

Directorate Performance Overview Report (Adult Social Care)

Directorate: People and Economy (Adult Social Care)

Reporting Period: Quarter 3 – Period 1st October – 31st December 2015

1.0 Introduction

1.1 This report provides an overview of issues and progress within the Directorate that have occurred during the third quarter 2015/16.

2.0 Key Developments

2.1 There have been a number of developments within the Directorate during the third quarter which include:

I COMMISSIONING AND COMPLEX CARE SERVICES

Mental Health Services:

Review of the Acute Care Pathway (ACP) and Later Life and Memory Services (LLAMS) within the 5Boroughs: both of these services have now been in place for well over two years, so in 2015 the combined CCGs across the 5Boroughs footprint commissioned a detailed review of the effectiveness of these services, and the scope for future developments. The review has now been completed, with recommendations which cover the 5Boroughs as a whole, as well as each individual borough area.

For Halton, five key areas have been identified, ranging from the development of stronger links between primary and secondary care mental health services, and the development of more effective early intervention and prevention services, to improvements in services for people with personality disorders and complex mental health problems. Each of these is to be developed into a local workstream which will be supervised and driven by the Halton Mental Health Delivery Group.

Operation Emblem: this is the joint initiative between the police, the CCG and the 5Boroughs, and supported by the Borough Council, to reduce the numbers of people believed to have a mental health problem detained in a place of safety by the police, using their powers under Section 136 Mental Health Act 1983. This initiative has now been reviewed in detail, and revealed some extremely positive results:

- In 2014, there was a reduction of 54% in the numbers of people in Halton detained under Section 136
- This reduction reached 100% in the last six months of the evaluation period, for the times of day that Operation Emblem was in place
- This has created significant reductions in the use of staff time across all involved agencies

- Professionals report the development of really positive relationships and levels of understanding across the services
- People who use services felt respected and treated with dignity, which allowed them in turn to be open and honest; they felt that the services and supports they were offered were appropriate and there was a positive impact on families

The service continues to be commissioned and is well regarded. Consideration will be given to extending the service within Halton as part of the action plan arising from the review of the Acute Care Pathway and LLAMS.

Mental Health Crisis Care Concordat: this concordat, designed to ensure that key local agencies work together effectively to either prevent mental health crisis, or minimise its effects if it happens, was published by central government in 2013. A detailed action plan has been developed across the Cheshire region, complemented by a local Halton-based plan. This is monitored on a regular basis by the Halton Mental Health Delivery Group, and many of its actions will be incorporated into the implementation of the review of the ACP and LLAMS.

Review of Halton Borough Council Mental Health services: through the Spring and Summer of 2015, a review involving key partners took place of the delivery of the social care services within Halton for people with mental health needs. This took into account the social work service, the Mental Health Outreach Team and a number of services commissioned by the Council. A number of recommendations were made, which support the overall objectives of intervening with people at an earlier stage of their conditions, and preventing mental health conditions from arising if possible. The actions to deliver these recommendations are incorporated into the Halton Mental Health Delivery Group's work plan and will be supported by delivery of the outcomes of the review of the ACP and LLAMS.

CQC inspection of 5Boroughs Partnership NHS Trust: this detailed inspection took place across the whole footprint of the 5Boroughs in summer 2015. The published outcome was expected in autumn 2015 but has not yet been delivered; the council will be involved in and will support any action planning which takes place as a result.

Other developments in the Commissioning and Complex Care Department:

Halton and St Helens Emergency Duty Team: this service is run as a joint partnership between the two councils, and covers both children's and adults services. This service has been in place for over ten years, during which time there have been a considerable number of developments: the legal context has been through significant changes in both children's and adults services, the demand for the services has increased, the ways in which partners work has been through substantial change and there is an increasing need for efficient and cost-effective service delivery.

As a result of all of this, and from approaches made by other Local Authorities in an attempt to join the partnership, a detailed review has taken place. Recommendations have been made and will be implemented through the service's joint partnership board.

Homelessness

The Merseyside Sub Regional Homeless Group successfully qualified for single homeless funding. Each of the six authorities agreed that vulnerable client with complex needs was a priority, subsequently, it was agreed that the funding would be used to develop a small

team of four who would provide intense support for high complex needs clients. The recruitment process has now been completed and the contract was awarded to Whitechapel and the service commenced November 2015 and will run for a two year period. Discussions are underway with the organisation to develop an efficient referral process and identify the key agencies within Halton

Halton commissioned a new supported hostel Brennan Lodge, which officially opened July 2015. The scheme offers 39 bed self-contained units for single vulnerable homelessness clients. The building is owned by Halton Housing Trust and the Salvation Army are responsible for the operational management. Unfortunately, in November 2015 a number of management/safeguarding issues were identified, consequently, this led to the service was suspended. A number of quality inspections have been completed and it has been agreed that the suspension will be lifted with restrictions, whereby, client admittance will be restricted to no more than 8 per month the service will be monitored.

The homelessness reporting I.T system is due to be removed and consultation and training is underway. The service will now collect homelessness/prevention data using the Capita system, which will improve the data collection and reporting process. The system is due to go Live week beginning 25/1/2016 and all client records will be recorded electronically.

As part of the Gold Standard the Merseyside Sub Regional Homeless group have registered for the peer review. Each of the six authorities will review a number of services within the group. Halton recently completed a service review within Sefton and has presented the Authority with the overall findings and scores.

Halton was due to be reviewed by St Helens early September 2015, however, due to work commitments; the reviewing Authority was forced to cancel. The review process will be rearranged; however, Halton has agreed that due to other priority issues, the preference would be for the review to be arranged for February/March 2016. Upon completion of the Peer Review, the Authority will then pursue registering for the Gold Standard and undertake the necessary assessment.

HOUSING

Riverside has been selected as one of a handful of Housing Associations to run a 6 month pilot of the new Right to Buy scheme for Housing Association tenants. Before the scheme is rolled out nationally the pilot aims to test a number of key issues, in particular the nature and level of demand in different parts of the country, the values at which homes will be sold and the processes required to implement the full scheme.

For Riverside sales will be restricted to around 200 properties across the 6 local authority areas making up the Liverpool City Region, and for the duration of the pilot scheme applications will be restricted to those who have been tenants for 10 years or more.

The Government's November Spending Review included the following announcements –

- From 1/4/2018 Housing Benefit for new tenants in social rented housing will be capped to Local Housing Allowance rates (the limits for tenancies in the private rented sector), including a shared room rate for under 35s who are single with no dependants.
- Government investment for new build will be focussed on shared ownership and 'affordable' housing for owner occupation.

Government will look to sharpen incentives for the New Homes Bonus and reduce the level of funding provided.

II PREVENTION AND ASSESSMENT SERVICES

Minor Adaptations Service

The contract for delivering this service ended on 30th September 2015. A tender process was completed during quarter 2 and a contract from 1st October 2016 to 30th September 2017 awarded to a new provider. Provision has been made to extend the contract period for up to a further 3 years subject to satisfactory performance. The service will be closely monitored to ensure quality of work is maintained and delivery targets set as part of the Better Care Plan are achieved.

Care Act

All of the relevant elements of the Care Act implementation phase have been completed in line with the Government deadline of April 2015. All of the required policies have either been amended or written to ensure that the Act is operational. Training of frontline staff has been completed and this training has also been rolled out to partners and other stakeholders. The second phase of the Act that relates to the financial requirements for people has been postponed by the Government until 2020.

Learning Disability Nursing Team

The team continue to work proactively with individuals, their family, carers and professionals such as GPs, allied Health professionals. Key developments include:

- A team member attended the RCN Conference with 2 experts by experience to discuss reasonable adjustments within acute hospital settings and their experiences.
- A team member has continued supported a lady through treatment for breast cancer.
- The team have been working with other agencies and providers to promote positive outcomes for people.
- Relationship work has been carried out with couples as part of their support.
- Out of Borough reviews have been supported by team members.
- A team member has supported the acute trust with best interest decisions.
- A team member has been integral to the support for Muslim man to explore his faith in the area of marriage.
- The Monday walking group have met for a meal to celebrate their attendance at the group. This was very positive for all!
- A team member has provided advice and support to enable a man to move from home to his own place.
- A Friendship and relationships course was facilitated by some team members and self-advocates to a staff and self-advocate group.
- A team member has been supporting the Health Improvement Team to run the Freshstart group
- Ongoing monitoring of a customer following their discharge from an inpatient ward.
- A team member provided a learning disability awareness training session to CHC nurses and day service and HSHN support staff
- The team have received PBSS training and medication training

The “Making a Difference” a strategy for transforming care management in Halton that is aimed at staff and partner agencies, continues to be developed. The overall purpose has

been to provide a shared vision of the future of care management services and provide us with a plan to shape our future, over the next five years. This Care Management strategy has stemmed from the growing need to identify a future vision of assessment and care management services that are fit for purpose to meet the many challenges at national and local level whilst maintaining high quality, effective and safe practice. A Steering group is established to take forward the Action plan, and key areas of work. One of these areas has been the successful development of , a “Progression Routes Policy and Procedure” It demonstrates Halton is committed to developing the careers of Social Workers through vocational and academic routes. Adopting a stepped advancement pathway that allows for the successful recruitment, retention and succession planning of social work staff within the Borough. Another important area to highlight is a regular “Social Work Matters Forum” where the Principal Social Worker meets with social workers to ensure the professionalism and voice of social work is supported within the integrated working environment. It is anticipated the forum will receive a visit from the chief social worker later in the year. Social Workers are meeting in “Action Learning Sets” to enable opportunity for reflective learning, research, and support evidence based practice.

Making Safeguarding Personal

The Local Government Association and ADASS (Directors of Adult Social Services) published an evaluation of Making Safeguarding Personal (MSP). This is the approach embedded within the Care Act and has moved safeguarding investigations from a process driven approach to one which focusses on outcomes for the person involved. The new IT system went live in July 2015 and the report on outcomes has been presented the Safeguarding Adult Board.

3.0 Emerging Issues

3.1 A number of emerging issues have been identified during the fourth quarter that will impact upon the work of the Directorate including:

I COMMISSIONING AND COMPLEX CARE SERVICES

Mental Health Services:

Social Work for Better Mental Health: following the publication of national guidance in 2013 about the roles and functions of social workers in mental health services, the Department of Health is rolling out an implementation programme for localities around the country. Halton, in partnership with Sefton Council, has taken up the offer to be an early implementer of this programme, which will be starting early in 2016. The outcomes of this programme, which will involve partners in the NHS, will be a proper focusing of the work that social workers do within mental health services, and the development of effective service user feedback about the services that are delivered.

Direct Payments in Mental Health: these are a key way of supporting people to manage their own care and support, by channelling the funding for their services directly to the person concerned, so that they can determine for themselves and purchase the right support to meet their needs. In mental health services in Halton, reflecting the pattern across the country, take-up of this approach has been low.

In 2015, a detailed review and analysis of the reasons for this low take-up in Halton was undertaken by the Directorate's policy team, and a number of recommendations were made. As a result of awareness-raising across health and social care staff, the numbers of people with mental health problems receiving direct payments has shown a slow but steady increase, and is now higher than it has ever been. A new service has also been commissioned from Halton Disability Partnership, which will be in place from early 2016. This will work directly with people who use mental health services to practically support and encourage them to take up direct payments. It is expected that this will lead to a further increase in the numbers of people with mental health problems who receive direct payments.

II PREVENTION AND ASSESSMENT SERVICES

Domiciliary Care

Work has commenced on transforming and redesigning the current domiciliary care service in Halton. This will take the form of developing in conjunction with local providers, professionals and members of the public a new model of service delivery that is designed around an individual's needs. This will require more collaborative working, but in the first stages will need a full analysis of the existing service provision in the borough.

Community MDTs

There is early development of a Community Multi-Disciplinary Team (MDT) approach in Halton. This is being introduced to help the management of people with Complex Needs and intends to improve the health and well-being of people with complex needs, building on the current Social Care In Practice Model.

Financial Abuse

A task and finish group was established to look at developing a Financial Abuse Toolkit which is intended to be used by practitioners and members of the public to provide information to anyone concerned that someone they know maybe a potential victim of financial abuse. This has been agreed by Halton Safeguarding Adult Board and an e learning programme is now being developed which will enhance this further.

4.0 Risk Control Measures

Risk control forms an integral part of the Council's Business Planning and performance monitoring arrangements. As such Directorate Risk Registers were updated in tandem with the development of the suite of 2015 – 16 Directorate Business Plans.

Progress concerning the implementation of all Directorate high-risk mitigation measures was reported in Quarter 2.

Risk Registers are currently being reviewed for 2016 – 17 in tandem with the development of next year's Business Plan.

5.0 Progress against high priority equality actions

Equality issues continue to form a routine element of the Council's business planning and operational decision making processes. Additionally the Council must have evidence to demonstrate compliance with the Public Sector Equality Duty (PSED) which came into force in April 2011.

The Councils latest annual progress report in relation to the achievement of its equality objectives was published on the Council website during quarter 4 and is available via:








<http://www3.halton.gov.uk/Pages/councildemocracy/pdfs/EandD>

6.0 Performance Overview

The following information provides a synopsis of progress for both milestones and performance indicators across the key business areas that have been identified by the Communities Directorate. The way in which the Red, Amber and Green, (RAG), symbols have been used to reflect progress to date is explained at the end of this report.

Commissioning and Complex Care Services

Key Objectives / milestones

Ref	Milestones	Q3 Progress
CCC1	Continue to monitor effectiveness of changes arising from review of services and support to children and adults with Autistic Spectrum Disorder. Mar 2015. (AOF 4)	
CCC1	Continue to implement the Local Dementia Strategy, to ensure effective services are in place. Mar 2015. (AOF 4)	
CCC1	Continue to implement 5Boroughs NHS Foundation Trust proposals to redesign pathways for people with Acute Mental Health problems and services for older people with Mental Health problems. Mar 2015 (AOF 4)	
CCC1	The Homelessness Strategy be kept under annual review to determine if any changes or updates are required. Mar 2015. (AOF 4, AOF 18)	
CCC1	Conduct a review of Domestic Violence Services to ensure services continue to meet the needs of Halton residents. Mar 2015 (AOF11)	
CCC2	Ensure Healthwatch is established and consider working in partnership with other Councils to deliver this. Mar 2015 (AOF 21)	
CCC3	Undertake on-going review and development of all commissioning strategies, aligning with Public Health and Clinical Commissioning Groups, to enhance service delivery and continue cost effectiveness, and ensure appropriate governance controls are in place. Mar 2015. (AOF 21 & 25)	

Supporting Commentary

CCC1 - Services / Support to children and adults with Autism:

The Autistic Spectrum Condition Group continues to monitor progress and is currently reviewing same against the recently published and updated National strategy for adults in England.

CCC 1 Dementia Strategy:

During Q3 the Post Diagnosis Community Pathway specification what developed, which will go through a procurement process during Q4. This will see the reconfiguration of existing services under a Prime Provider Model.

The Living Well community screening pilot (an action of the Dementia Delivery Board) is being taken forward by HBC Health Improvement Team, who are developing a quarterly training programme to support front line stakeholders (not just HBC) in memory, falls and loneliness awareness and screening.

During Q3 the posts within the new Admiral Nurse Service were appointed to, with the service being fully operational from Q4

CCC 1 Mental Health:

The outcome of the independent review of the Acute Care Pathway and Later Life and Memory Service has now been published. An action plan has been developed across partner agencies and the council is taking proactive steps to support the recommendations of the review. Social care staff are directly involved in all relevant aspects of the action plan and the process is being fully monitored by the Halton Mental Health Delivery Group.

CCC 1 Homelessness Strategy:

The homelessness strategy 2014 – 2018 is a working document that captures future change, trends, and demands. A consultation event was held in June 2015 to review the strategy and action plan, which involved both statutory and voluntary agencies to determine the key priorities for next 12 months. The main priorities identified for 2015/16 are Health and Homelessness, and Complex needs and a number of initiatives have been developed to improve this service area provision. The focus will be around the key priorities, with additional emphasis placed upon achieving the objectives outlined within the St Mungo's report, which will be incorporated within the reviewed strategy action plan. The purpose of the review is to ensure that the working document is current and reflects legislative and economical change.

As part of the homelessness strategy a further youth strategy will be developed to identify key area services for young people. A consultation event was held mid-2015 and the CLG consultant is working directly with Halton to identify key objectives and good practice.







CCC 2 HealthWatch:

Following his appointment late last year the chair is currently reviewing the work of Healthwatch. The commissioners will be receiving an update in late January. In October, Healthwatch undertook a snap survey on peoples awareness of free flu jabs. The findings have been reported through the NHS Halton CCG. The Directorate, NHS Halton CCG and Healthwatch are also currently working to improve the management of complaints reported to Healthwatch Advocacy

CCC 3 Review and development of commissioning strategies to align with Public Health and Clinical Commissioning Groups:

The Directorate is now redesigning its commissioning function to more effectively delivery priorities and closer alignment with the CCGs commissioning intentions. This work will be completed by April 2016.

Key Performance Indicators

Ref	Measure	14/15 Actual	15/16 Target	Q3 Actual	Q3 Progress	Direction of travel
CCC 3	Adults with mental health problems helped to live at home per 1,000 population	2.64	3.0	2.45		
CCC 4	The proportion of households who were accepted as statutorily homeless, who were accepted by the same LA within the last 2 years (Previously CCC 6).	0	1.2	0		
CCC 5	Number of households living in Temporary Accommodation (Previously NI 156, CCC 7).	19	11	15		

Supporting Commentary

CCC 3 Adults with mental health problems helped to live at home per 1,000 population:

Although the numbers of people with mental health needs supported to live at home has slowly reduced over time, this is mainly due to the implementation of the Acute Care Pathway in the 5Boroughs, which has resulted in a reduction in the overall caseloads of the social workers. The review of the ACP has now been published, and this, along with the work being done in the Social Work for Better Mental Health programme, will mean a refocusing of the social care input into mental health services and should result in an increase in numbers of people supported.

CCC 4 The proportion of households who were accepted as statutorily homeless, who were accepted by the same LA within the last 2 years:

The Authority places strong emphasis upon homelessness prevention and achieving sustainable outcomes for clients.

The Authority will continue to strive to sustain a zero tolerance towards repeat homelessness within the district and facilitate reconnection with neighbouring authorities.

CCC 5 Number of households living in Temporary Accommodation:

The Housing Solutions Team has taken a proactive approach to preventing homelessness. There are established prevention measures in place and the Housing Solutions team fully utilise and continue to promote all service options available to clients.

The changes in the TA process and amended accommodation provider contracts had a







big impact upon allocation placements. However, the opening of Brennan Lodge hostel, which offers 39 single units and the new priority legislation, will have a gradual increase on the total number of clients placed into temporary accommodation.

The emphasis is focused on early intervention and empowerment to promote independent living.

The improved service process has developed stronger partnership working and contributed towards an effective move on process for clients.

Prevention and Assessment Services

Key Objectives / milestones

Ref	Milestones	Q3 Progress
PA 1	Fully implement and monitor the effectiveness of the complex care pooled budget March 2015. (AOF 2,3,4,10,21)	
PA 1	Continue the integrated provision of frontline services including multidisciplinary teams, care homes, safeguarding services and urgent care March 2015 (AOF 2,3,4,10,21)	
PA 1	Develop a Care Management Strategy to reflect the provision of integrated frontline services for adults March 2015 (AOF 2,3,4,10,21)	
PA 1	Work within adult social care to focus on preventative service to meet the needs of the population March 2015 (AOF 2,3,4,10,21)	
PA 1	Develop an integrated approach to the delivery of Health and Wellbeing across Halton March 2015 (AOF 2,3,4,10,21)	
PA 2	Continue to establish effective arrangements across the whole of adult social care to deliver personalised quality services through self-directed support and personal budgets March 2015 (AOF 2, 3,4,10,21)	

Supporting Commentary

PA 1 Integrated provision of frontline services:

On target to develop an integrated approach by March 2016

PA 1 Develop a Care Management Strategy:







The Care Management Strategy and has been agreed at respective Boards. It is now at a phase where the action plan is being overseen by a steering group, and implemented

PA 1 Work within Adult Social Care focussing on Preventative Services:

PA 2 Personalisation/Self-directed Support:

To enable effective arrangements for 'Personalisation' across adult social care, we have developed a steering group to take forward the 'Making it Real' agenda. Work has been ongoing from when TLAP (Think Local Act Personal) initially supported us to facilitate a 'Making It Real Live' event. From the event we developed an action plan and have now identified leads to take forward task finish groups which the steering group will oversee. A follow up event will be held in spring 2016. Care Management continues to review processes and procedures and provide training to staff to ensure compliance with the care act which is focused on personalisation.

Key Performance Indicators

Ref	Measure	14/15 Actual	15/16 Target	Q3 Actual	Q3 Progress	Direction of travel
PA 2	Numbers of people receiving Intermediate Care per 1,000 population (65+)	80	85	414 (Cumulative to end of Q3 1216)		
PA 3	Percentage of VAA Assessments completed within 28 days	86.8%	85%	61.59%		
PA 6a	Percentage of items of equipment and adaptations delivered within 7 working days	95.5%	97%	98%		

Supporting Commentary

PA 2 Numbers of people receiving Intermediate Care per 1,000 population (65+):
IC referrals are up by approximately 6% at the same point last year

PA 3 Percentage of VAA Assessments completed within 28 days:

VAA's completed within 28 days continues to be monitored, exception reports are circulated on a monthly basis, along with in team support for social workers. There is potentially some data loading issues which are currently being looked into.




PA 6a Percentage of items of equipment and adaptations delivered within 7 working days:

This remains on target to achieve the indicator

APPENDIX: Explanation of Symbols




Symbols are used in the following manner:

Progress

		<u>Objective</u>	<u>Performance Indicator</u>
Green		Indicates that the <u>objective is on course to be achieved</u> within the appropriate timeframe.	<i>Indicates that the annual target <u>is on course to be achieved</u>.</i>
Amber		Indicates that it is <u>uncertain or too early to say at this stage</u> , whether the milestone/objective will be achieved within the appropriate timeframe.	<i>Indicates that it is <u>uncertain or too early to say at this stage</u> whether the annual target is on course to be achieved.</i>
Red		Indicates that it is <u>highly likely or certain</u> that the objective will not be achieved within the appropriate timeframe.	<i>Indicates that the target <u>will not be achieved</u> unless there is an intervention or remedial action taken.</i>

Direction of Travel Indicator

Where possible performance measures will also identify a direction of travel using the following convention

Green		Indicates that performance is better as compared to the same period last year.
Amber		Indicates that performance is the same as compared to the same period last year.
Red		Indicates that performance is worse as compared to the same period last year.
N/A		Indicates that the measure cannot be compared to the same period last year.