

REPORT TO: Health Policy and Performance Board
DATE: 26th November 2019
REPORTING OFFICER: Strategic Director, People
PORTFOLIO: Children, Education & Social Care
SUBJECT: Named Social Worker / Transition Team
WARD(S): Borough-wide

1.0 PURPOSE OF THE REPORT

1.1 To provide Members of the Board with an update on the work of the Transition Team based within the Care Management Division, Adult Services, particularly in relation to the continued use of the Named Social Worker approach following the provision of funding from One Halton for 2019-20.

2.0 RECOMMENDATION: That:

i) **The report be noted.**

3.0 SUPPORTING INFORMATION

3.1 Background

3.1.1 PPB members will already be aware of the background to the Transition Team and the Named Social Worker pilot, as summarised below:

- The dedicated Transition Team was established in early 2017, supported by a Multi-Agency Transition Protocol; this resulted in an improved transition experience making sure that it was planned from an earlier stage with effective joint working between professionals, taking into account the wishes and needs of young people and their families;
- The Team was involved in the Named Social Worker Pilot led by the Department of Health (now the Department of Health & Social Care, DHSC) between October 2017 and March 2018, building on success even further;
- The additional funding of £92k that Halton was awarded as part of the pilot enabled the creation of additional capacity in the team and allowed intensive work to take place with young people in order to prevent crisis intervention;
- The pilot evaluation revealed a Financial Return on Investment of 5.14 which means a £5.14 saving for every £1 spent on NSW support; a saving that is shared across the wider system.

3.2 Update – funding for 2019/20

- 3.2.1 At the last update, PPB were informed that the Council was working with partners to secure further funding to retain the additional resources and continue working within the NSW model. Since the last update to PPB, One Halton funding has been identified for the period 2019/20.
- 3.2.2 In April 2019, a report was presented to the One Halton Provider Alliance highlighting the benefits of a preventative and innovative approach to transition in terms of cost savings for the whole system as well as improved outcomes and experiences for young people and their families.
- 3.2. The report also included a number of recommendations that, if supported, would further build upon the improvements. One Halton agreed to support these recommendations and provided £92k funding for a 12 month period to allow the Transition Team to continue with increased capacity and a NSW model and to work towards a multi-disciplinary team (MDT) approach in order to secure the best outcomes for young people and their families.

3.3 Current activity

- 3.3.1 A dedicated task group comprising representatives from across health, social care and education was established in July 2019 to drive forwards the recommendations agreed by the One Halton Provider Alliance. The group will meet on a quarterly basis to ensure that progress is made towards implementing the recommendations and achieving an MDT approach.
- 3.3.2 Since April 2019 when One Halton funding was identified, the Transition Team has continued to have a real impact on the lives of young people. The intensive and pro-active work of the team, enhanced by the NSW approach, results in better outcomes for individuals at the same time as achieving cost savings. A case study demonstrating this is included at appendix 1 – Alison and Robert (not their real names) would likely have been placed in long-term and costly out-of-area placements away from their families if not for the intensive, person-centred approach of the Transition Team. Total annual savings of £9,651.90 have been realised by arranging local shared housing and an appropriate package of support to meet care needs.

3.4 Invest to save

- 3.4.1 There is a clear justification for the invest to save approach; whilst the additional capacity required in the Transition Team to enable a NSW approach does result in increased staffing costs, savings are

realised as a result of the innovative work of the team with a focus on listening to the needs and wishes of the individual and their family.

3.4.2 It is important that the Transition Team is able to continue working in this way given that their caseload stands to increase in the future. The Team has a current caseload of 144 and there are 461 14-25 year-olds with an Education, Health and Care Plan (EHCP) and 795 0-25 year-olds with an EHCP.

3.4.3 The overall spend on care and support for those with learning disabilities is a large part of the Adult Social Care budget and has increased year on year:

2018/19 – £16m
2017/18 – £14.8m
2016/17 – £12.7m
2015/16 – £11.3m

This is the LD community care spend for all adults, which includes direct payments, residential and nursing care and domiciliary care and supported living.

3.4.4 Those with learning disabilities represent a large proportion of the caseload of the Transition Team. Savings of £303k were achieved in 2018/19 as a result of the improved transition approach. It is therefore essential that this continues given the wider financial pressures faced by the Council.

3.5 Recognition of success

3.5.1 PPB should be aware that the improvements seen in Halton as a result of being involved in the NSW pilot were so successful that Halton's approach has been identified as excellent practice and the team has been involved in developing the principles and guidance for the NSW approach going forward.

3.5.2 More information on the NSW pilot is available via the following link: <https://www.innovationunit.org/projects/named-social-worker/>
Of particular interest is [Peter's story](#), which is the story of a young man from Halton (name has been changed) who experienced such positive outcomes as a result of the NSW approach that his story was shared nationally as a case study.
Peter's story was also the focus of an article in The Guardian: <https://www.theguardian.com/society/2018/oct/11/new-social-work-model-named-social-worker>

3.5.3 Recently, the Social Care Institute for Excellence (SCIE) has published guidance 'Preparing for adulthood: the role of Social Workers' (July 2019). This guidance followed on from the Named Social Worker pilot that Halton was involved in; the Principal Manager of the Transition Team worked with the Department of Health & Social Care and SCIE in developing the guidance that was commissioned by Chief Social Worker, Lyn Romeo. Further

information can be found on SCIE's website - <https://www.scie.org.uk/children/transition/social-workers-role-supporting-learning-disabilities/>.

4.0 **POLICY IMPLICATIONS**

4.1 None identified.

5.0 **OTHER/FINANCIAL IMPLICATIONS**

5.1 Although the increased capacity of the Transition Team, which has allowed an intensive and preventative NSW approach, has required additional funding, there is a clear justification for this on the basis of the savings that are realised across the wider system (evidenced by the cost benefit analysis completed as part of the NSW pilot evaluation).

6.0 **IMPLICATIONS FOR THE COUNCIL'S PRIORITIES**

6.1 **Children & Young People in Halton**

The approach to transition described in this report has vastly improved experiences for those young people who require support from health and social care services, allowing them the opportunity to reach their full potential.

6.2 **Employment, Learning & Skills in Halton**

None identified.

6.3 **A Healthy Halton**

A smooth transition from children's to adults' health and social care services is essential in protecting the wellbeing of some of the most vulnerable members of the community.

6.4 **A Safer Halton**

None identified.

6.5 **Halton's Urban Renewal**

None identified.

7.0 **RISK ANALYSIS**

7.1 There is a risk that if funding does not continue to be identified, the Transition Team will have to reduce its capacity and as such will not be able to continue to work in an intensive, preventative manner and will instead have to revert back to crisis intervention. This costs more in the long-term and does not result in positive experiences or outcomes for individuals.

7.2 There is also a risk that partner organisations may not fully engage in developing the MDT approach to transition and, without that, young people will not achieve the best possible outcomes.

8.0 **EQUALITY AND DIVERSITY ISSUES**

8.1 An Equality Impact Assessment (EIA) is not required for this report.

9.0 **LIST OF BACKGROUND PAPERS UNDER SECTION 100D OF THE LOCAL GOVERNMENT ACT 1972**

None.

Appendix 1: Case Study – Alison and Robert

**Note that the names have been changed for the purposes of the case study presented below.*

Alison and Robert are both 22 years old and have similar support requirements in relation to their visual impairments and care needs. They have known each other for a long time having attended the same primary/secondary schools (Brookfields and The Royal School for the Blind). They have always been friendly towards each other.

When the Transition Team became involved, Alison was attending an educational placement at the David Lewis Centre in Alderley Edge (term-time Mon-Thu, including overnight stays) and Robert was living at a specialist, out-of-area educational placement, The Seashell Trust in Cheadle Hulme.

Given the close relationship between Alison and Robert and their families, it was felt that they may be compatible to share a tenancy. Other options for both of them had been considered, including long-term placements out-of-borough, however, after working very closely with Alison and Robert and their families, it was felt that Alison's and Robert's outcomes would be more positive and least restrictive to live in their own communities and near their families.

As a result of the approach taken by the Transition Team, a shared tenancy was arranged for Alison and Robert, in Runcorn, keeping them within the borough close to their families rather than in an out-of-borough placement. The Transition Team ensured that the accommodation and package of support was appropriate to meet Alison's and Robert's needs, which are described further below:

About Alison...

Alison has complex health and behavioural needs as a result of the following conditions – learning disability, autism, Attention Deficit Hyperactivity Disorder, Retts Syndrome, visual impairment, unstable gait due to toe walking and stomach pain which causes distress (thought to be due to Retts Syndrome).

Alison needs support with personal care and is doubly incontinent. Alison is not able to verbally communicate, requiring someone who can effectively interpret her needs. All care needs are pre-empted and assistance of 2:1 is required on intervention, when distressed and in the community.

Alison can display behaviours such as head banging/butting (wears head protection), hitting herself in the face/head/stomach/legs, screaming, rocking and pacing. The triggers can include hunger, boredom, pain, refusal, communication and, more likely, bowel movements.

About Robert...

Robert has diagnoses of autism, severe learning disabilities and cortical visual impairment with difficulty in his lower field of vision. Robert also has epilepsy; he does not take medication for this, however, he does need monitoring for seizures.

Robert needs support with all personal care tasks and is doubly incontinent. Robert has limited speech and is mainly non-verbal. He can experience anxiety at times such as when his personal space is invaded, which in the past has resulted in destructive behaviour.

Robert is constantly on the move and exploring his surroundings; he requires support to remain focused on an activity for any length of time. He has very little danger awareness and requires support on hand to ensure he is safe at all times. He has 2:1 support in the community and at times of intervention and distress.

Bungalow accommodation was identified via Housing Panel and the Transition Team engaged with the housing provider to make the necessary adjustments and adaptations that were needed with support from the Occupational Therapist. The Team made sure that the major works and adaptations were complete prior to the start of the tenancy because both Alison and Robert have autism and would therefore need to experience as little disruption as possible.

The Transition Team also ensured that the right package of support would be in place for Alison and Robert. A provider was established that could offer the high level of support required. It was also arranged for the provider to visit Alison and Robert within their existing placements in order to shadow the staff, share information and develop plans. Following assessment, day services were also arranged to support their day time activities.

A number of transition planning meetings were co-ordinated by the Transition Team, which have included both Alison's and Robert's parents and the multi-disciplinary team (MDT) – Social Workers, Learning Disability Occupational Therapist, Children's Complex Needs Nurse, Community Matron, the housing provider, Domiciliary Care Provider, day service providers and Community Bridge Builders to advise on local services and resources. Support has also been given for Robert from speech and language therapy (SALT) and learning disability nursing in relation to health action planning.

The package of support so far has been successful; both Alison and Robert have settled in their new house, which their parents have made into a home. The funding of the placement is via HBC Social Care, CHC, a personal health budget, direct payments and the use of a local Domiciliary Care Provider and a supporting care agency. There have been positive reports/reviews in terms of compatibility and the level of support in place. The provider staff have been pro-active; their management team has ensured that the staff in place are appropriately trained. They have also shown a high level of commitment and flexibility to the transition process and demonstrated effective person-centred support.

As well as improved outcomes for Alison and Robert, the following cost savings have been achieved:

Annual costs	Alison	Robert	Total
Previous costs (David Lewis / Seashell)	£168,169.00	£170,065.70	£338,234.70
New costs (in borough)	£158,984.28	£169,598.52	£328,582.80
Annual saving	£9,184.72	£467.18	£9,651.90