### **Departmental Quarterly Monitoring Report**

Directorate:	Adult and Community Directorate
Department:	Complex Care Services
Period:	Quarter 4 - 1 <sup>st</sup> January 2011 – 31 <sup>st</sup> March 2011

#### 1.0 Introduction

This quarterly monitoring report covers the Complex Care Services fourth quarter period up to 31<sup>st</sup> March 2011. It describes key developments and progress against all objectives and performance indicators for the service.

The way in which symbols have been used to reflect progress is explained within Appendix 6.

### 2.0 Key Developments

#### **Review of Community Mental Health Services**

The 5BoroughsPartnership have for some time been conducting a review of their community mental health services, prompted in part by a change in commissioning intentions by the PCT, and partly because of a need to rationalise approaches across the Trust footprint. A high-level model has been developed, with input from Local Authority partners, and this model has been agreed by the Trust Board. Some redesign of services has already taken place outside the scope of the review – the Assertive Outreach Team is to be disbanded from June 2011 and the functions of that team will be absorbed by the Community Mental Health Teams. Further detail on the proposals by the 5Boroughs to redesign community teams is to be delivered in April 2011.

#### Personalisation

The target for achieving 30% of service users and carers who receive self-directed support in mental health services has been achieved. This remains a challenge for future delivery, partly because delivery itself depends on the commitment of partners in the health services, and partly because processes and systems are cumbersome and need to be rationalised.

### Mental Capacity Act/Deprivation of Liberty Safeguards

A new IMCA service has been commissioned across the four boroughs of Halton, Warrington, St Helens and Knowsley, and responsibility for managing this contract currently lies within the Halton commissioning services. A formal Section 75 agreement has been put in place between Halton and St Helens Councils and the PCT to cover the work of the Mental Capacity Act Co-ordinator, and a memorandum of understanding is in place to allow Best Interests Assessors to work across the organisations as required. These agreements will need to be renegotiated in the light of the changes within the PCT. The Training plan for 2011 has been identified and a new programme of e-learning can be accessed through the Council's website. All relevant front line staff in the Directorate are being required to undertake this training, as one of the recommendations from a recent serious case review.

#### **Older People's Mental Health Services**

The 5Boroughs have continued to lead a project to deliver the Assessment, Care and Treatment service for people with dementia, which is to be delivered across Halton and St Helens. At this stage, this project appears to be unable to deliver fully against the original specification, with only core elements of assessment and diagnosis to be delivered in the first phase, mainly through redesign of the existing day hospital services. Discussions are continuing about potential amendments to the specification and how to use existing financial commitments. The 5Boroughs is also undertaking a review of the operation of the Older People's Community Mental Health Teams across St Helens and Halton, and the Directorate is now involved in this review.

#### 3.0 Emerging Issues

#### New referral sources

The delay in the provision by the 5Boroughs of firm proposals for a new structure for community mental health services means that no action has yet been taken to redesign social care services to take account of other referral sources and operational pressures. It is expected that this will now take place in 2011, Quarter 1, once the 5Boroughs plans have become clearer.

#### **National Mental Health Strategy**

The new national mental health strategy, "No health without mental health" has now been published by the government, along with specific guidance on the intended outcomes of the strategy. This is to be reported to the management team in Quarter 1 2011.

#### **Deprivation of Liberty Safeguards**

Recent case law decisions continue to be considered for their impact on local services. Further work will be done on this in Quarter 1 2011.

#### **Autistic Spectrum Conditions**

A multiagency steering group is in place to deliver the aims of the local strategy.

4.0	Service Objectives / milestones
4.1	Progress against 'key' objectives / milestones

Total	3	$\checkmark$	3	?		0	×	0	
	' Objectives within App	s/milestones endix 1.	have	achieved	their	annual	targets.	Details a	re

### 4.2 Progress against 'other' objectives / milestones



Nine of the 'other' objective indicators have met their annual targets as planned with two exceptions relating to milestones. Implementation of the Local Affordable Warmth Strategy has been delayed due to the departure of the Principal Housing Officer; and the review of policies, procedures/pathways within the HHILLS Service will be reviewed once processes and policies have been completed. Additional details are provided in Appendix 2.

### 5.0 Performance indicators

### 5.1 Progress Against 'key' performance indicators

Total	3	$\checkmark$	2	?	0	×	0	

One Key objective has met its target. One indicator is not reportable until 2011/12 (NI 127), as further clarification on the indicator definition is to be provided from NHS Information Centre. One indicator is estimated and the actual outturn figure is expected to be available in June 2011. Details are provided within Appendix 3.

### 5.2 Progress Against 'other' performance indicators

Total 19	$\checkmark$	8	?	0	×	8	
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Eight 'other' Performance Indicators have met their annual targets as planned. Two indicators cannot be reported at this time as they were expected to be reported via the place Survey. One indicator (NI 146) is undetermined as a target was not set, even though direction of travel indicates improvement in performance. Several indicators are reported as estimated. It is expected that the actual outturns for these indicators will become available during Q1, 2011. Additional details are provided in Appendix 4.

#### 6.0 Risk Control Measures

No 'high' priority risk control measures have been identified.

### 7.0 Progress against high priority equality actions

There are no high priority equality actions to report.

#### 8.0 Data quality statement

The author provides assurance that the information contained within this report is accurate and valid and that every effort has been made to avoid the omission of data. Where data has been estimated, has been sourced directly from partner or other agencies, or where there are any concerns regarding the limitations of its use this has been clearly annotated.

# 9.0 Appendices

Progress Against 'key' objectives / milestones
Progress against 'other' objectives / milestones
Progress against 'key' performance indicators
Progress against 'other' performance indicators
Financial Statement
Explanation of use of symbols

# Appendix 1: Progress Against 'key' objectives / milestones

Ref	Objective
CCS 1	Working in partnership with statutory and non statutory organisations, evaluate, plan, commission and redesign services to ensure that they meet the needs and improve outcomes for people with Complex Care needs

Milestones	Progress Q 4	Supporting Commentary
Implement the Local Dementia Strategy, to ensure effective services are in place <b>Mar 2011.</b> (AOF6 & 7)	✓	Dementia project plan for implementation now complete, service pathway mapping is complete and stage two is the redesign of existing services that will take place over the next six months. Redesign will take place within the existing Community Mental Health Team and 5 Boroughs Partnership. It is anticipated that the first elements of redesigned pathway will be implemented by July 2011.

Ref	Objective
CCS 2	Effectively consult and engage with people who have Complex Care needs to evaluate service delivery, highlight any areas for improvement and contribute towards the effective re-design of services where required

Milestones	Progress Q 4	Supporting Commentary
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 <b>Mar 2011</b> (AOF 32)		Between January and March 2011, the new Adult Social Care Survey was distributed to a sample of 700 Adult Social Care Service users. The survey is to be conducted on an annual basis, from which outcomes based performance indicators will be derived for the new Adult Social Care Outcomes Framework which will be introduced in April 2011. The results of the survey will be reported to Community Directorate Senior Management Team in Q1, 2011.

# Appendix 1: Progress Against 'key' objectives / milestones

Ref	Objective
CCS 3	Ensure that there are effective business processes and services in place to enable the Directorate to manage, procure and deliver high quality, value for money services that meet people's needs

Milestones	Progress Q 4	Supporting Commentary
Consider with our PCT partners the recommendations and implications of the review of Halton's section 75 agreement <b>Mar 2011</b> (AOF 33,34 and 35)		Programme now aligned to form part of the Local Government NHS White Paper.

# Appendix 2: Progress Against 'other' objectives / milestones

Ref	Objective
CCS 1	Working in partnership with statutory and non statutory organisations, evaluate, plan, commission and redesign services to ensure that they meet the needs and improve outcomes for people with Complex Care needs

Milestones	Progress Q 4	Supporting Commentary
Monitor effectiveness of changes arising from review of services and support to children and adults with Autistic Spectrum Disorder <b>Mar 2011.</b> (AOF 6)	✓	Autism strategy completed.
Consider implications of Autism Act 2009 and review working practices to ensure they are 'fit for purpose' <b>Mar 2011.</b> (AOF 7)	✓	New post created to support improved practice.
Contribute to the implementation of the Council wide Volunteering Strategy as a means to improving services to communities <b>Mar 2011</b> (AOF 21)	✓	Policy completed and due to be implemented July 2011.
Review policies/procedures/pathways within the HHILLS Service to ensure they are 'fit for purpose' <b>Mar 2011</b> . (AOF6 & 7)	x	Most administrative procedures have been captured but more work is required. We are almost complete on capturing the major adaptation process - once complete we will then review them to ensure they are 'fit for purpose', 2 years on from the amalgamation of the team. The equipment policy is almost complete. The Blue Badge provision is still under review due to Government changes.
Implement the Local Affordable Warmth Strategy, in order to reduce fuel poverty and health inequalities <b>Mar 2011.</b> (AOF 7)	x	Work to implement the Affordable Warmth Strategy has begun. A training programme is in the process of being developed. The programme will help to raise the awareness of front line staff to ensure that they are able to spot the triggers of fuel poverty and refer clients to the relevant agencies who can provide advice and practical help to heat and maximise their incomes. Plans are also in place to

# Appendix 2: Progress Against 'other' objectives / milestones

	develop a comprehensive marketing campaign to help maximise uptake of available measures such as Warm Front and its successor Green Deal.
Implement the redesign of the Supported Housing Network to ensure that it is meeting the needs of those with the most complex needs <b>Mar 2011.</b> (AOF6 & 7)	Preliminary work completed.

Ref	Objective
CCS 1	Working in partnership with statutory and non statutory organisations, evaluate, plan, commission and redesign services to ensure that they meet the needs and improve outcomes for people with Complex Care needs

Continue to develop the Single Point of Access to ensure that it delivers an effective mechanism for access into Services <b>Mar 2011.</b> (AOF 6 & 7)	<b>~</b>	The Single Point of Access for mental health services is in place across Halton and St Helens and is fully staffed. The role and function of the social work service – which only covers Halton – will be reviewed in Quarter 1 2011.
Continue to ensure there is a wide choice of pathways into volunteering opportunities to meet the needs of people with a Learning Disability <b>Mar 2011.</b> (AOF 6 & 21)	<ul> <li></li> </ul>	The Bridge Building Team continues to provide access to a wide range of volunteering opportunities for people with a learning disability and has successfully placed over 40 people in 2010-11. The range and scope of future volunteering opportunities will be enhanced in 2011-12 by the merging of the team with the Sure Start service, providing a combined volunteering approach to all service user groups.
Implement the recommendations following the Challenging Behaviour review/project to ensure services meet the needs of service users <b>Mar 2011</b> (AOF 6 & 7)	<b>~</b>	Positive Behaviour Support Service established with funding from Halton and St. Helens PCT, Knowsley B.C. and St. Helens Council.

# Appendix 2: Progress Against 'other' objectives / milestones

Ref	Objective
CCS 2	Effectively consult and engage with people who have Complex Care needs to evaluate service delivery, highlight any areas for improvement and contribute towards the effective re-design of services where required

Milestones	Progress Q 4	Supporting Commentary
Continue to implement a behaviour solutions approach to develop quality services for adults with challenging behaviour - Models of good practice to continue to be developed <b>Mar 2011.</b> (AOF7)		Behaviour analytical work commenced with both adults and children. Clear evidence of improved outcomes.

Ref	Objective
CCS 3	Ensure that there are effective business processes and services in place to enable the Directorate to manage, procure and deliver high quality, value for money services that meet people's needs

Milestones	Progress Q 4	Supporting Commentary
Following the publication of the new national guidance on complaints, review, develop, agree and implement a joint complaints policy and procedure to ensure a consistent and holistic approach <b>Nov 2010</b> (AOF 33)		Policy Revised. Joint working continuing with St Helen's Council and local Health providers.

Ref	Description	Actual 2009/10	Target 2010/11	Quarter 4	Current Progress	Direction of Travel	Supporting Commentary
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Quality							
<u>NI 127</u>	Self reported experience of Social Care Users	76.75	N/A	Refer to comment	N/A	N/A	The NHS Information Centre is currently developing a new methodology for this indicator, in view of which this PI may not be reportable until 2011/12.

Service D	Service Delivery						
<u>NI 145</u>	Adults with Learning Disabilities in Settled accommodation	81.99%	90%	92%	<ul> <li>Image: A start of the start of</li></ul>	Î	Target achieved. Performance is improving from last year.
<u>CSS 8</u>	Adults with mental health problems helped to live at home (Previously AWA LI13)	3.93	3.5	3.88E	✓	ļ	An estimated year end is stated above as final year end figure will not be available until June 2011. Although the estimated figure has exceeded its target it is marginally lower than 2009/10.

Ref	Description	Actual 2009/10	Target 2010/11	Quarter 4	Current Progress	Direction of Travel	Supporting Commentary
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Fair Acco	ess					
CCS 2	Number of learning disabled people helped into voluntary work in the year (Previously AWA LI5)	56	43	73E	Î	Figure provided is an estimated figure as final year end figure will not be available until June 2011. Direction of travel is based on the estimated figure provided for 2009/10 and not the actual.
CCS 3	Number of physically disabled people helped into voluntary work in the year (Previously AWA LI6)	11	5	8E	Ļ	Figure provided is an estimated figure as final year end figure will not be available until June 2011. Direction of travel is based on the estimated figure provided for 2009/10 and not the actual.
CCS 4	Number of adults with mental health problems helped into voluntary work in the year (Previously AWA LI7)	17	17	25E	Î	Figure provided is an estimated figure as final year end figure will not be available until June 2011. Direction of travel is based on the estimated figure provided for 2009/10 and not the actual.

Quality							
CCS 5	% of items of equipment and adaptations delivered within 7 working days (Previously OP LI9)	91.24	93.0	97.96	✓	Î	Performance for equipment and adaptations has exceeded target and has also improved on 2009/10 performance. Performance against minor adaptations has led to improvement against this indicator.

Ref	Description	Actual 2009/10	Target 2010/11	Quarter 4	Current Progress	Direction of Travel	Supporting Commentary
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Service I	Delivery						
CCS 6	Adults with physical disabilities helped to live at home (Previously AWA LI11) Rate per 1000 population	8.15	8.00	7.95E	×	Ļ	Figure provided is an estimated figure as final year end figure will not be available until June 2011. Direction of travel is based on the estimated figure provided for 2009/10 and not the actual.
CCS 7	Adults with learning disabilities helped to live at home (Previously AWA LI12) Rate per 1000 population	4.24	4.30	4.28E	×	Î	Figure provided is an estimated figure as final year end figure will not be available until June 2011. Direction of travel is based on the estimated figure provided for 2009/10 and not the actual.

Ref	Description	Actual 2009/10	Target 2010/11	Quarter 4	Current Progress	Direction of Travel	Supporting Commentary
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The indic performa						Responsibility for setting the target, and reporting eveloped, baseline information and targets will be
NI 146	Adults with learning disabilities in employment	9.14%	N/A	10.68E	N/A	Figure provided is an estimated figure as final year end figure will not be known until June 2011. Direction of travel is based on the actual for 2009/10.
NI 149	Adults in contact with secondary mental health services in settled accommodation	89.3	90	92.8%	<b>~</b>	At 28 <sup>th</sup> February 2011 Mental Health Services in Halton continue to achieve a high rate of people in settled accommodation. This stands at 92.8%, higher than any of the other areas within the 5Boroughs.
NI 150	Adults in contact with secondary mental health services in employment	N/A	12%	13.3%	<b>~</b>	At 28 <sup>th</sup> February 2011 This figure stands in January 2011 at 13.4% and is again higher than any of the other areas within the 5Boroughs. This figure had increased from 10.6% in July 2010.
NI 39	Hospital Admissions for Alcohol related harm	2548.6 estimated	2309	2524	×	Q3 data has been updated. Q4 full data is not yet available and the cumulative figure to the end of February has been used as a proxy.

Ref	Description	Actual 2009/10	Target 2010/11	Quarter 4	Current Progress	Direction of Travel	Supporting Commentary
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NI 119	Self-reported measure of people's overall health and well-being (as being good or very good)	72.8%	N/A	Refer to comment	N/A	N/A	There is no Place Survey in 2010 given a recent Ministerial Announcement. Due to this announcement we will not be reporting these measures for the rest of the year. Consideration will be given to whether there is need for a slimmer local survey in 2011 following clarification of the government's reporting requirements (April 2011) and our own performance management needs.
NI 120	All-age all cause mortality rate per 100,000 population.	Male: 803.8 Estimated	Male: 755	Male 879.3	×	ļ	Q3 figures have been updated. February figure used as a proxy for Q4 as March data has not yet been released. Targets for mortality are based on calendar year data and not financial year. Therefore data is unverified mortality rate for calendar
		Female: 597.3 Estimated	Female: 574	Female 582.8	x	1	year 2010. Based on Q3 data both Male and Female Mortality is above the 2010 targets for all age all cause mortality. Male mortality appears to have increased from verified 2009 data where the rate was 838.09 (an increase in 3 deaths). Female mortality however has continued to

Ref	Description	Actual 2009/10	Target 2010/11	Quarter 4	Current Progress	Direction of Travel	Supporting Commentary
							decrease but not enough to hit the 2010 target. Year end 2009 verified data showed a rate of 595.12 by year end 2010 this had reduced to 586.5 (unverified data) To hit year end 2011 rates male mortality would need to reduce to 731 per 100,000 (DSR) and females mortality to 558 per 100,000. There would need to be a substantial improvement in death rates to come near to meeting these targets by the end of 2011.

NI 121	Mortality rate from all circulatory diseases at ages under 75	88.8 Estimated	78.31	96.8	×	Î	Q3 figure has been updated. February figure has been used as a proxy for Q4 as February data has not yet been released. There has been a marginal decrease in mortality due to circulatory diseases since April. We continue to examine the data to understand the causes of deaths, the age and where these deaths have occurred to enable better targeting of current programmes in place. This means the Circulatory Disease's in Halton are unlikely to hit the PCT calendar year end target of 78.31.
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Ref     Description     Actual 2009/10     Progress     Direction of Travel     Supporting Commentary
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NI 122	Mortality from all cancers at ages under 75	166.8 Estimated	126.41	149.5	×	Î	Q3 figure has been updated. February figure has been used as a proxy for Q4 as February data has not yet been released. It is very important to note that these figures are provisional, and that Q4 is based on provisional monthly mortality data to February only. We do not yet hold confirmed figures for 2010 The performance data quoted above are not actually events: they are Directly Standardised Mortality Rates. They represent about 200 cancer deaths per year under age 75. About half of cancer deaths occur under 75.
NI 123	16+ current smoking rate prevalence – rate of quitters per 100,000 population	888 Estimated	1128	879.12		ſ	Data is a snapshot as of April 1 <sup>st</sup> 2011 and is not the complete year end data. All previous data has been updated. Data is a snapshot as of 1st April 2011 and will need to be updated when full data is available; October to February data has been updated and are all above target where the preferred outcome is higher. The Stop smoking service is very close to the March target and figures are still being collected from GP Practices for Q4. It is expected we will make the target. This will be a considerable achievement as we have a very high quit rate

Ref	Description	Actual 2009/10	Target 2010/11	Quarter 4	Current Progress	Direction of Travel	Supporting Commentary
NI 124	People with a long-term condition supported to be independent and in control of their condition	N/A	18.2% Revised target. English average 78%	80.3%		1	All data has been updated to reflect updated data as of 26.01.2011. It has been recalculated as per the new definition published by the Information Centre, which is based on a (yes+yes to some extent) / (no+yes+yes to some extent) calculation. PCT data is shown as it is not available at LA level.
NI 126	Early access for women to maternity services	1319 Estimated	3229 85.5%	55.45%	×	1	Q4 data is not yet available and Q3 data has been used as a proxy. The drop in performance will be discussed in the Community Health Services Contract Meeting in May. Following further analysis a recovery plan will be developed as appropriate and agreed with the service.
NI 137	Healthy life expectancy at age 65	N/A	N/A	Refer to comment	N/A	N/A	This is sourced through the ONS. To obtain healthy life expectancy, a standard survey question on self- reported health is asked of those over 65. Results of this can then be applied to life expectancy projections at 65 to show how many of the years to be expected will be spent in good health. It was expected that it would become part of the Place Survey however, as this is no longer in existence there is no up to date information.

#### Appendix 5 Financial Statement

The Department's Quarter 4 Financial Statement will be prepared once the Council's year-end accounts have been finalised and will then be made available via the intranet by 30th June.

Symbols are used in the following manner:						
Progress	<u>Objective</u>	Performance Indicator				
Green 🖌	Indicates that the <u>objective is</u> on course to be achieved	Indicates that the annual target <u>is on</u> course to be achieved.				
	within the appropriate timeframe.					
Amber ?	Indicates that it is <u>uncertain</u> or too early to say at this <u>stage</u> , whether the milestone/objective will be achieved within the appropriate timeframe.	Indicates that it is <u>uncertain or too</u> <u>early to say at this stage</u> whether the annual target is on course to be achieved.				
Red 🗴	Indicates that it is <u>highly likely</u> or certain that the objective will not be achieved within the appropriate timeframe.	Indicates that the target <u>will not be</u> <u>achieved</u> unless there is an intervention or remedial action taken.				
Direction of Travel Indicator						
Where possible <u>performance measures</u> will also identify a direction of travel using the following convention						
Green	Indicates that <b>performance is better</b> as compared to the same period last year.					
Amber 📛	Indicates that <b>performance is the same</b> as compared to the same period last year.					
Red	Indicates that <b>performance is worse</b> as compared to the same period last year.					
N/A	I/A Indicates that the measure cannot be compared to the same period last year.					