

Health PPB Thematic Performance Overview Report

Directorate: Communities Directorate

Reporting Period: Quarter 4– Period 1st January 2012 to 31st March 2012

1.0 Introduction

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

2.0 Key Developments

2.1 The revised Organisational Structure came into effect from 1st April 2011 and this Directorate Overview Report reflects the areas which now fall under the remit of the Communities Directorate.

Eileen O'Meara has now been jointly appointed as Director of Public Health until 2013 prior to the formal transfer of the Public health function into the Local Authority.

There have been a number of developments within the Directorate during the fourth quarter which include:-

I COMMISSIONING AND COMPLEX CARE SERVICES

Electronic Monitoring

Meetings have concluded and all Domiciliary Care Providers are signed up to the new Electronic Monitoring system from 1st April 2012. The first 12 months will act as a trial period for work to be carried out with internal systems linking via finance and IT to incorporate 'live billing'. This will conclude once the 12 month trial period is completed. This is on target to complete on time.

Provider Negotiations

All Providers across Residential and Domiciliary care have attended a meeting to discuss the 0% inflationary uplift and extension of contract on existing terms and conditions. Letters confirming the above have been distributed to Providers for signing.

Commissioning

The existing Tender process has been completed for floating support services. The contract from April 2012 has been signed and work is underway with the new support Provider - Plus Dane, to ensure TUPE arrangements and transfer of service users will be completed by 1st April 2012. The accommodation services were awarded to the existing Provider, who are restructuring to ensure service delivery, in line with Tender proposals and a reduced contract value. A new Tender process is due to commence in May 2012 for the other accommodation services which have been extended to 31st October 2012.

Domestic Abuse services have been extended to 31st March 2013, and consideration is being given to alternative service models before a Tender process commences in September 2012.

The award of the Extra Care Housing and Support contract has taken place; this will mean changes for the existing provision within Dorset Gardens as well as the new provision at Naughton Fields (opening July 2012) and the Boardwalks (opening 2013).

The contract for the Dementia Care Advisors and the Dementia Cafés that will be delivered in partnership by the Alzheimer's Society and Age UK has been agreed and completed. Recruitment has taken place during February and March and the service will commence from 1st April 2012.

The independent sector Provider of the Community Enablement Service – Glenelg, supporting adults with learning disabilities, has given three months' notice to end the contract in June 2012. As a result of personalisation, the Provider has seen its contracted hours reduce to a level that is no longer viable. This service will not be re-commissioned and alternative support is being identified for the small number of people currently accessing the service.

II PREVENTION AND ASSESSMENT SERVICES

Integrated Multi Agency Safeguarding Hub

Work has begun on establishing an Integrated Safeguarding Unit which is jointly funded with the Clinical Commissioning Group (CCG) to lead on adults safeguarding and dignity work across the health and social care economy. The Unit will operate as a hub and spoke model which is a multi-agency efficient, flexible and responsive service to the local population. A steering group has been established and recruitment processes initiated.

Six Lives

Work is on-going to ensure progress is maintained in responding to the Ombudsman's Report Six Lives. Work primarily relates to healthcare services access/reasonable adjustments and the Mental Capacity Act and has begun to be progressed through the multi-agency Healthcare for All sub group of the Learning Disability Partnership Board.

Integrated Adult Learning Disability Team – Health Checks

The Integrated Adult Learning Disability Teams are working within GP's surgeries to ensure that the Learning Disability register held by each surgery are up to date and people on the register are invited to attend for their health check. A 12 week health promotion workshop for men started in February and has been well attended. Discussion took place with Carers from Halton Adult Learning Disability Support, (HALDS), a local family and carers support group regarding the team and how people can access specialist Learning Disability health support. The Learning Disability Nurses are encouraging GP practices to complete the LD health checks before the end of March and are attending clinics to offer support, advice and guidance to Practice Nurses etc. and to support those people with a Learning Disability.

Learning Disability Partnership Board Annual Self Assessment

The 2010/11 assessment of Halton's progress in implementing the Government "Valuing People Now" strategy has been completed and was presented to the Partnership Board prior to sign off by people with learning disabilities and family carers. Progress in increasing numbers in paid employment was noted. The Board continues to meet on a bi-monthly basis with dedicated themes. In July the Learning Disability Partnership Board developed a Business Plan. The Business Plan includes three key actions for each of the six key themes from Valuing People Now e.g. health, employment etc. A lead Officer has

been identified to deliver each key action, and those lead Officers are contacted every quarter to provide progress updates on their key actions. The Business Plan updates are presented to the Learning Disability Partnership Board and will help to inform the next annual self- assessment report.

Reconfiguration of Care Management

In order to transform Adult Social Care in line with Putting People First and fully implement Self Directed Support and respond to an agenda that incorporates prevention, inclusion and personalisation, the current way in which services are delivered in adult social care has been reviewed. A Reconfiguration Board has been established and supporting work streams are developing the model and action planning to support implementation around June 2012.

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

Nutrition Pilot

The Quality Assurance Team (QAT) is working with the PCT on improving the nutrition of vulnerable people within care services. Providers are piloting the new MUST toolkit which has been developed in conjunction with Dieticians, Speech and Language Therapists (SALT), the Health Improvement Team, HBC Operational Services, Training Department and the QAT. This will ensure that Care staff appropriately record the nutritional and dehydration/hydration records of each person. A training programme is being rolled out to all staff in each service incorporating Cooks, Seniors, Nurses, Care Assistants and Managers of Care Homes.

Early Detection of Depression in Older People Pathway and Guidelines

An Early Detection of Depression in Older People Pathway and Guidelines has been developed and is being used by Domiciliary Care Workers and Care Homes in Halton. The Halton BC Learning and Development Team received training in this area from an NHS approved specialist and they have cascaded it to Domiciliary workers and Care Home staff. It has been well received. The impact of the new pathway and guidelines will be evaluated in 6 months.

Residential Care

Work has started on setting up a steering group across the Residential Care market with Providers to look at quality and cost models. This will give the Authority sufficient understanding and evidence to inform the Tender process in 2014.

Domiciliary Care

Discussions have started with Providers on the forthcoming Tenders from 2013. This will roll out throughout 2012 prior to the Tender.

Learning Disability Self Assessment

The Halton and St Helens PCT validated learning disability self-assessment for 2011/12 was published in January 2012 and reported to the Clinical Commissioning Group in

March 2012. This measures progress made against the Ombudsman's report 'Six Lives and the provision of Public Services for People with learning disability.' In 17 areas the standard achieved was Effective or Excelling. 9 areas were flagged as Less Effective and actions are being considered to move these to Effective. A supplementary assessment was also submitted as part of the national response to the review of abuse uncovered at Winterbourne View. The validated results have yet to be published. The format of the 2012/13 self-assessment has been modified and the submission date brought forward to June 2012.

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4.0 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.

I Commissioning and Complex Care Services

Key Objectives / milestones

| Ref | Milestones | Q4 Progress |
|------------|---|---|
| CCC1 | Implement the Local Dementia Strategy, to ensure effective services are in place. Mar 2012. (AOF6 & 7) |  |
| CCC1 | Work with Halton Carers Centre to develop appropriate funding arrangements past September 2011, to ensure that Carers needs within Halton continue to be met. Jun 2011 (AOF 7) |  |
| CCC1 | Introduce specialist support provision for victims of a serious sexual offence Mar 2012 (AOF6 & 7) |  |
| CCC2 | Continue to survey and quality test service user and carers' experience of services to evaluate service delivery to ensure that they are receiving the appropriate outcomes. Mar 2012. (AOF 32) |  |
| CCC2 | Update the JSNA summary of findings, following community consultation, to ensure it continues to effectively highlight the health and wellbeing needs of people of Halton. Mar 2012 (AOF 6) |  |
| CCC3 | Consider with our PCT partners the recommendations and implications of the review of Halton's section 75 agreement in light of the publication of the Government White Paper 'Equity and Excellence: Liberating the NHS'. Mar 2012. (AOF 33,34 and 35) |  |

Supporting Commentary

Local Dementia Strategy

The findings for the pilot of the Assessment, Care and Treatment Service (ACTS) is now complete and full implementation of the service will take place from April 2012. In addition the contract and recruitment of the Dementia Care Advisors is now complete. Discussions with the local GPs has begun to consider completion of the mapping of community Dementia services to meet the milestones and objectives of both the Mersey Cluster and the local Clinical Commissioning Group (CCG).

Halton Carers Centre

External funding applied for Carers Centre. The outcome of this will be known by June 2012.

Specialist Support Service for Victims of a Serious Sexual Offence

Referrals have raised slightly with police referrals now surpassing the amount of self-referrals. This is potentially due to the launch of the Dedicated Rape Unit. This period has also seen a significant increase in the amount of cases being taken up by the Crown Prosecution Service; four clients have been informed that their perpetrators have been charged and two court dates have been set for later in the year.

Service User Evaluation

A number of consultations took place during the final quarter of 2011/12. The statutory Adult Social Care Survey was undertaken. Questionnaires were sent to approx. 750 Adult social Care Service Users. The results of the survey are currently being analysed. The Adult Social Care Quality Assurance Team concluded analysis of the consultations which took place in Q3 with positive results. For example, a 93% satisfaction rate was achieved and Dignity and Choice were rated highly by Service Users. A survey of residents at Dorset Gardens took place in Q4 to find out what activities residents enjoy and what new activities residents would like to see introduced. The results of the Dorset Gardens activity survey are available on the Consultation Finder, via the Council Website.

Joint Strategic Needs Assessment (JSNA)

New JSNA Products have been developed including a JSNA Data Work Book to assist Commissioners in accessing the most current data available, to use alongside the Chapter narratives. A JSNA Commissioning Priorities Summary Document has also been developed which summarises the priorities identified in the JSNA across the life course, health and wider determinants and also by Area Forum area. These priorities are being cross referenced with Commissioners and Managers during Q4 2011/12 to ensure that they are still appropriate and will be made publically available during Q1 2012/2013.

Section 75 Agreements

Report on updates to Section 75 Agreements have now been agreed by partners.

Key Performance Indicators

| Ref | Measure | 10/11 Actual | 11/12 Target | Q4 | Current Progress | Direction of travel |
|-------|---|--------------|--------------|--------|---|---|
| CCC7 | Total number of new clients with dementia assessed during the year as a percentage of the total number of new clients assessed during the year, by age group. | 4.6% | 5% | 4.5% |  | NA |
| CCC9 | The proportion of households who were accepted as statutorily homeless, who were accepted by the same LA within the last 2 years (Previously PCS 12). | 0 | 1.2 | 0 |  |  |
| CCC10 | Number of households living in Temporary Accommodation (Previously NI 156). | 4 | 12 | 6 |  |  |
| CCC14 | Carers receiving Needs Assessment or Review and a specific Carer's Service, or advice and information (Previously NI 135). | 24.13 | 24.13 | 21.36e |  |  |

Supporting Commentary

CCC7 – Target not met due to the complexities of recording data and a lack of consistency in the assessment process e.g. questions asked relating to dementia are not asked by every service area. Plans are in place to address this with two specific workstreams relating to Older Peoples Community Mental health teams and the development of the Later life and Memory Service in conjunction with 5 Boroughs Partnership. Work is underway to improve the coding process with the Clinical Care Commissioning Group.

CCC9,10 - Due to access problems with the Homeless team database, data has to be collated manually and is not yet available for Q4. The position at the end of December 2011 is reported above.

CCC14 - Figure provided is an estimate based on data currently available. Final year-end figures will not be known until completion of statutory returns at the end of May 2012. Performance is expected to be lower than target and may be explained by the higher volumes of Carers who are now accessing services via Halton Carers Centre.

II Prevention and Assessment Services

Key Objectives / milestones

| Ref | Milestones | Q4 Progress |
|-----|--|---|
| PA1 | Commence implementation of the Early Intervention/Prevention Strategy to improve outcomes for Older People in Halton. Mar 2012 (AOF6 & 7) |  |
| PA1 | Commence implementation of Telecare strategy and action plan. Mar 2012 (AOF 6 & 7) |  |
| PA1 | Continue to establish effective arrangements across the whole of adult social care to deliver self directed support and personal budgets. Mar 2012 (AOF6) |  |
| PA1 | Review and evaluate new arrangements for integrated hospital discharge Team. Mar 2012 (AOF 6&7) |  |
| PA1 | Commence implementation of Business Plan for Oak meadow. Mar 2012 (AOF 6&7) |  |
| PA2 | Develop Air Quality Action Plan. Apr 2011 - Dec 2011 |  |

Supporting Commentary

Early Intervention/Prevention

All of the milestones for 2012 have been achieved. A progress report is currently being completed and an updated action plan will be developed.

Telecare Strategy and Action Plan

The Telecare Strategy has been fully implemented and the team is fully operational.

Self Directed Support

The review of the self-directed support process, policies and procedures is progressing within agreed timescales.

Integrated Hospital Discharge Team

Team fully operational, targets being met and exceeded.

Implementation of Business Plan for Oakmeadow

Business Plan fully implemented and operational. Further work on activity planning is underway.

Air Quality Action Plan

The draft Plan is ready and subject to internal consultation.

Key Performance Indicators

| Ref | Measure | 10/11 Actual | 11/12 Target | Q4 | Current Progress | Direction of travel |
|-------|---|---------------------------------------|---------------|----------------|---|---|
| PA1 | Numbers of people receiving Intermediate Care per 1,000 population (65+) (Previously EN 1) | 98.07 | 99 | 91.67 |  |  |
| PA 5 | Percentage of people fully independent on discharge from intermediate care/reablement services | - | 40% | 58% |  | N/A |
| PA 6 | Number of people receiving Telecare Levels 2 and 3 | 149 | 164 | 240 |  |  |
| PA 8 | Percentage of VAA Assessments completed within 28 days (Previously PCS 15) | 78.12 | 80 | 90.67e |  |  |
| PA 14 | % of items of equipment and adaptations delivered within 7 working days (Previously CCS 5) | 96.65 | 96 | 97.60e |  |  |
| PA18 | a) % of scheduled Local Air Pollution Control audits carried out b) % of Local Air Pollution Control Audits being broadly compliant. | - | New Indicator | 81% 85% | Refer to comment | Refer to comment |
| PA28 | Repeat incidents of domestic violence (Previously NI 32) | Q4 = 29% End of year average = 25% | 27% | 27.6% |  |  |

Supporting Commentary

PA1 – Target not met, however performance is still good when benchmarked against other areas. Numbers of people receiving service have increased on the previous year. This indicator is subject to increases in the estimated population of older people in Halton.

PA 5 - Excellent performance - indicates improvement in outcomes for people who use the service. National audit of intermediate care will provide further benchmark information.

PA 6 – The numbers of people receiving Telecare has increased and the target has been exceeded.

PA 8 – The figure provided is an estimate based on data currently available. Estimated performance is much higher than target and 2010/11 actual. Final year-end figures will not be known until completion of statutory returns at the end of May 2012.

PA14 – The figure provided is an estimate based on data currently available. Estimated performance is higher than target and 2010/11 actual. Final year-end figures will not be known until completion of statutory returns at the end of May 2012.

PA18 - This is a new indicator therefore no comparison can be made from previous years.

PA28 – Changes in reporting procedure to reflect guidance by CAADA has led to all high risk cases now being discussed at MARAC, and an increase in the number of repeats. 27.6% repeat incident rate represents 70 cases out of a total of 253 cases, one repeat incidence causing a 0.4% increase.

APPENDIX

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. |