| ***North West ADASS Annual Risk Review 2012/2013*** (left hand column refers to the 'Trigger' intelligence and the middle column refers to the ease of access to the relevant material, 'OK' denoting easy access, '?' denoting some difficulty). | | |
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| Individual Analysis of 'Trigger Dashboard' Intelligence for **Halton** | | |
| ***Trigger*** | ***Access*** | ***Commentary*** |
| Local Account (10/11, 19pp and 12/13 22pp) | OK | 2011 Nicely presented for citizens. But at the beginning the language used ('FACS' 'Personalisation' 'safeguarding adults' 'Client B', 'Client C' in examples given) is sometimes exclusive. But it is only the opening section which is so clunky. The document overall is citizen oriented, clear and covers the ground. Brief and readable, a cross between an annual report and an adult social care brochure. Broad approach including housing and domestic violence and a specific section about the support available from councillors. No chronological comparisons, very little data, overwhelmingly positive. No comment from the LINk.<br><br>(Citizen Focus OK, Presentation OKish, Content OK, Plausibility questionable)<br><br>12/13 Draft. The structure here is an explanatory one, whose text starts at universal needs and progresses through to more complex needs and response, commenting on how small a proportion of the population need such complex services. There is early mention of the close relationship between ASC priorities and the Health and Wellbeing Board Priorities. Focus on social work team structure now including a comprehensive, early response, signposting and assessment team and a 'care and support for you' web based signposting and information site, Information Officers associated with 'Sure Start to Later Life' self care initiative, part of whose offer includes arranging day trips for people who might otherwise not get out (outside the formal community care system). Interweaved through the text is commentary on welfare reforms and implications (Blue Badges for instance) as well as a focus on housing, homelessness and 'mortgage rescue', as well as extra care housing. ('Client A' is still used in some cases studies rather than names). Day support and employment (including a service user run chicken farm) is explained, followed section by section by the responses to more complex needs.<br><br>There is a feedback section, which explains the role of Healthwatch, mentions surveys undertaken and seeks feedback on the draft, inviting challenge.<br><br>This is not a report about what Halton has done in the past, with data, comparisons, achievements and future priorities. It is an explanation and invitation to local people, looking forward. Its constituency is much broader than adult social care users and their carers, but anyone likely to need a little help, or concerned about someone they love. I liked it – it is right on target for the prevention and wellbeing agendas. |

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| | | (One concern was the spend ratio for different service user groups. Spend reported for 12/13 on Older People was 45% and for people with a Learning Disability was 32%, suggesting that the trend towards spend on Learning Disability away from Older People in Halton is greater than elsewhere. [National proportions for 11/12 were OP 52%, LD 30%. Proportionate spend on Mental Health and Physical Disability in Halton was in line with national trends and not changing much]).<br><br>Citizen Focus OK, Presentation OK, Content OK, Plausibility OK |
| Safeguarding Report (11/12, 32pp) | OK | 800 referrals in 2011, 1087 referrals in 2011/2012. At 32 pages it contains all the background legislation and guidance, Terms of Reference, lots of contacts, the work plan, commentary from all the partners, all the commitments from all the partners. It is comprehensive, although much too long to grab public attention. Unusually the DASS is the chair of the Board. The report mentions the establishment of an integrated adults safeguarding unit with staff resources operating on a hub and spoke model. The priorities are clear and the activity of each partner clearly outlined. St Helens and Knowsley Teaching Hospitals NHS Trust has appointed a Head of Safeguarding and Public protection, a Practitioner's Network has been established and the Board owns work on hate crime and domestic violence.<br><br>A good deal is made in collating data and learning from people's experiences, but there is little evidence of the impact of the activity. There is some brief, but useful, analysis which identifies who is most vulnerable (older people, women, people in their own homes) in line with national picture. |
| Comment from DASS (Dwayne Johnson) | OK | QIPP: DJ had 'no real concerns' although readmission to hospital associated with reablement/intermediate care was higher than he would like. In the recent past issues had included pressure on the hospital system, care pathways and inward investment by the PCT. But they had agreed an urgent care strategy, having levered in some extra resource from the CCG, and DJ was confident now they had a handle on it. Partnerships with NHS colleagues were 'very good'. |
| | | Significant Recent Political Change: None, the administration is Labour, has always been Labour. |
| | | Public Health Integration: This went really well, despite complications arising from Halton and St Helens sharing Public Health in the past. The DPH had initially been accountable to the DASS but is now accountable to the Strategic Director of Corporate Services. Health Improvement service sits in ASC under operations head. |
| | | Good Practice:<br>• consistent and sustained performance against ASCOF measures (for 12/13),<br>• the Challenging Behaviour Service, which was now used by three other councils,<br>• the proportion of people having person centred support (75%).<br>• the closure of traditional day services. |

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| | | Concerns include:<br>• Capacity – the ability to continue and sustain the performance they have achieved. The eligibility level has not changed but of course that might happen.<br>• Both hospitals are 'fragile'<br>• Halton has an ageing workforce, and while all those who could retire have done so, the age range of staff is largely between 35 and 60. |
| Performance Reports | OK | ASCOF Measures:<br>Concerns:<br>• 2B low proportion of people discharged from hospital to a rehabilitation service still at home after 91 days (effectiveness of service)<br>• 1H low proportion of adults with a Mental Health problem who live independently.<br>Good Practice:<br>• 2A part2 low permanent admissions to residential care 65+ |
| | | NW ADASS Measures<br>Concerns:<br>Comments:<br>Good Practice:<br>• NW2 high numbers of people receiving self directed support as a proportion of people who would benefit from it.<br>• NW3 high number of carers receiving a carer specific service.<br>• NW5 high proportion of people in receipt of a community based service. |
| | | Locality Scorecard Measures (AQuA)<br>Concerns:<br>Good Practice:<br>• AQuA 7 low number of permanent admissions 65+ per 100,000 population<br>• AQuA 8 low proportion of Local Authority spend on 65+ residential care |
| Financial Concerns and Financial Measures | OK | Very high residential fees, but this is recognised and these are being brought down. High average cost of residential care for people with a Learning Disability. Significantly lower average costs for people with Direct Payments than average weekly home care costs – as with some Local Authorities which record high numbers of Direct Payments. 'Moderate' FACS level. |
| Annual Audit letter (11/12) | OK | UQ financial statements, UQ VFM |

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| Recruitment/retention issues SSD 001 | OK | NMDS; high number of managers over 55 (44%) and high proportion of staff over 40. |
| | | SSD001: not available. |
| Intelligence via LGA | OK | No Comment |
| User Satisfaction, complaints, judicial reviews | OK | User Satisfaction: good, reliable ASCOF survey responses. Clear invitation in 'Local Account' for local people and Healthwatch to Challenge. |
| | | Complaints: (11/12, 7pp) 73 complaints recorded. Called 'Customer Care Report' |
| | | Ombudsman: Ombudsman; 'no issues', but 4 first investigations elicited an average response time of 46.5 days – one of the highest regionally. |
| NW Personalisation Report and TLAP Markers of Progress | OK | POET Survey area 2013<br>Not signed up for Making it Real |
| Relationships with partners | | |
| Disengagement with Networks | OK | Limited engagement with regional member network. Otherwise good engagement reported. |

| ***Concerns*** | ***Good Practice*** |
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| • High age profile of staff.<br>• Proportionate spend on LD in 10/11 appears to have been 27%. In 12/13 it was 32% with a concomitant reduction in spend on Older People and includes high residential costs for people with Learning Disability. The apparent rise could be for a number of reasons. Is it sustainable? Is it a concern? | • Halton has the lowest number of people living in residential and nursing accommodation in the North West and for 12/13 the lowest admission rate for older people.<br>• Successful Challenging Behaviour service.<br>• High numbers of people receiving self directed support.<br>• Good response to carers needs.<br>• Sophisticated and integrated seeming approach to first response, universal supports, signposting and prevention. |

***Overall Observations*** Halton seems to have a good balance of service responses, reducing reliance on residential care and increasing the numbers of people with self directed services, part of a more inclusive Personalisation thrust. Notable too was the strongly emerging first response, signposting, prevention strategy, linked with the Health and Wellbeing Board priorities and a restructured social work team set up. Concerns around such as the 'fragility' of hospitals and financial pressures need constant attention but such concerns are hardly confined to Halton. Specific challenges locally which struck me were the ageing workforce and considerable rise in the proportionate spend on services for people with a Learning Disability, in the face of a

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| continuing decline in the proportionate spend on Older People. |