

Annual report **2011**

Presidential team 2011

President



Peter Hay
Birmingham

Honorary Secretary



Richard Webb
Sheffield

Honorary Treasurer



Jo Cleary
Lambeth

Assistant Honorary Secretary



Sandie Keene
Leeds

Vice President



Sarah Pickup
Hertfordshire

Immediate Past President



Richard Jones
Lancashire

Charity registration number 299154
The Association of Directors of Adults Social Services is a
registered charity having been registered in 1988

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President's report

IF I HAD a pound for every time someone has told me what a challenging year 2011 has been then I would be very wealthy indeed!

We have a government that during the year has been committed to working with the sector in a spirit of co-production. Whether in the engagement exercise, in the two exercises completed by the NHS Future Forum, or in work on sector-led improvement, the voice and influence of ADASS has been strong.

ADASS is determined to achieve its long term aim of the reform of the social care system for adults and with it a sustainable, affordable way of paying for care. We have seen the coalition government move forward towards meeting its promised changes with the Dilnot and Law Commission work followed up by *Caring for our Futures*. The case for change has been made and some vision for what that change may achieve has been set out, ready for the Government's White Paper to take the agenda forward.

The sector has also made its voice heard on the challenges facing us in our day-to-day work. In our budget survey and the reports on the implementation of personalisation, we reported with clarity and authority on the changes being faced up to by the sector. We have supported directors and leaders with tools to approach resource reduction and the transformation of care to a new person-centred model.

We have played the role of strong partner – through our part in the new transition group on health led by chief executives to bring a much needed corporate voice to health reform. We continued our work with LGA to implement sector-led improvement and of course, our role as a partner in *Think Local, Act Personal* which this year moved into producing its statements of the outcomes that people should see from personalised care.

ADASS has also strengthened its partnerships with the NHS – our new work with the BGS getting recognition from the NHS Future Forum of the new style of alliances that will be needed to drive greater integration between care and health. We have continued to exercise our role as a partner in the European Social Network, particularly benefiting from the input of its president to our conference on experiences in meeting the austerity challenge. I have also been thrilled by the continued strengthening of our bonds with our partners in ADSS Cymru and ADSW (Scotland) as we share and learn from approaches to common problems.

And we have met problems aplenty! ADASS gave in the words of the Secretary of State, "incredible leadership" through the difficulties experienced by Southern Cross. It worked collectively and decisively and is now moving on to embed its learning in new ways of working with markets and providers. It has also faced the challenges that emerge from Winterbourne View where we saw what happens when the values of social care go missing from commissioning and care planning decisions.

We anticipate those values being at the heart of the government's response to this agenda as it sets out its White Paper. ADASS has laid out its stall and its commitment to work with reform. Our incoming President Sarah Pickup will have all our support in taking the Association forward into the next chapter, and I know that Sarah has all the skills to rise to the challenges of her year.



*Peter Hay is President of ADASS,
April 2011 – April 2012*

Honorary Secretary's report

2011 has been a year in which ADASS has played a pivotal role regionally and nationally as the leadership voice for adult social care. Time and again, individual directors and the Association as a whole, have been tested and have come through with flying colours: Southern Cross, Castlebeck, Dilnot, *Think Local Act Personal*...

Within hours of becoming ADASS President, Peter Hay was briefing directors on the events which were unravelling at Southern Cross, an issue which was to dominate much of our time throughout the year, culminating in the transfer of 750 homes across the UK between September and November. The ADASS regions were crucial in making this happen – regions co-ordinated local activity across agencies and with Southern Cross area managers. And individual regions led specific work which made a real difference (for example the work which Matt Bowsher and Barry Scarr led on from the West Midlands in terms of the *Guardian* website and reducing Southern Cross debts).

The annual policy event, held in Manchester in January, included thought-provoking sessions from Professor Jon Glasby of Birmingham University, Andrew Kerslake from the Institute for Public Care, and John Ivers, Nestor Healthcare Group. In its key themes it set the course for the year: the future health and social care settlement (NHS Futures Forum, market development, Dilnot) and the next stages of the personalisation revolution (*Think Local Act Personal*). The spring seminar in Gateshead, the National Children and Adults Services Conference in London and various ADASS/SCIE workshops continued these themes.

2011 was also a year of changing faces. Peter Hay became President, succeeding Richard Jones who went on to steer the *Think Local Act Personal* partnership through a successful first year as part of the drive for sector-led improvement. Sarah Pickup, Jo Cleary and Sandie Keene became, respectively, vice president, treasurer and vice president-elect and the President's Team welcomed Ray James and Sarah Norman to the role of assistant honorary secretary. My thanks in particular go to Sarah Pickup, my predecessor as honorary secretary, who has done a huge amount over the past few years to develop the Association.

We also said thank you to colleagues who retired or moved to other roles, and thanked Jeff Jerome for his unstinting work as first national director for adult social

care transformation. We also welcomed back Oliver Mills in his role as national director for TLAP. And many of us remembered with fondness Margaret McGlade, who died in October and Rod Craig, DASS Cambridgeshire, who died in May. We also welcomed 17 new colleagues as DASSs.

For the first time in the Association's history, there were more women directors than men and, although there were only four black BME directors, two black directors became national policy leads and we hosted a joint leadership seminar for aspiring BME directors. We also managed to end the year with a full range of policy leads and regional chairs. And associates continued to play an invaluable role.

Regional and policy leads continued to be the bedrock of the Association, with some excellent examples of emerging sector-led improvement thinking in the post-JIP landscapes around the country, as well as influential work being led by all of the policy networks.

As ever, the strength of the ADASS presence has owed a huge amount to the smooth-running of the headquarters at Local Government House – the importance of which was recognised when the President's Team approved proposals for greater staffing continuity and capacity over the next two years. Big thanks go to Mary Gillingham, business manager, media lead Drew Clode, newly-appointed policy officer Jonathan Gardam, administrator Fionnuala Morrissey and our dedicated conference organiser Amanda Fry and her colleagues Dani and Christine in North Yorkshire.

Congratulations too to Catherine Cunningham, whose baby Miya Grace was born in April. The team worked above and beyond the call of duty throughout the year and I continue to be amazed by their constant ability to pull rabbits from hats!

In their presidencies, both Richard and Peter have challenged us to choose between retrenchment or reform – 2011 has been another landmark year in showing that, as an Association, we will go full speed ahead with our mission to change, improve and personalise.



*Richard Webb,
ADASS Honorary Secretary*

Annual General Meeting 2011

Association of Directors of Adult Social Services

Annual General Meeting 13 April 2011

Hilton Hotel, Newcastle Gateshead

PRESENT

Richard Jones	President (chair)
Peter Hay	Vice President
Sarah Pickup	Honorary Secretary
James Reilly	Honorary Treasurer
Jo Cleary	Assistant Honorary Secretary
Sandie Keene	Assistant Honorary Secretary
Jenny Owen	Immediate Past President

plus 150 Full and Associate members.

1. APOLOGIES

Michael Hake, Ian Davey, Tom Williams, Graham Harper, Phil Lloyd, Margaret Sheather, Denise Platt, Heather Mitchell, Anthony Farnsworth, Moira Wilson

2. MINUTES OF AGM ON 21 APRIL 2010

The minutes were agreed as a correct record.

3. MATTERS ARISING

None

4. PRESIDENT'S REPORT

ADASS President Richard Jones updated the membership on the work that ADASS has been involved in through the Dilnot Commission.

Directors have faced a significant challenge this year due to the lack of resources.

ADASS conducted a survey around resource reduction.

5. HONORARY SECRETARY'S ITEMS

ADASS Honorary Secretary Sarah Pickup thanked all those who were engaged in ADASS work over the past year.

An amendment to the constitution was proposed that those who hold the statutory DASS role could nominate someone in their local authority who has adult social care responsibilities to act as the ADASS member. The amendment was passed by the membership.

6. HONORARY TREASURER'S ITEMS

James Reilly thanked the ADASS sponsors and the business unit and President's team for all their hard work throughout the year. James also thanked the accountant John Stansfield who had done some work on reporting formats.

James reported that the main ADASS sources of income are from the National Children and Adult Services Conference, from members' subscription fees, and from sponsorship.

Currently payments are exceeding income, though we do have reserves in place to last for the next three years. The Executive Council looked at ways to reduce expenditure, and expenditure will be reduced by approximately £56,000 this year.

A motion was put to the membership to freeze subscription levels at the 2010 rate of £1036 for full membership and £236 for Associate membership. This motion was passed by the membership.

James also thanked Amanda Fry for her work overall in organising the National Children's and Adult Services Conference and in particular on reducing costs for the conference in 2012. One cost saving measure is the decision not to hold the conference dinner which normally takes place on the Thursday of the conference. The audited accounts were presented to and accepted by the membership.

7. ANNUAL REPORTS

The reports from the ADASS policy networks and ADASS regional networks were noted.

8. TRUSTEES

The Trustees for 2011/12 were noted as:

<i>President</i>	<i>Peter Hay</i>
Vice President	Sarah Pickup
Immediate Past President	Richard Jones
Honorary Secretary	Richard Webb
Honorary Treasurer	To be confirmed
Assistant Honorary Secretaries	Jo Cleary Sandie Keene



9. POLICY NETWORK CHAIRS

The Policy Network Chairs as of April 2011 were noted.

<i>Network</i>	<i>Chair</i>
ADASS/ADCS	Andrew Ireland
ADASS Associates	Richard Humphries, Brian Parrott
Carers	Graeme Betts
Housing	Merran McRae
Learning Disability	Peter Murphy, Andrea Pope-Smith
Mental Health, Drugs and Alcohol	Jonathan Phillips
Older People	Dwayne Johnson, Dawn Warwick
Physical Disabilities, Sensory Impairment and HIV	John Nawrockyi, Linda Sanders
Resources	John Jackson, Judith Geddes
Safeguarding	Adi Cooper, Penny Furness-Smith
Standards and Performance	Sarah Norman Paul Najsarek
Workforce Development	Jo Cleary
Equalities and Diversities	Kim Wright

10. REGIONAL CHAIRS AND SECRETARIES

The Regional Chairs and secretaries as of April 2011 were noted.

<i>Region</i>	<i>Chair</i>	<i>Secretary</i>
Eastern	Harold Bodmer	Lorna Payne
East Midlands	Mick Connell	Kim Curry
Greater London	Marian Harrington	Graeme Betts
North Eastern	Neil Revely	
North Western	John Rutherford	Sue Lightup
South Eastern	Margaret Geary and Keith Hinkley	Teresa Bell
South Western	Miriam Maddison	Peter Murphy
West Midlands	Andrea Pope-Smith	Eddie Clarke
Yorkshire Humberside	Martin Farran	Merran McRae

11. ADASS BUSINESS PLAN 2011/2012

The ADASS Business Plan will be set at this year's President's team away day, due to be held in May.

12. POLICY NETWORK DISCUSSIONS

The ADASS associates network presented their paper which offers their services to the membership. Peter Hay updated the membership on the issue of potential market failure. ADASS will be putting together a contingency planning piece of work which has a range of proposals and will involve the four home countries. ADASS will issue guidance on what administration means, a legal advice note and guidance on good practice in supporting older people through residential care home closure.

Sarah Pickup updated the membership on the ADASS budget survey headlines, which was returned by 149 out of 152 local authorities.

Adi Cooper, Penny Furness-Smith and Cathie Williams updated the membership on the current work of the ADASS safeguarding network. They have published an advice note which is now on the ADASS website and the Local Government Improvement and Development Communities of Practice website. The advice note is an interim guidance while the guidelines from the Law Commission are developed.

Mun Thong Phung updated the Association on the work of the equalities and diversities network. There is a lack of BME directors, with current figures of only 3-4%.

A group was set up after the 2010 AGM which includes Mun Thong Phung, Kim Wright, Andrew Cozens and Roy Taylor, which is working on ways of increasing diversity.

13. ESN OFFER TO ADASS

Lars Goran Jansson, President of the European Social Network made a presentation to the membership about the work of the ESN and how it can be of benefit to directors. Members are asked to contact ADASS international lead Philip Cotterill for further information.

14. AOB

None

15. PRESIDENTIAL HANDOVER

Richard Jones handed the Presidential chain of office to Peter Hay. Peter congratulated Richard on his work as President over the past year.

Treasurer's report

Legal and administrative information

TRUSTEES

P Hay	President (from 13 April 2011)
P Hay	Vice President (until 13 April 2011)
R Jones	President (until 13 April 2011)
R Jones	Immediate Past President (from 13 April 2011)
J Owen	Immediate Past President (until 13 April 2011)
S Pickup	Vice President (from 13 April 2011)
S Pickup	Honorary Secretary (until 13 April 2011)
R Webb	Honorary Secretary (from 13 April 2011)
J Reilly	Honorary Treasurer (until 13 April 2011)
J Cleary	Honorary Treasurer (from 7 June 2011)
J Cleary	Assistant Honorary Secretary (until 7 June 2011)
S Keene	Assistant Honorary Secretary
R James	Assistant Honorary Secretary (from 26 September 2011)

CHARITY NUMBER

299154

PRINCIPAL OFFICE

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Local Government House
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London
SW1P 3HZ

AUDITORS

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Hampshire
SO53 3TY

ACCOUNTANTS

Charity Business
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Swindon
SN2 8UH

BANKERS

Barclays Bank
Leicester Branch
Leicester
LE87 2BB

INSURANCE

Zurich Municipal
Zurich House
Stanhope Road
Portsmouth
Hampshire
PO1 1DU

DAS Legal Expenses Insurance
DAS House
Quay Side
Temple Back
Bristol
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BS1 6NH



Report of the Trustees by the Honorary Treasurer for the year ended 31 December 2011

I am pleased to present my report for the year ended 31 December 2011. Unusually this year the financial statements will be presented to the General Meeting of the Association in October 2012. The exceptional circumstances that have led to this are that Charity Business the ADASS accountants, suddenly and without warning, ceased trading in January 2012.

ASSOCIATION OF DIRECTORS OF ADULT SOCIAL SERVICES

This is the fifth report of the Association of Directors of Adult Social Services (ADASS). At its Annual General Meeting on 25 April 2007 a motion was passed adopting the new ADASS constitution in its entirety. The purpose of the constitutional change was to establish ADASS from its former name of Association of Directors of Social Services (ADSS) and the changes were agreed with the Charity Commissioner in advance of the membership vote.

ADSS was first registered as a charity with effect 23 September 1987 and changes to the constitution have been made on various dates since then to reflect changes to the association.

STRUCTURE, GOVERNANCE AND MANAGEMENT

The governing body of the ADASS is the Board of Trustees which comprises 7 members and meets at least 5 times a year. Trustees are elected for a three year term and may serve a second three-year term. The Trustees are *ex officio* officers of the Association and new officers after election are inducted and trained by existing Trustees and the ADASS staff. ADASS is governed by Trustees.

Meeting our charitable objectives for the benefit of the public

1. OUR AIMS AND OBJECTIVES

The constitution of the Association of Directors of Adult Social Services (ADASS) sets out four charitable objects:

- To promote the education of the public in matters of social policy, social organisation and social problems
- To promote the relief of poverty
- To promote the relief of aged, sick and disabled and the prevention and protection of physical and mental health for the benefit of the public
- To promote the preservation of family life for the benefit of the public

ADASS works to achieve social justice. We believe that all individuals, regardless of disability or frailty should have the means to live purposeful and independent lives, free from discrimination, with dignity and respect. We believe that people who require support as a result of disability, ill health or frailty have the right to high quality support and choice and control over that support. We believe that the views and needs of families and carers are important and that people who are vulnerable have the right to protection.

We aim to ensure that high quality social care is available to all who need it. We aim to promote the need for adequate funding for social care and to ensure that the infrastructure needed to provide high quality care is available. We aim to further the interests of people who require access to social care regardless of their background and status and to promote public understanding of social care.

ADASS produces an annual business plan that outlines the key activities for the Association for the coming year. In the process of developing the business plan 2011-12, Trustees have considered the Charity Commission guidance on public benefit and how the Association's aims will be met by the Business Plan.

The Association's methods of accomplishing each of its aims and objectives are met in a variety of ways, some aimed directly at the public and others aimed indirectly at the public via the impact and influence it has on government, policy makers, and other professions who serve the public. The Association's activities and achievements are reported in full throughout the 2011 Annual Report however some of the key activities are outlined overleaf.

Treasurer's report

2. INFLUENCING THE DEVELOPMENT OF SOCIAL POLICY TO FURTHER OUR CHARITABLE OBJECTS

Lead members in the Association meet with Department of Health Ministers and civil servants on a frequent and regular basis and ADASS is successful in influencing and informing the direction of policy developments. It has strengthened its influence by investing in work at a national level, developing its policy networks and strengthening its regions.

Some of the significant work of the association in 2011 has been focused on key work streams. These include:

- **Contributing to the proposed reforms of health and social care**

The Association has contributed strongly to the Dilnot Commission on Funding of Care and Support, the work of the Future Forum, the Law Commission's "Adult Social Care" review and the Department of Health's engagement exercise in preparation for a White Paper in 2012. Other key contributions were to the "Integrated Outcomes Framework" and the Public Health White Paper "Healthy Lives Healthy People". There is potential to realise the gains for people through closer integration, better prevention, reducing avoidable admissions to hospital and supporting people's recovery to full health and independence after illness.

- **Response to the failure of Southern Cross**

ADASS took a key leadership role responding to the possibility of care homes closing with the wind-down of Southern Cross, ensuring contingency plans were in place and supporting the safe and orderly transfer of its homes to new operators. Of vital importance was making information publicly available in real time through linkage with the Guardian website, offering reassurance through a potentially confusing time for residents and their families. ADASS led planning with the company and between regulators and commissioners for the home countries throughout.

- **Adult social care with citizens having increased choice and control**

ADASS has taken the lead in developing a sector wide proposal for the next phase of the work on personalisation, in partnership with Government and Local Government. The Think Local, Act Personal partnership was established, jointly chaired by the President and during the year moved from ADASS to

the Social Care Institute for Excellence (SCIE). ADASS conducted a survey on the roll out of personalisation showing confidence from local authorities that the targets for personal budgets set for 2013 will be met. The results also highlighted best practice examples for sharing across councils.

- **Responding to a significant reduction in resources: securing a sustainable model for the funding of care and support.**

ADASS produced a hugely significant budget survey in 2011 showing close to £1 billion reduction in spend from the previous year in adult social care budgets across the country.

Considerable work has been done to ensure authorities are well placed to make best use of resources so that current investment delivers value for money at a time when there are significant pressures on public sector funding.

- **Sector-led improvement**

ADASS has taken on a leadership role with other key partners in designing and developing a new model for sector led improvement. This work continued through 2011 and enabled expertise in social care to be more easily shared across authorities which will benefit citizens across the country.

During the year the Association responded to 37 formal consultations, available publicly on the association's website. Of these, two particularly important responses were to the call for evidence from the Dilnot Commission and to the Health Select Committee Inquiry into Social Care.

3. COMMUNICATING POLICY MESSAGES AND EDUCATING KEY STAKEHOLDERS AND THE PUBLIC.

Communicating social policy both to professionals and the public is central to the work of the Association in furthering its objects. Communications takes place through the following channels:

Radio and television appearances and newspaper articles:

Members of the president's team have made fairly regular contributions to radio news bulletins, You and Yours, Woman's Hour and other feature programmes. Articles have been published in national newspapers' main section, supplements, blogs and websites.



Regular briefings to journalists and editors on all matters concerning our objectives:

These were regular, ongoing and designed to explain to the public, via these media contacts, the role, complexities, and importance of social care for elderly, disabled and vulnerable people.

The maintenance of a high quality website, with links to relevant statutory partners and charities, and which is fully open to the public:

The site makes available to the wider public (there are no closed areas on the site) all aspects of the Association's policy views. Each region and Policy Lead has its own separate page through which it can, and does, communicate policy views, opinions and documents directly to professionals and the general public and alike. Access is free, and the site contains systematic links to all other sites which are of relevant interest.

Holding and contributing to a large number of seminars and conferences wholly open and accessible to all members of the social work and other professions:

The President and other members of the Association have spoken on behalf of ADASS at approximately 40 national conferences and represented ADASS at 80 external meetings throughout the year. The Association has also organised or taken part in a number of conferences. These have fallen into three broad categories:

- those specifically constructed as a service to members to help them better prepare for future policy initiatives and thus provide a better service to their local communities
- those specifically constructed as a service to ADASS members and members of other relevant professional groups to help foster better collective work, and thus to help thus provide a better service to their local communities.
- those with an appeal to the social care and allied professional communities as a whole, as well as to the wider public either through the involvement of and reporting by the national media, or by opening attendance to all comers.

Internal communications:

ADASS produces a weekly members' bulletin. All material of immediate concern to Directors of Adult

Social Services in their professional roles is included in the bulletin. Subject matter can include links to emerging policy proposals and legislation, or updates as legislation passes through Parliament; details of all new ADASS policy initiatives; details of other organisations' policy development as appropriate.

ADASS produces a twice-yearly magazine *Futures* that provides a forum, for the Association's senior officers, Policy Leads and Regional chairs to showcase the work they have done or are doing in their respective areas. The editions are made widely available to ADASS members, members of other organisations as well as a wide selection of local and national government opinion formers via hard-copy distribution and by being available on the ADASS website.

Conclusion

The report above details the aims and objectives of ADASS and summarises the work undertaken by the Association in 2011 to achieve those aims and objectives for the benefit of the public.

Achievements and performance

During 2011 the Association has been involved in many activities, which are set out elsewhere within the annual report. The Association had an estimated deficit of £114,139 of income over expenditure on the unrestricted fund before transfers, compared with a surplus of £322,108 in 2010.

ADASS did not hold the biannual conference in 2011. Income from the conference in 2010 was transferred into the unrestricted funds as per ADASS policy. The final profit was applied in two equal parts to 2011 and 2012 to support ongoing activities in those years.

Financial review

The Association's total reserve fund has decreased to an estimated £1,032,605 compared to the £2,679,076 reported last year. As planned, a distribution was made in 2011 to ADCS for their part of the biannual conference profit from 2010 in line with a formula agreed by ADASS Trustees, related to how the funds were accumulated. The ending of the Putting People First (PPF) project meant that the large part of the remaining funds were transferred to the Social Care Institute for Excellence (SCIE).

Treasurer's report

Total expenditure has increased by 12% whilst income decreased by 80%. The income has decreased from 2010 because this includes receipt of funding for PPF and the biannual conference taking place, neither of which recurred in 2011.

Membership income increased slightly to an estimated £179,646 this year from £171,660. The Spring Seminar was again successful this year with a surplus of income over expenditure. The final surplus figure is yet to be confirmed.

The Treasury function was outsourced to Charity Business from 1 July 2009 and they continued to provide accountancy services through 2011.

Risk review

The Trustees have undertaken an assessment of the risks to which the charity is exposed at their meeting in December 2011. At a time of recession, careful consideration has been given to the risks relating to potential loss of income and decrease in the level of reserves. Trustees are satisfied that systems are in place to manage any exposure to these risks.

We value the support we received from our sponsors Northgate, BUPA, and Tunstall enabling them to link closely with ADASS and to discuss strategic policy developments in social care. However, ADASS does not encourage Directors of Adult Social Services to trade with these organisations.

Reserves policy

The Trustees have established the level of reserve (that is those funds that are freely available) that the charity ought to have. The Association needs to maintain sufficient funds to cover any loss in sponsorship income and short-term cash flow.

The aim is to have approximately six months of expenditure available at all times and to cover the estimated wind-up costs of the association. This equates to approximately £250,000. The level of free reserve at the year-end is £763,881 (after transfers from designated funds). A transfer of the excess to the investment account will be considered, to ensure the optimum deployment of working capital.

Employees

Four members of staff – a Business Manager, Policy Officer and two Administrators are employed by the Local Government Association on behalf of ADASS. The Policy Officer was seconded to SCIE as part of the Think Local Act Personal project. A secondment into the Policy Officer post for ADASS has also been offered. The ADASS staff are based at Local Government House where office accommodation is rented. Employment of the Co-ordinator is provided through a joint arrangement with a local authority. Salary and associated costs are initially met by the relevant authority and then re-charged to the Association. The Association has a contract with the Press and Policy Advisor who offers consultancy on a part time basis.

Subscriptions

It is proposed that the annual subscription rates for full members for 2012 are increased by £500. This will cover an extended membership offer for up to four additional senior managers with responsibility for adult social care, who report to the DASS in each local authority. There will be further consideration of the membership fees for Associates and retired members. The proposed subscription rates are:

Full membership

DASS rate for 2011	£1,035 per annum
Proposed rate for LA members for 2012	£1,535 per annum

Associate membership

Full rate for 2011	£ 236 per annum
Reduced rate for 2011	£ 96 per annum

Existing retired membership

Rate for 2011	£ 31 per annum
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The proposed rates for extended membership were presented for formal approval at the Executive Council meeting in February 2012.

TRUSTEES' RESPONSIBILITIES IN RELATION TO THE FINANCIAL STATEMENTS

The law applicable to charities in England and Wales requires the Trustees to prepare financial statements for each financial year, which give a true and fair view of the charity's financial activities during the year and of its financial position at the end of the year. In preparing those financial statements, the trustees are required to:

- Select suitable accounting policies and apply them consistently
- Make judgements and estimates that are reasonable and prudent
- State whether applicable accounting standards and statements of recommended practice have been followed subject to departures disclosed and explained in the financial statements
- Prepare the financial statements on the going concern basis unless it is inappropriate to presume that the charity will continue in business.

The Trustees are responsible for keeping accounting records that disclose, with reasonable accuracy at any time, the financial position of the charity and enable them to ensure that the financial statements comply with Charities Act 1993 and the Accounting and Reporting by Charities: Statement of Recommended Practice: (Revised 2005).

They are also responsible for safeguarding the assets of the charity and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

Approved by the Trustees and signed on their behalf by:

Jo Cleary
Honorary Treasurer ADASS



National leads

The Associates Network

That there is a life after being a DASS has been demonstrated beyond doubt in the work of the associates network in 2011. Our ranks have been swelled by many new members and our six meetings have been lively and well-attended.

We continue to offer:

- Support for the values and activities of ADASS as a membership organisation led by serving directors,
- Peer friendship and professional stimulation in our post-directorial careers,
- Continuing opportunity to contribute to national policy and influence.

The re-election this year of Brian Parrott and Richard Humphries as co-chairs has renewed our commitment – with Cathie Williams as Secretary – to sustain and develop these features in ways which are informal, inclusive and enjoyable. As ADASS moves away from fixed policy networks to more flexible arrangements, we have refreshed our ‘offer’ so that associates can make their knowledge and expertise available to policy leads. It was good to develop our understanding of the associates’ role with Peter Hay – as well as ‘chewing the cud’ on national policy prospects – at our September meeting, reflecting a positive dialogue with the President’s team throughout the year.

Two examples of the work of associates this year stand out: one was the work of Roy Taylor in helping ADASS refocus on why so few BME people are appointed to senior roles in social care, the theme of a powerful discussion at our NCAS meeting and leading to a major national conference and subsequent article in The Guardian. The other was a growing interest in sector-led improvement. A small group of associates met with Oliver Mills in his new role and have offered to support directors with small scale support such as being a critical friend and reading drafts of local accounts or a confidential phone call. There are countless other ways in which associates have helped, informally and ‘underneath the radar’. We continue to operate a protocol that avoids any conflict of interest with paid work done by Associates.

In the most difficult financial climate most of us can remember, the importance of promoting and protecting the values of social work and social care has

never been greater. The associates network offers a fixed point of organisational memory and experience and we look forward to an even stronger relationship with ADASS in 2012 – to help shape its thinking and support its work.



*Brian Parrott
Joint Chair
Associates Network*



*Richard Humphries
Joint Chair
Associates Network*



*Cathie Williams
Secretary
Associates Network*

Equalities and diversity

Meetings this year have been less well supported than previously as work pressures have mounted. Nonetheless, active contributions have been made to the EHRC Disability Related Harassment Inquiry as well as to the NHS Equality and Diversity Council, writes *Kim Wright*.

As a member of the Advisory Panel ADASS was able to play an active role in this crucial Inquiry and, in addition, formal evidence was given by both this policy network and the safeguarding network. The subsequent report *Hidden in Plain Sight* was circulated to all ADASS members and there were some clear recommendations for a range of partners.

- Kim Wright stood down as chair mid-way through 2011/12 and was replaced by Samih Kalakeche in the autumn.

Samih Kalakeche writes:

The network has been relaunched in Feb 2012, with a view to expanding the number of its participants and to develop a new vision and outcomes effectively to tackle the issues of equality and diversity.



*Samih Kalakeche
ADASS Policy Lead, Equalities
and Diversity from mid-2011*



*Kim Wright
ADASS Policy Lead, Equalities
and Diversity to mid-2011*

Carers

Five themes underpinned the way we approached tasks in 2011. They were openness, partnership, responsiveness, accessibility and learning. Continuing financial support from the Department of Health (DH) has been invaluable. During the last year we have:

- **Raised** awareness across health and social care generally around priority areas within the national strategy for carers,
- **Focused** on improved outcomes and the added value support of carers brings,
- **Developed** a range of resources for discussion and joint action at local level through health and wellbeing partnerships, safeguarding adults partnerships and learning disability partnerships,
- **Worked** jointly with the safeguarding policy network to produce a joint paper on issues around carers and safeguarding,
- **Reviewed** policy and practice issues around support of young carers for use by managers and practitioners working in the areas of parental substance misuse and enduring parental mental ill health,
- **Reviewed** concepts such as whole family working and personalisation and linked with the *Think Local Act Personal Partnership*,
- **Raised** the profile of ADASS as a professional body concerned to promote the rights and recognition of carers,
- **Provided** resources for debate by the Standing Commission for Carers,
- **Continued** to strengthen and develop our partnership with Government and carers' organisations,
- **Continued** to meet quarterly with meeting facilities provided by Carers UK.

We have been keen to evidence and to build on what works. This has included sharing practice examples in relation to employment, whole family working and personalisation. All the resource materials for local discussion and action have been circulated to directors and are available on the ADASS website. They include a new series of short and punchy Caring Conversations – papers designed to get people talking about and moving forward locally on specific issues. The feedback on these has been good.

Material from the 2009 Memorandum of Understanding on working together with young carers and their families and the follow on Signposts paper form an important part of the Children's Society's, Department for Education funded, *Prevention through Partnership* programme's workbook in 2011-2012.

Following a survey of network members arrangements have been refreshed for 2012. We intend to use time and resources differently and:

- **Hold** only two formal meetings in May and November which would be anchored around a "workshop" format on particular issues and a DH update and outline of areas of challenge,
- **Aim** to prepare two 'Caring Conversations' or similar policy and practice materials for electronic distribution to directors and stakeholders,
- **Introduce** periodic information sharing and regional knowledge exchange through a carers e-bulletin for carers' leads, partners and regional networks.

Being involved in a policy network when so much is happening and expected of us is not always easy and I am grateful to colleagues for all their support and interest over the last year. I am especially grateful for the support from Michael Hake, an ADASS associate. I also want to thank Clair Pyper, the ADCS young carers lead, who has continued as the co-chair. This has been enormously helpful in taking forward our work programme generally and on young carers in partnership with ADCS. Clair also led for the network on the annual meeting with young carers. We will be following through on this in 2012.



Dr. Graeme Betts
ADASS Policy Lead, Carers

Housing

As fairly new network chairs, we have spent the last few months thinking through the future of the housing network and the policy areas to which we should most direct attention. Clearly, we will retain a view on the evolution of Supporting People. However, we recognise the need to broaden this out to ensure we also debate wider issues affecting housing policy, accommodation-related support and practical approaches to independent living.

Earlier this year (2012) Neil wrote to all directors with housing responsibilities to invite suggestions to inform this discussion, and received many helpful replies. Some of the key themes identified included: taking an overview of the government's welfare benefit reforms and the practical impact for people on the ground, disseminating information and understanding of different tenure options, including shared community models, promoting the benefits of accommodation related support, including evidence of impact, and looking at how housing links into broader health and social care agendas through tools such as JSNAs and integrated service models.

We are now pulling together a long list of suggestions and will agree a forward work programme at our meeting at the spring seminar.

We have also been working to establish support arrangements to the network to enable us to deliver the new work programme and have now secured this through our partnership with the housing learning and improvement network (LIN). The LIN continues to grow and gain greater levels of influence both with policy makers and practitioners and so brings much benefit for us. Hopefully you will all have noticed a greater connection with the LIN through the communications bulletin and the website.

(LIN is available at www.housinglin.org.uk).

The network continues to benefit from having senior people from DCLG and the HCA and other outside organisations among its members, giving us influence in important policy areas. In recent months we have also contributed to work such as regional discussions on the DoH Future Forums topics and the DCLG/SITRA consultation on SP data collection. Previous co-chair Martin Cheeseman also continued his involvement in the final work of the HACT funded fit-for-living network,

resulting in ADASS endorsement for Pathways to Prevention, a publication setting out some of the opportunities of the integration of health, social care and housing.

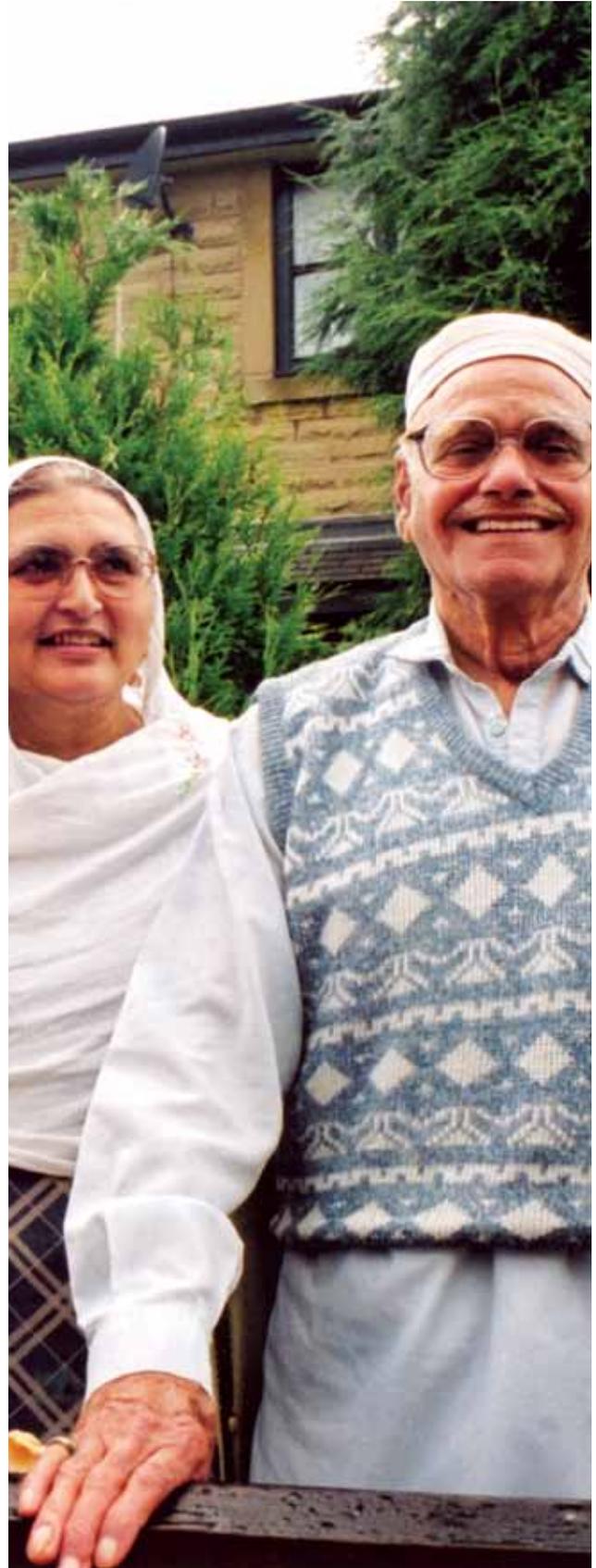
2012 will see us hosting a mix of 'real' and 'virtual' meetings and we hope all those with a passion for the role of housing in social care will find time and opportunity to be involved.



*Merran McRae, Co-Chair
Housing policy network*



*Neil Revely, Co-Chair
Housing policy network*



Learning disabilities

Following the exposure of the shocking events at Winterbourne View a significant amount of work is being undertaken nationally relating to treatment and assessment services for people with a learning disability. ADASS is fully engaged at a number of levels to ensure that this work drives significant improvements across a wide spectrum of commissioning approaches, services and support for people with a learning disability.

Updates on our engagement and progress on key issues is provided through regular updates to ADASS executive and the learning disability policy network. Work will continue throughout 2012.

In addition to this work, the network continues to meet. Following a review we have agreed the following priorities and work is underway in all areas:

- **To meet three** times per year and as part of that to include sessions with voluntary organisations, providers, people who use our services, carers and other ADASS networks,
- **To collate** regional initiatives/developments linked to transitions and create a best practice resource link through the ADASS website,

- **To support** the work of the Challenging Behaviour Foundation,
- **To ensure** the priorities of the autism strategy are embedded into local plans;
- **To continue** to promote the priorities of *Valuing People Now*. Our engagement with the *Valuing People Now* National Programme Board has continued throughout the year and remains a key area of engagement for the network,
- **To engage** in the work relating to Payment by Results and its potential roll out across learning disability services.

It has been a busy year for the network and our commitment to raising the profile and presence of people with a learning disability in adult social care at national and regional levels, remains high.

The network would like to send their thanks and appreciation to Peter Murphy who stood down as joint chair this year, following many years of excellent service in the role. Peter built real credibility for the network adding his expertise, commitment and passion for learning disability services to the work.

A big welcome to Daljit Lally, who has now taken up the mantel of joint chair.



Andrea Pope-Smith
Joint policy network chair



Daljit Lally
Joint policy network chair

Mental health, drugs and alcohol

This has been an interesting year for the mental health, drugs and alcohol network*, with a number of key policy areas being addressed and some ongoing work from previous years starting to make an impact. We bade farewell to our joint chair Jonathan Philips who retired as director of Calderdale and welcomed our new joint chair Stephanie Butterworth from Tameside. Thanks should also be expressed to Lucy Butler and Paula Hallam for their continued invaluable support to the network.

The network is conscious that the implementation of personalisation in mental health remains very patchy across the country. It has worked to pull together good news stories in this area and has emphasized the benefits nationally at conferences and in meetings with the Department of Health and Ministers.

Equally, the introduction of payment by results in mental health from 2013 has been a concern for the network this year as it takes the view that there is a risk of the system reinforcing paying for completed processes rather than good outcomes for individuals. An alternative proposal around 'payment by recovery' has been presented nationally and our involvement with the work on PBR has been attempting to build the recovery model into the approach as a way of integrating health and social care commissioning around an individual. This work will continue into 2012.

Mental Health Strategy

The network welcomed the new mental health strategy but again are aware that implementation across the country has been relatively slow. We are involved with a cross-agency working party that is about to introduce broader guidance on raising the profile of the strategy and encouraging wider discussion and debate. The network will continue to build on the outcome of this work through 2012.

Joint Commissioning Panel

Throughout 2011 ADASS continued its involvement with the joint commissioning panel producing a range of good practice guidance on commissioning mental health services. This work with the Royal College of GPs and Royal College of Psychiatrists aims to assist clinical commissioning groups by providing a framework and background research on what constitutes good commissioning. It promotes joint working and has just

produced its second volume of work. Further volumes are planned through 2012.

Integrated working

While not a specific priority at present the network is aware that cost pressures across local authorities are leading to many joint arrangements around mental health being disestablished. Linked to this is the issue of training for social workers in mental health which we liaise with the AMHP leads network on. The network does not have a specific view on the actions of local authorities in the light of severe budget pressures but feel it would be helpful to undertake an exercise outlining the implications of such actions.

Finally some members of the network have been involved with the European Social Network on the production of a report on mental health and wellbeing in Europe. This culminated in a successful launch at the European Parliament in Brussels in October last year and we are looking to build on the many relationships that were created during 2012.

*Drugs and Alcohol

The network is conscious that this area of work has not been a priority during 2011 mainly because of capacity issues within the group. To this end an appeal for a further joint chair for the network has been put out through ADASS and expressions of interest are currently being followed up. It is hoped that the appointment of further capacity will allow the group to give this area the attention it merits so this will be a priority for 2012.



*Terry Dafter
Joint national lead
Mental health, drugs
and alcohol network*



*Stephanie Butterworth
Joint national lead
Mental health, drugs
and alcohol network*

Older people

THE OLDER PEOPLE network has again been very active. Besides responding to the outcomes for older people within the White Paper we have produced the first draft of the review of the Inverting the Triangle of Care, entitled *The Case for Tomorrow – Facing the Beyond*. This year's national conference provided a strategic opportunity to showcase many of the areas we have been developing or have worked on in partnership with partner agencies.

The network contributed to the Equalities and Human Rights Commission work on domiciliary care and older people, helping to raise the profile of human rights and dignity for this user group and gaining the EHRC's agreement to work jointly to provide guidance and voluntary standards. This will support greater use of Direct Payments, avoid unnecessary formalism and red tape, enhance the reputation of ADASS as a standards setter and promote the independence of older people.

The network also helped SCIE by co-drafting a simple guide to reablement for commissioners highlighting the excellent work done by many local authorities.

The network is supporting the first ever national audit of intermediate care. The audit, due to commence in early 2012, is a partnership project between the British Geriatrics Society, the Association of Directors of Adult Social Services, Association of Chartered Physiotherapists working with Older People (AGILE), the College of Occupational Therapists, the Royal College of Physicians (London), the Royal College of Nursing and the NHS Benchmarking Network.

ADASS has continued to work closely with the National End of Life Care programme to enable the implementation of the end of life framework for social care and the wider implementation of the national end of life care strategy. Two reports have been tabled at the ADASS executive detailing progress covering learning from national social care test sites of eight pilots to facilitate improvements in end of life care, and the development of a draft business delivery framework for local council adult social care departments to measure progress in the delivery of the end of life care framework for social care.

ADASS has reported progress to the National End of Life Care Board, hosted regional conferences in the North West with health partners to promote best

practice across health and social care and contributed to consultations on NICE guidance and national information standards. Where local initiatives have been developed to improve the delivery of support in end of life care with care agencies, they have been publicised through the national end of life care publications.

There now exists an extensive literature on end of life care covering advanced care planning, preferred priorities of care, mental capacity, guidance for care homes (Gold Standards framework) which can be used to support best practice and improved outcomes for dignity in care and personalised support.

The network has contributed to the *Silver Book* which sets out the quality standards for the care of older people with urgent and emergency care needs. The focus of this guide is on care standards for older people over the first 24 hours of an urgent care episode, with the specific remit to:

- **Guide** commissioning of services for older people in urgent and emergency care,
- **Support** providers to deliver the highest quality of care for older people in emergency settings,
- **Support** development and implementation of quality care standards for older people,
- **Identify** and disseminate best practice,
- **Influence** policy development proactively at national level.

The guide is due to be launched in the spring.

The network gave verbal and written evidence to the Commission on Dignity in Care.

The network leads for ADASS on partnership work with the British Geriatric Society (BGS) and following June's joint ADASS/BGS conference – Navigating the Future: Partnership and integration in a changing world – is planning a second event in July 2012.

The National Stroke Programme Board was dismantled in the summer with the changes to infrastructure at the DH. However, the stroke social care secondee continued to be part of the Stroke Improvement Programme (SIP) until the end of December 2011. The work to date has involved social care awareness conference for stroke; ensuring that case studies for social care are available on

the SIP website and inputting to a new NHS continuing healthcare webpage. ADASS has also continued involvement in developing stroke training and support pathways, with a particular emphasis on the workforce. Future engagement will depend on the priorities outlined in the SIP and it is anticipated that the role of health and wellbeing boards will be an area to increase awareness of stroke strategies in localities.

ADASS has continued to be part of the national programme board and of the national implementation team in the Department of Health. During 2011 the Dementia Action Alliance, of which ADASS is a member, has played an increasingly prominent role in the public policy debate.

ADASS gave evidence on an All Party Parliamentary Group on value for money in dementia care and treatment, and its written and verbal evidence was extensively quoted in the final report.

ADASS has now joined a NICE panel looking at the quality of dementia care, one of two first NICE studies of this nature into social care matters.

ADASS has supported the continued development of meaningful metrics to enable local alliances to see how support for people with dementia and carers is doing.

At a regional level through JIPs, ADASS has continued to support the development of regional action plans

The two key policy areas in which ADASS has engaged have been the *Silver Book* and the NHS 111 number. The former is an important guide to how urgent care should best be organized, led by the coalition of groups, many clinical, around the urgent care programme nationally. We are grateful to Julia Ross ADASS associate for the input she gave to this piece of work to ensure that social care was an integral part of this guidance. The latter is the development of an alternative number to 999, whereby patients can look for an integrated non A&E response to their urgent care needs, and where social care may over time become part of such an integrated response.



*Dwayne Johnson
Joint national lead
ADASS Older People's Network*



*Dawn Warwick
Joint national lead
ADASS Older People's Network*



Resources

Resources – or the lack of resources – for adult social care continues to be a huge issue with considerable media attention. ADASS has taken an active leadership role through its public announcements and through the evidence that we have given to key bodies like the Health Select Committee.

We have been helped enormously this year by the ADASS budget survey which took place last spring. A different approach was adopted this year with the survey being conducted inhouse. There was a really excellent response with some 98 per cent of authorities responding. In addition, quality control was exercised as the results came in to make sure that we were taking account of all the complicated budget adjustments. We are extremely grateful for the work of Keith Darragh from Salford (with other finance colleagues) and Jonathan Gardam. Their quality control meant that the results of the budget survey have proved more robust than other surveys of adult social care spending. The headline figures that adult social care spending is reducing by £991m or 6.9% of total spending have received considerable attention and helped strengthen ADASS's case that funding reform is essential.

We wait to see precisely what will be the government's response to the Dilnot Commission. If the White Paper promised for the spring does not respond positively then there will be huge disappointment across the sector and especially from older people. Dilnot came up with practical proposals which need to be implemented. There are issues that need to be addressed such as the use of deferred payments where the network has provided some support to the Department of Health.

Other work this year included input to the Low Review which ultimately led to the Government withdrawing their proposal to withdraw the mobility element of Disability Living Allowance from those who are in residential care. The original proposal generated significant hostility – unsurprisingly – so it is good to see this withdrawn. Rational argument can have a huge impact sometimes.

ADASS responded strongly to the government's proposals for the Local Government Resource Review. Ordinarily this is a matter which would be left to the finance societies. However, the government's proposals raised important issues about whether there would be

any correlation between the increasing need for adult social care and the resources available to individual authorities to meet that need. Again, we wait to see what the Government will do.

As we seek to manage with fewer resources, we all need to make sure that we are doing all we can to apply best practice in the use of resources. The work led by Sarah Pickup and Simon Williams on this came to fruition with the publication of the website setting out examples of best practice in the use of resources in adult social care. Having been involved in the validation process that led to the selection of examples of best practice being included on the website, we can vouch for the quality of the work being highlighted. These can be accessed at: www.socialcare.improvementefficiency.org.uk/site/cms/contentChapterView.asp?chapter=1

We would urge all directors and their senior managers to look at the examples here. We have a duty to all service users and carers to ensure that we are using resources effectively. In addition, our cases to get funding reform and to secure extra resources to pay for increasing needs will be weakened if we cannot demonstrate that we have explored every opportunity to make efficiency savings.

Our input into the development of the LGA Adult Social Care Efficiency Programme influenced an approach that was tailored to respond to the views expressed by directors. Consequently, the support on offer to councils was better equipped to assist with the development of efficiency and transformation approaches in adult social care. Following the recent launch around 50 councils have been selected to take part in the programme.



*John Jackson
Joint lead
Resources Network*



*Judith Geddes
Joint lead
Resources network*



Physical disabilities, sensory impairment and HIV

The network continues to thrive as a partnership between a wide range of national third sector organisations and local government colleagues, with 45/50 participants at each of the four meetings which were held during 2011. Our thanks must go again to Vision2020 UK, who continue to administrate most effectively the meetings and all associated network correspondence. Around meetings, the joint leads engage as necessary with government departmental and other colleagues on network or policy matters.

The first new partnership of the year was with the National Union of Students, who made contact through their disabilities policy section. Their concerns centred very much on the needs for the personal support of disabled students, and the impact and constraints of attending higher education institutions away from their home town. The main issues were portability of social care assessments and the respective responsibilities of home and host authorities, issues at the centre of debates on a national social care offer. The relevant NUS document *Lives not Numbers* was presented to and promoted through the network.

In February, ADASS were invited to contribute to the All-Party Parliamentary Group inquiry into HIV/AIDS services, particularly the issues arising from personalisation, and the balance between specialist and generic approaches. Three network members contributed to a very constructive evidence-gathering session in the House of Lords, so thanks to members there of the HIV/AIDS network.

Early discussions also took place with Department of Work and Pensions (DWP) colleagues as part of the consultation on the reform of Disability Living Allowance and its eventual replacement by Personal Independence Payments. In response to concerns about target reductions in national expenditure on such allowances, DWP were keen to stress that this was a target reduction against projected growth if the current system is not reformed, not against the existing expenditure. Feedback was also given to DWP through the network on the proposals for information-sharing following the changes in housing benefit. At the time of writing, we await any further formal proposals on this issue.

An ongoing issue throughout the year has been the future of the Independent Living Fund, and discussions with managers from the fund and the leads from DWP, following the announcements about fund closure and the protection of existing recipients. Given that the closure decision is a given, and that existing recipients are protected, the key concern of ADASS was to secure future availability of the committed funding towards councils' adult social care budgets. This culminated in a meeting between ADASS and the Minister for Disabled People, Maria Miller, at which these issues were discussed in the context of the pending White Paper and the Dilnot recommendations. Over the early months of 2012, ADASS will have the opportunity to engage with DWP and Department of Health (DH) colleagues on these issues, and what mechanisms could best be engaged to protect existing support arrangements as the fund is 'mainstreamed'.

Also addressed during these discussions was the progression of personalisation and supported employment, and learning from the *Right to Control* pilots. The interim evaluation of the pilots will be available within the next few months.

One of the key concerns of network members both in local government and the third sector has been how the concepts of reablement and rehabilitation in personalisation, mostly with older people, do not quite match the needs of people suffering sensory loss, especially in respect of suggested time constraints. Two guidance notes for DASSs were produced through the year to highlight the issues, although anecdotally, the system does not seem nearly as rigid as some network colleagues fear.

A number of other key issues were addressed by the network meetings, some more specialist than others, such as the special needs of people with motor neurone disease, neurological long-term conditions, the adult social care outcomes framework, the Law Commission Review and the personal assistants' framework co-produced by DH with many partners including ADASS. The common theme was the meeting of the needs of people with sensory loss or condition-specific disabilities as minority groups within a wider social care system.

There was widespread concern within ADASS when SCOPE and DEMOS published their report *Coping with the Cuts* in the early autumn. This was felt to have an unsound methodology leading to many 'findings'

which were in reality anecdotal. The organisations were invited to the subsequent network meeting to debate these issues, and come to some understanding of how the report should properly be contextualised.

Perhaps the final specific piece of work of the network was involvement in the consultation on the re-badging and relaunch of the Royal National Institute for the Deaf, now known as Action on Hearing Loss.

We would like to thank the very many of our network members from within and without local government for the valuable contributions they have made to another lively and active year, and hope and expect that this will continue. As we move into a period of financial constraint, we would particularly wish to thank the Royal National Institute for the Blind, who will be making their London premises available and hosting our four meetings planned for 2012.

Best wishes to all our partners for the year ahead.



Linda Sanders
Joint lead
Disabilities Network



John Nawrockyi
Joint lead
Disabilities Network

Safeguarding

It has been a year of significant events whereby safeguarding has been drawn to the wider public's attention through what have been a series of major national reports. These have included *Hidden from Plain Sight*, the events triggered by the *Panorama* report on Winterbourne View as well as the public inquiry into the deaths at Stafford Hospitals Trust.

Within the policy network, with support from regional colleagues, we have offered DASSs a number of tools to support them in their work and to supplement other support tools already developed on safeguarding – all of which have been published on the community of practice safeguarding website which has gone from strength to strength in the last 12 months. These have included:

- **Top Tips** advice note to support the completion of the final APA.
- **Following** the early findings from Castlebeck – an advice note for LASB Chairs to support them with regards to NHS commissioning for safety.
- **Key questions** for safeguarding boards to consider in developing their local accounts.
- **Producing** a new policy supplementary ADASS safeguarding guidance update in April.

In addition the policy network, with the ever present and consistent support from associate Cathie Williams, has contributed to ongoing work on:

- **Developing** and supporting with IDEA the newly formed independent LSAB chairs network
- **Regular** briefing sessions with CQC and contributing to emerging thinking about the role of safeguarding in supporting sector-led improvement.
- **Developing** links with the SHA adults safeguarding forum.
- **In partnership** with LGA and IDEA run safeguarding workshops as part of developing the safeguarding perspective on the emerging outcomes framework.
- Launched the carers and safeguarding report in the summer of 2011.

As a network we are continuing to work with the DH national advisory board in supporting work in developing legislation and guidance for safeguarding going forward.

Regional work continues apace, with each region developing work around specific aspects of the safeguarding agenda. Examples include in the London region where they saw the launch of the much awaited pan-London safeguarding procedures in the spring; in the south east the regional group has held workshops on sector-lead improvement and personalisation and safeguarding, while the south west has done work benchmarking AVA returns with a focus on safeguarding. We remain hugely grateful for the support of the hard pressed directors and their nominees who support the network and particular thanks go to Cathie Williams who does sterling work in making connections between the work of the policy network and that of IDEA and LGA.



*Penny Furness-Smith
Joint national lead
Safeguarding*



*Adi Cooper
Joint national lead
Safeguarding*

Standards and performance

A key part of the work of the standards and performance network in 2011 has been to support the development of sector-led improvement – sharing information about regional initiatives and supporting the work of the programme board and the new programme director. This has included joint work with the safeguarding network to develop an advice note to support the coverage of safeguarding in local accounts.

The standards and performance network has worked closely with the Department of Health to produce the new adult social care outcomes framework. This has been a good example of co-production between government and ADASS and has resulted in a new framework to measure the outcomes from social care. It is not a national performance management tool and there are no national targets set against any of the measures. However it is intended to support and facilitate the local benchmarking of performance and will inevitably be a key part of sector-led improvement going forward.

There are four domains in the framework:

- **Enhancing** quality of life for people with care and support needs.
- **Delaying** and reducing the need for care and support.
- **Ensuring** that people have a positive experience of care and support.
- **Safeguarding** adults whose circumstances make them vulnerable and protecting them from avoidable harm.

Each domain contains a number of measures and some are more developed than others. Work is continuing to develop measures for safeguarding, reablement and self-directed support.

Alongside this the network has continued to work with the information centre on the zero-based review. The laudable objective of this review is to reduce the burden on local government and ensure data collections are fit for purpose – which is proving easier to say than actually to do! However some progress has been made.

The standards and performance network has also continued to work on regulatory and quality concerns – responding to CQC consultations on its proposed excellence scheme and enforcement model.

Unfortunately there has been no success in developing a replacement for the quality ratings – but we have continued discussions with CQC, DH and others to see how the gap to measure quality and support improvement can be filled. In the wake of Southern Cross, the need to ensure the financial fitness of providers has become more apparent and the network has also been lobbying to see how this gap can be addressed. Work to pilot an information sharing portal with CQC has continued with CQC finally agreeing funding so that the pilot can proceed.



*Sarah Norman
Joint national lead
Standards and Performance
Network*



*Paul Najsarek
Joint national lead
Standards and Performance
Network*

Workforce development

The workforce development network continues to meet quarterly, with excellent representation from the regions and a broad membership base of key partner agencies. We are supported by colleagues from DH, SCIE, GSCC, HPC, LGA, Skills for Care, Learn to Care, the National Skills Academy, the College of Social Work and the Centre for Workforce Intelligence.

Our activities have at times felt dominated by social work and social workers, and yet the products and legacy of the (ongoing) Social Work Reform Board and the foundation of The College of Social Work represent together a genuinely once-in-a-lifetime opportunity to enhance the status of the social work profession, which has to be grasped by all parties.

Nevertheless, we are fully aware that social workers comprise a small minority of the adult social care workforce. Across the whole sector, and including personal assistance services, there are 1.5 million people employed in delivering social care, more than in the entire NHS. It is time to recognise the contribution of the 'care industry' to the country's economy, and to show how the required growth in the workforce by 2025 of over 900,000 represents a benefit to the economy, and should not be seen simply as a demographic cost pressure.

It has been another really busy and challenging 12 months. Here are some of our highlights:

The Social Work Reform Board

ADASS has been a key member of the various working groups which have supported the development of products which will assist in the implementation of the Board's recommendations, although it has to be said that at times balancing the investment of time with the requirements of the day job can be tricky. Guidance and standards covering most aspects of the SW workforce have been successfully developed, and will be handed on to designated bodies to ensure implementation.

The major products have been on:

- **Recruitment** and retention, with thanks from Debbie Olley, assistant director, Norfolk for offering a strong ADASS perspective to this workstream.
- **Employers' standards** for all employers of social workers, along with a supervision framework.

- **Educational standards** to set curriculum content, entry standards and placement requirements.
- **Professional capabilities** framework to cover all stages of the social work career, and enhance the basic requirements of registration with the Health Professions Council.
- **Transition to** assessed and supported year in employment (ASYE) will replace the current NQSW programme from September 2012 for those participating in the early adopter pilot. It will be mandatory for all newly-qualified social workers; successful completion will be required to continue to practise as a social worker.
- **A chief** social worker for all social work and social workers was a recommendation of Eileen Munro's, which the network has supported and worked alongside ADCS and Government to develop proposals.
- **Social work** practice pilots. The network has worked closely with SCIE and the Department of Health to progress the development of seven pilots, three of which have already gone live. Cathie Williams, one of the associates who supports the network has been leading on this.
- **The transfer** of regulatory functions to the Health Professions Council and the disestablishment of the General Social Care Council have led to two major pieces of work, both of which have been strongly supported by the network. It has been necessary to create a social work proficiencies framework to enable registration within the HPC statutes, and we have also worked with the GSCC to identify 'safe landings' for their other associated functions with successor organisations, such as the College.
- **InLaws.** The network has continued to progress the next stage of development of Integrated local area workforce strategies. An annual conference jointly hosted by ADASS and Skills for Care will focus on the practical implementation of InLaws and the role of the DASS in driving and promoting this work and enabling better links between workforce planning, financial planning and service commissioning. The future focus will be on health and wellbeing boards and provider engagement. A review has shown that good progress is being made on the introduction of InLAWs and that

shared leadership and support from ADASS and Skills for Care is key to successful implementation.

- **The Department** of Health's adult social care workforce development board is now engaged in developing a workforce strategy to take us to 2025, and tackle the issues of the continuing influence of personalisation on the shape of the workforce, as well as the growth required as described above. It is intended through the early stages of the engagement exercise to generate a strong chapter on workforce for the social care White Paper. Alongside this, ADASS has also worked with DH colleagues on the production of a framework for personal assistants. This is designed to bring some structure, guidance and standards to an increasingly large proportion of the workforce – 385,000 at the last count – which is mostly outside of any large employer groups.
- **Effective deployment** of social workers in adult settings. Following ADASS's first advice note *Social Work in Adult Services* published in February 2010, we have been collaborating with Skills for Care to produce a further advice note for DASSs which was launched at The College of Social Work summit on February 3.
- **Leadership for all.** The network continues to work closely with the National Skills Academy (NSA) to develop leadership programmes. We have had one cohort of new directors participating in the ADASS new directors programme run by the NSA and a new programme is in development. We have also contributed to the newly-launched leadership programme for black and minority ethnic managers and will work closely with Samih Kalakeche and the equality and diversity network to address the lack of diversity in our current and future leadership.
- **Community leadership** programme. Catherine Wilton has been leading work on behalf of ADASS, with support from Skills for Care, the Ageing and Living Well initiative, the NSA and TLAP to develop this.

ADASS has worked closely with ADCS to support the establishment of a united College of Social Work and we are delighted that The College opened its doors in January. This is a real opportunity for social work and social workers to have its own professional college. We have begun some constructive dialogue with the ADCS workforce committee, particularly to ensure synergies with their leadership programmes for DCSs and our own.

The demands on the network continue to be immense and we are grateful to colleague directors, their staff, associates, in particular Cathie Williams and Vic Citarella, and organisations, such as Learn to Care who represent the Association in a range of arenas, often at very short notice. As ever we are keen to hear from anyone willing to contribute to our activities and very much encourage assistant directors to join us.



Jo Cleary
Joint national lead
ADASS Workforce Development
Network



Brian Walsh
Joint national lead
ADASS Workforce Development
Network



John Nawrockyi is network secretary

Civil contingencies

During 2011 there continued to be significant policy work in the area of pandemic flu, for which I attend the national programme board. The board has overseen the development of both a strategy and accompanying operational guidance. Both documents now integrate social care, for both children and adults, into overall planning more than ever before. While at times it has been necessary to give significant detailed input for a social care perspective, it has been pushing at an increasingly open door.

I have been invited to represent ADASS/ADCS for a social care perspective on the Local Adaptation Advisory Panel, which is cross-government departments and cross-sectors work on how our civil contingencies planning should respond to climate change and the increased risks that this presents. At the most recent meeting time was set aside to consider the impact on overall health and wellbeing.

Tony Andrews and his colleagues who lead on civil contingencies in social care continue to be a very helpful source of advice, both to me and to other colleagues in their local authorities.



Simon Williams
Civil Contingencies Lead
ADASS/ADCS

Continuing healthcare

During 2011 NHS continuing healthcare (CHC) has remained an important area of work for ADASS. We have a very active CHC national reference group which has met for several years. It contributed to the development of the original national framework in 2007, published separate advice for local authorities at that time, worked closely with the Department of Health (DH) to review and update the framework in 2009 and then jointly produced the DH practice guidance (published in March 2010).

Rita Lally (strategic director, Buckinghamshire) and Jeff Jerome (until recently national director for social care transformation) have continued to co-chair our reference group which has representatives from each of the ADASS regions in England and now regularly invites colleagues from the DH to its meetings.

Our aim remains to achieve the fair, transparent and consistent application of the national framework for NHS continuing healthcare throughout England.

During 2011 we have:

- Continued to provide a support service to local authorities, giving advice and information on a range of issues relevant to the application of the national framework.
- Worked closely with DH and other partners to complete a set of frequently asked questions, which were published in November 2011.
- Worked with the DH and SHA colleagues to produce separate briefing papers on CHC for emerging health and wellbeing boards and for clinical commissioning groups/PCT clusters.
- Begun work with the DH on a substantial expansion of personal health budgets (PHBs) specifically for people in receipt of CHC. This follows the announcement that (subject to the outcome of pilots) from April 2014 anyone in receipt of CHC will have the right to ask for a PHB including a direct payment for healthcare.
- Worked with our regional groups to achieve greater consistency in the application of the framework, particularly at a time of extreme financial pressure. This continues to be a major challenge. While numbers in receipt of CHC had risen to 55,499 by September 2011 (from around 31,000 in March 2007) both statistics and local knowledge still indicate significant

inconsistency across the country in how the framework is implemented. In some areas a 'budget capping' approach has been introduced into the local QIPP which is against the spirit of entitlement/eligibility. We have therefore surveyed LAs regarding the impact of the quality, innovation, productivity and prevention (QIPP) programme on CHC and have used the results to inform discussions with the DH.

- Continued work with the DH and other stakeholders on how NHS continuing healthcare will fit into the new NHS architecture, and how the inherent risks and challenges can be addressed.
- Started the major task, along with DH and SHA leads, of updating the national framework, national tools and practice guidance in readiness for clinical commissioning groups (CCGs) and the national commissioning board taking over statutory responsibility for CHC from April 2013.

We anticipate that 2012 and 2013 will be very busy for us as we try to ensure that CHC is delivered more fairly and equitably at a time of huge pressures and changes, and as we work with others to achieve more personalised and cost effective commissioning of care. There is a clear danger of CHC being sidelined or distorted in the transition from PCTs to CCGs, with the consequent danger of citizens' rights being eroded. We must not return to the position of individuals or the LA funding care that is in law the responsibility of the NHS.



Jeff Jerome
Joint lead
ADASS CHC network



Rita Lally
Joint lead
ADASS CHC network

International

Our international lead, Philip Cotterill, plays an active part in the European Social Network as a board member and liaises closely with colleagues in the Association of European Directors of Social Services. Contacts are also maintained with the wider world of American, Asian and Middle Eastern directorates, and individual members of the Association frequently host visits to the UK of colleague directors from around the world.

ADASS is a board member of the European Social Network (ESN) which brings together directors from a number of European countries to share experiences and expertise on practice and policy.

This year has been extremely busy for ESN and includes the following activities where ADASS have been directly involved:

- **New rules** and regulations agreed by the ESN board to manage the way in which the organisation will be governed in future.
- **At the ADASS spring seminar** in Gateshead the chair of ESN Lars-Goran-Jansson (Sweden) gave a plenary key note address. Peter Hay also spoke about "learning from Europe and contributing to Europe."
- **Improved international information** to ADASS members via the monthly bulletin. Links between ESN policy groups and ADASS leads where appropriate.
- **ESN published** a new major report *Contracting for Quality across Europe*. UK contributors include Sarah Mitchell (Surrey) Mark Greaves (Associate).
- **ESN spring seminar** *Innovative Responses for Challenging Times* held in Budapest. (Vice President Sarah Pickup attended).
- **ESN Policy report** *Mental Health – investing in community services* launched in the European Parliament. Richard Webb a contributor.
- **Andrea Pope-Smith** represented Peter Hay at the ESN annual conference *Building an Active and Caring Society* which was held in Warsaw. Chris Grayling, the Minister of State for Employment, Department for Work and Pensions was a key-note speaker.
- **ADASS also** contributed at the national social work conference in Romania and also at the ESN autumn seminar held in Paris.



- **John Powell** (Redbridge) will represent ADASS in a new major ESN working group Leadership, Performance and Innovation in Social Care.

Finally please check out the ESN website for information regarding the annual conference which is to be held in Copenhagen during June 2012 www.esn-eu.org.

Public health and health inequalities

The changing landscape of public health was heralded in the White Paper and Health and Social Care Bill. ADASS responded positively to the three consultation documents that emerged earlier in 2011. In respect of the White Paper *Healthy Lives; Healthy People* we constructed a joint response with colleagues in ADCS, with our own response to consultations on outcomes for public health, funding and commissioning routes in public health.

We have continued to have regular dialogue with the Association of Directors of Public Health as the agenda develops. A successful joint SCIE/ADASS Seminar on Public Health was held in February.

Nationally, ADASS has been represented on the DH advisory forum on public health and contributed to the draft proposals on the public health 'offer' to the NHS which has recently emerged.

A number of conference invitations to contribute were accepted during the course of the year, including core cities strategy group and a colloquium organised by Solutions for Public Health, which resulted in a report, Co-production for Health: A New Model for a Radically New World.



Philip Cotterill
International lead
ADASS



Glyn Jones
National lead on public health

Resources work stream

This work stream, set up in 2010, has maintained its momentum and translated some of its original ideas into real products to support directors and local authorities in balancing service delivery, rising demand, innovation and change all in the context of reducing resources.

A key milestone was reached in October when a new website was launched at the national adults and children's conference. The development of this website has been taken forward by Amanda Lloyd at Improvement and Efficiency South East (IESE) in partnership with ADASS – led by Simon Williams – and other stakeholders and we are immensely grateful to IESE for all the support they have offered and for facilitating the launch of such a valuable resource.

The website and its objectives went down well at the launch session at the annual conference and all directors were sent log-in details soon after the launch. Access is also available to other partners on request. The website includes the original framework which we set out for the work in terms of what we want to do and how we want to do it, and then allows access to good practice examples and a range of other resources.

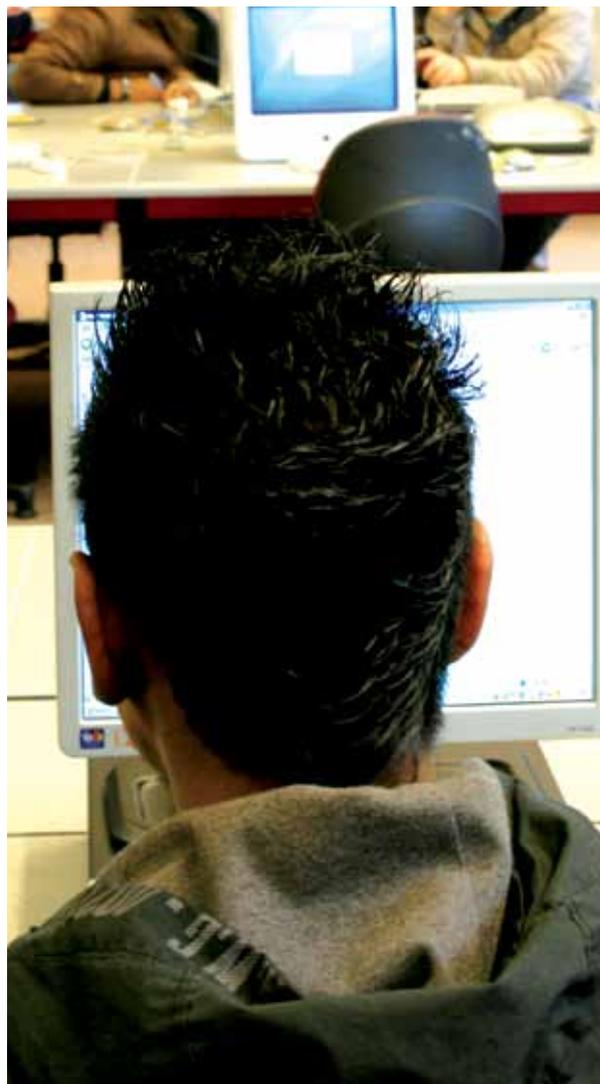
Some councils have also been using the framework as a basis for setting their financial and commissioning strategies, for proposing investments and disinvestments, and for explaining these proposals to councillors and to local people.

Key to ensuring the longer term value of this tool is that authorities continue to submit their own good practice examples to the website – we want to record everything that may help inspire or support others – from bright ideas being explored, through work in progress with clear potential to projects/changes that are done and dusted and where outcomes are clearly evidenced.

If this excellent tool has passed you by, or if submitting your good practice examples has slipped your mind, the link below will allow you to reacquaint yourself with what the site can offer you. I cannot stress enough that just how useful it is and how much it can offer you depends directly on what you can offer it! In a world of sector-led improvement and reduced resources we must all go the additional mile to share and learn from good practice. Just one contribution from every authority could create a goldmine...

Use the "Share your experience" tab to do just that today!

www.socialcare.improvementefficiency.org.uk/site/cms/contentChapterView.asp?chapter=1



Sarah Pickup
Vice-President
ADASS

Regions

Eastern

This year has seen considerable change of branch membership. Following Rod Craig's untimely death in May, we welcomed back Claire Bruin from Cambridgeshire. Lorna Payne left us in September as she moved to the London Borough of Havering and Simon Leftley has kindly agreed to pick up her role as branch secretary.

We were pleased to welcome Jo Olsson from Thurrock, Terry Rich who is covering Denise Radley's maternity leave, and Liz Chidgey who is picking up the DASS role from Jenny Owen.

Performance workstream

Lead – Claire Bruin, Cambridgeshire

Building on the 2010/11 Regional Improvement strategy, this programme focused on sector-led improvement. Regular forums for networking and sharing good practice included a regional performance improvement board, supported by a regional benchmarking group; and a JSNA leads network (jointly with the regional public health observatory). Key deliverables have included:

- Supporting improved performance: input to national zero-based review and national ASC survey; support with peer review: safeguarding performance workshop.
- Sector-led performance improvement: guidance and workshops on Local Accounts, adoption of POET tool.
- Health and wellbeing reform and joint improvement: regional analysis of use of winter pressures, re-ablement and NHS transfer monies; prevention; commissioned report from Oxford Brookes on an 'Investment-based approach' to secondary prevention at the NHS /social care interface; developing best practice for JSNAs and input to draft national guidance on joint health and wellbeing strategies, monitoring of winter hotspots.

Adult Safeguarding workstream

Lead – Harold Bodmer, Norfolk

Our regional work has been led by an adult safeguarding performance board, which oversees a joint regional network of safeguarding leads in local authorities, the NHS and police. The work has been co-ordinated by the safeguarding leads in Essex and Cambridgeshire, supported by consultant Kate Ogilvie. Deliverables during the year have included:

- Tools for adult safeguarding boards, including a self-assessment quality and performance framework; annual report and business plan templates and key lessons from children's safeguarding boards.
- A range of practice tools.
- Serious case reviews: mapping existing practice; development of a significant incident learning procedure and system of training for nominated chairs and report writers.
- Delivery of a PQ course through University of Essex and courses covering human rights, large scale investigations, the legal framework and SCRs, recording of qualitative and quantitative data.
- Support in preparing for peer review, and development of a regional audit and review toolkit.

Joint commissioning and health and wellbeing reform workstream

Lead – Jenny Owen, Essex

David Jones, an ADASS associate, has for the past 15 months been working on joint commissioning and partnerships. This JIP-funded project has included a survey and analysis of joint commissioning activity across the East of England. David has produced 11 network bulletins giving information on national and regional developments which has helped to promote dialogue amongst partners.

Learning disabilities work programme 2011/12

A major focus of work this year has been a review of accommodation options for people with learning disabilities using former CSED consultants Alder. Following a successful pilot in two authorities in 2010/11 the review has been rolled out across the region and will be completed early in 2012/13. A workshop is planned for June 2012 to bring together the findings from the review.

In addition, workshops were held to develop action plans to implement the autism strategy, and on increasing employment opportunities for people with learning disabilities.



*Harold Bodmer
Chair
Eastern region*

East Midlands

2011 has been a very busy year for us, with the changes precipitated by the Health and Social Care Bill occupying a lot of time.

ADASS has been represented on the East Midlands public health transition to local government board and led on two workstreams: the development of health and wellbeing boards and the development of LINKs into HealthWatch. To support the development of health and wellbeing boards, Nottingham City Council hosted a seminar on November 10 2011 to share the learning from children's board arrangements and their relevance to health and wellbeing boards. We also contributed to a regional learning event for health and wellbeing board members. A small amount of funding enabled us to engage the community development foundation as a delivery partner in the development of LINKs into HealthWatch and the establishment of action learning sets for LINKs and local authority commissioners.

We collaborated with the NHS East Midlands regarding the development of integrated commissioning and held a regional seminar on September 9, 2011 with NHS and local authority commissioners with valuable input from Andrew Kerlake of Oxford Brookes University. A product from the seminar was an integrated commissioning framework template to support local decision making and the sharing of approaches.

Our Joint Improvement Plan (JIP) projects have been coming to fruition and this year we have focused on telecare, joint adult/children's efficiencies, integrated data for joint commissioning, quality in care homes, workforce development, four social inclusion projects, six adult safeguarding projects, *Think Local Act Personal* (TLAP) and continuing health care.

The outputs from this have been:

- **Telecare:** evaluations completed in eight local authorities that evidenced quality impact and cost efficiencies of telecare from both a health and social care perspective.
- **Joint adult/children's efficiencies:** project initiated to deliver cost savings through reducing the number of out of area high cost placements by developing local, person-centred independent living options.
- **Joint commissioning:** integrated data through a joint high level health and social care outcomes dashboard.
- **Workforce development:** reablement workforce plans have been developed. An organisational redesign tool that supported workforce remodelling and delivered efficiency savings, secured Regional Improvement and Efficiency Programme (RIEP) funding to roll out to other East Midlands local authorities.
- **Social inclusion projects:** better housing solutions programme has delivered savings of over £400k and



improved access to housing in some localities. MI enterprise promoted the idea of self-employment for disabled people and has seen the development of a new community interest company that spans Leicester City, Leicestershire and Rutland, which will support individuals in developing small businesses.

- **Safeguarding:** benchmarked alerts, referrals and case loads, launch of Mental Capacity Act e-learning tool for primary care, best practice guide on user involvement, framework for serious case reviews and other learning opportunities and an annual safeguarding conference.
- **TLAP:** three *Think Local Act Personal* in Tough Times events to support local implementation. They focused on:
 - **self-directed support:** making it efficient and keeping it real,
 - **commissioning** and market development,
 - **strategic market development** (and Caring for our future, market development consultation).

In the year ahead we will continue with a focus on sector-led improvement, efficiencies, integrated working and service transformation.

Membership of the region has changed over 2011 with four of the nine authorities having combined their adults and children's functions. We also got slightly bigger with Milton Keynes in the form of Linda Bull joining the region. We also sadly lost a former colleague, Margaret McGlade, to cancer.



Mick Connell
Chair
East Midlands Region



Cath Roff
Secretary
East Midlands Region



London

ADASS London has many people to thank for last year, including Marion Harrington and Terry Rich for their contributions when chair and Graeme Betts our former secretary. They, along with other eminent colleagues including Jean Daintith, have chosen new futures and will be greatly missed at the London table but no doubt warmly welcomed into the associates' fold.

ADASS in London has been hugely supported by the Joint Improvement Partnership (JIP), which continues to programme manage a range of key issues, benefiting from strong engagement with key partners and strong leadership from a number of lead directors across London.

Achievements include :

System reform and development

- In partnership with London Councils and NHS (London), with significant NHS funding, a comprehensive development programme for health and wellbeing boards has been established. This includes a £15k investment for every borough for transformational leadership development; network development; engagement with the national programme and four planned challenge events.
- Establishing a HealthWatch development programme for commissioners and existing LINKs.
- Engagement with NHS(L) on the planning and development of commissioning support organisations, continuing to press the role of local authorities and integrated health and social care commissioning.
- Using both NHS and JIP resources, ADASS is integral to the development of public health in local authorities and actively informing the transition of public health into new, more effective models.

- Work with the developing London Health Improvement Board (LHIB), contributing to both system development and the priority programme for alcohol.
- Sub-regionally DASSs are taking a lead in their designated NHS sectors enhancing developments around integration; commissioning and clinical commissioning groups.

Delivery and improvement

- Working with LGA the sector-led improvement work has continued apace and, following the London-based seminar of directors and improvement leads, the next stages of the programme are being developed with a focus on peer review.
- Having established the pan-London safeguarding policy and procedures these have been shared with other regions. An evaluation concluded and refinements planned. Analysis of learning from serious case reviews across London has been shared with independent chairs and safeguarding leads and further learning events planned.
- Supporting the pan-London implementation of the community equipment model for simple equipment with planned savings of over £5.5m per annum across the capital. In addition, the development of an independent procurement hub for complex equipment will provide further significant savings opportunities in future years.
- Maintaining a priority for *Think Local Act Personal* (TLAP) has been important, with the branch developing the publication of good practice case studies and tools for developing direct payment support models. Supported by the JIP, this was produced in partnership with Groundswell.



- As part of ensuring that dementia remains a priority and recognising existing areas of excellence in London, a specific programme has been developed to focus on the longer term commissioning of residential care for people with dementia and the impact of the increase of numbers of people with dementia on primary care.
- Led by Kim Wright (LB Hackney) ADASS is fully represented with NHS(L) and partners in preparations for the Olympics and Paralympics in 2012.

There is continued support for wider networks that engage assistant directors and key staff across London. These networks include: MCA/DoLS leads, dignity, safety and capacity leads, carers (in partnership with the GLA), performance leads and transformation leads. Fifty network meetings have been held over the past year, providing invaluable feedback to the region for operational and strategic development. Led by directors it also provides valuable insight into local and pan-London issues

As a new chair, I am enormously grateful to colleague directors, Ian Winter and the JIP Team and to our many partners for all they have done over the past year and I look forward to continuing to work together in the future.



*Ray James
Chair
ADASS London*

North East

Throughout 2011 the North East branch of ADASS has continued to work collaboratively on a regional programme of work.

Rachael Shimmin chairs the regional branch on an interim basis following Nicola Bailey's move to become interim chief executive of Hartlepool Borough Council. Paul Hanson was appointed to the role of secretary during 2011.

The North East branch continues to meet on a bi-monthly basis with standing agenda items for the regional director of public health and the Department of Health's deputy regional director for social care.

Regional Programme Priorities

• Sector-led Improvement

Agreement was reached amongst DASSs about a regional approach to sector-led improvement. This included a pilot peer review in South Tyneside led by a combined regional and LGA team, a consistent approach to outcome measures to ensure that all LAs have a view on comparative performance and support to three LAs in the region which were rated 'adequate' following their last CQC inspection. The commitment from the region is the offer of time, resources and support to move on from the 'adequate' rating which has resulted in additional work around workforce, safeguarding and social work.

• Reablement

Reablement remains a priority for ADASS and this is supported by a regional network. This provides an opportunity for collaborative work between regional colleagues from local authorities and health. This network has been central to the discussions and agreements around additional winter pressures funding, the development of regional reablement outcome measures which has provided a consistent framework for the first time and the scoping of a financial evaluation of reablement which will take place in early 2012.

• Workforce

ADASS commissioned an evaluation of the PA market place in the North East which estimated around 5,000 personal assistants in the region. The branch is now looking to the future in terms of the role it needs to play in developing the market to meet future needs. ADASS is in early discussions with regional recruitment agencies to help them understand the current market and the business opportunities available to them.

- **Adult Social Care Category Board**

The ASC category board has been established throughout the last 12 months to offer local authority commissioners the opportunity to identify areas where joint procurement or market management will serve in the best interest of local authorities in the region. So far this has led to a collaborative approach and thinking around community equipment, prepaid cards and residential care.

Due to the high number of properties in the North East and their regional base the collapse of Southern Cross was particularly challenging. However, through the regional HUB, the local authority commissioner conference calls and SIT reports this was managed successfully across the region with minimum disruption to residents and their families.

North East ADASS also continues to oversee policy networks across the region. The region carers, dementia and autism networks continue to work on the implementation of national strategies and the older people network has designed a bespoke programme for officers and members in the region with the LGA. This network has also worked closely with Newcastle University and Age UK to develop a changing age charter for the North East which all local authorities have signed up to.

The NE safeguarding network has been particularly active in developing and agreeing regional thresholds for safeguarding, working with health partners to align processes and procedures for series cases and delivering a regional media campaign to raise awareness of abuse.

2011 has also seen the establishment of an ASC lead member network for the region with support from the LGA and the Association of North East Councils.



*Rachael Shimmin
Interim Chair
North East Region*



*Paul Hanson
Secretary
North East Region*

North West

During 2011 we continued to keep the communication and networks going between the 24 councils across the North West, through open executive meetings and regular regional workshops.

We participated in the establishment of the 'son of JIP', our NW transition alliance. This continued some of our JIP priorities, such as personalisation and safeguarding but also focused on monitoring and influencing the range of changes across the NHS. Its purpose was to ensure that ADASS could offer leadership across the new system, including transition to the new sector-led improvement. It has also helped to support our capacity to respond to some of the key policy drivers from the Coalition Government such as deficit reduction, localism, capable communities and active citizens.

This has also included work on the transfer of public health, dementia and the move to clinical commissioning and its impact on councils. As the year ended we embarked on further discussions on the options for 2012 and beyond.

We have held regional workshops the last of which in December focused on sector-led improvement and how we wanted to take this forward across the region. The region also continues to maintain a series of regional officer led networks such as complaints, performance, personalisation, workforce and Links to name a few.

John Rutherford continued as chair and Sue Lightup as secretary of the region.

NW directors have continued to participate in national work and networks. Richard Jones ended his year as President and the following are leads on national networks: Dwayne Johnson, Older People; Terry Dafter and Stephanie Butterworth, Mental Health and Samih Kalakeche, Equalities.

During the year we said goodbye to the following: our longest serving Director Bernard Walker from Wigan; Veronica Jackson from Oldham; Howard Cooper from Wirral; Phil Lloyd from Cheshire East; Stuart Smith from Liverpool and Charlie Barker from Sefton.

We welcomed Lorraine Butcher at Cheshire East; Samih Kalakeche at Liverpool; Paul Cassidy at Oldham; Robina Critchley at Sefton; Nick Hudson at Wigan, Gladys Rhodes in Blackburn, and Graham Hodkinson at Wirral.



West Midlands

2011 was without parallel in terms of the pace and scale of challenge. ADASS West Midlands have continued to approach the transformation of adult social care and adapting to decreasing resources collectively. The region has been at the forefront of a number of high profile pieces of national work ranging from alternatives to treatment and assessment centres for people with a learning disability to communicating with the public about the transition of care from Southern Cross. We expected a lively year with Peter Hay as President and 2011 certainly delivered!

A brief summary of the year's highlights follows; you can also subscribe to our blog for more details:

<http://www.jipwestmidlands.blogspot.com>

Governance

The Joint Improvement Partnership (JIP) membership and objectives were reviewed at the start of 2011; both to rationalise the number of members and reposition the function of the JIP as the primary interface between decision-makers in the NHS and local authorities.

ADASS and JIP functions

ADASS in the West Midlands will focus on delivering sector-led improvement focused on quality and the issues that matter most to those with care and support needs as well as maintaining momentum for greater choice and control for people receiving social care services. This is manifested in the form of the following strategic priorities:

- 1) Think Local Act Personal
- 2) Sector-led improvement
- 3) Safeguarding and risk
- 4) Workforce
- 5) Valuing People Now
- 6) Autism strategy
- 7) Smarter commissioning
(close links to the JIP agenda)
- 8) Carers
- 9) Continuing care
- 10) Mental health



*John Rutherford
Chair
North West Region*



*Sue Lightup
Secretary
North West Region*

The JIP's remit is simply to avoid the need for hospital admissions by accelerating QIPP priorities and avoiding complex and intensive social care services via preventative services.

ADASS/JIP Activities and Outcomes – edited highlights

ADASS and Improvement and Efficiency West Midlands hosted a telecare austerity event in March. Over 100 people were in attendance throughout the day, with representation from all 14 local authorities within the region, as well as representatives from voluntary organisations, NHS bodies and authorities/organisations within the South West, East Midlands and North East regions and Wales.

A range of best practice examples were showcased with a significant amount of evidence of the role assistive technology can play in promoting independence and delivering efficiency. The afternoon saw the launch of the Regional Assistive Technology web portal – AskTARA a consumer based website that to enable any member of the public to understand more about and access assistive technology.

In April we made the long but worthwhile trip north to the ADASS spring seminar in Newcastle. Peter Hay was formally welcomed as ADASS President and challenged us to think about a new model for public health and the strength and value social care offers to enable this.

May saw the launch of the integrated care development programme. The work includes seven locality teams across the region. Teams consist of local authority providers and commissioners alongside health providers from the community and acute sectors, GPs and PCT cluster commissioners. The teams are currently developing business plans to implement the QIPP agenda in respect of the following areas:

- Community intervention services
- Frail elderly services
- Mental health for 14-24 year olds
- Integrated locality community teams
- Reablement for people with dementia
- Early intervention and screening for people with dementia
- Delayed hospital discharges.

The response to the collapse of Southern Cross commenced in August. The region co-ordinated data from every single local authority in England and worked in close partnership with colleagues in Northern Ireland, Wales and Scotland.

The net result was a partnership with the Guardian and an online tool that tracked the transfer of care on a daily basis to help allay concerns for residents, Carers and staff at Southern Cross. We estimate over 25,000 people accessed the database. The work has been referenced as an example of best practice by both Paul Burstow and Andrew Lansley.

Work on understanding pathways to treatment and assessment centres and the appropriateness of care in those environments was kicked off in tandem – a national event will be held in Birmingham in January to roll-out key findings and agree next steps.

In September savings derived from the care funding calculator project in the region exceeded the £7m mark. The vast majority of local authorities in the region have implemented the tools as standard and Improvement and Efficiency West Midlands are providing hands-on support to implement and negotiate on placement costs where required.

ADASS have worked closely with a local community interest company called Community Gateway on reablement and assistive technology.

Walsall has successfully implemented the Eable tool to drive up the productivity and improve outcomes for people receiving a reablement service. We captured all of the learning in October and hosted a webinar. 60 delegates from across the UK participated – a very cost effective means of cascading best practice

November saw a rolling up of the sleeves as sector-led improvement gathered momentum. Coventry, Sandwell and Wolverhampton will be undertaking peer challenge exercises in relation to personalisation. Self-assessments are in based on 'Making it Real' domains. Changing Our Lives- a charity run by and for disabled people with now work with local communities to work through the I Statements. Oliver Mills from the national improvement programme will be providing some much welcomed external challenge.



In December our mobilising community capital programme produced its final evaluation report. There are key messages about managing provider risk, shaping the social care marketplace and innovation that we would like to share with colleagues at the ADASS spring seminar.

ADASS West Midlands would like to record thanks to Matt Bowsher (head of adult social care at Improvement and Efficiency, West Midlands) for his excellent support, co-ordination and development of our complex work programme.



*Andrea Pope-Smith
Chair
West Midlands Region*

South East

Meetings are held quarterly. Twice a year the region meets separately for the afternoon with the south east cabinet lead members for adult social care. The region also co-chairs the health and social care partnership board, the successor to the JIP, which meets on the afternoon prior to the ADASS branch meeting. We share this chairing role with the DH deputy director for the South East.

Networks

During 2011/12 we supported the following networks and workstreams: transforming adult social care; safeguarding; commissioning and market management; performance and information management; resources; carers support; peer review; workforce, and Dementia and Older People.

The regional network structure and support has been reviewed but further changes are being considered in the light of sector-led improvement and dialogue about integration with the new SHA, ADCS and South West ADASS region.

2011/12

The region has prioritised its work in the context of the continuing drive to deliver personalisation, organisational change in the NHS and reducing resources with the demise of the JIP and associated funding. Over this last 12 months the work programme associated with the networks is being delivered by directors taking on increased leadership roles.

As the year progressed, the region provided a valuable forum for clarifying and analysing the impact of national policy changes, NHS organisational change, and increased financial pressure

Halfway through the year we were forced to identify new arrangements for chairing our meetings as Oliver Mills moved on. He is a hard act to follow and we need to express our thanks officially to him for his dedication and skill as chair over many years. We look forward to working with him on sector-led improvement and see this and integration of social care with health as being our main focus in 2012/13.



*Margaret Geary
Joint Chair
South Eastern Region*



*Keith Hinkley
Joint Chair
South Eastern Region*

South West

There have been a number of senior changes across the region with an increase in posts covering both adult and children's services. We saw Miriam Maddison hand over the chair of the branch to Jane Smith with Kim Carey as the region's secretary. We welcomed Margaret Willcox from Swindon, Ashley Ayres from BANES and John Gilbert from Swindon.

The South West region has continued with the work programme established under the JIP, continuing to share experience, build relations to underpin joint work and develop the 'South West voice' on regional issues specific to adult social services. Post RIEP we continued with the improvement programme and the regional partnership improvement board now oversees the programme.

Focusing on continual improvement with our partners and supported by the regional DRD, Lynne Dean we have reshaped the joint improvement programme to conclude and build on outcomes delivered by the projects. Local authorities are working hard, both individually and collectively, to ensure that adult social care services support eligible residents to live independent and fulfilling lives.

The improvement board continue to engage with key stakeholders across the region to ensure a continuous dialogue with health and CQC to discuss areas of particular relevance such as CHC, re-registration of homes and quality monitoring of providers.

The directors and assistant directors continue to lead regional networks to deliver improvements in services and identify where, through regional collaboration benefit can be gained. We are working as a region on:

- **Improving** the performance of reablement services by identifying and implementing solutions to common problems being faced in mainstreaming and improving the performance of re-ablement services across the South West region. Dorset Council have taken a lead for this activity to facilitate the sharing of learning.
- **Establishing** and rolling out modelling tools that local authorities can use to determine financial implications and redesign service that are cost-effective. This has built on the outcomes from the use of resources programme.

- **The South West information** sharing hub (SWISH) has been funded by the South West JIP and ADASS to establish a self-sustaining community of practice. This website, www.swish.me.uk is designed to help staff working in adult social care in the South West region share information and best practice, to help plan, design, implement and review services more effectively and efficiently.
- **Rolling out** a safeguarding a self-assessment that provides a framework for local authorities to judge their improvement. North Somerset Council have taken a lead on this.
- **Delivering** a third cohort of the Leadership and Succession Planning programme where the invitation was extended to health.
- **proving performance** monitoring through the development of a joint dashboard with health for the monitoring of key metrics for DTOCs, reablement and personalisation.
- **Establishing** a workforce partnership forum focusing on workforce planning across the social care economy to ensure the right level of workforce skills to meet future commissioning needs and quality requirements; support integration with health to realise efficiencies, and to plan for the workforce impact of service re-design (for example, impact of the increased use of personal assistants). This work has highlighted the need to improve the level of co-production between providers and influence the local education and training boards.
- **Supporting** the development of the lead member network. This resulted in two successful meetings with the Minister for Care Services where lead members had the opportunity to discuss with the Minister both regional and local issues as well as showcase innovative practice. The network is facilitated by LGA and is focusing on how the region progresses the following:
 - LGA productivity programme
 - Implementing self-regulation
 - Regional collaboration that will deliver financial benefit from joint commissioning

We have had the benefit of Judith Geddes co-leading the national resources network and have seen this

influence the LGA efficiency programme of which a number of local authorities were successful in their application to LGA for support from the programme.

Completing a telecare service review with output from the analysis to help us share best practice. An example of where telehealth has enabled people better to manage their own long-term health conditions through remote monitoring, and to receive support from health professionals is in Cornwall. Cornwall has been one of the three pilot sites for the programme and the findings so far have been extremely positive and reinforce the work undertaken through the whole systems demonstrator. All of the stakeholders are working to make sure these benefits can now be mainstreamed across Cornwall.

Establishing a regional approach to sector-led improvement that complements the national peer review framework agreed by the towards excellence board and the LGA. The DASSs held a fact-finding workshop in November and are now establishing a regional offer to challenge and provide support and are initially looking at three pilots based on personalisation. The region is also participating in the national review of local accounts. Cornwall Council has successfully completed a peer review and are now recognised as providing good services and as such are taking a leading role in shaping the regional offer.

Supporting the implementation of the NHS number as a unique identified in care management systems to develop standards across care settings and the NHS. This has been taken forward by three local authorities.



Jane Smith
Chair
South West Region



Kim Carey
Secretary
South West Region

Yorkshire and Humberside

This year we welcomed Helen Taylor to North Yorkshire, Bev Maybury to Calderdale and Jack Blackmore to North East Lincs and said goodbye to Jonathan Philips (Calderdale), Andrew Milner (North East Lincs) and Derek Law (North Yorkshire) who all retired, plus are due to say goodbye to Moira Wilson (Bradford) on March 31, 2012.

Yorkshire and Humber ADASS continued to promote successfully a high level of collaboration across the authorities and with key partners. This was reflected in the continued successful alignment through to conclusion of the RIEP (social care funded workstreams), JIP and DRD work programmes.

The JIP programme of work was delivered on budget and to time and has left a legacy driving change in the region. There are two major projects funded by the JIP which are continuing, the development and delivery of an eMarketplace for provision of social care goods and services in all authorities and an e-learning platform for social care workers across the region.

Following the conclusion of the RIEP/JIP activity the branch led the establishment of a regional health and wellbeing collaborative (HWC) to develop the existing regional collaborations and to build new links to the emerging clinical commissioning groups and children's services. We have also provided strategic direction and support to some specific pieces of work such as learning disability / VPN; dementia, both with dedicated ADASS input, and other one off pieces of work eg an assistive technology workshop.

Core regional policy networks have well established programme boards with agreed priorities and work plans. These include:

Personalisation Group

Over the past year the group has commissioned projects to further personalisation and work to begin delivery of TLAP in the region. projects sponsored have included the eMarketplace and health efficiencies (examining the impact of personal budgets in health). This will culminate with a multi agency regional launch of Y&H TLAP on March 30 2012.

Commissioning Group

This year saw the successful delivery of the intelligent commissioning programme integrating training and

development with consultancy and a website providing a resource for the programme (www.yhsccommissioning.org.uk)

This was complemented with networking and peer support. In the coming year a major piece of work is being undertaken on high cost placements for people with learning disabilities.

Workforce Programme Board

This year saw the delivery of a regional e-learning platform. Additionally there were delivery of progression days on InLAWS for all LA's, continued work highlighting the benefits of NMDS and continued work on the development of the skills and competences of social workers.

Continuing Healthcare

The group continued to make an impact with commitment from lead officers to delivery of the years workplan. As well as contributing to the national reference group work was sustained with the SHA and PCT's in the region resulting in more citizens receiving CHC.

Standards and Performance

The network was active throughout the year notably focusing on supporting performance improvement across the region through LA's working together, particularly on ASCOF outliers; this approach was also applied to the development of local accounts, including an independent assessment. In the coming year the network will be developing and implementing a regional model for sector-led improvement.

Priorities for 2012

We want to:

- **Deliver** a major event launching TLAP across all sectors in the region.
- **Continue** to promote the benefits of a culture of collaboration, and cross sectoral engagement
- **Sustain** the momentum and pace to deliver the regional step change as outlined in our regional business plans in times of acute financial constraints and reducing capacity
- **Continue** to strengthen and improve joint working on shared issues with ADCS, health and wellbeing boards, clinical commissioning groups, PCTs and the SHA colleagues.

Branch Activity

The branch has significantly benefitted from the support and proactive engagement of members throughout 2011. We have promoted and jointly hosted with the DRD, SHA, Skills for Care and local government CEOs a number of learning events, seminars and one day conferences covering a range of topics that reflect our work plans; personalisation, commissioning, assistive technology safeguarding and carers to name but a few.



*Martin Farran
Yorkshire and Humber
ADASS Branch Chair 2011*



*Merran McRae
Yorkshire and Humber
ADASS Branch Secretary 2011*

ADASS 2012/13 at a glance

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The Association of Directors of Adult Social Services represents directors of adult social services in local authorities in England. As well as having statutory responsibilities for the social care of older people and adults with disabilities ADASS members might also share a number of responsibilities for the provision and/or commissioning of housing, leisure, library, culture and arts services within their councils.

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