

Appendix 1



Stockton-on-Tees
BOROUGH COUNCIL

Health Select Committee

Tuesday 8 March 2011

EIT Task and Finish Report

Review of Adult Service Structures

Contents

- 1. Executive Summary**
- 2. Introduction**
- 3. Approach**
- 4. Current Services – Operations**
- 5. Current Services – Adult Strategy**
- 6. Legislative Framework**
- 7. Eligibility for Services**
- 8. Future Policy Direction**
- 9. Service Costs and Comparator Information**
- 10. Commendations, Complaints and Compliments**
- 11. CQC Inspection (2010)**
- 12. Conclusions**
- 13. Recommendations**

Appendix 1 – Staff Comments and Suggestions

Appendix 2 – Proposed Structure

EIT TASK AND FINISH REVIEW OF ADULT SERVICE STRUCTURES

1. Executive Summary

This is a Task and Finish report within the Council's Efficiency, Improvement and Transformation (EIT) Programme and covers the Adult Care Management and Adult Strategy Team within Adult Services.

This report provides background information in relation to the current structures within Adult Services, what the services are required to deliver and how the resources are utilised.

The report highlights key National policy developments in Adult Services and the relevant legislation and statutory responsibility for Stockton Borough Council. The report provides a summary of costs and performance within the service area over the last 2 years and some demographic information.

The report proposes a revised structure for the council in order that it can deliver its Adult Services function.

2. Introduction

Stockton-on-Tees Borough Council has historically had joint management arrangements in place for many years across Adult Services – these have comprised of the following:

- Joint Commissioning – Stockton Borough Council / Stockton Primary Care Trust (PCT)
- Joint Provision – Stockton Borough Council / North Tees and Hartlepool Foundation Trust (NT&H)
- Joint Management for Learning Disabilities / Mental Health Provision – Stockton Borough Council / Tees, Esk and Wear Valley (TEWV)

Over the last 18 months a number of changes have taken place.

An Independent Review of the Integrated Management arrangements was undertaken in Stockton in 2009, commissioned by the Council and Stockton PCT. Partners from NT&HFT and TEWV were also involved in the review.

The scope of the review included commissioning as well as provision. It covered all joint arrangements in Children and Adult Services, and integrated provision of Mental Health and Learning Disabilities Services.

The reason for the review was that whilst all parties were committed to the principles of strong partnership working and integrated delivery, problems and tensions had arisen with managers in these services who were finding it increasingly difficult to respond to the competing priorities of different organisations – this along with the Joint DCS/DASS role meant that capacity was becoming stretched. There was a realisation that instead of integration, the impact was often duplication.

In addition, since the services had been integrated a number of developments and changes had occurred which needed to be considered. These included:

- PCT community provider services externalised to NT&H.
- Personalisation agenda.
- Increased focus on quality.
- Increased focus on safeguarding regulations and Inspection for all organisations.
- Need to strengthen and provide greater clarity in relation to professional lines of accountability.

The outcome of the review identified the need for change and maintaining the status quo was not recommended.

The second change took place in 2010 when North Tees and Hartlepool (NT&H) reconfigured their directorate within the Trust, which resulted in a service reconfiguration and a move towards services being provided from the Trust across Stockton, Hartlepool and Easington as a whole service and not purely locality focused.

The reconfiguration has resulted in a structure with:

- 1 Clinical Director of Community Services across NT&H NHS Foundation Trust Community Directorate
- 3 Assistant Director posts beneath, which span Stockton, Hartlepool and Easington

As a result of the restructure, the joint operational arrangements with NT&H ceased from 31 December 2010 and NT&H now have line management responsibility for Health staff. The Council was involved in discussions as these restructures took place.

The third change was in Autumn 2010, Stockton PCT was required to reduce their management costs by 50% overall. The driver for this was the need to achieve the required management cost reductions which were originally signalled in the operating framework for 2010/2011.

As a result of that requirement a new structure has been implemented which led to a reduction in management posts across Tees, leaving a:

- Chief Executive across NHS Tees
- 5 Directors (3 who work across Tees including Public Health)
- 2 Directors of Commissioning and Systems Development (North and South) – moving away from a locality focus across each of the Tees Local Authorities

Furthermore, the structure beneath the Director of Commissioning and Systems Development now has:

- 1 Assistant Director post for each of the 2 localities i.e. Stockton and Hartlepool – those posts have responsibility for commissioning across both Children and Adult Services. (Previous posts had focused on Adult and Children's Services separately.)

As a result of the restructure, the joint commissioning arrangements with the PCT will cease on 31 March 2011. The Council has been involved in these discussions as the restructuring has taken place.

The changes in both PCT and NT&H mean we need to review our arrangements and move to a structure that delivers the functions for the Council only and not across Health partners as we will no longer have line management responsibility for any of these services after 31 March 2011.

Stockton Borough Council has also had longstanding joint arrangements for the line management of Learning Disabilities and Mental Health Services, these have been in place for many years. They have evolved as the Mental Health/Learning Disabilities Trust moved from Tees North East Yorkshire (TNEY) to Tees Esk Wear Valley (TEWV).

When the services were managed by TNEY, there was a locality General Manager for both Learning Disabilities and Mental Health Services who worked specifically based in Stockton.

There were clear lines of accountability and the joint arrangements appeared effective. As the organisation expanded to cover a wider geographical area, the organisation restructured as it became TEWV and the General Manager posts ceased.

Over the last 18 months, there have been ongoing concerns particularly in relation to Mental Health Services, and concerns around the joint arrangements and the prioritisation of the Adult Social Care Agenda – in particular Performance Information and Personalisation.

There appears to have been a dilution of the focus on the Adult Social Care agenda exacerbated by the fact that the line management of these services is not in Stockton Borough Council.

A number of meetings have taken place with the Chief Executive of TEWV over the last year and he has been made aware that the Local Authority wished to review the joint arrangements with a view to moving towards the Local Authority solely line managing its service in LD/MH.

In response to this and other changes within TEWV the Chief Executive of TEWV has recently shared a proposed new structure with Local Authority Directors which aims to address some of these concerns

The Chief Executive has identified:

- The need for their management arrangements to facilitate closer working with Local Authorities and General Practitioners.
- The need for TEWV to be able to respond quickly and early to the unique needs of each locality.
- Increased responsibilities TEWV have been given to provide services in North Yorkshire will also require a restructuring of management arrangements.

The structures TEWV are proposing try to address both the benefits of scale and standardisation, whilst also recognising the unique need and circumstance of each locality/Local Authority.

The new structure proposes 4 Operational Directorates including a directorate covering Tees.

A key part of the work of the new Directors of Operations will be developing and sustaining a greater working relationship with Local Authorities/General Practitioners/Local Stakeholders and it is envisaged that a significant amount of the Director of Operations's time will be spent on engaging with those key partners.

The Directors of Operations will also be accountable for ensuring that TEWV adheres to its obligations under any partnership agreement it has with Local Authorities to the relevant Local Authority Director and the Chief Executive of TEWV – this new structure will be in place within the next few months.

As the Local Authority is about to commence an Efficiency, Improvement and Transformation Review of its LD/MH resources – services which are also line managed by TEWV staff – it would seem sensible to delay the restructuring of the Adult Care Management structures in MH/LD until the outcome of the Review of MH/LD Resources is completed. This will also give TEWV the opportunity to see if its new management structures do address the concerns currently raised about the service and will also enable us to consider the whole service area in both LD and MH across Care Management and Resources.

The Local Authority has also explored partnering opportunities with Hartlepool Borough Council, in relation to Adult Strategy, but this is currently not an arrangement that Hartlepool Borough Council would wish to pursue.

3. Approach

The review has been led by the Corporate Director – Children, Education and Social Care. A small review team was also established to progress the work.

A desktop exercise has been completed to draw together benchmarking performance data, financial information.

2 open staff forums also took place with over 130 staff attending.

Staff were given the opportunity to feed in any comments regarding the current and future structures which are attached (Appendix 1).

Discussions have also taken place with Trade Union representatives.

Colleagues in all 3 Health organisations have also been made aware of the EIT Review.

All of this information informs the report's conclusion and recommendations.

4. Current Services – Operations (See Structures on Pages 10 and 11)

Adult Operational Services Structure Overview

Adult Operational Services employ 516 staff across a range of teams and services. There is currently an interim structure in place following changes in the NHS. Generic community teams operate across the Borough covering Older People, Adults with a sensory loss, or physical disability, and those who are vulnerable or requiring safeguarding interventions, as well as those awaiting discharge from hospital or who require intermediate care and reablement services. We also currently have integrated services with TEWV which cover Adult and Older People's Mental Health and also Learning Disabilities.

Care Management Teams

These teams focus on assessment and care management and are based in 4 locality areas. The teams respond to referrals by providing advice, information, assessment and access to support for Adults 18+ years (not including people referred to specialist Mental Health or Learning Disabilities Services). Each of the teams has its own manager and Senior Practitioner and report to a 3rd Tier Manager for support and supervision and oversight of significant operational issues and performance. The 4 managers each have additional areas of responsibility i.e. one is responsible for cross life stages borough wide Sensory Support Team, one for the Review Team and the other two support the Safeguarding Team. The 3rd Tier Manager also currently has responsibility for the Integrated Learning Disability Team giving regular support and supervision to the Team Manager.

Mental Health

Adult Mental Health Services are integrated services led by TEWV. These services provide assessment and care management for clients aged 18 and above across a range of specialisms which include: Crisis Team, Psychosis, Affective Disorders, Early Intervention and Psychosis 18–35 years only), Young Onset Dementia. These services are operationally managed by TEWV managers on behalf of SBC within the existing partnership agreement.

Mental Health Services for Older People (MHSOP) (clients 65 years and above) focus upon Older People with a mental health and/or physical frailty but predominately work with people who suffer from dementia. These services are operationally managed under the partnership agreement by a TEWV manager.

Personalisation Workforce Development, STEPs and Occupational Therapy – current management arrangements

Personalisation covers the ongoing transformation of adult social care services in line with the Putting People First agenda (more recently Think Local, Act Personal) associated with the Vision for Adults. A Specialist Transformation Team (STT) has been in place to support the integration of SDS systems into social work teams (this transformation team will cease in March 2011).

Workforce Development – management responsibilities covering workforce strategy and commissioning development, supporting the transformation of adult services. It includes developing an integrated Local Area Workforce Strategy (InLAWS); supporting new National Minimum Data Set (NMDS) arrangements and developing support-planning tools. The workforce team organise and manage the annual training plan. This includes delivering a wide range of adult social care training courses for both in-house

and independent providers, supporting professional staff development and commission external training resources.

Currently Adult and Children's Workforce are managed separately within the 2 discrete Children and Adult structures – it is proposed that Adult Workforce Development is moved under the management of the Children's Workforce Development Manager. A Tees Valley Review is also currently taking place to look at whether there are opportunities to move to a model of Workforce Development across more than one Local Authority.

STEPS are a supported employment service, providing support to disabled people to access vocational training and employment opportunities. The service is structured to deliver a number of work streams, including:

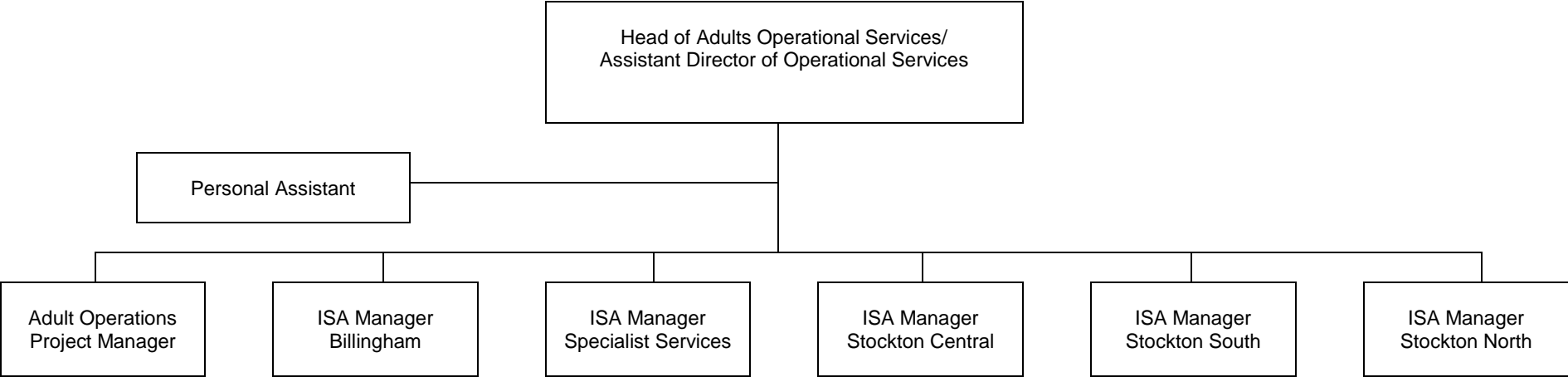
- Enterprising STEPS – a work preparation programme designed to develop & assess individual's skills
- First STEPS – a job customisation (job carving) programme within public sector environments

Occupational Therapy operates through two teams of occupational therapists and occupational therapy assistants working out of one location providing services across the Borough. The teams offer technical/ professional services to both children and adult clients.

There are 2 Team Leaders providing the supervision to the Team.

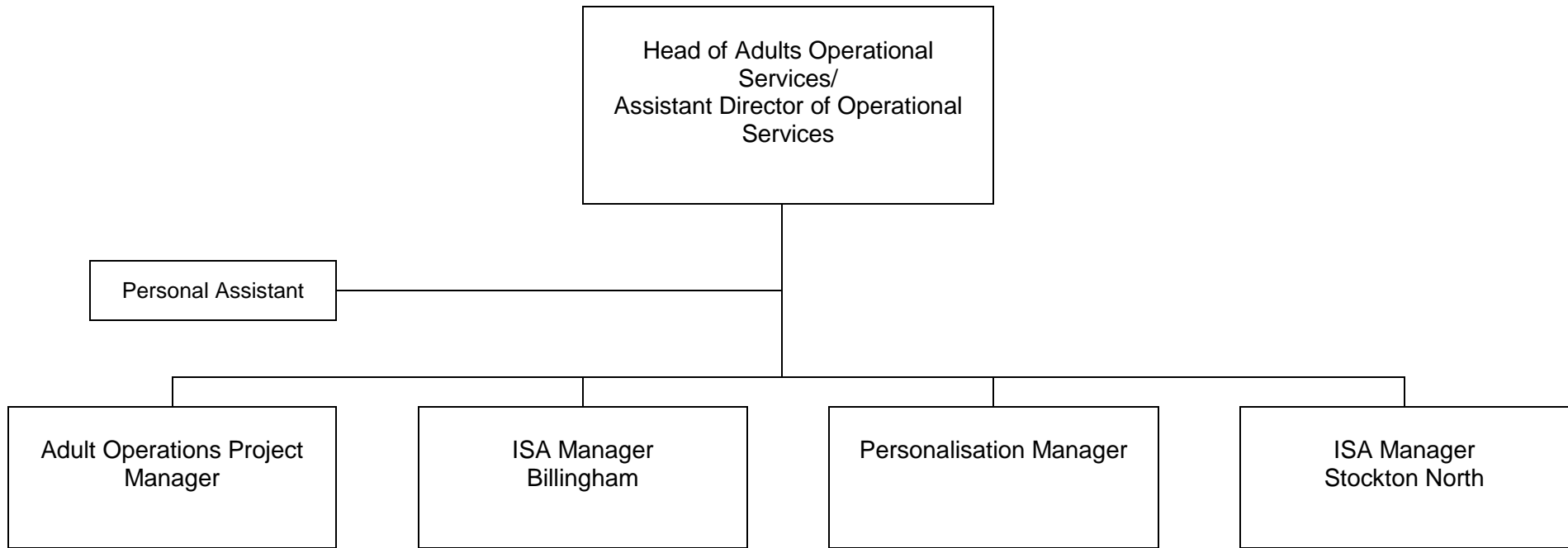
ADULT OPERATIONS STRUCTURE

Structure until 31 December 2010



ADULT OPERATIONS STRUCTURE

**Current Interim Structure
(From 1 January 2011)**



5. Current Services – Adult Strategy (See Structure on Page 15)

The Adult Strategy Team (AST) is a joint health and social care commissioning team responsible for the strategic planning and commissioning of adult services. Until 1.12.10 it comprised teams responsible for practice based commissioning (PBC), substance misuse commissioning, mental health services, learning disabilities services, independent living services (including Supporting People) and services to provide long-term care for older people and people with disabilities (including care homes, home care, extra care and personal budget support). Since 1.12.10 PBC has been incorporated into the PCT Structures and the Drug and Alcohol Action teams into Public Health.

The Team currently has 15 staff.

Head of Adult Strategy

This is a joint Council and PCT funded post with responsibility for developing and implementing the commissioning vision and related strategies. Team responsibilities include budget management and workforce development. There is a responsibility to have systems and processes in place to implement the commissioning cycle, including service development and monitoring contracts (see diagram below). The post holder is currently responsible for the Council's Older People's Strategy and chairs Stockton's Safeguarding Vulnerable Adults Committee.

Strategic Commissioners

These joint health and social care senior commissioning posts provide strategic leadership within AST (please see structure chart). The strategic responsibility for safeguarding and implementing the requirements of the Mental Capacity Act is also part of AST's portfolio.

Commissioning Managers / Contracts Managers

These post holders work at the same level, but some post titles were changed during a previous restructure of the team to emphasise the contract compliance role in some services that were considered to be particular areas of risk, for example care homes.

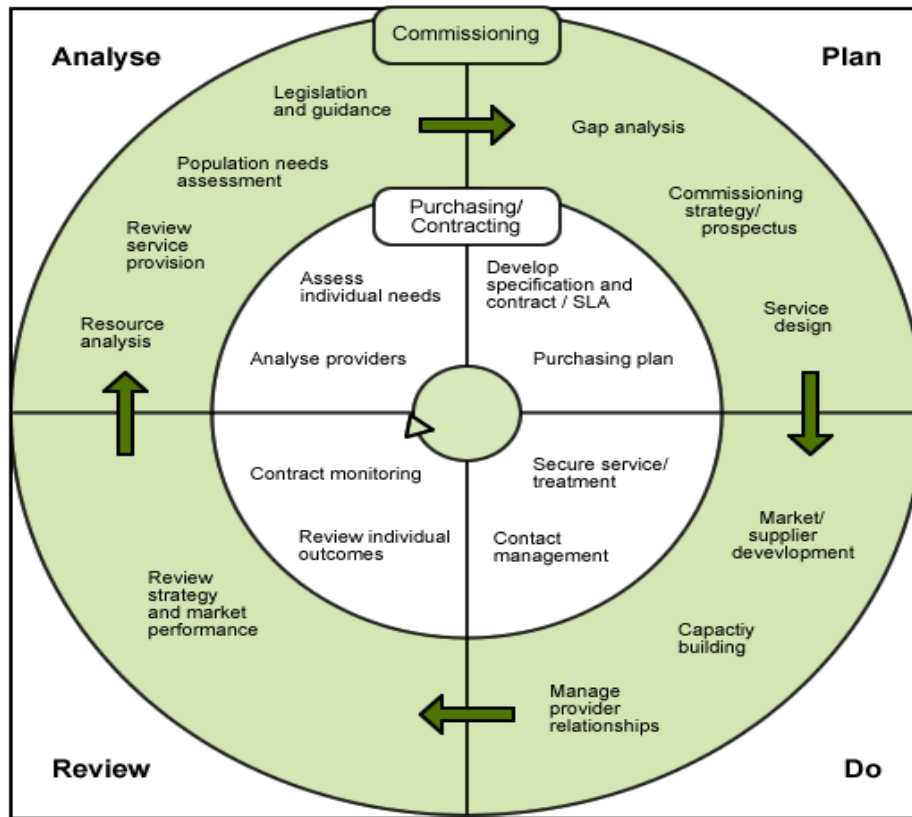
At present, commissioning and contracts managers work in the separate portfolios but the team would benefit from them working flexibly across the whole of AST, whilst retaining lead responsibility for particular service areas.

Project Officers

There are two part time project officers in the Independent Living team who provide support in analysing commissioning information and coordinating contract compliance activity.

All of the remaining Joint arrangements in the AST Team will cease 31 March 2011.

The Commissioning Cycle



Key Work Streams / Projects

Although relatively small, the Adult Strategy Team commissions a significant amount and wide range of services for the adult population of Stockton and is responsible for a number of complex projects/ work streams:

Care Homes

There are 40 care homes in the Borough for older people: many of the care homes operate with a dual or more registration in terms of types of provision, but approximately 20 of these care homes are registered to provide nursing and of these 7 are registered to provide dementia nursing. Although the monitoring of clinical standards is the responsibility of the PCT, the majority of residents with nursing needs are jointly funded by the Council and PCT, rather than on a Continuing Healthcare basis (purely Health funded).

There are 13 care homes for people with a learning disability (109 beds in total) and 4 care homes for people with a mental health problem (46 beds in total).

A new Quality Standards Framework is also in development for care homes – led by the AST Team.

Commissioners are linked into planning processes for care home applications and social housing/ extra care schemes. A care home policy has also been developed linked to planning.

Commissioners are also responsible for the service directory and for vacancy monitoring systems.

Home Care

The Team currently oversees the commissioning of approximately 9,500 hours of home care per week from the independent sector.

In addition, contracts are in place for home care as part of extra care schemes in Thornaby and Hardwick.

There will be further procurement of services as other developments come on line.

Personal Budgets

The Team currently lead on the ongoing work commissioning direct payment support.

Independent Living

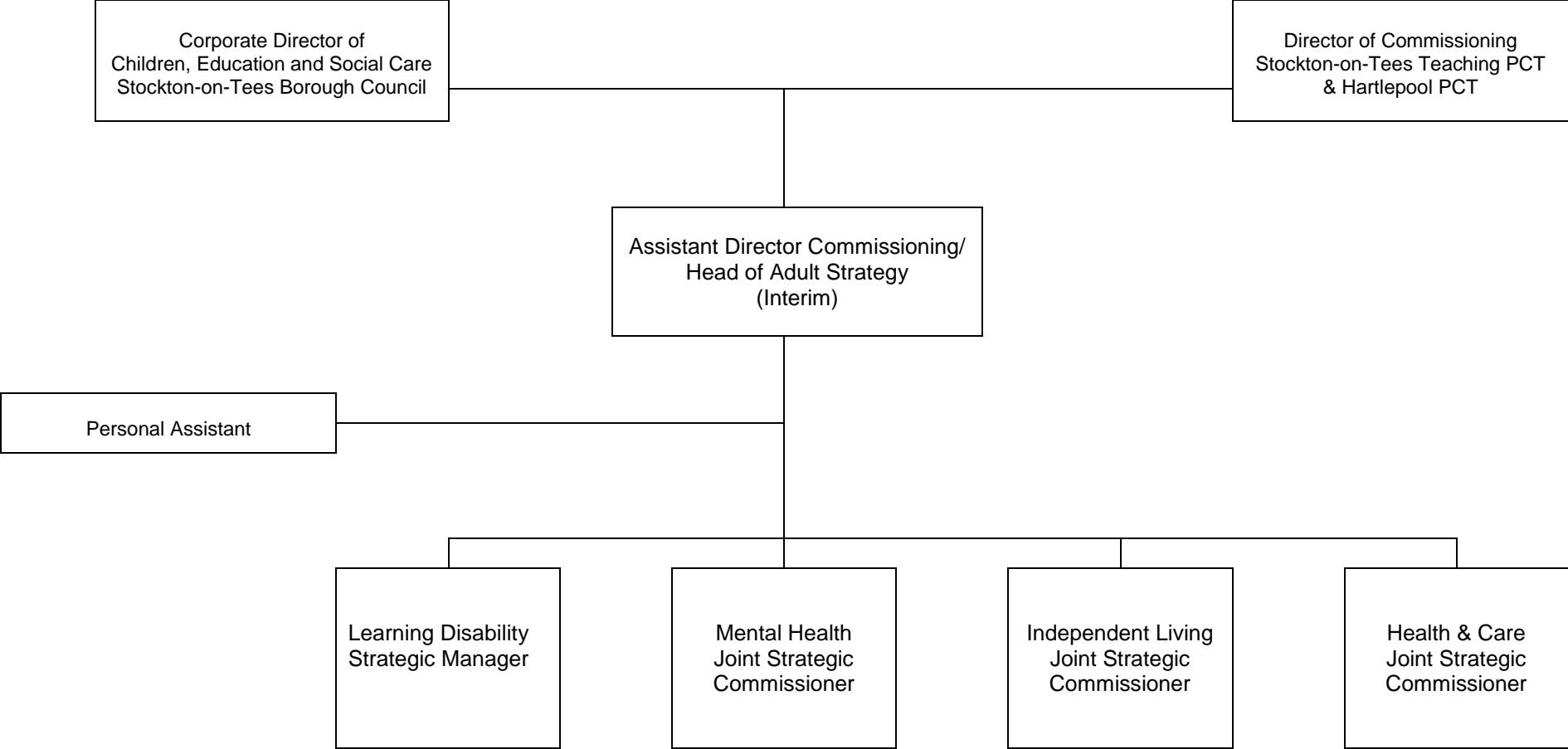
A number of initiatives are also commissioned via Housing based support services for vulnerable/socially excluded groups: homeless people, care leavers, people with learning disabilities, people with mental health problems, victims of domestic violence and people involved in substance misuse.

The Team also lead on the development of assistive technology in conjunction with the reablement project and the monitoring and implementation of Carers' Strategy and Carers' Services.

Reablement

The Team also has a role in the development of the project to implement and monitor these arrangements with NHS colleagues.

**Stockton-on-Tees Teaching
Primary Care Trust and
Stockton-on-Tees Borough Council
Adult Strategy Team
(Until 31.03.2011)**



6. Legislative Framework

It is estimated that there are currently over 30 Acts of Parliament dealing, to varying degrees, with adult social care. A summary of the main community care statutes is provided below.

National Assistance Act 1948

Introduced by the post-war Labour Government, the NAA 1948 establishes a duty to provide residential accommodation and a general duty to provide community services to disabled people.

Health Services and Public Health Act 1968

Gives local authorities a discretionary power to provide services “promoting the welfare of older people”. This did not amend the earlier NAA 1948 but rather establishes a separate statutory power to provide services.

Chronically Sick and Disabled Persons Act 1970

Augments the general duty in the NAA 1948 to provide community services. It provides a strong duty to provide services to disabled people. The CSDPA 1970 did not amend the NAA 1948 but instead operates in parallel.

Mental Health Act 1983

Section 117 of the Mental Health Act 1983

Section 117 places a strong joint duty on health and social services to provide after-care services to certain former mental health patients.

Disabled Persons (Services, Consultation and Representation) Act 1986

Introduced a right for disabled people to request an assessment under the CSDPA 1970 and places a duty on local authorities to have regard to the needs of the carer when deciding which services to provide for a disabled person. It did not, however, amend the CSDPA 1970.

National Health Service and Community Care Act 1990

The NHSCCA 1990 introduced a right to an assessment for community care services and gives social services the responsibility for assessing need and arranging package of care services. It did not consolidate any of the previous legislation.

Carers (Recognition and Services) Act 1995

The C(RS)A 1995 places a duty on local authorities to carry out a carer’s assessment where the cared-for person is being assessed under the NHSCCA 1990 or Children Act 1989.

Carers and Disabled Children Act 2000

The CDCA 2000 gives carers a free-standing right to an assessment, independent of the assessment of the cared for person and gives a power to provide services to carers. It operates in parallel to the C(RS)A 1995.

Community Care (Delayed Discharges, etc.) Act 2003

The CC(DD)A 2003 establishes the delayed discharge regime, which imposes timescales for assessments of NHS inpatients and fines if a delay in discharge is caused by social services.

Carers (Equal Opportunities) Act 2004

The C(EO)A 2004 amended (but did not consolidate) both the C(RS)A 1995 and the CDCA 2000 by providing a number of new rights for carers.

NHS Act 2006 and the NHS (Wales) Act 2006

The NHS Acts 2006 place a general duty on local authorities to provide community services for “the prevention of illness and for the care of persons suffering from illness and for the after-care of persons who have been so suffering”.

Mental Capacity Act 2005

Makes provision for the welfare of adults who lack capacity to make decisions for themselves, including provisions for lawfully depriving such persons of their liability.

7. Eligibility for Services

The Department of Health introduced the Fair Access to Care Services (FACS) guidance 2003 which provides Councils with a framework for setting their eligibility criteria for adult social care. This framework is built on needs and associated risks to independence. Importantly the risks, within the framework, relate to both immediate and potential future risk thereby supporting a preventative approach to adult social care.

Locating each need in a risk banding based on risks to health, safety and independence. There are four bands, which describe the seriousness of the risk to independence or other consequences if needs are not addressed. The 'risk bands' are:

- 1) Critical : (Immediate risk to health and safety and loss of independence)
- 2) Substantial : (High risk to health, safety and threat to independence)
- 3) Moderate : (Moderate risk to health, safety and need to maintain independence)
- 4) Low : (No risk to health, safety or independence)

In applying the eligibility criteria, Councils are required to ensure needs that are in the critical band are met ahead of those people who come into substantial. Similarly, those in the substantial band should be placed before those in moderate and so on. Following the EIT review in 2010 the Council has agreed to reduce the eligibility banding within the Council to only cover bands 1 and 2 (Substantial and Critical), previously the criteria included Moderate.

Carers Recognition and Services Act 1995

The Carers (Recognition & Services) Act provides for the assessment of the ability of carers to provide care. It gives carers a right to an assessment by their local authority under certain circumstances i.e. if the carer requests it, at the time of the Assessment of the client's need, although it doesn't give a right to service. While the rights are limited, the Act encourages a shift in practice towards recognising and supporting carers. Young carers are also covered by the Act (though Part III of the Children Act 1989 'children in need' may also apply to them),

Safeguarding Adults

The No Secrets Guidance was published in 2000. Councils are bound to follow it and the guidance requires areas to set up a multi-agency framework, led by adult social care but also including health and police, with each agency having a lead manager for Safeguarding, and develop policies for responding to allegations, carrying out investigations and balancing confidentiality and information sharing.

Stockton in conjunction with other Tees-wide agencies and organisations work within the Tees-wide Safeguarding Adults Multi-Agency Policy and Procedures. It is the duty of agencies to protect vulnerable adults. Any worker from any agency involved with vulnerable adults has a responsibility to take appropriate action whenever there is knowledge or concern that a vulnerable adult is at risk of abuse or neglect. Organisations are committed to working together to ensure that action is taken to assess the risk of abuse or neglect and to implement a protection plan that decreases the risk. The purpose of the procedure is to provide an operational framework within which organisations should work and the focus is on the roles and responsibilities of staff.

8. Future Policy Direction

A Vision for Adult Social Care Policy document published November 2010 outlines 7 principles for a modern system of Social Care:

- 1 **Prevention:** empowered people and strong communities will work together to maintain independence. Where the state is needed, it supports communities and helps people to retain and regain independent.
- 2 **Personalisation:** individuals not institutions take control of their care. Personal budgets, preferably as direct payments, are provided to all eligible people. Information about care and support is available for all local people, regardless of whether or not they fund their own care.
- 3 **Partnership:** care and support delivered in a partnership between individuals, communities, the voluntary and private sectors, the NHS and Councils – including wider support services, such as Housing.
- 4 **Plurality:** the variety of people's needs is matched by diverse service provision, with a broad market of high quality service providers.
- 5 **Protection:** there are sensible safeguards against the risk of abuse or neglect. Risk is no longer an excuse to limit people's freedom.
- 6 **Productivity:** great local accountability will drive improvements and innovation to deliver higher productivity and high quality care and support services. A focus on published information about agreed quality outcomes will support transparency and accountability.
- 7 **People:** we can draw on a workforce who can provide care and support with skill, compassion and imagination, and who are given the freedom and support to do so. We need the whole workforce, including care workers, nurses, occupational therapists, physiotherapists and social workers, alongside carers and the people who use services, to lead the changes set out here.

Two other key policy documents which will impact on Adult Social Care are:

The White Paper *Equity and excellence: Liberating the NHS* which was published in July 2010. The White Paper represents a major restructuring, not just of health services but also of Councils' responsibilities in relation to health improvement, and coordination of health and social care, and

The Public Health White Paper *Healthy lives, healthy people: our strategy for public health in England*, which was published in November 2010. The White Paper sets out the Government's plans to tackle the causes of premature death and illness and reduce health inequalities. Two associated consultation documents providing further detail were published during December 2010 – *Healthy Lives, Healthy People: consultation on the funding and commissioning routes for public health* and *Healthy Lives, Healthy People: Transparency in Outcomes*, a consultation document on proposals for a public health outcomes framework.

9. Service Costs and Comparator Information

ADULTS BUDGETS 2010/11

ISA TEAMS

	FTE	Employee No's	NET BUDGET £
21002 BILLINGHAM ISA TEAM	9.91	13.00	408,383
21003 CENTRAL STOCKTON ISA TEAM	13.00	15.00	451,239
21004 STOCKTON NORTH ISA TEAM	10.14	12.00	399,585
21005 STOCKTON SOUTH ISA TEAM	9.50	10.00	361,802
30286 SENSORY SUPPORT TEAM	4.82	6.00	226,647
30753 ADULT ISAs	1.00	1.00	(918,445)
TOTAL ISA TEAMS	48.37	57.00	929,210

INTERMEDIATE CARE

30016 COMMUNITY THERAPY TEAM	24.37	32.00	779,513
TOTAL INTERMEDIATE CARE	24.37	32.00	779,513

MENTAL HEALTH ASSESSMENT TEAMS

30020 MENTAL HEALTH TEAM	1.00	1.00	55,066
30021 SERVICES FOR OLDER PEOPLE	8.68	10.00	329,293
30022 STOCKTON - SOUTH TEAM	1.59	2.00	60,176
30023 STOCKTON - CENTRAL TEAM	6.00	6.00	263,258
30024 STOCKTON - NORTH TEAM	2.00	2.00	75,257
TOTAL MENTAL HEALTH ASSESSMENT TEAMS	19.27	21.00	783,050

MH OTHER SERVICES SERVICES

30025 ASSERTIVE OUTREACH	2.16	3.00	321
30027 YOUNG ONSET DEMENTIA TEAM	2.00	2.00	(5,239)
30029 CRISIS RESOLUTION SERVICE	1.00	1.00	(997)
TOTAL MH OTHER SERVICES SERVICES	5.16	6.00	5,915

MENTAL HEALTH GRANTS

20942 MENTAL CAPACITY GRANT			0
TOTAL MENTAL HEALTH GRANTS	-	-	0

EMPLOYMENT SERVICES

30063 STEPS TEAM	7.68	8.00	213,847
	7.68	8.00	213,847

LEARNING DISABILITY ASSESSMENT

30232 LEARNING DISABILITY TEAM	12.34	14.00	257,836
TOTAL LEARNING DISABILITY ASSESSMENT	12.34	14.00	257,836

LEARNING DISABILITY GRANTS

30236 LEARNING DISABILITY - DEVELOPMENT FUND	-	-	0
TOTAL LEARNING DISABILITY GRANTS	-	-	0

MANAGEMENT COSTS - OPERATIONS

30201 HEAD OF SERVICE - OPERATIONS	2.92	4.00	101,461
30203 ADULT OPERATIONS - PROJECT MANAGER	1.00	1.00	59,795
30235 TEWV MANAGEMENT COSTS LEARNING DISABILITY	2.00	2.00	116,903
	5.92	7.00	278,160

ADULT STRATEGY

30418 HEAD OF ADULT STRATEGY	1.00	1.00	56,302
30574 ADULT STRATEGY TEAM	11.86	15.00	326,290
	12.86	16.00	382,592

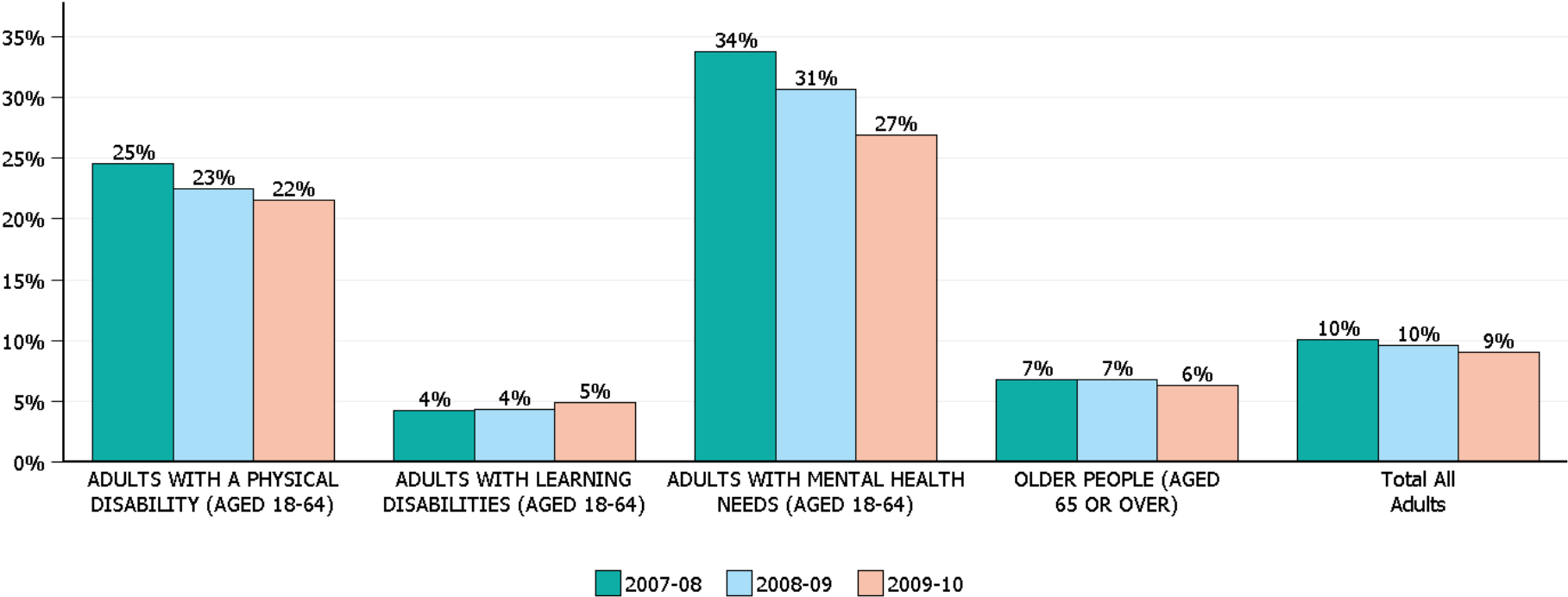
PERSONALISATION TEAM

30751 SOCIAL CARE REFORM	2.00	2.00	(310,000)
	2.00	2.00	(310,000)

GRAND TOTAL	273.94	324.00	3,308,292
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Data for 2009-10 is provisional.

Chart 4: Percentage of total gross current expenditure spent on Assessment and Care Management by client group, 2007-08 to 2009-10

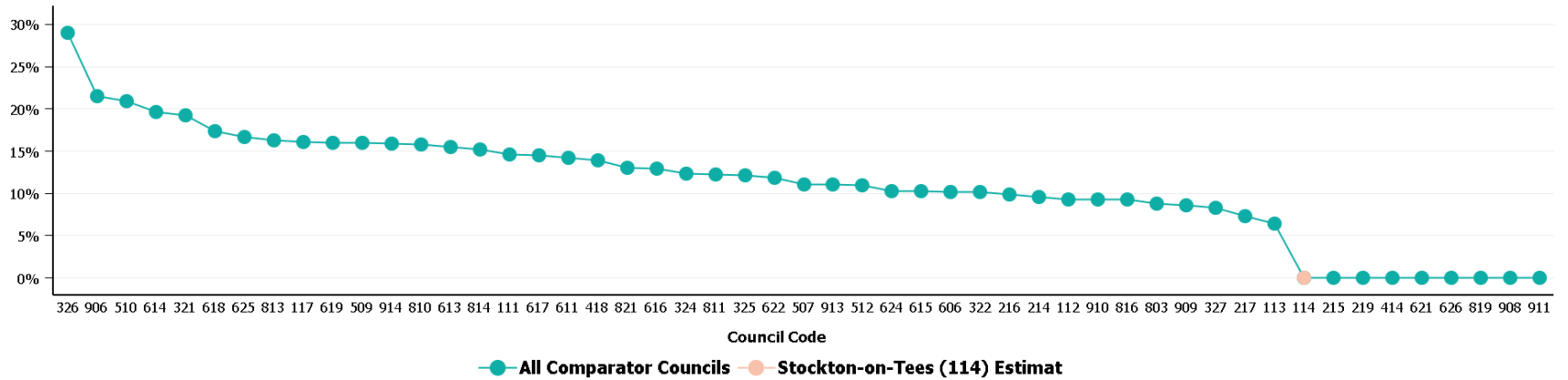


Sourced from: National Adult Social Care Intelligence Service (NASIS) Use of Resources 2009-10 Report, published 15th

Stockton-on-Tees (114)

Assessment and Care Management: Proportion of Gross Current Expenditure across client types 2009-10

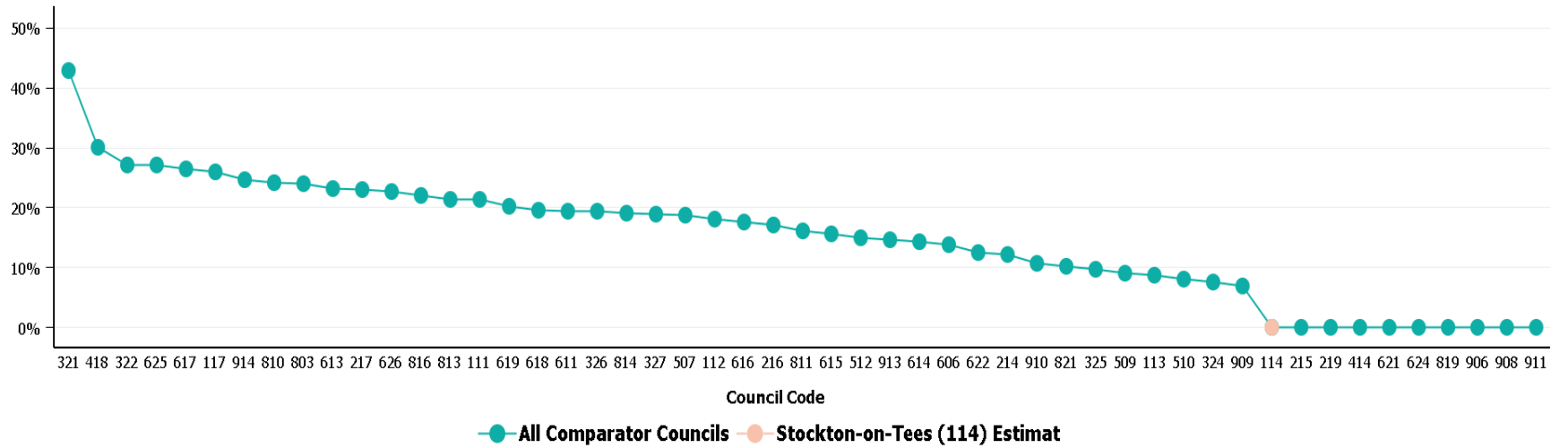
Chart 11 OLDER PEOPLE (AGED 65 OR OVER)



Comparator Average 12.2% Comparator Max 29.0% Comparator Min 6.4% Estimated Value
Data for 2009-10 is provisional. Source: PSSEX1

Sourced from: National Adult Social Care Intelligence Service (NASIS) Use of Resources 2009-10 Report, published 15th December 2010

Assessment and Care Management: Proportion of Gross Current Expenditure across client types 2009-10
Chart 12 ADULTS WITH A PHYSICAL DISABILITY (AGED 18-64)

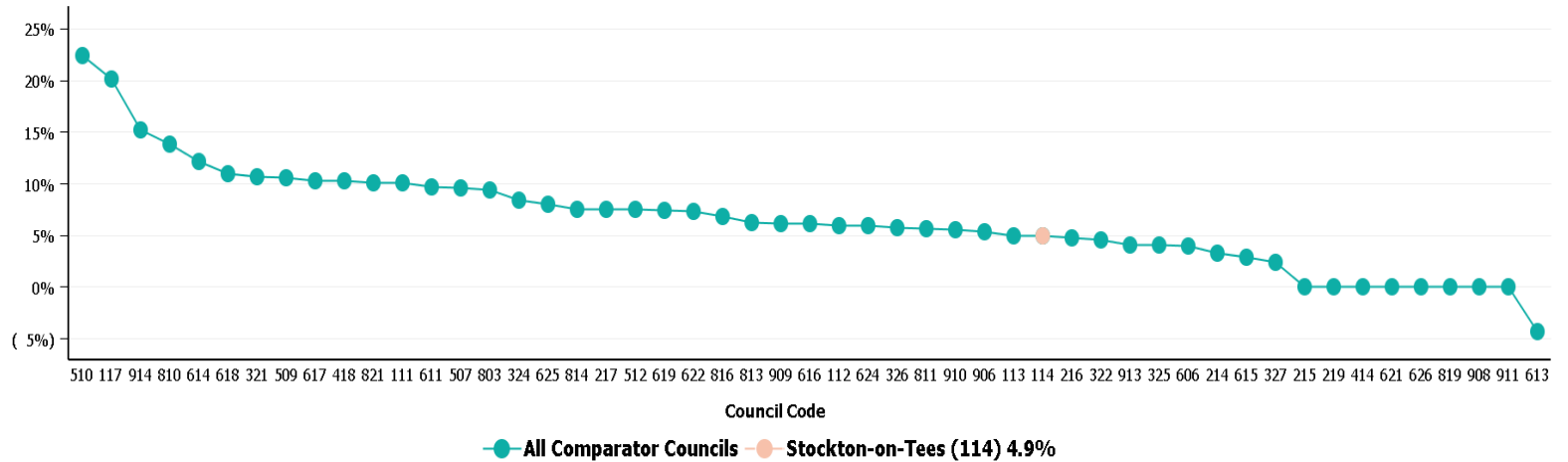


Comparator Average 16.8% Comparator Max 42.9%
Comparator Min 0.0% Estimated Value

Sourced from: National Adult Social Care Intelligence Service (NASIS) Use of Resources 2009-10 Report, published 15th December

Assessment and Care Management: Proportion of Gross Current Expenditure across client types 2009-10

Chart 13 ADULTS WITH LEARNING DISABILITIES (AGED 18-64)

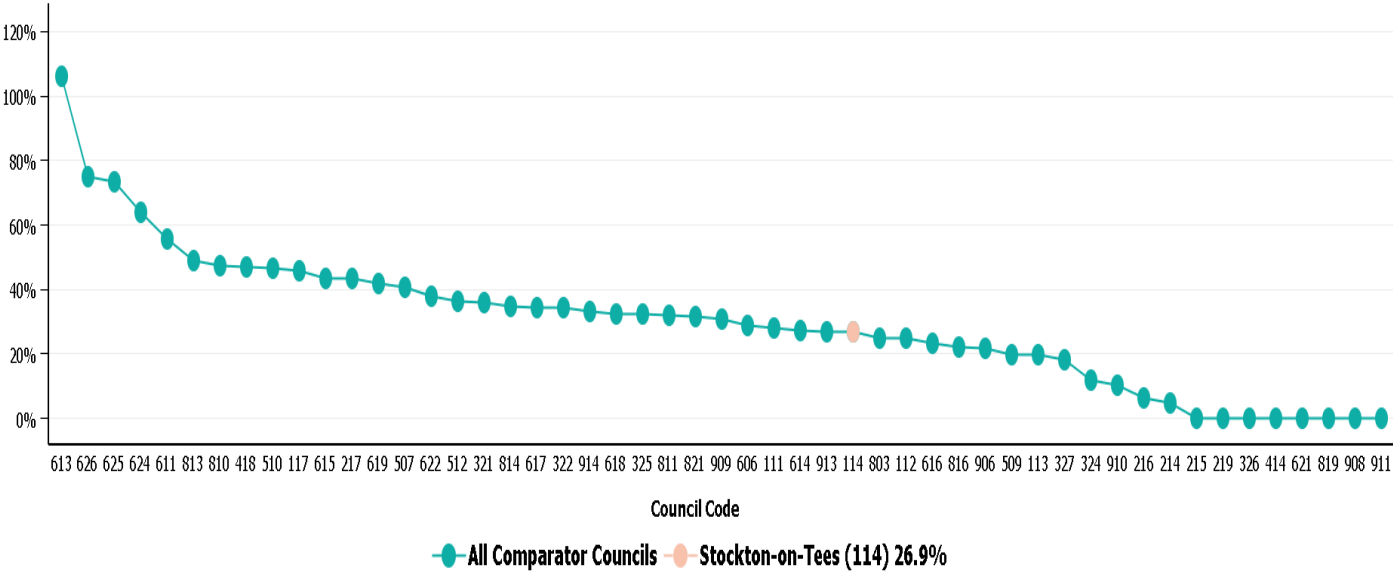


Comparator Average 6.8% Comparator Max 22.5% Comparator Min -4.3%
 Comparator Ranking: 34 of 43
 Data for 2009-10 is provisional. Source: PSSEX1

Comparator Average 31.8% Comparator Max 106.0% Comparator Min 4.6%
 Comparator Ranking: 31 of 43

Sourced from: National Adult Social Care Intelligence Service (NASCIS) Use of Resources 2009-10 Report, published 15th

Assessment and Care Management: Proportion of Gross Current Expenditure across client types 2009-10
Chart 14 ADULTS WITH MENTAL HEALTH NEEDS (AGED 18-64)



Adult Social Care – Activity / Performance Summary

All Clients

Population projections	2010	2015	2020	2025	2030	Change
Stockton-on-Tees total population 65 and over	29,800	34,400	38,000	42,800	47,900	61%
North East total population 65 and over	447,500	501,800	546,100	600,300	661,800	48%
England total population 65 and over	8,585,000	9,722,600	10,576,700	11,613,900	12,938,300	51%

Activity	2009/10	2010/11 (end of Jan except *end Dec)	2010/11 Projected year end	Note
Total number of referrals	10,443	8,299	9,970	Projection assumes Feb / March referrals at the average rate year to date.
Total number of clients receiving a service during the period	8,030	7,666	8,000	Projection assumes Feb / March increase at average rate for year to date.
Number of new clients receiving a service over the year	2,640	2,015	2,450	Projection assumes Feb / March increase at average rate for year to date.
The total number of new clients aged 18 and over whose assessments were completed in the year.	2,752	2,348	2,820	Projection assumes Feb / March increase at average rate for year to date.
Number receiving a carer's break or other specific carer's service, or advice or information, following a carer's assessment or review.	1,372	804	1,500	Assumes inclusion of carers receiving support through GHF.
Total number of safeguarding referrals and alerts received.	382	224*		2010/11 data distinguishes between alerts and referrals. The figures, therefore, are lower than 2009/10.
Total number of items of equipment ordered by OT	7,223	5,385	6,500	Projection assumes Feb / March increase at average rate for year to date.

Activity	Older People / Sensory Loss / Physical Disability / Other Vulnerable Adults		Learning Disability		Mental Health	
	09/10	10/11 (end Jan except * end Dec)	09/10	10/11 (end Jan except * end Dec)	09/10	10/11 (end Jan except * end Dec)
Total number of referrals	8,734	7,133	294	149	1,415	1,017
Total number of clients receiving a service during the period	6,354	6,045	523	484	1,153	1,137
The total number of new clients aged 18 and over whose assessments were completed in the year.	2,538	2,172	24	31	190	145
Number receiving a carer's break / other specific service / advice / information, following a carer's assessment or review.	1,051	616	215	134	106	54
Total number of safeguarding referrals and alerts received.	195	108*	65	39*	122	77*
Performance (National Indicator Set PIs)	2009/10	2010/11 (end of Jan)	Note			
NI130 - Social Care Clients & Carers receiving Self Directed Support (18+)	5.6%	18.2%	Based on DP numbers and numbers in receipt of indicative allocation letter for SDS.			
NI132 - Timeliness of Social Care Assessment (Aged 18+)	82.5%	74%	Impacted by significant number of IB letters being issued in Q2 (i.e. 'delayed' assessments from previous year).			
NI133 - Timeliness of Social Care Packages following Assessment (Aged 18+)	81.9%	85%				
NI135 - Carers receiving needs assessment/review and a specific carer's service or advice & information (Aged 18+)	19.7%	12.2%	This is cumulative position at the end of January.			

10. Commendations, Complaints and Compliments – Adult Services

Adult Services generally receive very few complaints and a significant number of compliments and commendations.

In 2009/2010 there were 43 complaints recorded overall under Adults legislation, so the remaining 18 not listed below were recorded against Adults Strategy or Support Services.

In 2010/2011 there were 29 complaints recorded overall under Adults legislation, but the remaining 12 not listed below were recorded against Adults Strategy or Support Services.

COMPLAINTS	2009/2010	2010/2011
ISA - Home Care (in-house only)	2	-
ISA - Day Care Services	-	1
ISA – Billingham -Social Care Team	2	2
ISA – Stockton Central - Social Care Team	1	1
ISA – Stockton North - Social Care Team	-	1
ISA – Stockton South - Social Care Team	5	3
ISA – Specialist Services - Occupational Therapy	3	1
ISA – Specialist Services - Intermediate Care	-	-
ISA – Specialist Services - Rapid Response	-	1
ISA – Specialist Services - Rosedale	3	-
Learning Disability Service - Social Care Teams	2	1
Learning Disability Service - Day Care Services	-	1
Learning Disability Service - Review	-	1
Integrated Mental Health Service - Social Work Teams	4	2
Integrated Mental Health - Review	-	1
Integrated Mental Health – Day Services	1	1
Integrated Mental Health - Residential	2	-
Welfare Rights	-	-
TOTAL	25	17

COMPLIMENTS	2009/2010	2010/2011
ISA - Home Care (in-house only)	2	2
ISA – Day Care Services	10	-
ISA - Physical Disability – Residential	-	1
ISA – Billingham - Social Care Team	2	2
ISA – Billingham – Sensory Loss	-	2
ISA – Billingham – Welfare Rights	8	16
ISA – Stockton Central – Social Care Team	3	2
ISA – Stockton North – Social Care Team	10	2
ISA – Stockton South – Social Care Team	12	6
ISA - Stockton South – STEPS		2
ISA – Specialist Services – Residential	8	5
ISA – Specialist Services - Occupational Therapy	20	25
ISA – Specialist Services - Intermediate Care	30	39
Learning Disability – Social Care Team	2	2
Learning Disability – Community Nursing/Support Workers	-	1
Learning Disability – Day Care Services	10	-
TOTAL	117	107

COMMENDATIONS	2009/2010	2010/2011
ISA - Home Care (in-house only)	2	-
ISA – Billingham -Social Care Team	-	1
ISA – Stockton North – Social Care Team	1	-
ISA – Stockton South – Social Care Team	1	-
TOTAL	4	1

11. CQC Inspection (2010)

An Inspection Team from the Care Quality Commission visited Stockton-on-Tees in July 2010 to find out how well the Council was delivering Social Care.

To do this, the Inspection Team looked at how well Stockton-on-Tees was re:

- Safeguarding Adults
- Increased choice and control for older people

There were some key outcomes relating to the Commissioning and Care Management function highlighted in the report where Stockton were deemed to be performing **Well**.

- 1 Poor providers were challenged and concerns followed up through the contracting and compliance process to improve services.
- 2 People's care respected their privacy and dignity. People's wishes were respected when they did not want information shared with other parties.
- 3 Senior managers gave a high priority to safeguarding adults' work.
- 4 Most users and carers were very satisfied with services they received. There were clear priorities at the front line about promoting choice and control.
- 5 There were strong relationships with other statutory agencies and the quality of care management was effective in joint working.
- 6 The Council worked well with strategic partners to plan future services. At the front line key services were integrated well with health partners.
- 7 There was a good level of qualified and experienced staff with high retention rate and few vacancies.
- 8 Poor providers were challenged and concerns followed up through the contracting and compliance process.
- 9 There was good joint commissioning with statutory partners based on joint strategic needs analysis, which was regularly refreshed.
- 10 There was good management of budgets with effective controls in place. Panels were working well and Continuing Health Care was carefully considered.

The report also highlighted a number of very positive comments direct from users of the service.

The Care Quality Commission (CQC) also published its Annual Assessment of Performance Report (AP) in November 2010, which outlined the findings of the 2009/2010 Commissioner Assessment Process in the Council.

The overall Grade awarded for Delivery of Outcomes was performing **Well** (Grade 3) (out of a 4 Grade description) – 1-4, with 4 being the highest.

The Assessment also Graded the 7 outcomes for Adult Services in Stockton as follows:

	Grade Awarded
▪ Improved health and emotional wellbeing	Well
▪ Improved quality of life	Well
▪ Making a positive contribution	Excellent
▪ Increased choice and control	Well
▪ Freedom from discrimination or harassment	Well
▪ Economic wellbeing	Well
▪ Maintaining personal dignity and respect	Well

This Annual Assessment was an improved picture on 2008/2009 where we had only been performing Adequately in Increased Choice and Control.

12. Conclusions

In proposing a new structure we would want to build on our successes and achievements to date. It is also important to acknowledge a number of key principles as follows:

- (1) That any structure should be based upon the principle of establishing co-located teams and integrated service delivery wherever possible, and that services are Area-based where appropriate, and that links are also made with the Asset Review and Administration Review.
- (2) The Adult Operational teams should be managed by professionally qualified and experienced managers.
- (3) That all staff should be suitably qualified and experienced for their roles.
- (4) That any structure should ensure accountability and governance issues be addressed.
- (5) That any changes to posts would be reviewed through the Corporate Job Evaluation process.
- (6) That safeguarding arrangements are robust.
- (7) That Care Management arrangements are robust and able to respond to increase in demographics and potential demand to service.
- (8) That Commissioning and Contract arrangements are able to respond to National/ Regional and Local developments.
- (9) That the new structure positions itself to be able to respond to the development of GP Consortia in shadow form by 2012.
- (10) That future service development build upon the existing partnership arrangements with the voluntary, community and private sectors.
- (12) The restructure of these services will entail losing no more than 10 posts and some redundancies may be likely.

13. Recommendations

- (1) Deletion of current Head of Adult Strategy and Head of Adult Operations.
- (2) Creation of new Head of Adult Services post.
- (3) Subject to Cabinet approval agreement to delegate authority to the Corporate Director for Children, Education and Social Care in consultation with the Cabinet Member (Adult Services and Health) to implement the final revised staffing structure following consultation with staff and Unions with the agreed level of identified Annual savings.
- (4) Subject to Cabinet approval agreement to delegate authority to the Corporate Director for Children, Education and Social Care in consultation with the Cabinet Member (Adult Services and Health) to review Adult Mental Health/Learning Disabilities (MH/LD) Care Management arrangements following the outcome of the LD/MH Review of Resources.

Appendix 1 – Staff Comments and Suggestions

Following the staff briefings in January 2011 a total of 22 contacts and comments were received which were both individual or collective comments from teams of workers. The themes were :
Safeguarding
<ul style="list-style-type: none">• Team managers to chair both strategy and progress meetings• Alternatively create a safeguarding team to deal with all referrals to strategy meeting• Review MCA / DOLs work / post• Increase capacity of safeguarding team as activity has significantly increased including admin support for the process.• Join or co-locate Children's and Adults' safeguarding teams to work on a generic basis and so utilise expertise across both systems.
Independent living
<ul style="list-style-type: none">• Increasing assessment and care management team size by reducing the number of teams• Reduce ISA teams from 4 to 2 – will aid joint working and cover holiday and sick leave more effectively• Extend the teams to include Social Work/Care Management and Occupational Therapy under single line manager. OT seniors could provide clinical supervision to the OTs OTAs (number responses supporting this)• Merge current ISA team managers and OT managers (6 down to 2 managers)• Don't replace ISA manager vacancy re specialist services• Separate Independence Teams from Long Term Conditions teams• Consider including Client Financial Services staff in those teams• Keep a locality split to engender the working relationships with providers (e.g. Homecare, GPs, Care Homes)• Teams take work for up to 6 weeks before passing to long term team or review team when stable• Review hospital discharge work / team / structure – rotate SW's at the hospital to cover wards
LD
Transfer to pilot site to outsource Social Work Practice (came in after deadline for expression of interest)
Commissioning
Move to 2 portfolio areas – Older People and Working Age Adults and consider: <ul style="list-style-type: none">• Commissioning cycle• Service Development• Transitions / Children's Commissioning• Changes in role / approach of CQC
Ad Hoc

A number of comments were received relating to other types of efficiencies, such as terms and conditions, workplace, systems. Individual responses from one team contained supporting information each time relating to the effectiveness of that team. This was noted.

Reduce OT managers from 2 to 1 and reduce Admin Support hours in OT service (dealt with separately in Admin Review).

Charge every client receiving equipment an admin charge (refundable) to ensure recovery of equipment and return when no longer required.

Control heating in SBC buildings more efficiently.

Reinstate car mileage payments to previous system.

End duplication of staff inputting in integrated teams on to PARIS / Care First computer systems.

Review use of offices / desks (in line with workwise principals).

Work with housing associations to ensure they contribute to adaptations for tenants rather than DFGs.

Develop better screening (checklist) by first contact so no inappropriate referrals get through to teams.

PROPOSED ADULT STRUCTURE

**CORPORATE DIRECTOR
CHILDREN, EDUCATION AND SOCIAL CARE**



HEAD OF ADULT SERVICES

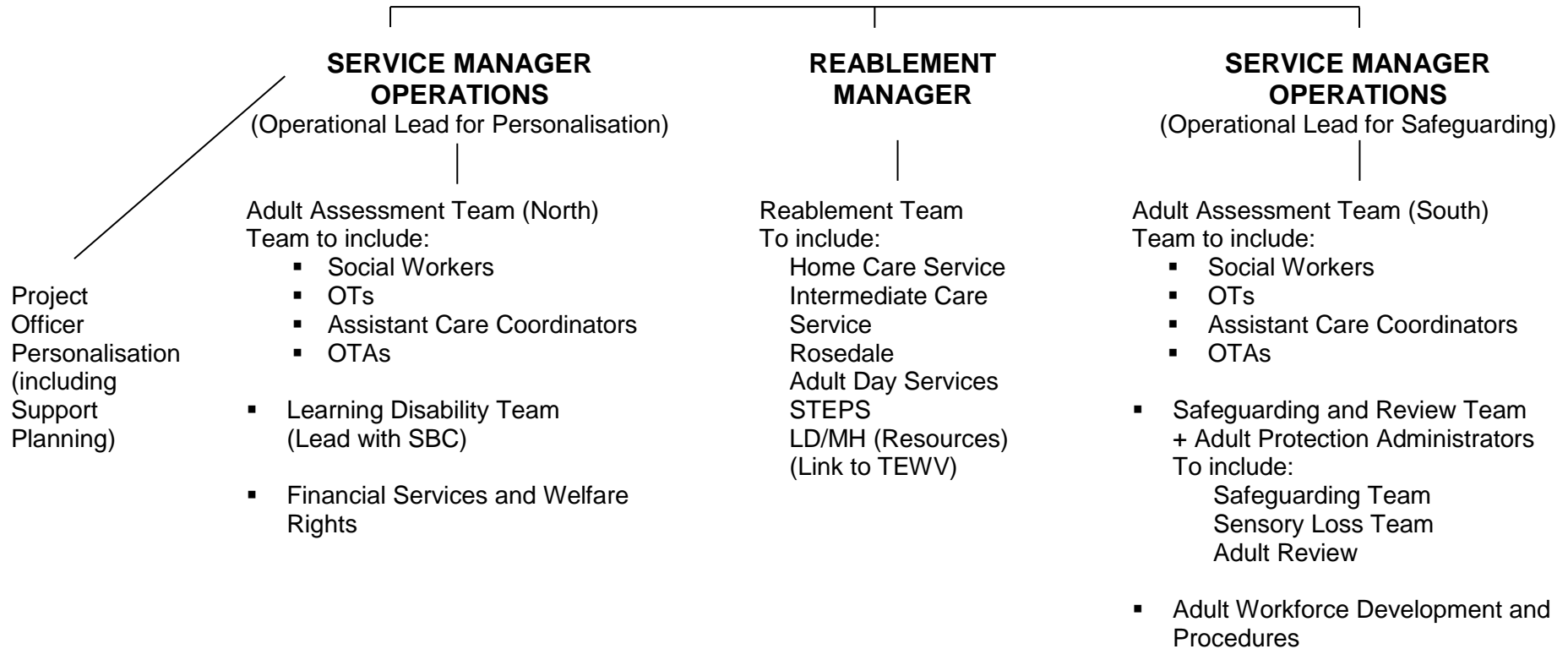
**Adult Strategy Manager
(role also includes Deputy to
Head of Service)**

**Reablement
Manager**

**Service Manager
Operations**

**Service Manager
Operations**

HEAD OF ADULT SERVICES



- NOTE:**
- Each Care Management Team will have a Senior Practitioner (Social Care) and in the North and South Assessment Teams a Senior Practitioner OT as well as a Senior Practitioner Social Care to assist the Team Manager in QA, Supervision and Deputising as required.
 - Adult Mental Health Care Management Teams are currently line managed by TEWV on behalf of SBC – these arrangements will be subject to review following the EIT Review of LD/MH Resources. Links with SBC will be maintained via attendance at management meetings.
 - Safeguarding Team will undertake all Safeguarding referrals across all Adult Groups.
 - Review Team will undertake all Adult Reviews (except Mental Health). MH Reviews will be reconsidered following LD/MH EIT Review.
 - Financial Services and Welfare Rights and Client Property and Financial Affairs Teams – only change will be line management arrangements.
 - Administration arrangements will be linked to structures and take into account recent Admin Review.

HEAD OF ADULT SERVICES
ADULT STRATEGY MANAGER

