DERBYSHIRE COUNTY COUNCIL

DERBYSHIRE ADULT CARE BOARD

THURSDAY 16 JUNE 2016
10:00 – 12:00 NOON
COMMITTEE ROOM 1, COUNTY HALL, MATLOCK, DERBYSHIRE, DE4 3AG

A G E N D A

	Time	**Item** Apologies: Cllr Allen	**Lead**	**Information/ Discussion/ Decision**
1	10:00am	Welcome & Introductions	Cllr Smith	
2	10:10am	Minutes and matters arising from the meeting held on 3 March 2016 (attached)	Cllr Smith	Information
3	10:20am	BCF 2014/16 Quarter 4 Report (attached)	Graham Spencer	Decision
4	10:30am	Learning Disability Transforming Care update	Joy Hollister/ Jackie Lawley	Information
5	11:00am	Healthwatch	Karen Ritchie	Information
6	11:15am	Prisons Report	Joy Hollister/ Jackie Lawley	Information
7	11:30	STP Update	Joy Hollister	Decision
8	11:55am	AOB		
	12:00noon	**FINISH**		
		The next meeting of the Adult Care Board will take place on Thursday 15th September at 10:00am in Committee Room 1, County Hall, Matlock.		

Pam Greaves
On behalf of Joy Hollister, Strategic Director - Adult Care Department
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E-mail: pamela.greaves@derbyshire.gov.uk

DERBYSHIRE COUNTY COUNCIL Agenda item 2

ADULT CARE BOARD

MINUTES OF A MEETING HELD ON

THURSDAY 3RD MARCH 2016 AT 10:00 AM

DERBYSHIRE COUNTY COUNCIL, MEMBERS ROOM, MATLOCK HQ

PRESENT:

Cllr Rob Davison	RD	Derbyshire County Council Deputy Cabinet Member (Adult Social Care)
Cllr Wayne Major	WM	Derbyshire County Council Shadow Cabinet Member (Adult Care)
Joy Hollister	JH	Derbyshire County Council – Adult Care
Julie Vollor	JV	Derbyshire County Council – Adult Care
Gareth Harry	GH	Hardwick CCG
Jenny Swatton	JS	Southern Derbyshire CCG
Darran West	DW	Public Health
Paul Hawker	PH	Derbyshire Fire and Rescue Service
Lynn Wilmott-Shepherd	LWS	Erewash CCG
Stella Scott	SS	CVS
Jacqui Willis	JW	NDVA - Chief Executive
Ellen Langton	EL	Derbyshire County Council - Snr Policy Officer
Karen Ritchie	KR	Healthwatch

IN ATTENDANCE:

Pam Greaves	PG	Derbyshire County Council - Adult Care (Minutes)
Nicola Greatorex	NG	Derbyshire County Council – Adult Care

APOLOGIES:

Cllr Paul Smith	Derbyshire County Council Cabinet Member (Adult Social Care) **Chair**
Cllr Dave Allen	Derbyshire County Council Cabinet Member (Health & Communities)
Cllr Lillian Robinson	North East Derbyshire District Council

Andy Searle	Safeguarding Board (Chair)
Karen Macleod	Derbyshire Probation
Dave Gardner	Hardwick CCG
Beverley Smith	North Derbyshire CCG
Linda Dale	Derbyshire County Council – Service Director Childrens Services

Minute No	Item	Action
ACB 092/16	**WELCOME FROM CLLR DAVISON AND APOLOGIES NOTED** **NOTICES:** Cllr Davison informed the Adult Care Board of the following: • Andrew Milroy, Assistant Director Fieldwork, has now retired and we wish him well. • David Lowe, Deputy Chief Executive Public Health Policy and Community Safety, is also retiring and we wish him well too. • Joy Hollister has a new team working to her: o Julie Vollor, Assistant Director Commissioning & Performance o Simon Stevens, Assistant Director Direct Care o Roger Miller, Assistant Director Prevention & Personalisation Joy will also be responsible for Public Health. • Cllr Dave Allen will be the Cabinet Member for the Sustainability & Transformation Plan for which Joy is the lead. • Full Council was held at the beginning of February to discuss the budget. It was agreed that Council Tax would be increased by 1.9% with an extra 2.2% (£5.3m) specifically ring-fenced to Adult Care. • Jacqui Willis requested an organisation chart once the re-organisation completed. Joy Hollister agreed this once finalised. **MINUTES FROM THE MEETING ON 8 DECEMBER 2015 & MATTERS ARISING** The minutes from 8 December 2015 were accepted as a true record. Matters Arising • Citizen's Panel o Nicola Greatorex presented the Board with further	**JH**

	analysis for 2015. o For the 2015 survey, 4,000 questionnaires were sent out. The responses between 2014 and 2015 showed very little difference. o Those aged 75+ who responded via the internet doubled. Many older people are increasingly using IT and this should be part of the Council's communication approach. • LD SAF o The Action Plans have been distributed and any comments should be directed to Deborah Jenkinson	
093/16	**HEALTH AND WELLBEING STRATEGY** • The Health and Wellbeing Strategy 2015 – 17 was approved by the Health and Wellbeing Board and Full Council. • Priorities: 1. Keeping people healthy and independent in their own home 2. Building social capital 3. Creating healthy communities 4. Supporting the emotional health and wellbeing of children and young people. • JH will now take responsibility for the support of the Health and Wellbeing Board following David Lowe's retirement. • Points raised: a) Is anything working well; b) Is there anything we need to work on? • Possible job swaps with the Voluntary Sector as well as facilitating job swaps across health and social care • Need to look at front line staff • Tracey Allen and JH looking at scoping work with the VCS leading to employment • Ronnie Cope and Amanda Rawlings scoping the outline and then will work together on career progression of volunteers • The Derbyshire Wedge – includes Health and Social Care workforce development • WM noted that he was pleased to see 'Building Social Capital' in the report but stressed the need not to work in silos.	

094/16	**HEALTHWATCH** Karen Ritchie updated the Board. • Autism Co-ordination Group will report back to the next Adult Care Board in June • Child and Adolescent Mental Health Services (CAHMS) report recommendations will be overseen and implemented by Healthwatch. • The LD report analysed comments over a 3 month period and found many positives where the communication was good and things were explained properly. There are still some negatives where people were not being spoken to directly and not being kept informed when having to wait. The use of complex language which is difficult to understand was also highlighted. All these findings can be found on pages 5 and 6 of the report. • The recommendations on page 15 include annual health checks and the need to take into account the individual needs of people. • The good work that the Nurse Liaison implemented to be promoted. • A review of the actions will be taken after 6 months and will be brought back to Adult Care Board at a future meeting. • Accessible Information Standard – a piece of work will be done on this later in the year. JW offered to assist. • WM queried why the responses were mainly in the north of the County. KR confirmed that a member of staff located in Derby City Healthwatch does most of the South. • GH asked if there was anything we could do to work more closely with City. KR said that although they are one of the strongest networks regionally, each Healthwatch sets their own priorities for their area which may not tie in with each other. • GH thanked KR for the Healthwatch reports which are extremely helpful in assisting Primary Care to provide a better service for people with LD. Health facilitators are beginning to make a difference and there is a need to encourage engagement in all practices. KR responded that they were targeting GP practices to support the agenda of information. • Healthwatch's next priority will be MH issues eg access to services; trends; substance misuse. 40 interviews have taken place.	**KR** **KR**

	• Healthwatch have 4 Engagement Officers in Derbyshire so any assistance would be welcome. • The 'easy read' version of the report will be ready for the LD Partnership Board on the 21st April.	

095/16	**CCG UPDATE – TRANSFORMATION PROGRAMME OFFICE – JOINED UP CARE BOARD UPDATE**
	
	Lynne Wilmott-Shepherd presented the update on Transformation programme.
	• Appendices F and G hold the key points.
	• A piece of work has been completed on shared understanding
	• Sustainable plans/achievements in keeping with national standards
	  o Need to look at demand
	  o Need to look at efficiencies
	• We are on the right track with principles and people
	• There are 6 delivery groups
	• RD – Joined Up Care Conference was a very good event. He noted that social care were not asked to participate in leading workshops. JS and LWS said that both DCC and DC are well represented at all meetings. JH confirmed that we are working towards a closer partnership.	

096/16	**LEARNING DISABILITY TRANSFORMING CARE** Joy Hollister updated the Board on: • The LD Transforming Care Partnership has been put in place to provide the right support in Derbyshire so clients can now be brought back from out of area placements. • Prisons – there is a plan to look at people with Autism, Asperger's, special educational needs and disability to ensure they get the right start in life. Many also have drug and alcohol problems. • A plan is being developed by Jackie Lawley and Andy Gregory (Hardwick CCG). • NHSE feedback to support the next phase. Will be brought back to future meeting. • Children's Services inputting into the process. • Workforce Issue – need Crisis Resource Team for therapeutic support in the community. • District Councils/Professionals/Prisons on the Board. • WM – People with LD in the wrong environment are more likely to fail. Environment plays a major role in	**JH**

	their problems. • GH – Biggest challenge is the lack of housing stock, solutions are needed to this problem. • RD – Independent Fostering Agency (IFA) Shared Lives and Multi-disciplinary team to look at children to try and support people earlier. • JS – New ways of combining resources/money which could be a challenge for Finance. May need to take calculated risks with this. • GH – Traditional views are the most challenging. Need to change the mind set of professionals. • JH – What is possible? We need to look at people's 'assets' and build on those rather than just caring for them.	
097/16	**ANY OTHER BUSINESS** • Paul Hawker – Fatal fire this morning. The people involved were known to AC/CS. No smoke alarm was fitted. Holding a joint investigation. DF&RS are targeting over 65's but how can we work together to protect all vulnerable people? o Report to go to Safeguarding Adults and Children's Boards. • Jacqui Willis o Voluntary Sector SPA under evaluation – looking at rolling out at a community level north and south	
098/16	**AGENDA ITEMS FOR NEXT MEETING** • LD TC Update • Prison Report – Update • Apologies from LWS for next meeting as she is changing responsibilities.	
	Dates of future Adult Care Board meetings: • 16 June 2016, 10:00 – 12:00, Committee Room 1, County Hall, Matlock • 15 September 2016, 10:00 – 12:00, Members Room, County Hall, Matlock • 1 December 2016, 10:00 – 12:00, Members Room • 9 March 2017, 10:00 – 12:00, Members Room • 8 June 2017, 10:00 – 12:00, Members Room • 14 September 2017, 10:00 – 12:00, Members Room	

DERBYSHIRE COUNTY COUNCIL
ADULT CARE BOARD

16 June 2016

Report of the Strategic Director of Adult Care

BETTER CARE FUND 2015/16: QUARTER 4 PERFORMANCE RETURN

1. Purpose of the Report

To inform the Adult Care Board of the performance of the Derbyshire Better Care Fund as at the fourth quarter reporting period of the 2015/16 financial year.

2. Information and Analysis

This report has been split into two sections comprising:
- Summary of the National Q4 2015/16 Reporting Template
- General BCF Performance Overview

National Q4 2015/16 Reporting Template

The Better Care Support Team published the Q4 2015/16 National Return template on 29 April with the expectation that completed templates would be returned by 27 May, following sign-off from respective local Health and Wellbeing Boards (HWBs). Requirements of the Q4 template build on the development of the previous quarterly reporting templates in requiring HWB areas to provide an update against a set of integration metrics. As this is the final quarterly report for 2015/16 a new section entitled 'Year End Feedback' has replaced the 'Understanding support needs' section from previous returns.

The return is divided into nine separate components – some of which require responses to be provided and others pre-populated with responses carried forward from the previous quarterly returns (for checking purposes). Below is a table summarising the nine components.

Theme	Summary of requirements	Response required?
1. Cover Sheet	• Details of Health and Wellbeing Board area completing return • Name of person authorising return • Summary of responses to subsequent sections.	Yes

Theme	Summary of requirements	Response required?
2. Budget Arrangements	• Confirmation of Section 75 arrangements • Pre-populated from Q1 return	No
3. National Conditions	• Confirmation that area is on track to deliver the six national conditions detailed in the BCF Planning Guidance	Yes
4. Income & Expenditure	• Forecasted income into the pooled fund for each quarter of the 2015-16 financial year • Confirmation of actual income into the pooled fund in Q1, Q2, Q3, and Q4 • Forecasted expenditure from the pooled fund for each quarter of the 2015-16 financial year • Confirmation of actual expenditure into the pooled fund in Q1, Q2, Q3, and Q4	Yes
5. Non-Elective Admissions	• Tracks performance of Non-Elective (NEL) Admissions metric • Requires commentary on full-year performance.	Yes
6. Supporting Metrics	• An update on indicative progress against two national and 2 local metrics for Q4 2015-16 • Commentary on progress against these metric	Yes
7. Year End Feedback	Requires responses to a series of questions split across 2 categories: • Part 1 Delivery of the BCF • Part 2 3 greatest Success and Challenges of BCF in 2015/16	Yes
8. New Integration Metrics	New metrics concerning: • Development and use of integrated digital records and use of NHS number as main identifier • Provision of Personal Health Budgets • Use and prevalence of Multi-Disciplinary/Integrated Care Teams	Yes
9. Narrative	• Summary of overall progress with BCF Plans as at end of Q4	Yes

The BCF Programme Board reviewed and approved responses at its meeting on 20 May 2016. The return was subsequently submitted to the National Better Care Support Team by the agreed deadline. A copy of the completed return can be found at Appendix 1 to this report.

As with previous quarterly reporting arrangements, the Q4 return is being reported to both the Adult Care Board and the Health and Wellbeing Board retrospectively. The quarterly performance reporting arrangements for 2016/17 have yet to be confirmed by NHS England.

General BCF Performance Overview

A table summarising performance at the quarter 4 2015/16 reporting period is provided below. The results for the previous quarters are shown for comparison.

Metric	**Year End Target**	**Year End Actual**	**Q4 2015/16 Actual**	**Q3 2015/16 Actual**	**Q2 2015/16 Actual**	**Q1 2015/16 Actual**
1. Non-Elective Admissions (General & Acute) - Number of episodes per 100,000 population	3,050.8	2,900.3 (Green)	2954.0 (Green)	2,907.5 (Green)	2,825.5 (Green)	2,914.4 (Green)
2. Permanent admissions of Older People (aged 65 & over) to residential and nursing care homes per 100,000 population	664.9	722.2 (Red)	619.72 (Green)	729.52 (Red) Revised from 602.6	749.04 (Red) Revised from 727.1	790.51 (Red) Revised from 783.2
3. Proportion of Older People (65 & Over) Who Were Still At Home 91 Days After Discharge From Hospital Into Reablement / Rehabilitation Services	82.5%	82.0% (Red)	73.6% (Red)	82.4% (Green)	89.4% (Green)	84.1% (Green)
4. Delayed transfer of care from hospital per 100,000 (average number of days delayed per month)	961.8	685.8 (Green)	839.8 (Green)	659.2 (Green)	598.9 (Green)	645.4 (Green)

Metric	Year End Target	Year End Actual	Q4 2015/16 Actual	Q3 2015/16 Actual	Q2 2015/16 Actual	Q1 2015/16 Actual
5. Patient Experience - GP Patient Survey Q32: In the last 6 months, have you had enough support from local services/organisations to help manage your long-term condition	66.2%	70.5% (Green)	N/A	70.5% (Green)	N/A	64.9% (Red)
6. Rate of Dementia Diagnosis	68%	71% (Green)	70.6% (Green)	71.3% (Green)	71.5% (Green)	70.5% (Green)

As above table highlights four out of the six metrics achieved their year-end target.

Metric 1, non-elective admissions to hospital, **target was achieved** despite highest outturn of the year being reported at this monitoring point. As previously reported there have been no major transactable savings relating to the Payment for Performance (P4P) element of this indicator due to the difference in data sources used in the contracting and monitoring of this indicator. The planning requirements for 2016/17 have removed the P4P element of this indicator but it will continue to be used as a metric in monitoring success in delivering the BCF plan.

Metric 2, permanent admissions to residential or nursing homes, the ambitious year-end **target has not been achieved**. The figure reported at Q4 and for year-end is expected to increase further due to retrospective reporting of admissions (as highlighted with previous quarters). The forecast actual outturn, based on previous quarts, is 756.4. An audit of sample cases has been undertaken but did not identify any specific reasons as to why admission rates remain high. All admissions recorded were done so correctly and were appropriate. Despite this the overall trajectory is moving in the right direction as the 2014/15 outturn was 835.5 and the 2016/17 target has been set to reflect this trend (737.8).

Metric 3, proportion of older people who were still at home 91 days after discharge into a reablement service, **did not achieve the year-end target** by 0.5 percentage points. Performance had been on track to achieve the target as at Q3 monitoring period. It should be noted that there was a significant increase in the number of people discharged into the service during Q4 than in any previous quarter (538 compared to next highest in Q1 of 465). Therefore, whilst target was not achieved, the service still performed well considering the demands of the final quarter. During 2015/16 a total of 1,567 were helped to

remain at home as a result of this service compared to 1,259 in 2014/15, and overall referrals into the service increased by 27%. A Reablement/Intermediate Care working group is currently reviewing the service and due to report back areas for development/change to the Adult Care SMT in July.

Metric 4, Delayed Transfers of Care (DToC), **target has been achieved**. However, it should be noted that there has been a steep increase in DToCs during final quarter of the year. A Countywide DToC action plan has been developed for 2016/17 as part of the revised national conditions for BCF planning. The targets for next year have been set to ensure no more than 18,000 bed days are lost to DToCs – the 2015/16 performance equates to 17,214 bed days lost. Implementation of the DToC plan will be at System Resilience Group level with monitoring via the BCF Finance and Performance sub-group.

Metric 5 – the year-end **target has been achieved** as the survey is reported every six months rather than quarterly. A total of 70.5% of people in Derbyshire responding to the GP Patient Satisfaction survey stated that they felt they had received enough support from local organisations to help them manage their long-term condition. Enabling people to manage their own care continues to be a priority area for the BCF in 2016/17.

Metric 6 – rate of dementia diagnosis, the **target for this metric has been achieved**. Performance has consistently been above target throughout 2015/16. This is in part reflective of the investment though the BCF in Memory Assessment and Dementia Support services. However, it is expected that maintaining this good performance in 2016/17 will be a challenge.

3. Background papers:

Copies of the 2015/16 and 2016/17 Better Care Fund Plans and associated documents can be found on the Derbyshire County Council website at: http://www.derbyshire.gov.uk/social_health/integrated_care/

4. Officer Recommendations

The Adult Care Board is asked to:

1. Receive the report and note the responses provided in the National Quarterly Reporting template;
2. Note the work being undertaken across the health and social care system to achieve the high-level metric targets.
3. Continue to receive regular updates on the progress of the Better Care Fund throughout 2016/17.

Graham Spencer - Group Manager – Better Care Fund

BCF 2015-16 Q4 RETURN

Section 1: Cover

Q4 2015/16	
Health and Well Being Board	**Derbyshire**
completed by:	Graham Spencer
E-Mail:	graham.spencer@derbyshire.gov.uk
Contact Number:	01629532072
Who has signed off the report on behalf of the Health and Well Being Board:	Councillor Dave Allen

Question Completion - when all questions have been answered and the validation boxes below have turned green you should send the template to england.bettercaresupport@nhs.net saving the file as 'Name HWB' for example 'County Durham HWB'

	No. of questions answered
1. Cover	**5**
2. Budget Arrangements	**1**
3. National Conditions	**16**
4. I&E	**19**
5. Non-Elective Admissions	**2**
6. Supporting Metrics	**9**
7. Year End Feedback	**16**
8. New Integration Metrics	**67**
9. Narrative	**1**

Section 2: Budget Arrangements

Have the funds been pooled via a s.75 pooled budget?	Yes
If it had not been previously stated that the funds had been pooled can you now confirm that they have now?	
If the answer to the above is 'No' please indicate when this will happen (DD/MM/YYYY)	

Section 3: National Conditions

The Spending Round established six national conditions for access to the Fund.
Please confirm by selecting 'Yes', 'No' or 'No - In Progress' against the relevant condition as to whether these have been met, as per your final BCF plan.
Further details on the conditions are specified below.
If 'No' or 'No - In Progress' is selected for any of the conditions please include an explanation as to why the condition was not met within the year (in-line with signed off plan) and how this is being addressed?

Condition	Q4 Submission Response	Q1 Submission Response	Q2 Submission Response	Q3 Submission Response	Please Select (Yes or No)	If the answer is 'No', please provide an explanation as to why the condition was not met within the year (in-line with signed off plan) and how this is being addressed?
1) Are the plans still jointly agreed?	Yes	Yes	Yes	Yes	Yes	
2) Are Social Care Services (not spending) being protected?	Yes	Yes	Yes	Yes	Yes	
3) Are the 7 day services to support patients being discharged and prevent unnecessary admission at weekends in place and delivering?	Yes	Yes	Yes	Yes	Yes	
4) In respect of data sharing - please confirm:						
i) Is the NHS Number being used as the primary identifier for health and care services?	Yes	Yes	Yes	Yes	Yes	
ii) Are you pursuing open APIs (i.e. systems that speak to each other)?	Yes	Yes	Yes	Yes	Yes	

iii) Are the appropriate Information Governance controls in place for information sharing in line with Caldicott 2?	Yes	Yes	Yes	Yes	Yes	[redacted]
5) Is a joint approach to assessments and care planning taking place and where funding is being used for integrated packages of care, is there an accountable professional?	Yes	Yes	Yes	Yes	Yes	
6) Is an agreement on the consequential impact of changes in the acute sector in place?	Yes	Yes	Yes	Yes	Yes	

Section 4: Income and Expenditure

Plan, forecast, and actual figures for total income into, and total expenditure from, the fund for each quarter to year end (in both cases the year-end figures should equal the total pooled fund)

Income

Previously returned data:

		Q1 2015/16	Q2 2015/16	Q3 2015/16	Q4 2015/16	Annual Total	Pooled Fund
Please provide , plan , forecast, and actual of total income into the fund for each quarter to year end (the year figures should equal the total pooled fund)	Plan	£15,372,000	£15,372,000	£15,372,000	£15,372,000	£61,488,000	£61,489,000
	Forecast	£15,372,000	£15,372,000	£15,372,000	£15,372,000	£61,488,000	
	Actual*	£15,372,000	£15,372,000	£15,372,000			

Q4 2015/16 Amended Data:

		Q1 2015/16	Q2 2015/16	Q3 2015/16	Q4 2015/16	Annual Total	Pooled Fund
Please provide, plan, forecast and actual of total income into the fund for each quarter to year end (the year figures should equal the total pooled fund)	Plan	£15,372,000	£15,372,000	£15,372,000	£15,372,000	£61,488,000	£61,489,000
	Forecast	£15,372,000	£15,372,000	£15,372,000	£15,372,000	£61,488,000	
	Actual*	£15,372,000	£15,372,000	£15,372,000	£15,372,000	£61,488,000	

Please comment if there is a difference between the forecasted / actual annual totals and the pooled fund	No comment.

Expenditure

Previously returned data:

		Q1 2015/16	Q2 2015/16	Q3 2015/16	Q4 2015/16	Annual Total	Pooled Fund
Please provide , plan , forecast, and actual of total income into the fund for each quarter to year end (the year figures should equal the total pooled fund)	Plan	£15,372,000	£15,372,000	£15,372,000	£15,372,000	£61,488,000	£61,489,000
	Forecast	£14,500,000	£15,500,000	£15,500,000	£15,500,000	£61,000,000	
	Actual*	£13,500,000	£11,230,000	£7,308,000			

Q4 2015/16 Amended Data:

		Q1 2015/16	Q2 2015/16	Q3 2015/16	Q4 2015/16	Annual Total	Pooled Fund
Please provide, plan, forecast and actual of total expenditure from the fund for each quarter to year end (the year figures should equal the total pooled fund)	Plan	£15,372,000	£15,372,000	£15,372,000	£15,372,000	£61,488,000	£61,489,000
	Forecast	£14,500,000	£15,500,000	£15,500,000	£15,500,000	£61,000,000	
	Actual*	£13,500,000	£11,230,000	£7,308,000	£29,451,000	£61,489,000	

Please comment if there is a difference between the forecasted / actual annual totals and the pooled fund	Difference between the forecast and actual for Q4 reflects the resolution of slippage that was previously reported in Q3.
Commentary on progress against financial plan:	During 2015/16 the financial plan experienced some slippage against proposed new developments being funded through the BCF. Use of this slippage was agreed by the BCF Programme Board, in line with Section 75 agreement, and split among the partners to support delivery of services that had contributed to the aims and objectives of the BCF but which had not been included within the Plan for 2015/16. This has resulted in financial plan being brought back into line for end of 2015/16, and has also helped better inform planning of the expenditure for 2016/17.

Section 5: Non Elective Admissions

Non-Elective Admissions

	Baseline				Plan					Actual				
	Q4 13/14	Q1 14/15	Q2 14/15	Q3 14/15	Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16	Q4 15/16	Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16	Q4 15/16
D. REVALIDATED: HWB version of plans to be used for future monitoring. Please insert into Cell P8	23,620	23,685	23,606	24,311	23,909	22,069	22,989	22,989	22,215	22,840	22,838	22,143	22,786	23,150

Please provide comments around your full year NEA performance	The total number of NEAs recorded during 2015/16 was 113,757 against a plan of 114,171. The planned reductions have been exceeded, despite some peaks in NEAs during the first and fourth quarters of 2015/16. These reductions suggest that work being delivered through the BCF Programme (and wider health and social care system across Derbyshire) is having a positive impact. Maintaining these performance levels will be challenging in 2016/17. It should also be noted that the reduction in NEAs has not translated into the transactable savings anticipated at the start of the BCF Planning process. This is due to the contracting and payment arrangements that were in place for 2015/16 and the use of MAR data over SLAM.

Footnotes:

Source: For the Baselines and Plans which are pre-populated, the data is from the Better Care Fund Revised Non-Elective Targets - Q4 Playback and Final Re-Validation of Baseline and Plans Collection previously filled in by the HWB. This includes all data received from HWBs, as of 26th February 2016.

Section 6: Supporting Metrics

Admissions to residential Care	% Change in rate of permanent admissions to residential care per 100,000
Please provide an update on indicative progress against the metric?	On track for improved performance, but not to meet full target
Commentary on progress:	Year-end target has not been achieved for this indicator. Performance in 2015/61 has improved over 2014/15 with fewer admissions and therefore overall trajectory is right, but rate of reductions has not been in line with the ambitious target. An audit of sample cases did not highlight any areas for development in terms of preventing future admission rates.
Reablement	Change in annual percentage of people still at home after 91 days following discharge, baseline to 2015/16
Please provide an update on indicative progress against the metric?	On track for improved performance, but not to meet full target
Commentary on progress:	Performance for this indicator was not achieved by 0.5 percentage points. Performance had been on track to achieve the target as at Q3 monitoring period. It should be noted that there was a significant increase in the number of people discharged into the service during Q4 than in any previous quarter (538 compared to next highest in Q1 of 465). Therefore, whilst target was not achieved, the service still performed well considering the demands of the final quarter.
Local performance metric as described in your approved BCF plan / Q1 / Q2 / Q3 return	Number of people diagnosed and the prevalence of dementia.
Please provide an update on indicative progress against the metric?	On track to meet target
Commentary on progress:	Year-end target for 2015/16 was 68% with actual performance achieved being 71% over the course of the year. BCF investment into services such as Memory Assessment and the Countywide Dementia Support Services has contributed to this.
Local defined patient experience metric as described in your approved BCF plan / Q1 /Q2 return	GP Patient Survey: Q32. In the last 6 months, have you had enough support from local services or organisations to help you to manage your long-term health condition(s)? (Respondents answering "Yes, definitely" or "Yes, to some extent")
Please provide an update on indicative progress against the metric?	On track to meet target
Commentary on progress:	Target of 66.2% has been exceeded for 2015/16 with 70.5% of respondents to the GP Patient Survey reporting they had received enough support from local services/organisations over the last 6 months to manage their long-term condition.

Section 7: Year End Feedback (Part 1 Delivery of the Better Care Fund)

Part 1: Delivery of the Better Care Fund		
Please use the below form to indicate what extent you agree with the following statements and then detail any further supporting information in the corresponding comment boxes		
Statement:	Response:	Comments: Please detail any further supporting information for each response
1. Our BCF schemes were implemented as planned in 2015-16	Agree	We experienced some slippage in relation to new developments starting that were being funded through the BCF in 2015/16. These areas have been included in the BCF for 2016/17 and will continue to be monitored to ensure they are contributing to the overall aims and objectives of the BCF plan.
2. The delivery of our BCF plan in 2015-16 had a positive impact on the integration of health and social care in our locality	Agree	Delivery of the BCF Plan in 2015/16 built on the existing good joint working relationships between health and social care staff at all-levels of delivery.
3. The delivery of our BCF plan in 2015-16 had a positive impact in avoiding Non-Elective Admissions	Agree	NEAs reduced as planned during 2015/16 though this is a result of wider transformational work across the health and social care system and not solely to BCF funded initiatives.
4. The delivery of our BCF plan in 2015-16 had a positive impact in reducing the rate of Delayed Transfers of Care	Agree	See above comment for position in relation to reducing Delayed Transfers of Care.
5. The delivery of our BCF plan in 2015-16 had a positive impact in increasing the proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	Agree	Significant service pressures (through increased referrals) meant that the service feel marginally short of its intended target. However, the service coped very well in terms of a relatively consistent level of performance despite a 27% increase in referrals when compared to 2014/15.

Part 1: Delivery of the Better Care Fund		
Please use the below form to indicate what extent you agree with the following statements and then detail any further supporting information in the corresponding comment boxes		
Statement:	Response:	Comments: Please detail any further supporting information for each response
6. The delivery of our BCF plan in 2015-16 had a positive impact in reducing the rate of Permanent admissions of older people (aged 65 and over) to residential and nursing care homes	Agree	Admissions have reduced but not at the ambitious pace and scale established in the original BCF 2015/16 Plan. The overall trajectory is correct and improvements have been made but it is recognised that this is a system-wide issue requiring further work. Some of this work will include improving the use, access and effectiveness of Assistive Technology services. It is also envisaged that delivery against the DToC Plan will influence the planned reductions in 2016/17.
7. The overall delivery of our BCF plan in 2015-16 has improved joint working between health and social care in our locality	Strongly Agree	The BCF Programme has built on and strengthened the existing good working relationships across health and social and continues to provide a helpful platform for developing STP arrangements moving forward. The requirement to establish a pooled budget through a S75 agreement has also help to challenge some of the cultural and organisational differences that existed.
8. The implementation of a pooled budget through a Section 75 agreement in 2015-16 has improved joint working between health and social care in our locality	Agree	See above comment.
9. The implementation of risk sharing arrangements through the BCF in 2015-16 has improved joint working between health and social care in our locality	Neither agree nor disagree	The Payment for Performance element was the only joint risk share within our BCF. This was not seen as influential in terms of improving joint working and no further risk-shares have been agreed for 2016/17.
10. The expenditure from the fund in 2015-16 has been in line with our agreed plan	Neither agree nor disagree	See also comment for Q1 above. BCF Expenditure Plan was delivered with some minor variations when underspends were identified. This did not impact overall implementation of the programme nor performance against the national metrics.

Section 7: Year End Feedback (Part 2: Successes and Challenges)

Part 2: Successes and Challenges		
Please use the below forms to detail up to 3 of your greatest successes, up to 3 of your greatest challenges and then categorise each success/challenge appropriately		
11. What have been your greatest **successes** in delivering your BCF plan for 2015-16?	Response - Please detail your greatest **successes**	Response category:
Success 1	The Section 75 provided a platform to enhance the existing good working relationships across the health and social care system and challenge some of the preconceived notions of what was and was not possible with regards to a pooled budget.	1.Leading and Managing successful better care implementation
Success 2	Delivery of the BCF in 2015/16 has helped health and social care better understand the various data sources, needs and uses that exist and are required as part of the BCF and other wider transformational changes. This is an area for further development in 2016/17 but only because of the work undertaken during 2015/16.	3.Developing underpinning integrated datasets and information systems
Success 3	As comments in Part 1 have alluded to, the BCF has enabled health and social care to achieve something that had not previously been done in Derbyshire before, namely a S75 with associated Pooled Budget. This has helped challenge traditional ways of working and provides a good platform from which the emerging STP can learn from.	6.Developing organisations to enable effective collaborative health and social care working relationships
12. What have been your greatest **challenges** in delivering your BCF plan for 2015-16?	Response - Please detail your greatest **challenges**	Response category:
Challenge 1	A lot of work was undertaken in 2015/16 to look at ways to evaluate and measure the success of the BCF. This has highlighted some key areas where improvements need to be made across all partners associated with the BCF Programme, which are being addressed as the BCF continues in 2016/17.	5.Measuring success
Challenge 2	Maintaining and building on the good working relationships that exist will be key to ensuring the BCF Programme is a success in 2016/17, particularly in light of wider transformational work and challenges facing the system.	1.Leading and Managing successful better care implementation
Challenge 3	Improving our joint approach to risk management and understanding the shared benefits of services delivered through the BCF is an area highlighted within our BCF Plan 2016/17 following a self-assessment towards the end of 2015/16.	4.Aligning systems and sharing benefits and risks

Section 8: New Integration Metrics

1. Proposed Metric: Use of NHS number as primary identifier across care settings

	GP	Hospital	Social Care	Community	Mental health	Specialised palliative
NHS Number is used as the consistent identifier on all relevant correspondence relating to the provision of health and care services to an individual	Yes	Yes	Yes	Yes	Yes	Yes
Staff in this setting can retrieve relevant information about a service user's care from their local system using the NHS Number	Yes	Yes	Yes	Yes	Yes	Yes

2. Proposed Metric: Availability of Open APIs across care settings

Please indicate across which settings relevant service-user information is currently being shared digitally (via Open APIs or interim solutions)

	To GP	To Hospital	To Social Care	To Community	To Mental health	To Specialised palliative
From GP	Shared via Open API	Shared via Open API	Not currently shared digitally	Shared via interim solution	Shared via interim solution	Shared via interim solution
From Hospital	Shared via interim solution	Shared via Open API	Not currently shared digitally	Shared via Open API	Shared via interim solution	Shared via interim solution
From Social Care	Not currently shared digitally	Not currently shared digitally	Not currently shared digitally	Not currently shared digitally	Not currently shared digitally	Not currently shared digitally
From Community	Shared via interim solution	Shared via interim solution	Not currently shared digitally	Shared via Open API	Shared via interim solution	Shared via interim solution
From Mental Health	Shared via interim solution	Shared via interim solution	Not currently shared digitally	Shared via interim solution	Shared via Open API	Shared via interim solution
From Specialised Palliative	Shared via interim solution	Shared via interim solution	Not currently shared digitally	Shared via interim solution	Shared via interim solution	Shared via Open API

In each of the following settings, please indicate progress towards instillation of Open APIs to enable information to be shared with other organisations

	GP	Hospital	Social Care	Community	Mental health	Specialised palliative
Progress status	In development	In development	In development	In development	In development	In development
Projected 'go-live' date (dd/mm/yy)	01/04/17	01/04/17	not available	01/04/17	01/04/17	01/10/16

Section 8: New Metrics (Continued)

3. Proposed Metric: Is there a Digital Integrated Care Record pilot currently underway?

Is there a Digital Integrated Care Record pilot currently underway in your Health and Wellbeing Board area?	Pilot currently underway

4. Proposed Metric: Number of Personal Health Budgets per 100,000 population

Total number of PHBs in place at the end of the quarter	5
Rate per 100,000 population	1

Number of new PHBs put in place during the quarter	0
Number of existing PHBs stopped during the quarter	1
Of **all** residents using PHBs at the **end** of the quarter, what proportion are in receipt of NHS Continuing Healthcare (%)	0%

Population (Mid 2016)	787,581

5. Proposed Metric: Use and prevalence of Multi-Disciplinary/Integrated Care Teams

Are integrated care teams (any team comprising both health and social care staff) in place and operating in the **non-acute** setting?	Yes - throughout the Health and Wellbeing Board area
Are integrated care teams (any team comprising both health and social care staff) in place and operating in the **acute** setting?	Yes - throughout the Health and Wellbeing Board area

Section 9: Narrative

Please provide a brief narrative on year-end overall progress, reflecting on the first full year of the BCF. Please also make reference to performance on any metrics that are not directly reported on within this template (i.e. DTOCs).
The following provides an update to the narrative submitted for the Q3 reporting period and a reflection on the overall delivery of the BCF in 2015/16. Q3 to Q4 Update: A desktop audit was conducted by health and social care to review a sample of cases relating to permanent admissions to residential and nursing care establishments. The exercise highlighted that monitoring and recorded of admissions was being undertaken correctly but did not highlight any new areas for learning. Reducing admission rates will continue to be a challenging area for Derbyshire into 2016/17. Performance against the delayed transfers of care indicator shows that the yearend target was achieved. At Q4 the rate of bed days lost to delayed transfers of care was 839.8 compared to target of 964. Overall this equated to a total of 17,150 bed days lost compared to a target of 24,350. This is in part reflective of the work being undertaken by the health and social care system in Derbyshire. Review of 2015/16 The BCF Programme Board reviewed the vision and outcomes required within both the North and South Transformation plans, linking these to the future integration agenda and emerging themes from the Sustainable Transformation Programme (STP). In summary the following key themes emerged: 2015/16 was a year of learning and developing: Consistency in leadership and our mutual decision making over the last 18 months – building and strengthening existing relationships. Finance and performance – learning 'the rules' and working to understand how we demonstrate the impact of changes through metrics. Understanding the actual and potential foundations for pooling budgets at scale – we have a Section 75 that works and we can build on. Some operational successes: Equipment Services – new posts to clinically challenge decisions have reduced variation resulting in £310,725 savings in first six months. Community Teams have developed at pace. Greater support from social care within acute hospitals to assist discharge and ensure a joined up approach with community services. Investments in Autism services have meant waiting lists will be reduced and further work can be done on developing the future model. Workforce – investment in Advanced Clinical Practitioner training will assist 24/7 access to services. Areas of learning and development: There was a need to disinvest or remove projects from the BCF that did not sufficiently contribute to the overall aims and objectives of the BCF Plan. There needed to be a more 'theme based' approach to schemes. Agreement for the continuation of existing spend for Carers, Integrated Community Equipment Services (ICES), Dementia and Autism. Schemes for 2016/17 are based around the individual i.e. wrap around services.

Prisons - Adult Social Care Report. SMT June 2016 .

Introduction

Following the implementation of the Care Act 2014 in April 2015 the provision of Adult Social Care within both HMP Sudbury and HMP Foston is now well established. Within the prisons, Derbyshire County Council (DCC) is providing a service which endeavours to mirror that which is provided in our local community. Adult Social Care has been well received by both prison establishments and the prisoners, with no official or unofficial complaints received. In total DCC have received 49* referrals to Adult Social Care since April 2015, we currently meet the needs of approximately 14** individuals across both prisons. The closest comparator Local Authority 'Lincolnshire' also have one closed conditions prison and one open prison, and a similar number of referrals***. Of those assessed the majority have originated from the West Midlands, or Nottinghamshire, a small percentage are from either Derbyshire or Derby City. One full time Senior Practitioner Social Worker and a second Senior Practitioner social worker for two days per week cover all services including screening referrals and all developmental strategic work.

Current Service Provision.

Initial Contact

Referrals can be made by either the professionals within the prison, or by prisoners themselves through a self-referral route. South Derbyshire County Council West Division Business services manage all referrals which are securely faxed directly from the prison health care department. The referrals are uploaded on to FWI into either HMP Sudbury team work or HMP Foston team work. All referrals are initially seen by either myself or Lynne Hyland, where a decision required episode is completed; all new referrals will receive contact from Adult Social Care within one week. At this point screening for eligibility and appropriate action takes place during a face to face interview within the prison health care department, and actions are agreed. The Derbyshire County Council guide to Adult Social Care has been adapted to the prison client group and a copy is provided to each new referral at the initial meeting. New service users are advised about Co-Funding and currently decisions are being made as to the role of the FABO team within this process. In accordance with DCC policy for prisons a light touch approach has been taken,

information has been gained from the service user and recorded on FWi. Only one individual has self-funded, with all others having no access to welfare benefits and below capital limits.

Information Sharing

New service users are asked if they agree to information being shared as part of the information gathering process, this is recorded on FWi within case notes. A future development may possibly be the introduction of a signed hard copy 'Information Sharing Agreement'.

Assessments

A variety of assessments have been provided across both prisons, from the full extended assessment and support planning, including reviews, to interim support, and Mental Capacity Assessments. With service users agreement assessments have been undertaken in collaboration with other prison departments such as Health Care, Safer Custody, Offender Management and Community Rehabilitation, also outside agencies such as previous Social Care providers and Community Probation. From the assessment process, we have been able to highlight the need for an assessment with psychiatry and secondary mental health services. We have triggered the process for care coordination; this includes organising multi-agency meetings, with the client being in attendance and central to the process. Assessments are shared with other agencies only with the agreement of the service users. The assessment documentation used is standard to FWi, and mirrors that used within DCC community services.

Professional support

The Professional support only episode is the most common support method. This action is to support those prisoners who will benefit from a short piece of social work support, often to maintain wellbeing and reduce the need for Adult Social Care input at a future date. It has been recognised by the prisons and health care that the coordinating skills used in fieldwork Social Care are of great benefit to those living in a prison environment.

Equipment

The assessments for small aids and equipment can now be undertaken by Lynne Hyland and I. Some assessments have been joint with Community Health Physiotherapist and Occupational Therapists. Items such as grab rails can be fitted by the prison maintenance department.

Risk

Areas of risk have been jointly assessed with HMP Service, and a good working relationship has been developed with residence and safer custody across both

prisons. A risk document within FWi which recognises the risk elements within the prison environment, such as staff safety, community risk on release would be beneficial. Currently Social Care discusses risk with the prison officers and at departmental meetings such as Safer Custody / Support Intervention, where risk information is shared with DCC staff. Risk areas such as self-injuring behaviour is currently recorded by the prison, and shared with Adult Social Care.

In regards to release planning, we have liaised with forensic mental health services and local authorities, with working closely with the community probation services and attending MAPPA meetings (in other authorities) to provide information and to complete the assessments to highlight needs and risks in the community.

We have ensured that, in regards to risk to children, the appropriate agencies in the Prison and community of the release are informed when appropriate.

Sensory Impairments

DCC has developed a clear relationship with British Sign Language interpreters and services for deaf and visually impaired individuals, enabling individuals and prison departments to access those services as required. Clear procedural guidance and commissioning routes would assist with this and are being developed within the prison departments and health care.

Learning Disability and Autism services/ support.

Up until February this year; when the service was removed a close collaborative relationship had developed between the Neuro-developmental Team**** and Adult Social Care which had resulted in specific Learning Disability/ Autism joint preventative work. Once an appropriate diagnosis has been established, the use of the “This is me” document has been most beneficial. These documents can be used to develop insight into offending behaviours and recognition of risk areas for the individual. With regard to the prevention re-offending up until February this year ‘Easy Read’ license agreements and court orders could have been created, thus providing a direct benefit to those individuals with learning disabilities and / or autism who are repeatedly entering into L/A safeguarding and the criminal justice system.

Easy read rules and basic day to day time plans have been developed by Adult Social Care with individual clients. Social Care have been involved in the review of risky behaviours and creating appropriate Support and Care plans to assist staff to develop approaches to service users groups such as those who experience autism and Learning disability. We have provided advice to supervising officers, linking in with work programme coordinators, to identify appropriate in prison work environments to minimise the distress and anxiety for our clients. This has been highly beneficial as the client can then return to work. During the release / parole period, Joint working with local authorities and a variety of both statutory and

voluntary agencies has been undertaken to improve the outcomes for individuals to reduce the risk of reoffending.

Mental Health

Adult Social Care have attended team meetings and jointly worked with In Reach (In prison mental health services) to assess the social care needs of those experiencing mental ill health within the prison, particularly those who are awaiting an assessment for access to a secure mental health bed under the MHA. Mental health fieldwork support and signposting has been provided, with joint working of cases with In Reach and the Local Authority the individual will be released to. As far as reasonably possible Prison Adult Social Care staff have mirrored the support provided in community services.

Physical Disabilities

Joint working with the community Physiotherapy and OT services have resulted in a joined up approach to the provision of services. In both prisons we have been able to assess the appropriateness of the environment and make recommendations with regard to adaptations and equipment. Both Lynne and I can assess for small aids and minor equipment which will quicken the times currently between the identification of the need for equipment and the provision. Access to formal home care support has been provided, and a contracting link has been made with an agency 'Caring Links' who have had four staff vetted to enable consistent support to be provided. A variety of support has been provided from long term planned daily support to urgent interim actions to cover unplanned emergencies.

Networking / Collaboration with other agencies.

This continues to take place with Adult Social Care's regular attendance at the Support Intervention meetings for HMP Foston, and the Safer Custody meetings for HMP Sudbury, where the most vulnerable prisoners are discussed. A joint working approach is developing with In Reach, Prison Officers, Offender Supervisors, Offender Management and Community Probation. A relationship with Birmingham Specialist Services has been developed as a high proportion of the prison population come from this area.

A quarterly prison partnership meeting provides an opportunity for all stake holder services within the prisons to meet up and discuss operational matters, from this a sub group has been developed which is chaired by Adult Social Care. The Sub Group specifically addresses front line matters, and includes a lead prison officer from both prisons, health care, In Reach and Community Relocation Services, it is recognised that these are the core referral routes from the prisoners coming into Adult Social Care.

Health care is the key agency to accessing Adult Social Care within both prisons and remains fundamental to ensuring those who require social care support do not slip through the net. Currently Health Care is provided by Care UK (the tender changed to this organisation in April this year). The development of an understanding of social care and eligibility is an ongoing process.

Information Sharing agreements have been cascaded to teams within the prison and health care, and a Memorandum of Understanding has been developed between all partner agencies.

Safeguarding

With regard to the NOMS document 'Adult Safeguarding in Prisons', and in line with The Care Act 2014 it is clear that the lead for safeguarding lies with the prisons, Adult Social Care provide advice and support where appropriate. Both prisons have now developed a Safeguarding policy, and have representatives on the Local Safeguarding Board. Social Work support has been provided with regard to gaining an understanding of local authority safeguarding, and the relevance of the Mental Capacity Act 2008 when addressing individual capacity to make unwise decisions. Adult Social Care has provided support with the referral of Safeguarding concerns to local Authorities.

Looking to the future.

Prevention is a key focus of the Care Act. An Adult Social Care approach which supports adults and identifies personal skills to manage possible social care needs and risk areas, will reduce vulnerability on release and has clear links to the prevent re-offending agenda. With this in mind assessments to support those prisoners approaching release have been undertaken in a number of cases, requiring joint work with other local authorities/ agencies and within DCC. The information and understanding gained from undertaking Adult Social Care with prisons will be included in future prevention strategies and the development of practice guidance specific to reducing Safeguarding, managing risk behaviours and working with service users at risk of entering the criminal justice system. Through the 'Big Conversation' and Extended Fieldwork Operational Leadership Team Meetings, advice and guidance is provided to ensure Adult Social Care staff are clear of the statutory responsibilities they have towards those leaving prison who have Adult Social Care needs.

DCC Service Management will be represented at the Offender Health Improvement Group, which links to the National Plan document 'Building the Right Support'. The link to the 'Transforming Care programme' is clear and the knowledge gained from our experiences in prison should be used to develop future strategy.

Currently Adult Social Care is working across both prisons to develop a buddy system. This system enables trusted prisoners to provide low level support to vulnerable prisoners the development of a more robust approach to prisoner peer support (Buddies) would be beneficial to all. The Buddy system within both prisons meets many eligible needs for prisoners, such as access to meals, habitual home environment, and support for wheelchair users, to name a few. The current system requires formalising to prevent Safeguarding risks. It is clear that Social Work skills and values have much to offer this area and the practical advice provided to both prisons has been welcomed. Myself and Prison Officer Nick Freer attended the workshop provided by ADASS and NOMs to develop a nationwide approach to prisoner on prisoner support.

The potential to develop support networks for those with learning Disabilities, autism, older prisoners and social care service users has been suggested and may move forward in the coming months.

It would be appropriate to create a hard copy Information Sharing form, which clearly enables prisoners to state who they would be prepared to share their Adult Social Care assessment information with, and ensure a signed copy of this can be retained by the local Authority for future reference. The reasoning behind this document is that the information gained is often highly confidential often relating to current and historical criminal behaviours, areas of risk and fears or anxieties experienced within the prison environment.

Risk documentation specific to those currently in prison or leaving prison with an Adult Social Care need is limited, and the development of a specific risk document within FWi would be beneficial.

Service User feedback is an area where development is essential, concepts and ideas from other Social Care teams, particularly those developed by the AMHP Team will be used to create a process for obtaining Service User Feedback.

Using information from the Knowledge Hub and good practice from other areas has been cascaded down to the prisons, and used in a variety of areas such as Buddies, Safeguarding and care planning documents for vulnerable prisoners. Training to improve understanding of areas such as Child Sexual Exploitation / People trafficking/ the needs of Looked after children/ Safeguarding/ Learning Disabilities / Autism and other service users groups are ongoing and all link with the DCC prevention agenda. Information gained during DCC training and information sharing is cascaded where appropriate to the prisons. Adult Social Care will continue to

attend Full Staff briefings and develop the concept of Adult Social Care within prisons.

DCC Adult Social Care have attended the ADASS East Midlands Prison Care Leads Workshops, and will continue to do so as this provided opportunities to share good practice and develop relationships with Social Workers from adjoining local authorities who support prisons.

The development of Practice Guidance for those Social Care staff working within the prisons, and managing the needs of those leaving prison is a priority for the coming year. Over the past months our understanding of Adult Social Care within this challenging environment has developed, as has our understanding how DCC will continue to meet its legislative responsibilities, this knowledge and understanding has benefits across a variety of areas with regard to prevention and the management of risk.

The statutory responsibilities are currently met within the prison by secondment of one full time Senior Practitioner Social Worker, this secondment has been extended until March 2017. An additional Senior Practitioner Social Worker is provided for two days per week, and to cover annual leave. The ongoing provision for this service is dependent on the level of development work the Local Authority wish to undertake. The Senior Practitioner Social Worker post links with gaining further understanding of the complexities of why some of the most vulnerable in our community find themselves within the criminal justice system. Forging links into the preventative agenda to address community and individual risk, vulnerability and the development of appropriate support measures.

Looking to the next 12 months; the current social work arrangements are sufficient and cover the complexity of the work, including developmental and strategic requirements. An alternative option which would maintain the current position within the prison is a full time Senior Practitioner Social Worker to undertake strategic / developmental work and complex cases, alongside a full time Social Worker who can undertake case work.

The post links clearly with field work and the generic nature of Derbyshire's current Social Work practice, it is varied, requiring skills in the provision of equipment, signposting, and low level service provision to maintain wellbeing and prevent the need for Adult Social Care support. Including in this role is complex joint working with a variety of both statutory and voluntary organisations and training of both prison officers and prisoners in social care.

Maintaining your connection to Derbyshire County Council and Adult Social Care within an isolating role and contrasting culture is essential, it is imperative that DCC workers within the prison maintain roles such as Best Interest Assessor,

Safeguarding or AMHP to ensure the worker maintains a clear connection to Derbyshire County Council and its ongoing ethos of Person Centred Practice.

*HMP Sudbury 24, HMP Foston 25 – Taken from data February 2016.

**HMP Sudbury 9, HMP Foston 6.- Taken from data February 2016.

*** ADASS East Midlands Prison Care Leads Workshop - Monday 23rd November 2015.

**** Neuro Developmental Disorders Team, HMP Foston/ HMP Sudbury/ St Andrew's House. Community Team Learning Disabilities, Specialist Services Division, Derbyshire Healthcare Foundation NHS Trust – this service stopped in February 2016