

Directorate Performance Overview Report

Directorate: People Directorate – Adult Social Care

Reporting Period: Quarter 1 – Period 1st April – 30th March 2016

1.0 Introduction

1.1 This report provides an overview of issues and progress within the Directorate that have occurred during the first quarter 2016/17.

2.0 Key Developments

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

ADULT SOCIAL CARE

Mental Health Services:

Review of the 5Boroughs Acute Care Pathway and Later Life and Memory Services:

work continues across the mental health services in Halton to deliver the changes recommended by this review, which reported early in 2016. Two local workstreams are in place within the Borough; one is examining the pathways by which people can receive help and support at an early stage in the development of a mental health problem, whilst the other is developing clear pathways for people to “step down” from secondary care to primary care services. A third area of work is taking place across the whole of the 5Boroughs footprint, looking at developing a consistent approach to delivering care to people with personality disorders and complex and challenging lifestyles.

Direct Payments in Mental Health: people with mental health problems have for some time been one of the groups with the lowest uptake of direct payments, both within the borough and nationally. Following an internal review of this issue in Halton in 2015, Halton Disability Partnership has been commissioned to provide a small scale support service to people with mental health needs who might wish to take up the opportunity for a direct payment. Working with mental health services to raise awareness, and working with individuals with mental health needs to take up a direct payment, this has resulted in a small but significant increase of people using this service (from 23 to 31 people). Further work on redesign of the care pathways (see above) is expected to lead to a further increase in these figures.

Homelessness

Halton commissioned a supported hostel Brennan Lodge, which officially opened July 2015. The scheme offers 39 self-contained units for single vulnerable homelessness clients. The building is owned by Halton Housing Trust and the Salvation Army were commissioned to deliver the housing management support. Unfortunately, in November 2015 a number of management/safeguarding issues were identified, which, led to the

service being suspended. A number of quality inspections were completed, however, there was little improvement in the service delivery, and consequently, the decision to terminate the Salvation Army contract was approved.

The Salvation Army have been notified of the above decision and the contractual 3 month notice has been issued. Due to the demand for the supported housing scheme, the service will be re-procured. The procurement process is underway and it is anticipated that the new provider will take over the service by January 2017.

Peer Review

As part of the Gold Standard the Merseyside Sub Regional Homeless group registered for the peer review. Halton was due to be reviewed by St Helens early September 2015, however, due to work commitments; the reviewing Authority was forced to cancel. Halton is keen to progress with the Peer Review and it has been agreed that the Review will take place November 2016; the reviewing Authority is due to be confirmed.

Upon completion of the Peer Review, the Authority will then pursue registering for the Gold Standard and undertake the necessary assessment.

Syrian Vulnerable Person Resettlement Programme

Asylum seekers and refugees: in common with the other local authorities within the Liverpool City Region, Halton has made a commitment to participating in the asylum seeker and refugee dispersal programme, and to supporting a proportionate number of Syrian refugees through the Syrian Vulnerable Persons Resettlement scheme. The asylum seeker scheme is managed through a Home Office-appointed body, Serco. The Syrian refugee scheme is led by local authorities, working with its key strategic partners. A multi-agency forum is in place, to ensure a collective Halton response so that people new to this area receive a positive welcome and a smooth integration into local communities and services.

Learning Disability Nurses

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

- The team are looking at implementing the Equalities Health Framework. This is a tool that is based on the determinants of health inequalities designed to help providers and people with Learning Disabilities understand the impact and effectiveness of services
- Meetings have been held with a number of GP practices across Halton to discuss Learning Disability Health Checks. Within the meetings, support from the Learning Disability nursing Team was discussed and how to attain greater attendance and completion of the Health Checks.
- A number of team members have recently attended training as part of transforming care. This training was to enable team members to take on the role of Clinical Advisor within CTR (Care and Treatment Review) meetings.
- A team member has been attending meetings regarding transforming care/risk register and to look at how the Nursing team will be part of this.
- Sexual health and Relationship work is a large part of the work that the team complete. The team are looking into attending a 4 or 5 day course run by the Family Planning Association in the near future to build on the knowledge within the team.

- Transition support has been offered as part of a multi professional approach to ensure the smooth transition to adult services for the young person and their family.
- Regular monitoring of patients discharged from the inpatient ward is undertaken by team members, in line with good practice, to ensure they settle in their new setting.
- Breast and testicular awareness sessions have been facilitated by the Nursing Team recently at the stadium in Widnes. The sessions proved to have a positive learning experience for the clients that attended.
- The team has recently been involved in a MDT meeting that has prevented the admission of a client to an in-patient unit.

There has been an admission to Byron unit and the team have attended CTR and MDT meetings for this client. The team continue to visit Byron on a regular basis and are part of an MDT approach to find the most suitable placement for this client.

Domiciliary Care

Significant consultation work has taken place to find the views of people who use domiciliary care in the borough. This information will go towards supporting the design of a new delivery model and will also form the detail for applying for external funding towards the end of 2016

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:

ADULT SOCIAL CARE

Mental Health Services:

Social Work for Better Mental Health: Halton is an early implementer of this national programme, designed to make explicit the roles and tasks of social work within the mental health delivery system. The programme has been running for some months and a self-assessment has been completed. A report and action plan will shortly be produced, which will be used as a part of local service review and design.

4.0 Risk Control Measures

Risk control forms an integral part of the Council's Business Planning and performance monitoring arrangements. During the development of the 2015/16 Business Plan, the service was required to undertake a risk assessment of all key service objectives with high risks included in the Directorate Risk Register.

As a result, monitoring of all relevant 'high' risks will be undertaken and progress reported against the application of the risk treatment measures in Quarters 2 and 4.

Progress against high priority equality actions







There have been no high priority equality actions identified in the quarter.

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	Q1 Progress
CCC1	Continue to monitor effectiveness of changes arising from review of services and support to children and adults with Autistic Spectrum Disorder. Mar 2016. (AOF 4) (KEY)	
CCC1	Continue to implement the Local Dementia Strategy, to ensure effective services are in place. Mar 2016. (AOF 4) (KEY)	
CCC1	Continue to work with the 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 2016 (AOF 4) (KEY)	
CCC1	The Homelessness Strategy be kept under annual review to determine if any changes or updates are required. Mar 2016. (AOF 4, AOF 18) (KEY)	
CCC2	Ensure Healthwatch is established and consider working in partnership with other Councils to deliver this. Mar 2016 (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 2016. (AOF 21 & 25)	

Supporting Commentary

CCC1 - Children and adults with Autistic Spectrum Disorder:

The current autism strategy is presently being reviewed to identify gaps in services.

There is now an agreed way forward across children and adult services to improve transition processes and hence outcomes for young people and their families.

CCC 1 Dementia Strategy:

During Q1 the Dementia Strategy Action Plan was almost completed. The outstanding actions

will be carried forward and the Dementia Strategy Action Plan is scheduled for refresh during Q2.

During Q 1 the Post Diagnosis Community Pathway redesign was completed with the contract for the Prime Provider (Alzheimers Society) now in place.

Work is ongoing with the Later Life and Memory Service (LLAMS) Care Home Liaison team and primary care to undertake checks in residential homes for people who may have an undiagnosed dementia in order to maintain the local dementia diagnosis rate above 70%. During the quarter the Halton Dementia Action Alliance supported the Changing Minds campaign in Runcorn Shopping Centre, putting on a Dementia Week theme of events, stakeholder activity and information provision.

Work is ongoing by the Halton DAA to seek views of people living with dementia, and their carers and planning is underway for an Advanced Care Planning and end of life care event in Q 2. HBC are supporting the Liverpool Dementia Action Alliance with the development of the Department of Health 'Beyond the front door' research and report, by commissioners and other stakeholders contributing to the understanding of what the concept of 'home' means to people living with dementia, and how services can better support people at key transition points.

CCC 1 Mental Health:

Following the review of the Acute Care Pathway and the Later Life and Memory Services, a number of workstreams have been set up, both across the 5 Boroughs and within the Halton area, to deliver the review's recommendations. The council is involved in each of these workstreams.

CCC 1 Homelessness Strategy:

The homelessness strategy 2014 – 2018 is an active document that captures future change, trends, and demands. The annual homelessness forum/consultation event is due to be held September 2016 to review the action plan, which will involve both statutory and voluntary agencies to determine the level of achievement and key priorities for next 12 months.

The main priorities identified for 2016/17 were Health and Homelessness, and Complex needs. A number of initiatives have been developed to improve the level of agency integration and 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 strategic action plan. The purpose of the review is to ensure that the working document is current and reflects legislative and economical change.

A Youth Strategy is also being developed to identify key service areas for young people. A consultation event was held mid-2016 and the CLG consultant is working directly with Halton to identify key objectives and good practice.

CCC 2 HealthWatch:







During Q1 Healthwatch engaged with over 300 people across 20 meetings and events. There has also been a 35% increase in use of the website when compared to q1 in 2015. Halton Healthwatch also completed and published 14 reports on areas such as Urgent Care, Care Homes and Enter and View visits. The review of 5 Boroughs in patient's services, carried out in conjunction with Warrington, Wigan, St Helens & Knowsley Healthwatch, was highly commended at the Healthwatch England Network Awards.

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

Work has taken place over the past few months between HBC and NHS Halton CCG to develop a proposal and associated mechanisms of how the further alignment of systems and services across Health and Social Care Services will improve the quality and efficiency of services provided to Adults in Halton. The associated project brief has been approved by the respective

organisations and a Project Board, chaired by the Director of Adult Social Services, has been established to take the Project forward.

Key Performance Indicators

Ref	Measure	15/16 Actual	16/17 Target	Q1 Actual	Q1 Progress	Direction of travel
CCC 3	Adults with mental health problems helped to live at home per 1,000 population	3.21	3.00	2.78		
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	0	0		
CCC 5	Number of households living in Temporary Accommodation (Previously NI 156, CCC 7).	15	17	5		

Supporting Commentary

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

This continues to be a challenging target, because a reconfiguration within the 5Boroughs reduced the numbers of people who could be counted in this cohort. The work to develop new care pathways into and out of long term care should increase the numbers however.

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:

Trends indicate a National and Local Increase in homelessness. This will have an impact upon future service provision, including temporary accommodation placements.

The changes in the TA process and amended accommodation provider contracts, including the







mainstay assessment , has had a positive impact upon the level of placements.

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

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

Prevention and Assessment Services

Key Objectives / milestones

Ref	Milestones	Q1 Progress
PA 1	Monitor the effectiveness of the Better Care Fund pooled budget ensuring that budget comes out on target (AOF 21 & 25) March 2016 (KEY)	
PA 1	<i>Integrate frontline services with community nursing (AOF 2, 4, & 21) March 2016</i>	
PA 1	<i>Develop and implement the Care Management Strategy to reflect the provision of integrated frontline services for adults (AOF 2,3 & 4) March 2016</i>	
PA 1	Implement the Care Act (AOF 2,4, 10, 21) NEW March 2016 (KEY)	
PA 1	Develop an integrated approach to the delivery of Health and Wellbeing across Halton (AOF 2, 4, 21) March 2016	
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. Mar 2016. (AOF 2, AOF 3 & AOF 4)	

Supporting Commentary

PA 1 Better Care Fund:

The final submission for the national Better Care Fund pooled budget was agreed without conditions. The revised 3 year agreement between HBC and NHS HCCG commenced in April 2016.

PA 1 Integrated provision of frontline services:

Work continues through the multi-disciplinary team forum on delivering integrated care. A joint care plan has been agreed and HBC are moving forward with IT connection with the system used by primary care EMIS, which community nursing are looking to adopt.

PA 1 Develop a Care Management Strategy:

PA 1 Implement the Care Act:

Quarterly review continues to monitor activity in respect of the Care Act duties and responsibilities.



PA 1 Integrated approach to the delivery of Health and Wellbeing across Halton:

Integrated approach is now in place

PA 2 Personalisation/Self-directed Support:

The 'Making it Real' action plan continues to be delivered. The use of personal budgets continues to increase.

Key Performance Indicators

Ref	Measure	15/16 Actual	16/17 Target	Q1 Actual	Q1 Progress	Direction of travel
PA 2	Percentage of VAA Assessments completed within 28 days	85% (estimated - further data quality work ongoing to confirm this)	85%	18%	?	
PA 6a	Percentage of items of equipment and adaptations delivered within 7 working days	97%	95%	83%	✓	

Supporting Commentary**PA 2 Percentage of VAA Assessments completed within 28 days:**

There continues to be ongoing issues with data loading and the dates used when loading forms; however we are confident that safeguarding investigations are being completed within the 28 day timescales. The Performance Team are working closely with operational teams to rectify these issues.

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

The direction of travel is less than that as of the same time in 15/16, this is due to missing information and should be rectified for the next quarter.

PA 11 Permanent Admissions to residential and nursing care homes per 100,000 population, aged 65+:

Figures for admissions to permanent residential and nursing care are based on 25 admissions at the end of Q1. This is a decrease from Q1 2015/16 which is the direction of travel we are aiming for.

PA 12 Delayed transfers of care (delayed days) from hospital per 100,000

population:

Figures up to January 2016.

This is no longer reported as days per 100,000 population, the values reported here are total number of days only. The target was comfortably met in April with just 181 days reported, however May saw 238 days. There has been a change in the predominant reason for delay and the main reason for delay is awaiting care home placement.

Target of 236 per month. Q1 419 total to May 2016 v target of 472.

PA 14 Total non-elective admissions in to hospital (general & acute), all age, per 100,000 population:

The CCG has queried a large increase in the number of non-elective admissions witnessed at Warrington Hospital this year (+30%) this has not been seen in the number of A&E attendances and it believed that the new ambulatory care unit at Warrington hospital may be having an adverse impact on the number of non-elective admissions.

PA 15 Hospital re-admissions (within 28 days) where original admission was due to a fall, aged 65+:

Due to a change in the reporting of this we are not currently able to report re admissions on a quarterly basis. The next formal reporting will take place in April 2017. We are working to find a solution to this with CCG colleagues.

PA 16 Proportion of Older People (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services:




These figures are collected between 1st October and 31st December annually.

PA 20 Do care and support services help to have a better quality of life?:

We have exceeded the 15/16 target of 91%, in comparison to 14/15 figures, this indicator remains stable. Please note that this data has not yet been published. Published data will be available September 2016 and may be subject to change.




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.