunteering and employment	2009/10	254	691	980	1150	★	↑		
	Target	78	156	234	313				
	2010/11	266	692						
	Target	90	180	270	360				



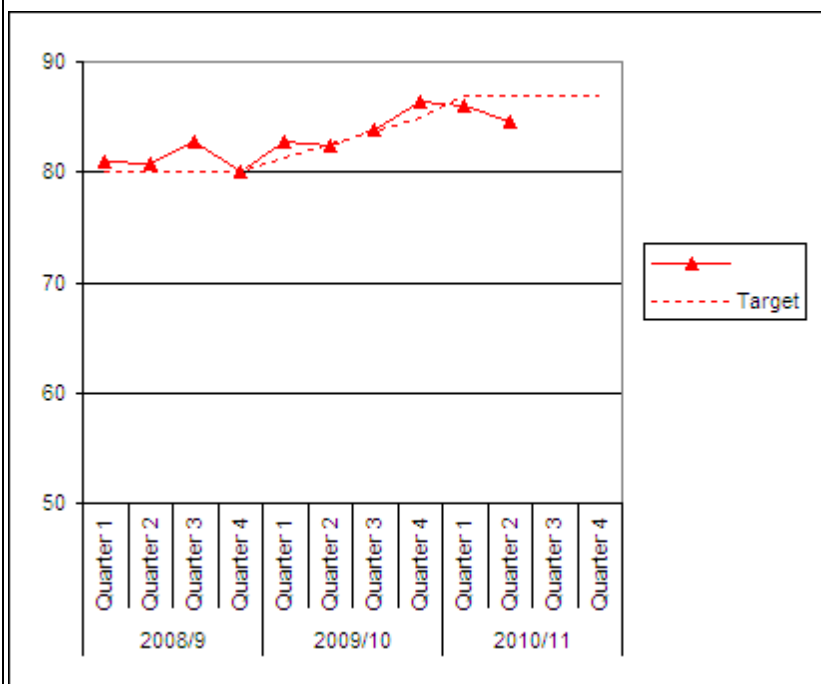
This indicator measures the number of people with mental health difficulties who have progressed from a support programme to employment, training/education or volunteering. All people included have been referred through either primary (e.g. GPs), secondary (acute services) mental health services or self referral.

Progress against this indicator is excellent and the year end target (360) has already been achieved. The main reasons for this are that the numbers accessing training education and volunteering are already significantly in excess of the year end targets. However, those new referrals achieving employment (32) are not achieving target (139 by year end) and represent the difficulties in finding employment in the current market for new referrals to the programme.

Altogether Healthier

Social Care

Performance Indicator		Quarter 1	Quarter 2	Quarter 3	Quarter 4	Performance to Target	Latest performance compared to 12 months earlier	All England Average 2009/10	Nearest Statistical Neighbour Average 2009/10
NI125 % of older people discharged from hospital to their own home or to a residential or nursing care home or extra care housing bed for rehabilitation with a clear intention that they will move on/back to their own home (including a place in extra care housing or an adult placement scheme setting) who are at home or in extra care housing or an adult placement scheme setting three months after the date of their discharge from hospital	2008/9	81.0	80.7	82.8	80.0	▲	▲	82	80.1
	Target	80.0	80.0	80.0	80.0				
	2009/10	82.7	82.4	83.9	86.3				
	Target	81.3	82.5	83.8	85.0				
	2010/11	86.0	84.6						
	Target	87.0	87.0	87.0	87.0				



Intermediate Care provides a short-term opportunity for care, recovery or rehabilitation within a multi-professional approach to prevent unnecessary hospital or long-term care admissions, help people get better more quickly or prevent the need for them to go into acute hospital at all.

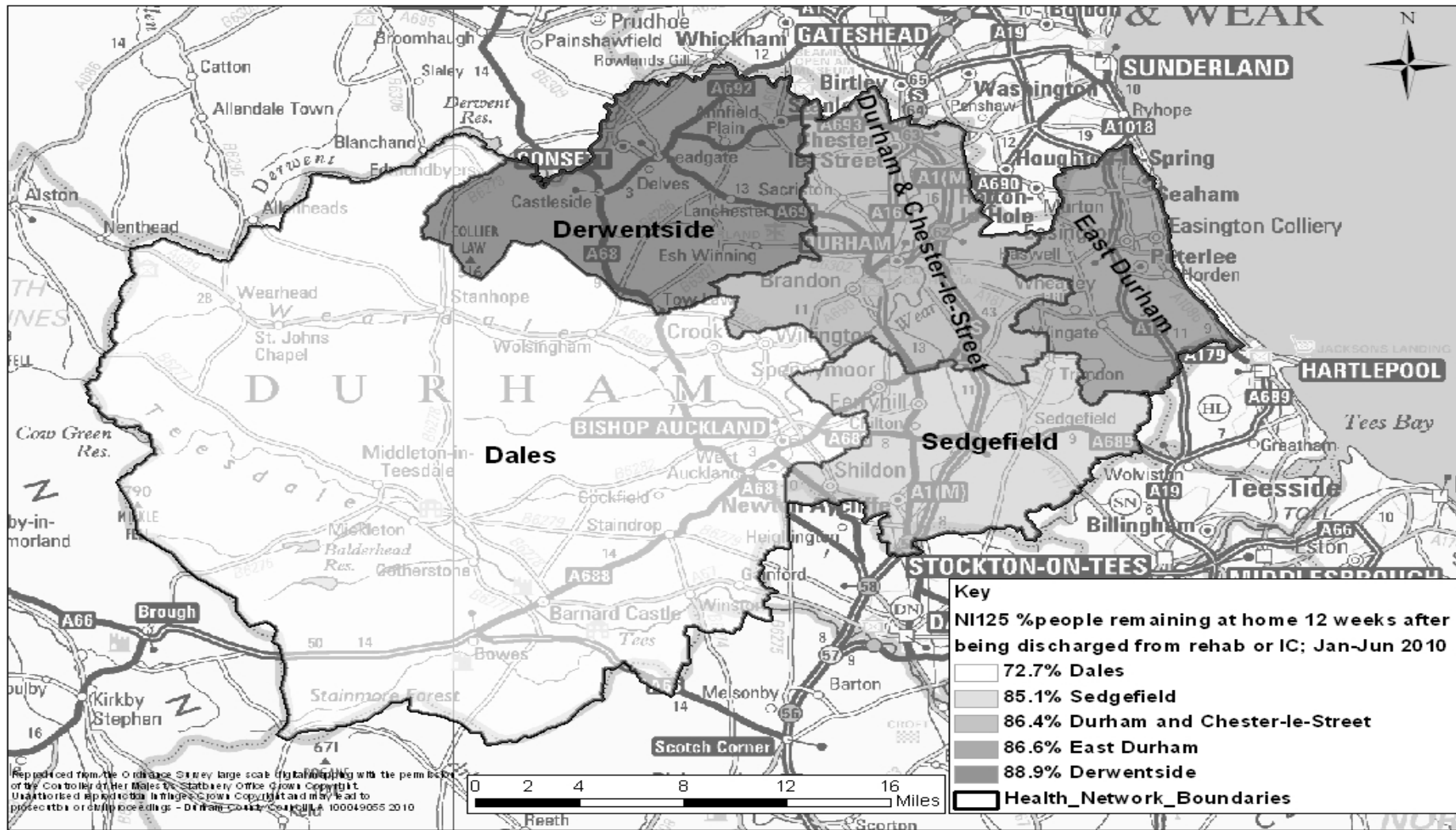
The percentage of people remaining in their own home 12 weeks after discharge has decreased from 86% at end of Quarter 1 to 84.6% at the end of Quarter 2, against a target of 87%. An additional 9 people (out of 356) needed to remain in their own home to achieve target. Although performance has dipped slightly, Durham's performance in quarter 2 remains above the 2009/10 IPF average of 80.1% and the England average of 82%.

In addition, a local joint Intermediate Care Strategy was agreed in March 2010 between the council and NHS County Durham. Implementation is currently focusing on the development of a broader range of services to include intermediate care. This will improve access to a range of rehabilitation services which help people to retain or regain their independence more quickly. 95.2% of respondents to the local Intermediate Care Survey felt that the services they received had improved their quality of life, whilst overall 98.8% were very or fairly satisfied with the intermediate care services they received. A breakdown of this indicator by Health Network is shown on the following page.

Altogether Healthier

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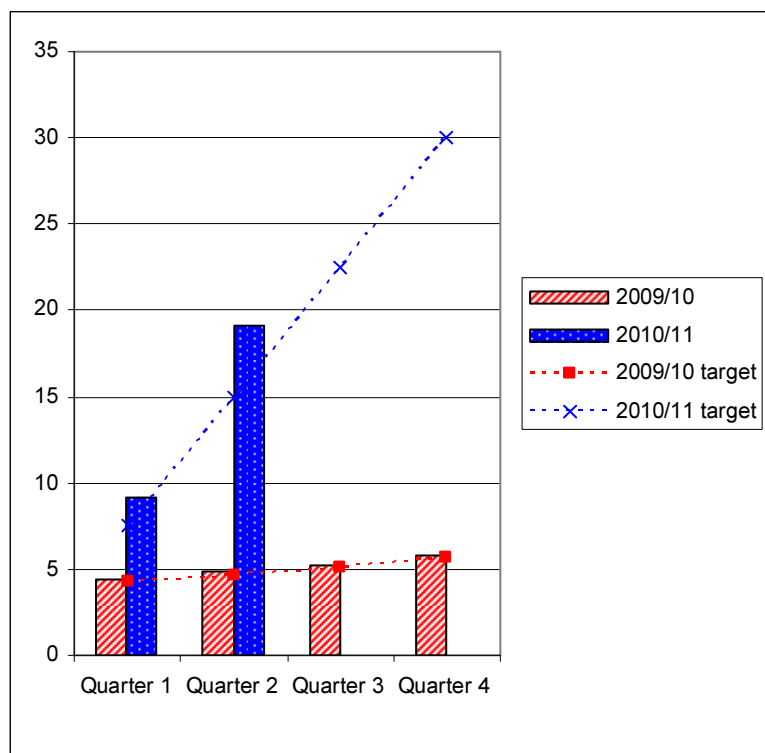
NI125 % of older people discharged from hospital to their own home or to a residential or nursing care home or extra care housing bed for rehabilitation with a clear intention that they will move on/back to their own home (including a place in extra care housing or an adult placement scheme setting) who are at home or in extra care housing or an adult placement scheme setting three months after the date of their discharge from hospital



Altogether Healthier

Social care

Performance Indicator		Q 1	Q 2	Q 3	Q 4	Performance to Target	Latest performance compared to 12 months earlier	All England Average 2009/10	Nearest Statistical Neighbour Average 2009/10
NI130 Adults, older people and carers receiving social care through a Direct Payment (and/or an Individual Budget) per 100,000 population aged 18 or over	2009/10	4.37	4.83	5.19	5.75	★	↑	13.8	12.4
	Target	4.30	4.60	5.10	5.67				
	2010/11	9.20	19.10					✓	✓
	Target	8	15	23	30				

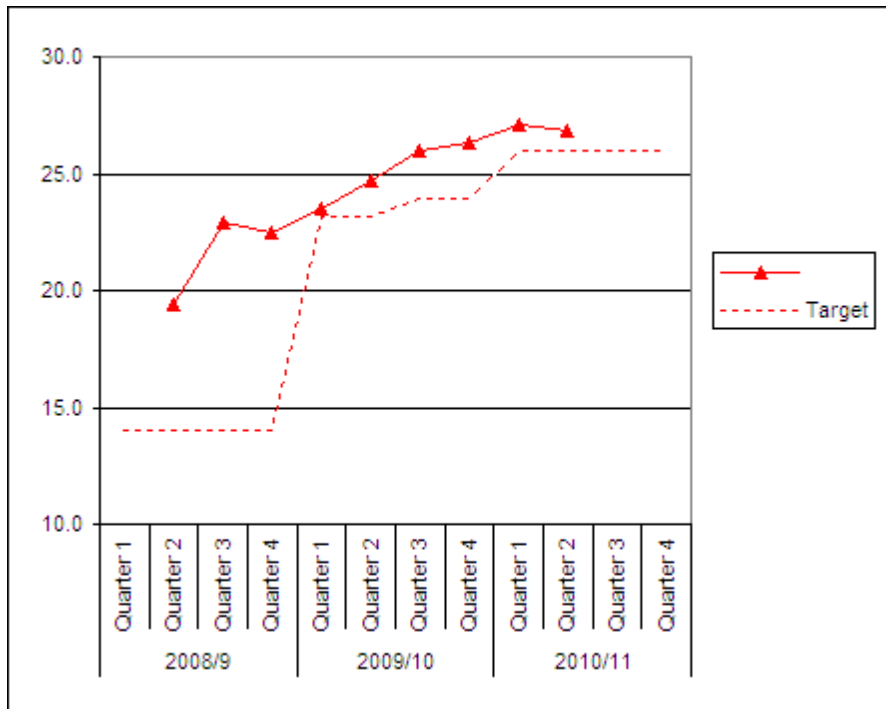


Data from 2008/9 are not comparable as the definition changed for 2009/10. A national target of 30% of service users being offered self-directed support by March 2011 has been set. A Quarter 2 target of 15% has been agreed by Adults, Wellbeing and Health.

Between 1st April to 30th Sept 2010, over 3750 people have taken part in the new Self Directed Support process. 19.1% of service users in receipt of community services now have a Personal Budget. It is estimated that the number of people in receipt of a personal budget will be 38% by the end of March 2011. This is a significant increase from 2009/10 (6%).

Recent data shared by North East authorities at end of August 2010 would suggest that Durham has improved its position from 2009/10 where it was below the regional average for this indicator. Latest data indicates that Durham is now in line with the regional average. As identified above, Durham is expecting further significant increases by the year end in the numbers of service users receiving self directed support

Performance Indicator		Quarter 1	Quarter 2	Quarter 3	Quarter 4	Performance to Target	Latest performance compared to 12 months earlier	All England Average 2009/10	Nearest Statistical Neighbour Average 2009/10
NI135 % of people receiving a community based service whose needs were assessed or reviewed by the council and who received a specific carer's service, or advice and information	2008/9		19.4	22.9	22.5	★	↑	26.5	27.2
	Target	14.0	14.0	14.0	14.0				
	2009/10	23.5	24.7	26.0	26.3				
	Target	23.2	23.2	23.9	23.9				
	2010/11	27.1	26.8					↔	↔
	Target	26.0	26.0	26.0	26.0				

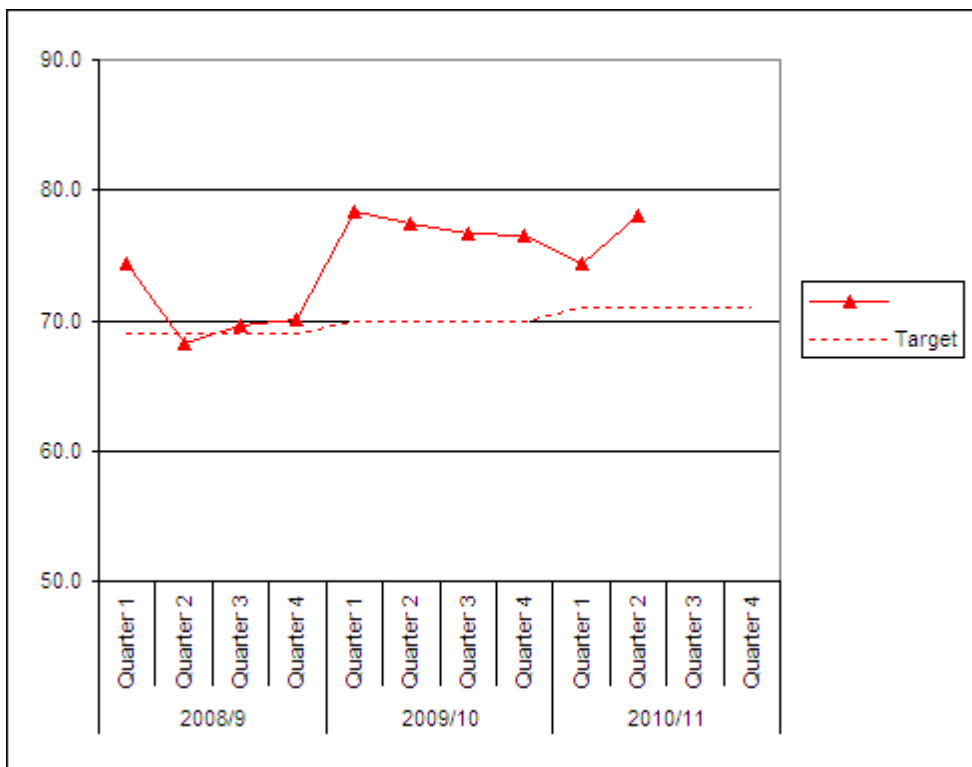


This national indicator measures the number of carers who have received a service as a percentage of people who have received a community based service. This includes carers undertaking self assessments and those being assessed by carers centres. In quarter 2, 26.8% of carers received a service compared to a target of 26%. This is fairly consistent with performance in quarter 1, and has increased from 22.5% in 2008/9 and 26.3% in 2009/10. Durham is above the 2009/10 England average of 26.5%.

Please note, statistical neighbours in this context are Barnsley, Bolton, Doncaster, Dudley, Gateshead, Kirklees, North Lincolnshire, Northumberland, Rotherham, St Helens, Stockton-on-Tees, Stoke-on-Trent, Tameside, Wakefield and Wigan.

Altogether Healthier

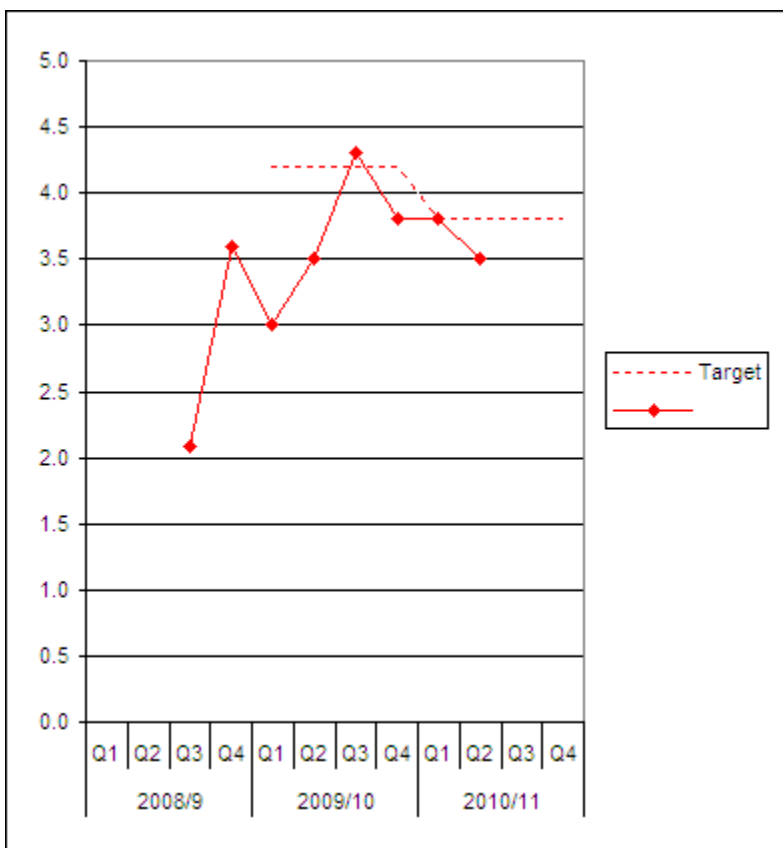
Performance Indicator		Quarter 1	Quarter 2	Quarter 3	Quarter 4	Performance to Target	Latest performance compared to 12 months earlier	All England Average	Nearest Statistical Neighbour Average
NI141 % of service users (i.e. people who are receiving a Supporting People Service) who have moved on from supported accommodation in a planned way	2008/9	74.4	68.3	69.6	70.1	★	↑		
	Target	69.0	69.0	69.0	69.0				
	2009/10	78.3	77.4	76.7	76.5				
	Target	70.0	70.0	70.0	70.0				
	2010/11	74.4	78.1						
	Target	71.0	71.0	71.0	71.0				



This indicator measures the percentage of people that have moved on from supported housing in a planned way to independent living i.e. a supported housing scheme, permanent accommodation or back to family. Between July and September, an additional 106 out of 129 people moved from supported housing in a planned way. Since April, 78.1% have moved on in a planned way against a target of 71%. Performance has increased from quarter 1 (74.4%). Progress with providers has been consistent across the board, with a continued focus on individual support planning. Where performance for individual providers has been below target, this has been tackled with the providers concerned, resulting in improvements and strengthening of management and staffing frameworks.

Altogether Healthier

Performance Indicator		Quarter 1	Quarter 2	Quarter 3	Quarter 4	Performance to Target	Latest performance compared to 12 months earlier	All England Average	Nearest Statistical Neighbour Average
NI146 % of adults with learning disabilities known to the council in paid employment at the time of their assessment or latest review	2008/9			2.1	3.6	▲	↔	6.8	4.8
	Target								
	2009/10	3.0	3.5	4.3	3.8				
	Target	4.2	4.2	4.2	4.2				
	2010/11	3.8	3.5						
Target	3.8	3.8	3.8	3.8			✘	✘	

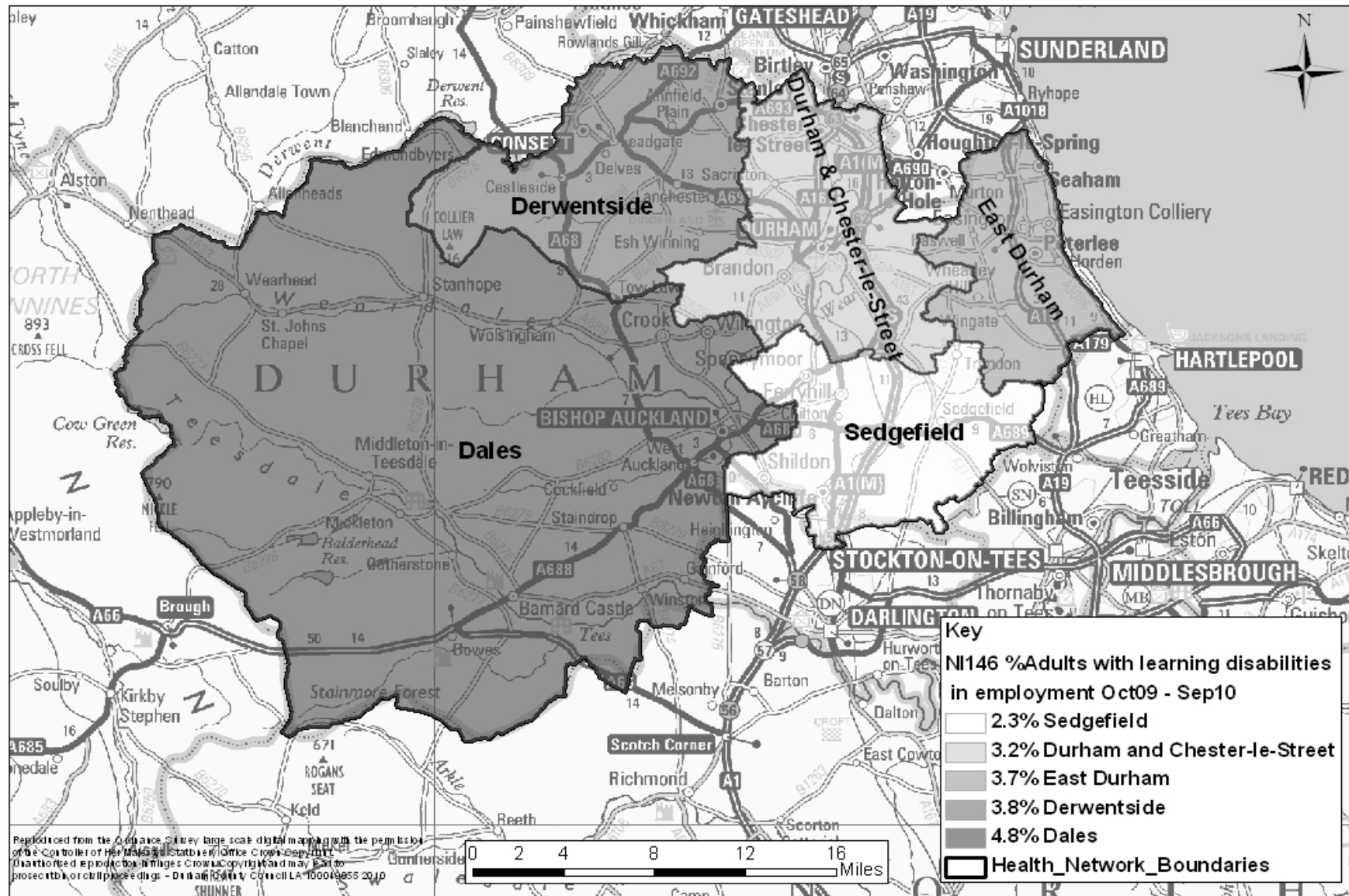


The target for this indicator was revised at Quarter 1 to 3.8% to reflect uncertainties in the employment market. In quarter 2, the number of people with learning disabilities in employment at the time of their last assessment has fallen from 58 (3.8%) at Quarter 1 to 55 (3.5%) at Quarter 2, and is not meeting the revised target. An additional 4 people would have needed to be in employment to have achieved the target of 3.8%. The England average in 2009/10 was 6.8%, with comparable authorities achieving 4.8%.

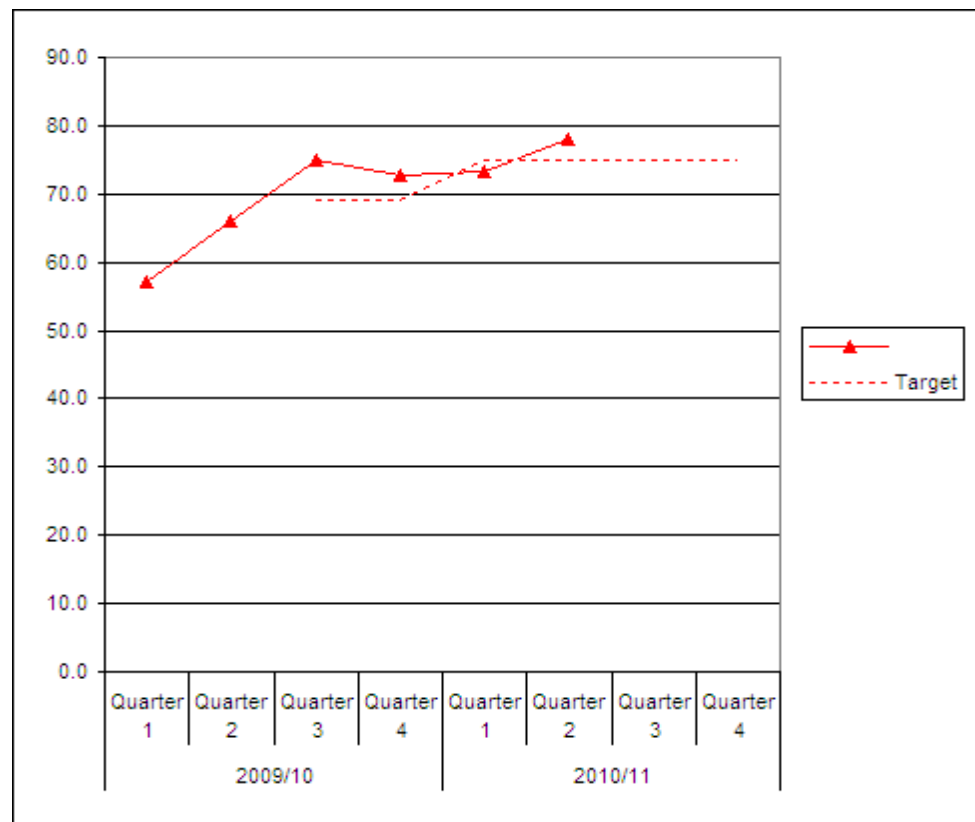
The council's employment support service 'WorkAble Solutions' have supported 120 people with learning disabilities in employment since April. However, not all of these service users can be included in the calculation of this indicator as they do not currently receive a social care service. WorkAble Solutions have gained funding to deliver 15 week employability courses to help prepare and assist people with learning disabilities in finding employment.

Given the current uncertainties in the employment market, achieving employment for all service user groups will continue to be a challenging task for the County Council.

A breakdown of this indicator by Health Network is shown on the following page.



Performance Indicator		Quarter 1	Quarter 2	Quarter 3	Quarter 4	Performance to Target	Latest performance compared to 12 months earlier	All England Average 2009/10	Nearest Statistical Neighbour Average 2009/10
NI149 % of adults receiving secondary mental health services in settled accommodation at the time of their most recent assessment, formal review or other multi-disciplinary care planning meeting	2009/10	57.0	65.9	74.9	72.6	★	↑	51.5	47.4
	Target			69.0	69.0				
	2010/11	73.3	77.9					✓	✓
	Target	75	75	75	75				

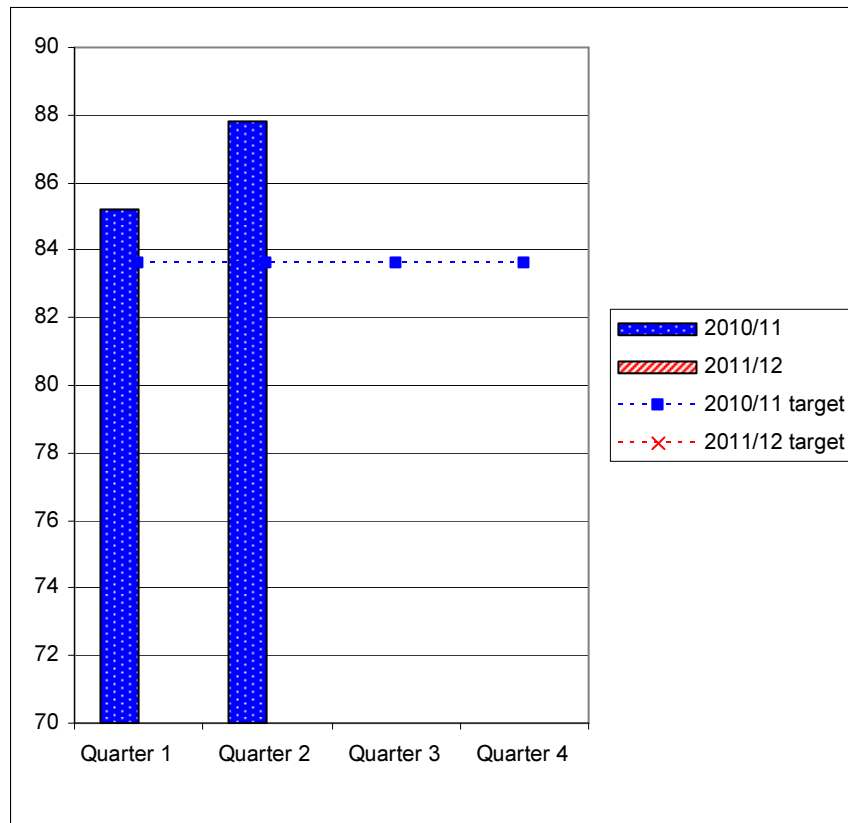


This indicator measures the percentage of adults with mental health problems that are in settled accommodation at the time of their assessment or review. Examples of settled accommodation include owner/occupier, tenancies, settled housing with family or friends and supported accommodation.

1,540 adults aged 18-69 who received secondary mental health services and had been on the new Care Programme Approach (CPA) were in settled accommodation at the time of their most recent assessment, formal review or other multi-disciplinary care planning meeting, from a total number of 1,976 on the new CPA. This equates to performance of 77.9% at Quarter 2 2010/11. The Quarter 2 figure demonstrates a significant increase in performance from 2009/10 and is achieving the 2010/11 target of 75%. In comparison with provisional 2009/10 data supplied by DoH, Durham's level of performance is significantly above benchmark comparisons e.g. England average in 2009/10 was 51.5% and comparator authorities was 47.4%.

Altogether Healthier

Performance Indicator		Quarter 1	Quarter 2	Quarter 3	Quarter 4	Performance to Target	Latest performance compared to 12 months earlier	All England Average	Nearest Statistical Neighbour Average
AWH AH13 % of users assessed stating that they were "very happy" with the way they were treated	2010/11	85.2	87.8			★	N/A	Local indicator - benchmarking not available	
	Target	83.6	83.6	83.6	83.6				
	2011/12								
	Target								









This is a local indicator and is derived from the monthly Assessment Survey programme which is sent to all service users who receive an adult social care assessment which results in the provision of a service. This indicator combines results from four surveys; the social care assessment, hospital discharge assessment, intermediate care assessment and financial assessment.

Between April-June 2010, 607 responses were received to the question, "How happy were you with the way those who discussed your needs treated you?". Of these, 533 (87.8%) reported that they were "very happy" with the way they were treated by their assessor.

Performance is above the 2010-11 target of 83.6%.

Section 4 – Indicator Tables: Quarterly Reported Performance Indicators

Altogether Healthier	Latest data	Period covered	Period target	Year end target 2010/11	Performance compared to target
AWH AH3i Percentage of total eligible population screened for bowel cancer	63.4	Apr – Sep 2010	62.27	62.27	
AWH AH6 Clinical staff enrolled on cancer awareness training in targeted areas	19	Apr – Sep 2010	10	20	
AWH AS4 Percentage of referrals commencing alcohol treatment programme (only Q2 data available) Also appears in the Altogether Safer basket	83.3	Apr – Sep 2010	65	65	
AWH AH11 Percentage of assessments where the needs of the young carer have been identified and addressed	100	Apr – Sep 2010	100	100	
AWH AH12 Overall satisfaction rating for assessment of social care	92.2	Apr – Jun 2010	92	92	
NI 150 Adults in contact with secondary mental health services in employment	8.3	Apr – Sep 2010	8	8	

Section 4 – Indicator Tables: Annually Reported Performance Indicators

Altogether Healthier	Latest data	Period covered	Period target	Year end target 2010/11	Data Due 2010/11
NI 120m mortality rate per 100,000 population, from all causes at all ages - males.	780.53	2008	717.7	717 (2009 target)	Q3
NI 120f mortality rate per 100,000 population, from all causes at all ages - females.	570.5	2008	541.7	541 (2009 target)	Q3
NI 121 mortality rate from all circulatory diseases, per 100,000 population aged under 75	86.6	2008	88.8	87.22 (2009 target)	Q3
NI 122 mortality rate from all cancers, per 100,000 population aged under 75	126.6	2008	125.7	125.9 (2009 target)	Q3
NI 39 rate of alcohol related admissions per 100,000 population Also appears in the Altogether Safer basket	2168	2008/9	None	1925 (9/10 target)	Q4

Section 5 – Council Plan Progress

Council Plan overview

Priority Theme	Total number of Actions	Number of actions met or exceed target	Number on target	Number behind target
Altogether Healthier	30	10 (33.3%)	19 (63.4%)	1(3.3%)

Council Plan Exceptions

Service Grouping	Action	Timescale	Status	Reason for under/over performance	Any further action/Revised target date
Altogether Healthier					
AWBH	Increase the number of adults with learning disabilities in employment through interventions provided	4.8% of adults with learning disabilities in employment 2010-2011	RED	The target was revised at Qtr 1 to 3.8% to reflect uncertainties in the employment market. In quarter 2, the number of people has fallen from 58 (3.8%) at Quarter 1 to 55 (3.5%) at Quarter 2, An additional 4 people would be needed to achieve target of 3.8%. The average in 09/10 for comparable authorities was 4.8%.	The council's employment support service 'WorkAble Solutions' has helped 26 people with learning disabilities to gain employment since April. WorkAble Solutions have also gained funding to deliver 15 week employability courses to help assist people in finding employment <u>Revised target 3.8%</u>

Proposed Council Plan Additions, Amendments and Deletions

Addition Amendment Deletion	New actions/ deletions/ amendments to SIP	Deadline/ Target	New/revised risks	Outcomes	Reasons for inclusion/deletion/ Amendments
Altogether Healthier					
Amendment	Increase the number of adults with learning disabilities in employment through interventions provided	4.8% To be amended 3.8%	N/A		Target has been amended by AWHMT to 3.8% to reflect difficulties in the employment market.

Appendix 1: Key to symbols used within the report

Where icons appear in this report, they have been applied to the most recently available information.

Key



GREEN

Performance better than target



AMBER

Getting there - performance approaching target (within 2%)



RED

Performance >2% below target

Trend Key



The latest performance has improved from the comparable period



The latest performance has deteriorated from the comparable period



The latest reported data remains the same as comparable period

Benchmarking Key



Performance is better than peers



Performance is worse than peers



Performance is in line with peers

Adults, Wellbeing and Health Overview and Scrutiny Committee



20th December 2010

Adults, Wellbeing and Health Forecast of Outturn 2010/11 – Quarter 2

Report of Graham Bainbridge. Head of Finance - Adults, Wellbeing and Health

Purpose of the Report

- 1 To provide the Committee with details of the Adults, Wellbeing and Health revenue and capital outturn forecast for 2010/11 based on information at the end of the second quarter of the financial year, i.e. September 2010.

Executive Summary

- 2 The 2010/11 forecast outturn for Adults, Wellbeing and Health, based on information at September 2010 projects a net spend of £191,332,000 against a net budget of £192,506,000. The projected underspend of £1,174,000 equates to a variation of 0.61% against net budget. The service has targeted a planned underspend in 2010/11 in recognition of the Medium Term Financial Plan position and to assist in the management of the significant demographic pressures facing the service over the MTFP period.
- 3 The in year reduction in 2010/11 Area Based Grant (ABG) allocations resulted in the withdrawal of the Supporting People Administration Grant of £315,000 and a reduction in Home Office Grant of £61,000. These reductions have been managed within the service through a review of contracts and close management of vacancies in relation to the Supported People Administration Grant loss and through reprioritising spend through the Safe Durham Partnership in relation to the Home Office Grant. The in year budget has been revised to reflect these changes.
- 4 It should also be noted that the service continues to manage significant demographic demands in relation to an aging population and increasing care needs in Learning Disability and Mental Health services and a restriction in Independent Living Fund (ILF) allocations.
- 5 Key variations against budget are as follows
 - Through the careful management and control of vacancies and employee budgets across the service an underspend of £1.7m is anticipated for the year at this stage. This approach has ensured that a

planned underspend for the service is achieved in 2010/11 and also creates opportunities for any restructures and service rationalisation required whilst minimising the impact of such changes on existing employees.

- As a result of a review of outstanding debt it has been possible to increase income collection targets thereby reducing the bad debt provision required.
- A provision for the loss of income has been created in recent year in relation to a legal action against the County Council. Through a successful legal defence against the case it is now possible to return the provision to the revenue account.
- Additional committed spend in relation to the Supporting People programme has been undertaken as a result of the carry forward of unspent grant from 2009/10.
- Additional initiatives and projects in relation to Social Inclusion, Preventative Technology and Libraries, Learning and Arts have been possible due to the successful sourcing of additional grants and contributions.
- Care package spend is currently projected above budget reflecting the demographic pressures identified above. Additional income received in contributions from service users partly offsets these costs.
- Ringfenced Social Care Reform Grant has been identified to be carried forwards into 2011/12 to meet delivery requirements and double-running costs associated with the full implementation of Adult Care personalisation.

Budget Revisions

- 6 A reasonable level of budget revisions will be allowed during 2010/11. During the year revisions will be made at the end of each quarter. This will assist in the interpretation of the budgetary information and management of the budget.
- 7 As detailed in the Executive Summary, budget revisions have been actioned in the Quarter 1 accounts to reflect the savings required to offset the loss of ABG in relation to Supporting People Administration and Home Office Grants. No further budget revisions are reported for the Quarter 2 accounts.

Summary Position for Adults, Wellbeing and Health

- 8 The table below summarises the budget and projected outturn position based on September 2010 information for Adults, Wellbeing and Health by subjective analysis.

Year to Date Budget	Year to Date Actual	Variance	Subjective Head	Original Budget	Projected Outturn Position	Variance
£'000	£'000	£'000		£'000	£'000	£'000
34,232	33,536	-695	Employees	69,183	67,601	-1,582
2,175	1,469	-707	Premises	5,966	6,086	120

1,613	1,554	-58	Transport	4,557	4,770	213
5,941	5,422	-520	Supplies & Services	12,224	12593	369
68,204	69,867	1663	Agency & Contracted/Transfer Payments	153,039	154,679	1,640
321	416	95	Central & Other Costs	12054	11,854	-200
112,486	112,264	-222	GROSS EXPENDITURE	257,023	257,583	560
			Income			
4,246	5,065	-820	- Specific Grants	5,037	4,922	115
12,136	13,098	-962	- Other Grants & conts	16,952	17,638	-686
532	433	99	- Sales	1,066	1,052	14
16,896	15,645	1251	- Fees & charges	37,997	38,710	-713
370	603	-233	- Recharges	2,524	2,526	-2
470	1,323	-852	- Other	941	1,403	-462
34,650	36,167	-1517	Total Income	64,517	66,251	-1,734
77,836	76,097	-1,739	NET EXPENDITURE	192,506	190,332	-1,174

Explanation of Significant Variations between Original Budget and Forecast Outturn

- 9 The following section outlines the reasons for significant variances by subjective analysis area.

Employees – Forecast to underspend by £1,582,000

- 10 Through the careful management and control of vacancies and employee budgets a saving of £1.722m is anticipated for the year at this stage.
- 11 Additional employee spend of £0.14m in Social inclusion has been funded through additional grants and contributions.

Premises – Forecast to overspend by £120,000

- 12 Additional spend relates to accommodation cost of Joint Teams and premises spend within Residential Homes funded by contributions from partners and reserves respectively.

Transport – Forecast to overspend by £213,000

- 13 An overspend is projected due to general transport cost increases and increased service users demand.

Supplies & Services – Forecast to overspend by £369,000

- 14 Additional initiatives in Social Inclusion (£0.32m for Train to Gain and Community Safety), in Libraries, Learning And Culture (£0.17m for Arts Development and the DLI Museum) and in Commissioning (£0.21m for

Preventative technology) have been possible due to the successful sourcing of additional grants and contributions.

- 15 Close control of general supplies and service budgets has created a projected saving of £331,000 across the service.

Agency & Contracted/Transfer Payments – Forecast to overspend by £1,734,000

- 16 Additional Supporting People Programme schemes totalling £1.3m have been commissioned from funding carried forward from unspent grant in 2009/10.
- 17 Care package spend is currently projected at £0.38m above budget reflecting the demographic pressures identified earlier in the report

Central and Other Costs – Forecast to underspend by £200,000

- 18 A high level of disputed debt at 31st March 2010 has now been successfully resolved, significantly reducing the outstanding debt and leading to a reduction in the bad debt provision required for the service.

Income – Forecast overachievement of £1,734,000

- 19 Successful legal action has resulted in the return to revenue of a £500k provision. Provision had been made for a dispute in relation to a specific Adult Social Care charging policy issue. The action has now been withdrawn before progressing to court allowing the provision to be released.
- 20 Unspent Supporting People Programme grant income has been carried forward from 2009/10 and used to fund additional spend in the current year as identified above.
- 21 Additional grants and contributions have been successfully sourced in respect of Social Inclusion (£0.56m), Libraries, Learning and Culture (£0.25m) and Preventative Technology (£0.21m). Relevant spend related to this income is identified in the relevant spend categories above.
- 22 Income from service users contributions to care packages is currently projected at £0.26m above budget although contributions towards Continuing Health Care have reduced by £0.42m to reflect revised commissioning arrangement with the PCT.
- 23 Ringfenced Social Care Reform Grant of £1.1m been identified to be carried forwards into 2011/12 to meet delivery requirements and double-running costs associated with the full implementation of Adult Care personalisation.

Capital Programme

- 24 The Quarter 1 report identified that the AWH capital budget had increased to £8.972m following the carry forward of budgets from 2009/10. During the

second quarter, savings totalling £0.2m have been identified and a capital budget of £5.574m has been reprofiled into later years. This has resulted in the AWH capital budget for 2010/11 being revised to £3.018m.

Service	Revised Qtr 1 Budget	Savings identified	Reprofiling to later years	Total Revised Budget	Spend at 30 Sept 2010	Forecast outturn
	£000's	£000's	£000's	£000's	£000's	£000's
Adults, Wellbeing and Health	8,972	-200	-5,754	3,018	1,553	3,018

- 25 A review of capital schemes has resulted in a reduction in projected spend requirements in three schemes, ICT Infrastructure, Mental Health Grants and Killhope Museum/Cultural Investment, of £0.2m
- 26 Included in the slippage carried forward into 2010/11 was a capital budget of £5.85m set aside for investment in residential homes. Following the Strategic Review of Residential Homes for the Elderly, Cabinet agreed to the closure of seven Residential Homes in the current financial year. To allow further consideration of the potential options for the remaining Residential Homes through the Medium Term Financial Plan process and to reflect the lead-in time of any investment decision, £5.75m of this capital budget has been reprofiled into future years. A budget £0.1m has been retained in 2010/11 to allow essential health and safety work to be undertaken if necessary

Recommendation

- 27 Committee are asked to note and comment on the report

Contact: Graham Bainbridge Tel: (0191) 383 3388

Appendix 1: Implications

Finance

Financial implications are outlined throughout the report.

Staffing

None.

Equality and Diversity

None.

Crime and disorder

None.

Sustainability

None.

Human rights

None.

Localities and Rurality

None.

Young people

None.

Consultation

None.

Health

None.

**Adults, Well-being and Health Overview
and Scrutiny Committee****20 December 2010****Short Breaks Reprovision, Heathway,
Seaham**

Lorraine O'Donnell, Assistant Chief Executive**Councillor Robin Todd, Chair, AWBH Overview and Scrutiny
Committee**

1. Purpose of the Report

- 1.1 The Adults, Well-Being and Health Overview and Scrutiny Committee were asked by NHS County Durham and Darlington to agree a Communications and Engagement Action Plan and to support the move to relocate and reprovide short break provision from Heathway, Seaham to the Holly Unit, West Park, Darlington.
- 1.2 Following visits to both venues, and discussions with stakeholders, carers and parents, this report has been prepared with recommendations to be submitted to NHS County Durham and Darlington.

2. Background

- 2.1 NHS County Durham and Darlington (CD&D) for some years have commissioned and resourced short breaks provision at Heathway in Seaham, East Durham, from Tees Esk and Wear Valley NHS Foundation Trust (TEWV), for children and young people with increasingly complex needs and challenging behaviours. Heathway currently operates as a 4 bed unit serving approximately 20 young people across County Durham, for 4 days/nights per week.
- 2.2 The current facilities have been deemed unfit for purpose, and the owner of the building, Secretary of State for the Department of Health, wishes to dispose of this estate as soon as possible. CD&D and TEWV have been working together to develop an appropriate interim solution. Heathway no longer meets the health, safety and welfare of the young people, or the staff.
- 2.3 An interim solution would be to reprovide and relocate the short breaks provision for this group of children/young people, to Holly Unit, West Park, Darlington. This relocation would provide the same excellent service in terms of lengths of stay, in a new environment.
- 2.4 The AWBH Committee agreed to visit both locations (see section 6 below).

3. Legislation

3.1 The relevant legislation is as follows:

- NHS Act 2006
 - Section 242: Requirement for engagement with patients, carers and the public in the ongoing development and delivery of services:
 - Section 244: Requirement for the formal consultation with Overview and Scrutiny Committees around substantial variation in service/substantial service change
- Local Government and Public Involvement in Health Act 2007
 - Requirement to engage with Local Involvement Networks (LINKs)
- NHS Duty to Report on Consultation Regulations (2009)
 - Requirement to report on consultation and engagement activity, including impact of engagement on decisions.

3.2 The immediate proposal to transfer the current services to a different location would normally be classed as a 'Substantial variation in service' under the NHS Act 2006 Section 244, and thus requires a 13 week consultation with the Overview and Scrutiny Committee. However, as the premises are unfit for purpose and pose an immediate health and safety risk, to both staff and patients, the exemption to this requirement would apply.

3.3 A communication and engagement plan (Appendix 1), focusing on parents/carers/guardians of child and young people using this service, and also local stakeholders, was developed and implemented. The aim of this being:

- To effectively communicate the reasons for the change and the details of future service provision;
- To provide an opportunity for questions, concerns and suggestions to be raised and answered (involvement);
- To ensure that issues raised are appropriately responded to and taken on board;
- To ensure that statutory duties under section 242 NHS Act 2006 and Local Government and Public Involvement in Health Act are met.

4. Benefits and Risks

4.1 The **benefits** of this relocation would be:

- Holly Unit is new; purpose built; single storey; light, modern and spacious; has ample free parking
- Good transport links to the unit – linking with centre of Darlington
- Heathway staff would be transferred (continuity)
- Within current financial envelope (no additional financial impact)
- Meets clinical safety and quality
- Engagement and involvement: Open evening, 28th October 2010, at Holly Unit, with GP links through PBC Leads; public meetings; one-to-one meetings with parents, carers and guardians; focus/discussion group meetings/surveys
- Improvement and innovation (solution focussed in line with best outcomes for young people).

4.2 The **risks** of this relocation would be:

- A serious untoward incident occurring in relation to health and safety if the interim solution does not happen

- Extended travel time for young people to the proposed interim accommodation from their schools/home.

5. AWBH O/S Committee

- 5.1 The Committee were asked by NHS County Durham and Darlington to:
- a) Agree to the specific consultation period set out in the Communications and Engagement Action Plan (appendix 1).
 - b) Support the move to relocate and reprovide short break provision from Heathway, Seaham to the Holly Unit, West Park, Darlington as an interim solution, with a view to a longer-term planned solution for this group of young people, parents/carers/staff and stakeholders.
- 5.2 Following receipt of the report of the Joint Commissioning Manager (CAMHS) and Director of Public Health, Darlington at the AWBH O/S Committee on 21st October, 2010 it was agreed to carry out a Light Touch Review of the proposed reprovider from Heathway, Seaham, to Holly Unit, Darlington.

6. Visits

- 6.1 The Chair of the AWBH Committee stated he wished to visit both facilities, in order to provide comments on the suggested reprovider from Heathway to Holly Unit.
- 6.2 It was noted from the Communications and Engagement Plan that an open evening/drop in session for Stakeholders was being held on 28th October at Holly Unit, to find out the views of parents/carers/stakeholders. The Chair of the Committee attended to talk to the parents/carers and identify any areas of concern.

In order to compare both locations, the Chair also requested a visit to Heathway, Seaham to be arranged, which took place on 3 November 2010. The facility was closed for the day, therefore no children were in residence.

6.2 *Stakeholder Event, Holly Unit, West Park, Darlington, 28th October 2010*



There were very few carers/parents in attendance at the drop-in session, but general views from the two mothers and carer spoken to were as follows:

- All positive regarding building and facilities, it is much bigger and more suitable than Heathways – therefore possibility in future of extending the service.

- All on one level - 7 en suite bedrooms; one bathroom with specialised equipment; a separate dining room; a number of lounges; a large kitchen, where service users could be involved in cookery/housekeeping etc.; large garden; spacious walkways/corridors (for wheelchair users); office space.
- This facility is used to provide a countywide service, so some people would have to travel further than others (as with Heathway at the moment).
- Holly Unit is accessible by public transport, bus stops directly outside unit.
- Transfer of existing staff/carers (continuity)
- Education Transport (concern of some parents – see section 7):
- Some children are transported between Heathway and their schools
- Continuity for children who are used to the same driver/company, and vice versa, the drivers are used to the children, and recognise their needs, especially if it's a longer journey for them
- Would be a lot of change for children with autism, who can react badly to change in routines – move to new venue, plus new driver, possibly new staff.



6.3 **Heathway, Seaham, 3 November 2010**

Heathway Unit is a converted police house, on a housing estate, consisting of:

- A tiny kitchen; small lounge/dining room; 2 single bedrooms, 1 double bedroom with sinks, but not en suite; toilet/bathroom, with old fashioned equipment; 1 sensory room with specialist equipment; large garden.
- Upstairs office/storage, very steep flight of stairs (closed off to children).
- The best use of the venue has been made, re décor etc.
- There is very limited space for wheelchair users.
- Discussion about Education Transport, confirmed this will continue as now.
- Transfer of existing staff/carers – continuity – confirmed all staff will be transferring to Holly Unit.
- Children will be transferred over gradually, to get them used to the venue before overnight stays.
- Secretary of State (Department of Health), who own the building, want it to be vacated immediately, therefore no choice in relocating, and no other venue has been identified, other than Holly Unit.
- Intention had been for a purpose-built venue on site of Lanchester Road Hospital, but this has not happened.

7. **Education Transport – DCC Policy**

7.1 Durham County Council's policy for Education Transport is as follows:

Durham County Council's home to school transport policy provides for free travel to be awarded for pupils attending the nearest suitable school, where the distance from home to school is over two miles using the shortest available walking route. The parental home address is used to determine entitlement.

Where a child is entitled to home to school transport, if he/she is on occasion attending a respite facility/respite care, home to school transport will continue to be provided to the respite address for the school days when that facility is his/her home.

- 7.2 Therefore, where existing arrangements are in place for Education Transport, the arrangement will continue, using the new respite address of Holly Unit.

8. Conclusions

The Committee, after considering the issues and having visited both venues, concluded:

- i) There is no comparison between the two facilities
 - o Heathway is an old building, with poor facilities, and lack of space – and has Health and Safety issues.
 - o Holly Unit is a modern facility that is fit for purpose. It also has much more space for the users and carers compared to Heathway.
 - o However, feedback from parents/carers is that transport is an issue, both education transport and accessibility to Holly Unit for parents/carers.
 - o Staff continuity – wherever possible existing staff should be transferred to Holly Unit.

9. Recommendations

The Adults, Well-being and Health Overview and Scrutiny Committee agree to the following recommendations:

- i) Agree to the specific consultation period set out in the Communications and Engagement Action Plan (appendix 1).
- ii) Support the move to relocate and reprovide short break provision from Heathway, Seaham to the Holly Unit, West Park, Darlington
- iii) Suggest that although this is an interim solution, with a view to a longer-term planned solution, this should be for an adequate period, so as not to upheaval service users by further relocation.
- iv) Ask that the comments of parents/carers comments should be considered, regarding:
 - o Education Transport - should continue as it is at the moment, and
 - o Staff relocation - continuity, to ensure minimal disruption to children.
- v) A letter to be prepared and sent to NHS County Durham and Darlington and Partners, and also to be shared with Overview and Scrutiny Management Board and Cabinet Portfolio Holder for information.

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Communication and Engagement Action Plan – October 2010**Short Break Residential Services for Children and Young People with learning Disability and Complex Health Needs****1. Informing & Involving**

Date	Purpose	Audience	Activity	Location	Action	Progress/Completion
October 2010	Informing & Involving	Parents of children and young people currently using the service	Letters sent to all parents/carers/guardians outlining service change, inviting participation in involvement & pointing to future consultation	N/A	DK	Sent 07/10
October 2010	Informing & Involving	Durham Joint Health Scrutiny Panel & four local OSCs	Briefing Paper sent enclosing C&E Plan, plus letter inviting participation in involvement, offer to attend a meeting & pointing to future consultation	N/A	LR/LM	21/10
October 2010	Informing & Involving	Durham LINK	Briefing Paper sent enclosing C&E Plan, plus letter inviting participation in involvement, offer to attend a meeting & pointing to future consultation	N/A	DK	
October 2010	Informing & Involving	Key local stakeholders: <ul style="list-style-type: none"> ○ MPs ○ CLDC/CLMC/CLPC/CLOC ○ PBC Groups ○ Board ○ Professional Executive Committee (PEC) ○ VDAs ○ NESHA 	Letter sent outlining service change, inviting participation in involvement & pointing to future consultation	N/A	DK/LR	
October 2010	Informing & Involving	Voluntary and community sector stakeholders: to be determined	Letter sent outlining service change, inviting participation in involvement & pointing to future consultation	N/A	DK/LR	
October 2010	Informing & Involving	Parents of children and young people using the service, the public and local stakeholders	Information outlining service change, inviting participation in involvement & pointing to future consultation available at www.tees.nhs.uk & www.tewv.nhs.uk	N/A	LR	

October 2010	Informing & Involving	Parents of children and young people using the service, the public and local stakeholders	Press release to local media	N/A	DK/LR	
October 2010	Informing & Involving	NHS Durham and Provider Staff	Articles in staff newsletters outlining service/change, inviting participation in involvement & pointing to future consultation	N/A	LR	
October 2010	Informing & Involving	Independent Contractors and Staff (Dentists, GPS, Opticians, Pharmacists)	Articles in newsletter <i>Contractors' Chronicle</i> outlining service change, inviting participation in involvement & pointing to future consultation	N/A	LR	
October 2010	Informing & Involving	Local Authorities including Education	Meetings	TBC	LR	
28 October 2010	Informing & Involving	Parents of children and young people using the service and local stakeholders	Open Meeting 6.30 p.m.	Holly Unit, West Park	DK	
November 2010	Informing & Involving	Parents of children and young people using the service and local stakeholders	Collation of comments received during involvement, production & distribution of report.	N/A	DK/LR	

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Adults, Well-being and Health Overview and Scrutiny Committee



20 December 2010

UPDATE:

- A) Health Inequalities Scrutiny Review;
- B) Regional Scrutiny Project on Ex Service Communities

Report of Lorraine O'Donnell, Assistant Chief Executive

Purpose of the Report

To update members on:

- a) a scrutiny review on health inequalities with a focus on physical activity;
- b) a regional scrutiny review with a focus on ex service communities.

Information

a) Health Inequalities –Physical Activity

On 11th October a health inequalities event was held to provide the context for a scrutiny review into action to tackle health inequalities in County Durham. A key aspect of the review is to consider where the most significant positive impacts can be made through interventions to address health inequalities, in the context of financial constraint in the public sector, that is, what are cost effective interventions and where should the Council and its partners focus effort in future.

On the 18 November members of a task and finish group met to consider the scope for such a review and agreed (based on the evidence before the meeting) that there is a compelling case to focus on physical activity.

Officers have been tasked to draft terms of reference with key lines of enquiry supported by a robust project plan for this piece of work. These will be discussed at the next meeting of the group (5th January 2011).

(Members should note that the recent white paper on public health - Nov 2010- will be an important document in assisting the group with its discussions. An Executive summary has been circulated separately for information.)

NHS Durham and Darlington and the County Council have identified officers from their respective organisations to support the task and finish group in an expert advisor capacity.

Dates for the task and finish group have been agreed. The project aims to report back to the Adult well being and health OSC and then Cabinet in May 2011.

b) Regional Health Scrutiny project on ex service communities

This is the first time that the twelve local authorities in the North East of England have got together to undertake a joint scrutiny review about a matter of common concern, and especially about an aspect of health inequalities in the region.

In 2009, the network members agreed to establish a standing Joint Health Overview and Scrutiny Committee. An invitation by the Centre for Public Scrutiny (CfPS) and Improvement and Development Agency (IDeA) for joint bids by groups of local authorities to become Scrutiny Development Areas in the field of health inequalities acted as a catalyst. The network's bid was successful and the CfPS/IDeA provided support in the form of £5,000 and 6.5 free days support from an advisor. In return, this review is contributing to the CfPS/IDeA health inequality scrutiny toolkit.

The Joint Health Overview and Scrutiny Committee have adopted a protocol and terms of reference to formalise its governance arrangements, which will be of value in any future joint scrutiny.

The subject of the joint review was quickly agreed, winning support across all twelve local authorities in the region. Reviewing ways to improve the health and social care of the ex-service community was not just a matter which fired the enthusiasm of Councillors, it would bring a local and regional perspective to the initiatives being taken nationally by the Ministry of Defence and the Department of Health and their partners, as set out in the Command Paper *The Nation's Commitment*.

Once the overall direction of the project was set by Councillors, officers started to research background information and to identify contacts.

At the end of June, 22 scrutiny Councillors from the 12 different local authorities and 34 guests a range of national, regional and local organisations gathered in Durham to discuss the health needs of the ex-service community at an evidence-gathering overview day.

They listened to and questioned speakers from government departments, the armed forces, the Royal British Legion, the regional Strategic Health Authority, one of the Directors of Adult Services in the North East, and the Career Transition Partnership, and they took part in round-table discussion with public health specialists, commissioners and clinicians.

Following the overview day, Councillors split into three work stream groups, looking at physical health, mental health, and socio-economic wellbeing.

A chair and lead authority was identified for each of these work streams, but they were otherwise open to Councillors from any authority, irrespective of political alignment. Each work stream was supported by officers from four local authorities. The socio-economic wellbeing group was chaired by Councillor Stuart Green (Gateshead),

the mental health group by Councillor Robin Todd (Durham) and the physical health group by Councillor Eddie Dryden (Middlesbrough).

Each work stream undertook its own work programme, including interviews, focus groups and site visits. These are detailed further in the individual reports of the work streams. A project support group of officers was set up to help co-ordinate the project and avoid duplication. This was made up of officers from the work stream lead authorities, from Newcastle, which acted as overall project lead, and from Redcar & Cleveland, which handled publicity.

All the work stream reports, together with the overall project report, will be considered by the Joint Committee in its role as project board, and shared with as many contributors as possible before publication.

The date for next meeting of the Joint Committee is being arranged. This meeting will consider the final report and associated recommendations. This report will be shared with the Adults well being and health OSC in the near future.

Recommendation

Members are asked to note progress on the projects identified in this Report.

Background Paper(s)

NONE

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Appendix 1: Implications

Finance

None for this update

Staffing

None for this update

Equality and Diversity

An Equality Impact Assessment for the Health Inequalities Review will be undertaken in line with our approach on Equalities legislation.

Accommodation

None for this update

Crime and Disorder

None for this update

Human Rights

None for this update

Consultation

None for this update

Procurement

None for this update

Disability Discrimination Act

None for this update

Legal Implications

None for this update