REPORT TO: Healthy Halton Policy & Performance Board

DATE: 15 September 2009

REPORTING OFFICER: Strategic Director, Health & Community

SUBJECT: Halton and St Helens Social Services

Emergency Duty Team

WARDS: All

1.0 **PURPOSE OF REPORT**

- 1.1 To update the Healthy Halton Policy & Performance Board on the Partnership arrangements for the delivery of the Emergency Duty Team (EDT) service across St Helens and Halton Councils.
- 1.2 To review and update the Partnership Agreement in line with the recommendations of a recent Audit Report.

2.0 **RECOMMENDATION**

i) That members of the Healthy Halton Policy & Performance Board note and comment on the report.

3.0 **SUPPORTING INFORMATION**

- 3.1 Following approval by both St Helens and Halton Executive Committees, 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 located in Halton Borough Council's Contact Centre at Catalyst House, Widnes. The Team consists of an EDT Manager, 6 Full Time Social Workers and a Part Time Administrative Officer. It operates outside 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
- 3.3 The budget for 2008/09 is £391,499 and is funded on a 50:50 shared basis between St Helens Council and Halton Borough Council.

3.4 Governance and Partnership Agreement

3.4.1 Before the EDT service was in place, 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, Steering Group became the full Partnership Board.

- 3.4.2 The Partnership Board has met 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, service delivery, areas for development and any issues that impact on the service. A Performance Management Framework has been also developed and the Board considers statistical information at each meeting. This framework is to be taken forward through 2009/10 with the development and piloting of an outcomes-based framework, which will build on pure statistical information to give a fuller picture of the effectiveness of the service.
- 3.4.3 An Operational Group has also been established, and reports to the Board. Again, the role of chairing this Group has been shared across Service/Divisional Managers from both Councils, mirroring the arrangements for the Partnership Board.

3.5 Audit Report

- 3.5.1 In the autumn of 2008, the Internal Audit Departments of both Councils undertook a joint audit of the EDT service. The Audit report confirms that this is a positive partnership and that examples of good practice should be shared across both councils. It also recommended that:
 - there is a need to develop an ICT strategy for the service
 - the Information Sharing Strategy should be updated and further developed
 - value for money should be promoted at all times
 - further arrangements for Business Continuity and Risk Management should be developed
 - the development of an annual operation plan for the service that would be monitored by the Board. This would replace the requirement for a separate annual service plan for this service. The Action Plan has been agreed by the Partnership Board attached as *Appendix 2*.

3.6 Service Delivery

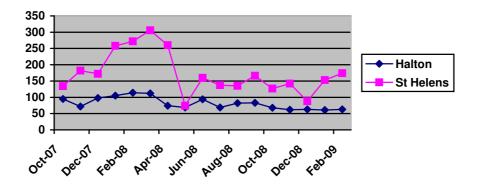
- 3.6.1 It is important to note that the data presented to the Board can only provide a flavour of the activity that is undertaken. Statistical data regarding numbers of referrals in any area does not reflect the workload for the team. One mental health assessment or one child protection investigation 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.
- 3.6.2 Accurate data collection has been one of the key challenges for this new

team, and was initially slow in being developed because the service was new to professionals and families, the team was managing with some difficult IT arrangements and there was limited administration capacity. The Board now believes that the information being gathered during the last 6 months is a truer and perhaps more accurate reflection of activity. By the end of 2009/10 the information gathered will be more robust and informative of EDT activity.

3.6.3 Children and Families Referrals

3.6.3.1 Table 1 (below) shows a significant variance in the early months in children's referrals to EDT from St Helens and Halton. One reason may be that the criteria for the new service were much tighter than that previously provided by the old EDT service in St Helens; this required some adjustment by day time staff in St Helens and the EDT team itself. As a result, further clarification was provided to staff in respect of the role and function of EDT, and alternative arrangements were put in place to ensure the EDT were managing referrals that fit the criteria for this service. There now appears to be a more consistent trend regarding numbers of children's referrals though it is likely that St Helens will continue to generate more children's referrals to EDT than will Halton.

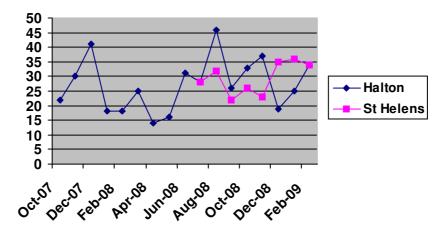
Table 1. Children & Families Referrals



3.6.4 Adults Services

3.6.4.1 For Adults Services, data capture for St Helens has only been possible since June 2008, because of difficulties with the IT system; the effective period for comparison is therefore much less. Table 2 shows the pattern of activity data for Adults Services (excluding mental health services), and again highlights discrepancies in referrals between St Helens and Halton, with this time a greater number of referrals coming form Halton. This is still being investigated, but is thought to relate partly to a number of referrals from a particular residential learning disabilities setting in Halton, which the service is now aware of and is managing differently.

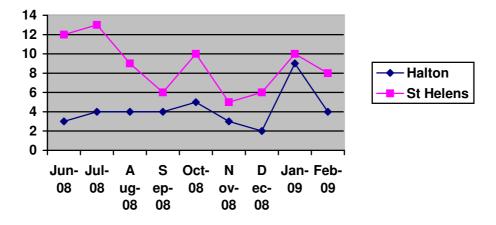
Table 2. Adult Referrals



3.6.5 Mental Health Services

3.6.5.1 Table 3 refers to the number of people referred for assessment for admission to hospital under the 1983 Mental Health Act. It shows a higher rate of referrals from St Helens than Halton, and at one stage this rate was substantially higher. This was investigated and appears to have related to particular practices in case management in daytime services in St Helens. As a result, these practices were modified and the referral rate in St Helens has reduced.

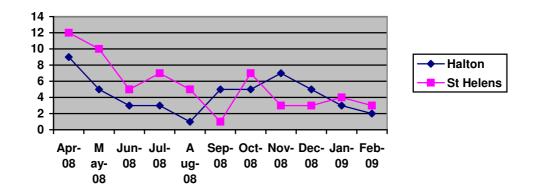
Table 3 Mental Health Referrals



3.6.6. Police and Criminal Evidence Act Referrals (PACE)

3.6.6.1 Under the Police and Criminal Evidence Act, there is a duty on Local Authorities to provide an "Appropriate Adult" to provide support, in the absence of a suitable family member or friend, to a child/young person or vulnerable adult who has been arrested and is being interviewed or charged. Table 4 shows the PACE referrals for Halton and St Helens, which are largely the same.

Table 4 Appropriate Adult Referrals

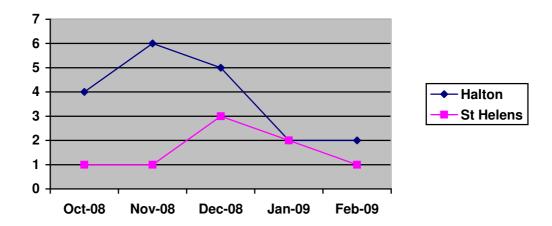


3.6.6.2 Appropriate Adult work may not be large in numbers but can take up a significant amount of EDT time. Many hours can be spent in a police station by EDT providing this service and can have a negative impact on other aspects of service delivery. The Board monitors this carefully and other options are being considered to manage this part of the out of hours service better.

3.6.7 Homelessness

3.6.7.1 Although the numbers of Homeless people referred into this service is relatively small it is important that an out of hours service is provided. EDT has been able to offer this provision across both Boroughs and this is an area that is being developed further. The activity data are in Table 5.

Table 5 Homelessness Referrals



3.7 Key Operational Issues

3.7.1 **Staffing:** the staffing establishment is explained in paragraph 3.2. This fulfils basic requirements but pressures have arisen because of long-term sickness, and the requirement for staff to undertake the complex training required to be approved to complete Mental Health Act assessments. Through the use of alternative arrangements, which have included the use of sessional staff drawn from daytime services, the service has continued

successfully. These additional costs have been contained within the allocated budget.

- 3.7.2 IT systems and procedures: there has been substantial co-operation between the IT services of both Councils, and this is to be applauded. For the EDT service, the initial complications of operating IT systems tailored to each Council, plus a manual back-up system, proved considerable. As the service has been developed, some of these issues have been resolved, but the need for an ICT strategy for the service remains. This was highlighted by the Internal audit report and will be considered further by the Partnership Board. The ideal solution would be for a single system covering both Authorities, but this would be both complex and financially prohibitive.
- 3.7.3 **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. The audit reports comments on this arrangement and makes recommendations regarding the call handling arrangements, which will be actioned and monitored by the Board.
- 3.7.4 **Publicity and information:** as a part of the development of the service, a substantial piece of work had to take place to inform the general public and all key stakeholders about the changes. Information was placed in free newspapers, fliers were sent to a range of stakeholders, websites for both Councils were updated, and the team manager spent considerable time visiting the services that were most likely to make referrals to the new EDT. Overall, this rigorous approach meant that the changeover to the new service took place smoothly and without disruption.

3.8 <u>Learning Points</u>

- 3.8.1 **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.
- 3.8.2 **Preparation:** before the service began, extensive planning and preparation took place, at both strategic and an operational levels. The team manager and service manager from Halton worked together to develop the policies and procedures that would be required for the service delivery. Meetings were held with staff and other professionals in both boroughs to raise awareness and clarify roles and responsibilities of the service prior to its implementation in October 2007. This preparatory work was essential and meant that the service was operational from the start.
- 3.8.2 **IT issues:** the complexities of the IT issues were underestimated. It was initially believed that as both Boroughs used the same software (CareFirst), then this would be simple to manage. The reality was

different. Each Council used a different version of the same software and there were differences between the adults and children's systems that were used. Staff have had to operate with four different systems; this has been a challenge and has meant that a great deal of time has been spent on learning and using the systems. Over time, changes have been made to the systems, including the implementation of a completely new IT system for Children's' services in St Helens, and improvements have occurred. However this continues to be a problem and one that if we were to embark on another partnership arrangement would warrant much more consideration.

- 3.8.3 **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 who are qualified to deal with both service areas. As the service continues to become more specialised, the ability to recruit to this specification of staff becomes more difficult. The Partnership Board will need to consider future staffing arrangements/requirements and how this might impact on the development of the partnership. In addition, the initial expectation had been that two EDT social workers would train to fulfil duties under the Mental Health Act (see para 3.7.1), but the impact on the service of this detailed training is such that only one person at a time can be released for this purpose. In consequence, daytime staff are called upon more frequently to support the service.
- 3.8.4 **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.
- 3.8.5 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 family support. Additional finance has also been secured for the Homeless service provided to both councils. On the basis of this, consideration is being given to further income generation for other out of hours services provided, and there are future possibilities of widening the Partnership to cover a neighbouring borough. It is however essential to ensure that the budget in any partnership arrangement is fit for purpose.
- 3.8.6 **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.

- 3.8.7 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 who 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.
- 3.8.8 **Sharing of good practice:** this has been an important positive that has arisen from the Partnership. There has been mutual respect and support at all times between the two Councils; as an example, supervision and mentoring for the team manager has been provided by staff in both Halton and St Helens. 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.
- 3.8.9 **Service Delivery:** overall, the view from staff in both Councils who refer into the team on behalf of service users is that the new EDT provides a professional service that is valued by them and by service users. This is important and needs to be built on.
- 3.8.10 **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 Call 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, however.

3.9 Previous Approval/Consultation

3.9.1 Prior to the Partnership Agreement being approved there was a great deal of consultation at every level in both Councils. Following the implementation of the Partnership there has been ongoing consultation with staff from both Councils, other professionals from a range of agencies and also a survey of service user views was undertaken. The survey feedback was limited in terms of responses but overall was positive.

4.0 **POLICY IMPLICATIONS**

- 4.1 None.
- 5.0 FINANCIAL/RESOURCE IMPLICATIONS
- 5.1 Financial

The current service is relatively inexpensive in that it provides cover out of hours 365 days a year including all bank holidays. The alternative arrangements would be to revert to previous arrangements for EDT, which were as expensive, in fact 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 £391,499.

6.0 **OTHER IMPLICATIONS**

6.1 Human Resources

The staff are employed by St Helens Council.

Land and Property

The office accommodation is provided by Halton Council.

Legal Implications

The service enables both Councils to meet statutory obligations for all vulnerable residents of both boroughs.

7.0 **RISK ANALYSIS**

7.1 Risk to Service Users – The new 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 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.