**REPORT TO:** Health Halton Policy & Performance Board

**DATE:** 9<sup>th</sup> November 2010

**REPORTING OFFICER:** Strategic Director, Adults & Community

Directorate

SUBJECT: Halton & St Helens Social Services Emergency

**Duty Team Review** 

WARDS: All

#### 1.0 PURPOSE OF THE REPORT

1.1 To update the Board on the performance and delivery of the Emergency Duty Team (EDT) service across St Helens and Halton Councils, for the period September 2009 to September 2010.

#### 2.0 RECOMMENDATION: That the Board:-

1) Note and comment on the report

#### 3.0 SUPPORTING INFORMATION

- 3.1 Following approval by both St Helens and Halton Executive Boards, a joint Emergency Duty Team became operational in October 2007 under a three year Partnership Arrangement. The EDT provides an emergency social care service for adults and children who are deemed vulnerable and are at immediate risk or require immediate statutory support. The EDT is based in Halton Borough Council's Contact Centre at Catalyst House, Widnes. The team will be moving to Halton Borough Council's Municipal Buildings, Widnes in March/April 2011. The EDT operates outside of normal working hours. Under the terms of the Partnership Agreement, all staff are directly employed by St Helens Council, whilst all infrastructure for the service is supplied by Halton Borough Council.
- 3.2 The budget for 2010/11 for the service is £424,072 which comprises of the following contributions:-

•	Halton Borough Council	£210,786
•	St Helens Borough Council	£210,786
•	St Helens Homeless Service	£ 10,500
•	Halton Homeless Service	£ 10,500

# 3.4 Governance and Partnership Agreement

- 3.4.1 Before the EDT service was established, a Steering Group was set up consisting of senior officers from both Councils, to drive forward all developments, and a full Partnership Agreement was developed. At the point that the new service began, the Steering Group became the Partnership Board.
- 3.4.2 The Partnership Board continues to meet regularly in line with the Partnership Agreement, with responsibility for chairing the board being shared between Senior Officers from both Councils on an annual rota. The Board reviews management information, the budget, the service delivered, areas for development and any issues that impact on the service. A Performance Management Framework has also been developed and the Board considers statistical information at each meeting. This framework builds on statistical information to give a fuller picture of the effectiveness of the service and identifies gaps and trends in service provision. The Partnership Board are pleased with how well the arrangement is working.
- 3.4.3 An Operational Group which reports to the Partnership Board is now well established and is working efficiently. The Group ensures that all systems and procedures for the delivery of the EDT are fit for purpose and develops clear and effective governance, quality standards and reporting arrangements on the delivery of the service Again, the role of chairing this Group has been shared across Service/Divisional Managers from both Councils, mirroring the arrangement for the Partnership Board.

## 3.5 <u>Service Delivery</u>

- 3.5.1 It is important to note that the data presented to the Partnership Board can only provide a flavour of the activity that is undertaken. Statistical data regarding numbers of referrals in any area does not fully reflect the workload for the team. For example, one mental health assessment or one child protection investigation can take many hours, but will be recorded as one referral. Similarly several phone calls for advice can be completed in a short time, but each will be recorded as a single referral.
- 3.5.2 Detailed data collection has improved tremendously during the past 12 months. This has enabled the Team to identify fluctuations in workload and activity to be able to target resources more effectively. The information now collected is more robust and informative of EDT activity. Tables showing examples of statistical data for referrals, together with full explanation of figures, from the commencement of the service in October 2007 until September 2010, are attached at **Appendix 1**.
  - The data shows that this critical emergency service is well used and that the need has increased, in particular children's, adult and appropriate adult services. Overall referrals for July 2008 to June 2009 were 4049, this figure increase to 4716 for the same period in 2009/2010. In addition, new data has been recorded for the past 12 months; there were 118 referrals for homeless and 219 for missing from care. This makes the overall referrals for 2009/2010 in total 5053.

#### 3.6 Key Operational Issues

3.6.1 **Staffing:** the staffing establishment is outlined in paragraph 3.2 and fulfils the basic requirements of the service. Over the last 12 months the team have been operating on a 5 person rota, and consideration is currently being given to reverting back to the original establishment of 6 Full Time Social Work staff, all of whom will be appropriate Mental Health Practitioners.

All of this can be accommodated within the allocated budget. However, the Partnership Board are aware that if there are any long term sickness issues it will put pressure on the existing budget.

3.6.2 **IT** systems and procedures: there has been continual co-operation between the IT services of both Councils and this is to be applauded, but the need for an ICT strategy for the service remains. The ideal solution would be for a single system covering both Authorities, but this would be both complex and financially prohibitive.

Halton Borough Council will be starting to use CareFirst 6 and therefore the EDT services will need continued IT support to ensure the transition is successful.

- 3.6.3 **Location:** the team is based at the Contact Centre in Widnes and this has worked well. It has had a number of benefits and has been instrumental in being able to present the team as a professional and identifiable team within both Boroughs. As part of the move to the Municipal Building, it has been agreed that the EDT remain situated together with Halton Contact Centre staff to maintain the successful relationship.
- 3.6.4 **Publicity and information:** The Team have developed an information leaflet that is circulated, both internally and externally, in both Councils and information regarding the service is on both the Intranet and Internet.

## 3.7 Learning Points

- 3.7.1 **General:** there have been many benefits from the implementation of this partnership arrangement, and also many learning points that can and should be shared both for this service specifically, and for partnerships of this nature in general. These are summarised in the following paragraphs:-
  - IT issues: The complexities of the IT issues are still an ongoing challenge and it is clear that the complexities were underestimated. Each authority has chosen to move in different directions in the delivery of the integrated IT solutions; currently the EDT is expected to operate 8 different systems.

However, although this continues to be one of the main areas of development there have been improvements made which wouldn't have been possible without the dedicated support of the business analysts and IT sections of both Halton and St Helens Borough Councils.

• Staffing: the specification for six staff was very tight, especially for this service. EDT staff must be very experienced, flexible, and trained in both children and adult areas of social work. There are few experienced staff that are qualified to deal with both service areas. As the service continues to become more specialised, the ability to recruit to this staff group may become more difficult. The Partnership Board will need to consider future staffing arrangements/requirements and how this might impact on the development of the partnership.

The EDT now has 5 Approved Mental Health Practitioners, which ensures positive service delivery. Administration Support is now full time and is essential to the efficient running of the service.

• Budget: the initial budget only provided for staffing costs, without any additional allocation for such things as training, printing and contingencies. It became quickly clear that this would require very careful monitoring, but it was a positive feature that the nature of the partnership arrangement meant that the concerns could be shared effectively across the two Councils. It is however essential to ensure that the budget in any partnership arrangement is fit for purpose.

Out of a potentially difficult situation some creative arrangements have been put in place, and the service has been able to agree some new income for the service. There has been additional finance from children's services in both Councils for Section 17 Children in Need support. Additional finance has also been secured for the Homeless service provided to both councils. However, this funding will need to be reviewed for 2011/12. On the basis of this, consideration is being given to further income generation for other out of hours services provided.

Cultural differences: one of the issues the team and the Board have had
to manage has been the cultural differences between and within the two
Councils. Decision making arrangements have been similar in many
respects, but on occasions differences have needed to be managed and
respected.

Operationally, there were some initial concerns that staff used to working in one Borough would be operating in unknown geographical territory, and practical support and time to get to know the Boroughs were provided in the early days. This has not proved to be as problematic as first envisaged and other staff that might have to work outside can learn from this. Thresholds for work have sometimes been different but this has also been helpful, as services have learned from each other. This has undoubtedly been helpful to staff and beneficial to service users.

• Sharing of good practice: this has been successful in terms of the Partnership. There has been mutual respect and support at all times between the two Councils. The sharing of practice, procedures, advice and support has extended to daytime services and this has certainly been made easier as a result of the Partnership arrangements.

- **Service Delivery:** overall, the view from staff in both Councils who refer into the team on behalf of service users is that the crucial EDT service provides a professional service that is valued by them and by service users.
- Data collection: before the service was established, a significant amount
  of data was collected from existing services, in order to be able to predict
  future demand. The design and structure of the EDT service was built
  upon this. Some of this data has proved flawed for example, the
  expected rate of calls into the Contact Centre and this imposed some
  initial strains on the service. However this has been managed through
  both the Partnership Board and the Operational Group, and the service
  has continued to operate successfully. The importance of accurate and
  detailed information for a project such as this cannot be underestimated.

#### 4.0 POLICY IMPLICATIONS

4.1 None identified.

#### 5.0 OTHER IMPLICATIONS

## 5.1 Financial

The current service is relatively inexpensive in that it provides cover out of hours, 365 days a year including bank holidays. The alternative arrangements would be to revert to previous arrangements for EDT, which were expensive; the current arrangements meant there has been a saving for each Council. Each council has different arrangements for funding EDT, but together there is a 50:50 split in respect of the overall budget of £424,072.

## 5.2 Human Resources

The staff are employed by St Helens Council.

## 5.3 Land and Property

The office accommodation is provided by Halton Council.

## 5.4 Legal Implications

The service enables both Councils to meet their legal requirements.

## 6.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

## 6.1 Children and Young People in Halton

6.1.1 The Council has a duty to investigate an allegation of abuse involving child/ren and to assess service provision for a Child in Need in crisis situations only where the welfare of a child/ren is compromised. This includes

unaccompanied asylum seeking children. EDT provides this essential service out of hours.

## 6.2 **Employment, Learning and Skills in Halton**

None.

## 6.3 A Healthy Halton

6.3.1 EDT staff will respond to critical emergency situations where the individual may need an assessment under the Mental Health Act 1983. Assess, using the NHS and Community Care Act and the commissioning of services, to support vulnerable adults in crisis situations.

#### 6.4 A Safer Halton

- 6.4.1 EDT staff will assist asylum seekers who have families or single people under the age of 18. Assist with Policy and Criminal Evidence Act in the absence of another Appropriate Adult for Halton and St Helens resident juveniles aged under 18 due to be interviewed by the Police.
- 6.4.2 EDT also arrange for the safety of an individual's property/pets.

#### 6.5 Halton's Urban Renewal

None.

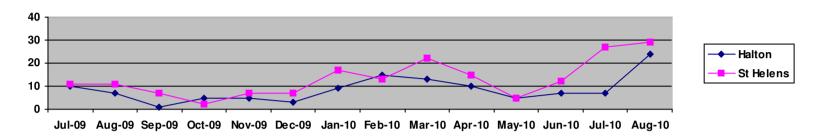
#### 7.0 RISK ANALYSIS

7.1 Risk to Service Users – The service provides an emergency service to the most vulnerable people in both Boroughs. The service can only provide emergency cover but without the service some people would be at high risk. It is therefore not an option for either Council not to have in place an arrangement for out of hours social work provision.

## 8.0 EQUALITY AND DIVERSITY ISSUES

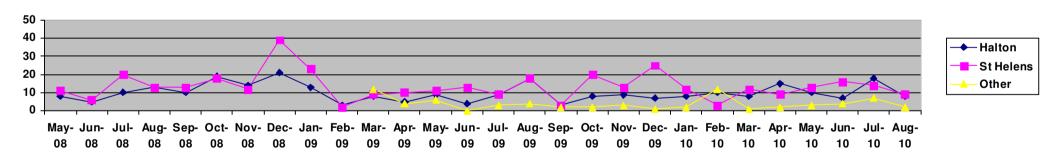
8.1 This team provides emergency services to all residents of Halton and St Helens.

## MIssing from care



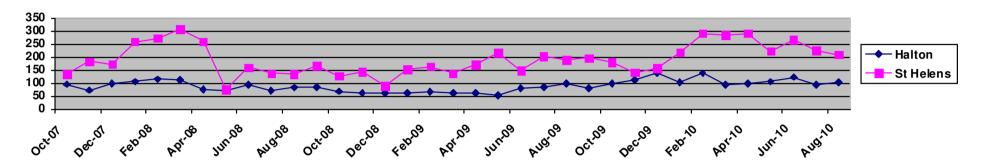
 Above Chart shows additional calls for missing from care. Sometimes several calls are received for one subject but recorded once in a summary on a form sent to daytime services.

#### NFA



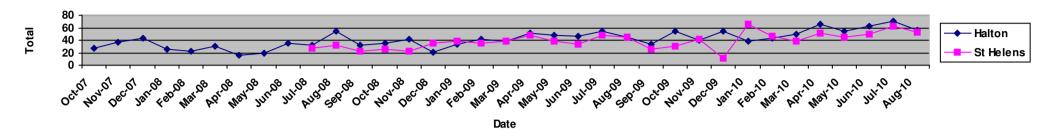
The No Further Action (NFA) figures show the decision made by the E.D.T. worker not to forward the information to daytime services.
 There are strict criteria used on which to base this decision making. The figures are reasonably low as most information is forwarded to daytime services.

## Children's figures



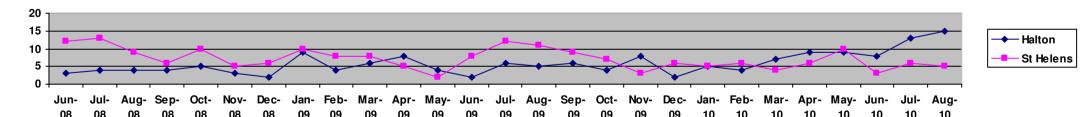
• There were 223 contacts recorded in May relating to 139 children and young people. Majority (over 70%) were on open cases with many coming from residential establishments, which suggests that the vast majority of children's statistics are missing from care issues. There is currently some development work being undertaken to possibly manage this work differently. This could extend the contact centre advisors role to screen the lower threshold work away from the EDT. Therefore reducing the amount of pressure in respect of the amount of assessments needing to be undertaken by the EDT. Further training with Contact Centre advisors will be taking place as part of the current development work. This should ensure that the work dealt with by the EDT meets the specific threshold criteria for this team. There has been a consistent trend demonstrating that St Helens has continued to generate a larger amount of contacts for children and their families than has Halton.

#### Adult figures



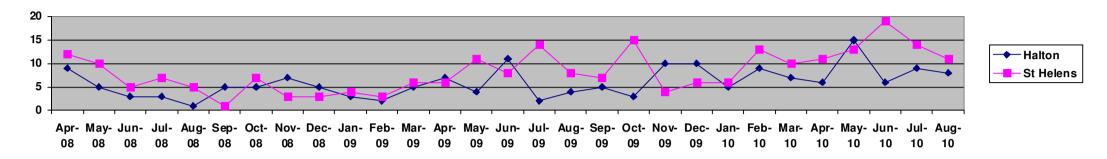
- Since the last report in September 2009 it has been possible to effectively capture more data in order to compare the work from both authorities.
- The Adult figures for St Helens have increased as originally ESAP could not be reported on and the figures didn't show the work EDT completed for ESAP All adult calls together are reported in the same way for both authorities and a breakdown of MH/Safeguarding and MHA is also shown separately
- This shows the discrepancy of numbers as St Helens is a much larger authority and yet still has consistently less contacts than Halton. There are some thoughts currently that the figures are impacted upon by the differences in the operation of the 2 Crisis Teams across both boroughs. Risk management seems to vary greatly across both services, this then impact on requests for MH Act assessments. More research is being undertaken to further clarify this issue.

#### **MHA** figures



• The above table shows the figures for Mental Health Act (MCA) only which are incorporated in the adult figures shown previously. As previously stated this shows the discrepancy of numbers as St Helens is a much larger authority and yet has consistently less contacts. There are some thoughts currently that the figures are impacted upon by the differences in the operation of the 2 Crisis Teams across both boroughs. Risk management seems to vary greatly across both services, this then impact on requests for MH Act assessments. More research is being undertaken to further clarify this issue. Issues around particular practices in case managed in daytime services have on the whole been addressed which has had a positive impact on the amount of contacts received by the EDT.

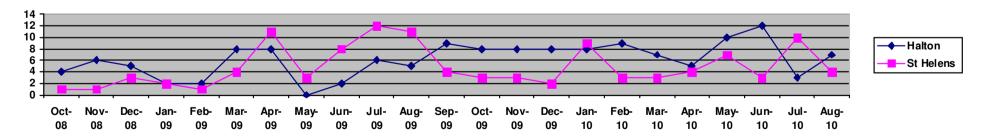
AA - PACE figures



# Police and Criminal Evidence Act Referrals (P.A.C.E)

Under P.A.C.E there is a duty to provide an appropriate adult in particular circumstances for a child/young person or vulnerable adult who
is in police custody. The figures are broken down to show requests for an Appropriate Adult (AA) for both adults and children across both
authorities. Overall St Helens does appear to generate more requests in this area particularly for young people. This could be explained
by the population size, the figures do continue to remain relatively low. However each request takes a number of hours to complete.
This has been monitored and reported on and shows that this work still impacts on other aspects of service delivery but has become
more manageable over the last twelve months.

## Homeless figures



• Over the time period reported on above, the numbers of homeless people referred are consistently greater in Halton than St Helens. The numbers continue to remain relatively small. It is felt that the discrepancy in numbers is impacted upon by people presenting to Halton Direct Link One Stop Shops which remain open until 1pm on Saturdays.