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| MEETING: | ADULT SOCIAL CARE AND STRATEGIC HOUSING SCRUTINY COMMITTEE |
| DATE: | 27 JULY 2009 |
| TITLE OF REPORT: | IMPLEMENTATION OF FRAMEWORKI & CAA FRAMEWORK PROGRESS REPORT |
| PORTFOLIO AREA: | ENVIRONMENT & STRATEGIC HOUSING |

CLASSIFICATION: Open

Wards Affected

County wide

Purpose

To note the progress made in implementation of Frameworki, and to endorse the recommendations for next steps.

Key Decision

This is not a Key Decision.

Recommendation

THAT subject to any comments the Committee wish to make the Committee note the progress in implementing new systems, but also the current issues being addressed

Key Points Summary

- Progress on implementation and issues arising are laid out below

Alternative Options

1. Information report and therefore none at this stage.

Reasons for Recommendations

2. Not applicable

Introduction and Background

3. Frameworki provides a single, primary source for social care information with standardised

Further information on the subject of this report is available from Wendy Fabbro, Associate Director (Social Care) Integrated Commissioning Directorate on (01432) 260320

business processes and enables compliance with Government legislative requirements. It helps Herefordshire Council deliver a consistent service to some of the most vulnerable groups of service users in our community. It provides a modern, flexible solution that enhances the reputation and credibility of the Council. The previous systems were old, inconsistently used and not fully compliant with government legislative requirements. The application was built to provide a business driven workflow and was designed by the users of the system to provide a consistent way of working across the teams.

4. With the extensive suite of built-in reports it is possible for the managers to pro-actively manage their teams by monitoring the progress of work and overall workload. The finance implementation will provide a means of producing commitment accounting reports for all levels of the business and provide a view of other services being provided when approving additional purchase service requests.
5. The project aims to achieve integrated social care solution (Corelogic Frameworki) across Adult Social Care and Children's Services to provide core social care functionality. This means developing a system to record information, provide real time management and performance reports, linked to expenditure and financial forecasting. As social care progresses its Personalisation transformation, Frameworki must also remain flexible enough to provide information about Individual budgets and how the council secures quality of life outcomes for those with assessed needs.

Key Considerations

6. The Frameworki application went live on 10 November 2008 with the core social care functionality
7. Frameworki has been implemented as a service user data base, and the directorate are already planning some of the projected savings required by the Connects programme. However, savings originally suggested as achievable from enabling care managers to input their own data (rather than manually writing forms and clerks entering data onto CLIX) are not possible to deliver because team admin deliver a much wider set of tasks than data entry. Other methods of demonstrating savings have thus been identified in administration of the performance management function.

However, there are still some issues to resolve.

8. Currently services are purchased in Frameworki with no associated costs with purchase orders created in the same way as before Frameworki was implemented. This effectively means that different arrangements have had to be put into effect to ensure that the directorate has the ability to oversee expenditure and forecast budget performance. Work is progressing on the implementation of the finance functionality in Frameworki and this will provide costs for services purchased in Frameworki and integration with the corporate finance system. However, this will not be available until April 2010
9. The project is also working on a number of other general enhancements and improvements, including enhancements around the personalisation agenda, delivery of an offline working solution and integration with the new corporate EDRMS solution. The general enhancements will be completed by December 2009 with any outstanding areas of work being transferred to the business support areas so they can progress them directly with the ICT Application Support Team.

Community Impact

Further information on the subject of this report is available from Wendy Fabbro, Associate Director (Social Care), Integrated Commissioning Directorate. 01432 26(0722)

10 None as a result of this report.

Financial Implications

11 The Connects programme has set a target of ASC/IC delivering £200,000 cashable savings, and CYP delivering £100,000 cashable savings. ASC/IC have worked with Deloitte to identify the potential for this contribution to the Connects programme and are currently engaged on this work. Posts can be saved from two administrative teams, vacancy control, and regularising the use of agency admin.

Legal Implications

12 None.

Risk Management

13 There remains some considerable continuing risk to the Council from the delay in implementing the commitment accounting functionality that would be delivered if Frameworki finance module was available. To counter this risk additional work has had to be commissioned to develop the reporting capability of other software, but this database was not designed for the purpose and is still in test phase. This leaves the directorate managing the budget with minimal tools.

14. Further, the directorate has developed an excellent project to deliver efficiencies in the contracting of home care services, but this project depends on the delivery of the Frameworki finance module. Again, a 'work around' has been devised but will limit the efficiency gains to be delivered.

15. Lastly, significant cashable and non cashable gains will be achieved once the council has delivered remote working, but this is not yet available consistently

Consultees

16. Not applicable

Appendices

17. None

Background Papers

- None identified.

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| MEETING: | ADULT SOCIAL CARE AND STRATEGIC HOUSING SCRUTINY COMMITTEE |
| DATE: | 27 JULY 2009 |
| TITLE OF REPORT: | MIDLAND HEART PARTNERSHIP – UPDATE ON PERFORMANCE |
| PORTFOLIO AREA: | ADULT SOCIAL CARE |

CLASSIFICATION: Open

Wards Affected

County-wide

Purpose

To update the Committee on the partnership agreement with Midland Heart, to provide accommodation and Support for Adults with a Learning Disability in Herefordshire.

Recommendation

THAT subject to any comments that the Committee may wish to make, the report be noted.

Key Points Summary

- The Midland Heart contract is a partnership with Herefordshire Council which is designed to transform accommodation and support services for adults with a learning disability in Herefordshire.
- The partnership is key to improving performance against national indicators as well as achieving best value from the learning disability pooled (Health and Social Care) budget.
- The partnership is large and complex with the main contract encompassing £3.3 million of Council and PCT funding from the pooled learning disability budget and two smaller contracts funded from the Supporting People Grant.
- The partnership includes a range of residential care, supported living and short break services and supports over 80 individuals with a wide range of care and support needs.
- The partnership has been recognised as an example of good practice and in May 2009 won a community care award for partnership working
- The tender was recognised as an example of good practice and Integrated Commissioning won the West Midlands Excellence in Commissioning Award in the Health and Social Care Awards.

Introduction and Background

1. As the result of a complex tender Herefordshire Council entered a partnership agreement with Midland Heart to manage and develop accommodation and support options for adults with a disability living in Herefordshire.
2. The Midland Heart partnership commenced in August 2008 and on the 19th December 2008, Scrutiny received a report on its progress. This report outlines the performance of the partnership and the outcomes it has achieved within the first year of the five year contract.
3. The overall aim of the contract is to remodel existing services, develop new services and at the same time maximise the ability for individuals to live as independently as possible resulting in the release of resources which can be used to support more individuals.
4. This report identifies key progress against the targets set for the first year of the partnership as well as identifying improvements in quality and outcomes for individuals living within the services.

Key Considerations

5. The contract identified key targets for year one of the partnership. These were:
 - i. Create five new long stay beds at Ivy Close for young people leaving school and colleges.
 - ii. Develop five new flats at Southbank Close for people currently living with older family carers (age 70+)
 - iii. Improve the quality of services for people living within the services against the baseline assessments.
6. Progress against these targets has been good and can evidenced as follows:
 - i. Five new beds have been created at Ivy Close as a result of amalgamating the short-breaks (respite) at Southbank Close. These have been offered via the learning disability vacancy management group to young people leaving residential schools and colleges. This has reduced the number of registered care beds by five and enabled an additional five individuals to be supported within the contract (e.g. at no extra cost to the Social Care)
 - ii. Plans to develop the existing resource centre at Southbank Close into six flats have been drafted and funding has been identified. Plans are being finalised and will be submitted to planning in the near future. Delays on this development have been linked to the ownership and lease for the property and not Midland Heart. The new target date is summer 2010.
 - iii. The quality of the services people have received has improved in several ways which can be evidenced by:
 - a. Refurbishment of bungalows at Southbank Close.

Substantial work has been undertaken across the three bungalows to replace all kitchens and bathrooms, remodel the interior layout and decorate and

replace carpets. This has had a profound effect on how the property looks and also on how accessible it is for the people who live there.

b. New windows and some refurbishment work at Ivy Close

Midland Heart have already begun improvements to this site and a further £120,000 of building work will result in a total refurbishment of each house. So far work undertaken includes replacing all windows and decoration of the empty house for new individuals to move in.

c. Work with Registered Social Landlords to improve environment at properties in Leominster.

Midland Heart have liaised with the Registered Social Landlords who own some of the other properties within the scheme to ensure work is undertaken to improve properties.

d. Person Centred Planning and individual support planning has been made available to people in the services

This has focussed on individuals who are in services which are remodelling and currently 21% of individuals have a PCP which was reviewed within the last 12 months. A further 16 individuals have been supported by the Housing Facilitation team to understand the proposed changes.

e. Health Action Plans have been introduced across the services

89% of individuals now have a health action plan and 70% have one written by a GP.

7. Midland Heart have also already begun to meet the targets set for year two of the contract, specifically:

- i. Plan to remodel Ivy Close as supported housing for younger people with a learning disability with links to the local colleges.
- ii. Plan to remodel two small group homes in Leominster
- iii. Plan to support more individuals to develop a Person Centred Plan
- iv. Plan to finish refurbishment work at Ivy Close.

Midland Heart have already undertaken consultation work with individuals and their family carers on the plan to reregister two further houses at Ivy Close and the two group homes in Leominster

This will mean that people living in the houses will have a tenancy and individual packages of support, they will also have more disposable income meaning they will be able to do more in their local community. This will also improve our performance indicator NI 145 – The number of people with a LD in settled accommodation and will free up resources to enable Midland Heart to support more individuals. CQC have been informed of this change and it will be implemented as soon as Community Care Assessments have been undertaken.

Midland Heart have also identified an appropriate home for 4 older individuals who live in house one at Ivy Close and require a different living environment.

Once these individuals move then this final house will be reregistered and offered to younger people leaving residential schools and colleges.

8. These changes will mean that at the end of the second year of the contract Midland Heart will have reduced the number of registered care beds by 25 and increased Accommodation options for people by 11.
9. Midland Heart will also have released enough resource to support these additional 11 people from within the contract as well as an additional 5 individuals on a floating support basis. This will increase the total number of individuals supported within the contract from 80 to 96 at no additional cost.
10. The partnership demonstrates that by working proactively with individuals and using resources creatively it is possible to improve outcomes and performance whilst still maximising value for money.

Risks and issues

- 11 The amalgamation of short breaks in Southbank Close have not resulted in delivering enough capacity to support new demands on the service from young service users reaching adulthood. Existing service users have not had their allocation of short breaks reduced, but staff are currently working with service users, their families and carers to consider alternative options.
- 12 Following the conclusion of extensive consultation on potential transformation in 2007/8, an assumption was made by staff that families were supportive of the changes, but insufficient communication and detailed consultation in the following months led to some concerns being expressed earlier in 2009.
- 13 To manage this risk, Midland Heart are now regularly meeting with carers and families. ASC staff now recognise the need to be more proactive in working with families to explore best personalised options for service users
- 14 The Community LD team has not been able to complete the volume of community care assessments, in part due to the demands of increased numbers of safeguarding assessments required.

Appendices

- 15 Midland Heart annual assessment of performance and outcomes.

Background Papers

- None identified.

Midland Heart – Performance and Outcomes Year 1

| OUTCOME | HOW WE PLAN TO DO THIS | SYSTEMS IN PLACE AND DETAILS OF EVIDENCE (2009) |
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| <p>1. IMPROVED HEALTH AND EMOTIONAL WELL-BEING.</p> <ul style="list-style-type: none"> • Individuals are enabled to live within their own homes with emphasis on promoting independence and social inclusion. • Individuals are supported to remain healthy. | <ul style="list-style-type: none"> • Whistle blowing Policy • P.O.V.A • Staff Training Programme • Nutrition • PCP • Health Action Plans • Care Plans Quality Audit (SQS) • CQC Inspections • Medication Policy • Assistive Technology • Risk Assessment • Missing Persons • Health & Safety Policies & Procedure • Medication Management Systems • Risk Management Plans • Physical Intervention Policy | <ul style="list-style-type: none"> • 100% of schemes with quality audit and action plan. • 90% of schemes with 2 star rating or good rating. • 100 % of staff have read and signed policy and procedure file. • 100% of staff have read and signed staff code of conduct. • 100% of staff have read and signed health and safety policy. • 21% of customers with PCPs reviewed in last 12 months. • 77% of customers with care plans reviewed in last 12 months. • 89% of customers with health action plans. • 70% of customers with Dr written health action plan. • 100% of schemes with missing persons policy. • 100% of schemes with whistle blowing policy. • 100% of schemes with Medication policy. • 100% of schemes with physical intervention policy. • 100% of schemes with food planning records, where part of CQC requirements. • 100% of schemes with food provided records. • 100% of schemes using BOOTS MDS system. • 77.5% of staff with POVA training. • 100% staff sign up of safeguarding policy. • 100%of schemes with general risk assessment. • 97.9% of customers with customer specific risk assessments. • 10% of staff with appraisal or learning and development plan done in last 12 months. • 19% of staff who have attended health facilitation training. |
| <p>2. IMPROVED QUALITY OF LIFE.</p> <ul style="list-style-type: none"> • Individuals believe there is an improvement in their quality of life and emotional welfare. • Services are of good quality, offer value for money and demonstrate appropriate philosophy. | <ul style="list-style-type: none"> • PCP • Needs and Risk Assessment • Reviews 6 monthly • REACH Standards • Risk Management • Communication Purposes • Statement of Purposes • Service User Guides • Tenancy Agreements | <ul style="list-style-type: none"> • 100% of schemes with quality audit and action plan. • 100% of staff have read and signed policy and procedure file. • 100% of staff have read and signed staff code of conduct. • 100% of staff have read and signed health and safety policy. • 21% of customers with PCPs reviewed in last 12 months. • 77% of customers with care plans reviewed in last 12 months. • 100% of schemes with missing persons policy. • 100% of schemes with whistle blowing policy. • 100% of schemes with Medication policy. |

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| <ul style="list-style-type: none"> • Individuals are living within their own homes as part of their local community. • Support is flexible and allows individuals to access local community facilities and remain independent. | <ul style="list-style-type: none"> • Signposting • Transitional workers • Service Centre • Matching Staff to Service Users • Policies & Procedures • Support Planning • Keyworking System • SQS Quality Audit • Complaint Procedure • Sign Ups • Risk Assessments • Access to Service Users Property • Handling of Service User's Finance • Recruiting and Selection Procedures | <ul style="list-style-type: none"> • 100% of schemes with physical intervention policy. • 100% staff sign up of safeguarding policy. • 100% of schemes with general risk assessment. • 97.9% of customers with customer specific risk assessments. • % of staff with appraisal or learning and development plan done in last 12 months. • 19% of staff who have attended health facilitation training. • 100% of schemes with recruitment selection policy. • 70% of customers with customer guide. • 100% of schemes with statement of purpose. • Rotas available to check staffing. • 100% customers with keyworker. • 100% of schemes with customer finance policy. • Transition and move on team working with % of current MH customers to develop services. • Customer involvement recording forms evidencing involvement in decisions. |
| <p>3. MAKING A POSITIVE CONTRIBUTION</p> <ul style="list-style-type: none"> • Individuals are supported to be part of the local community, to have a valued role and access local services. • Individuals are supported to develop local networks and develop positive relationships | <ul style="list-style-type: none"> • Volunteers • Employment • Local Colleges/groups • Shared Leisure opportunities • Advocacy groups • Good Neighbour Schemes • Employment Opportunities • Drama Groups • Peoples Union • Helping people to maintain and develop relationships • Drama Group help in developing interpersonal skills • Accessing mainstream services • Facilitating political change • Staff acting as advocates • Volunteer Policy • Risk Assessment • Accessibility of documents • Income Maximisation Services • Peer Audits • Service User Forum | <ul style="list-style-type: none"> • Customer involvement forms evidencing involvement in decisions. • 14.5% of customers using local college groups/ courses. • 22.9% of customers using structured shared leisure activities, such as ECHO sport in local leisure centres. • 2% of customers who are part of the Peoples union. • 8.3% of customers who are part of a drama group. • 16.6% of customers with Advocates. • 8.3% of customers with voluntary employment. • 0% of customers with paid employment. • 14.2% of services with volunteers. • 100% of schemes with Volunteer policy. • 100% of schemes with general risk assessment. • 97.9% of customers with customer specific risk assessments. • 21% of customers with PCPs reviewed in last 12 months. • 100% of staff with relevant CRB. • Peer audits are to be put in place, training being put in place at the moment. • 10% of staff with appraisal or learning and development plan done in last 12 months. • 28.5% of schemes with customer forums or tenants meetings. |

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| | <ul style="list-style-type: none"> • Service Users involved in Recruitment & Selection • P.C.P's • Staff Training • Appropriate Staff • Philosophy of Organisation • Flexibility of Organisation • Diversity • Staff acting as advocates e.g. Challenging Appointeeship | |
| <p>4. CHOICE AND CONTROL</p> <ul style="list-style-type: none"> • Individuals engage in informed decision making relating to all aspects of their lives and the services they receive • Individuals are prepared for independent living • Individuals leaving full time education access appropriate housing and support and engage in employment of training opportunities | <ul style="list-style-type: none"> • REACH Standards • PCP • Assessment, Care Planning Reviews • Risk Management • Giving People Opportunities • Skills and Needs_Assessments – Transitional_Workers • Developing Skills • Individually Tailored Plans • Assistive Technology • Connexions – Link Officer • Provide Handbook • Housing Pathways • Website • Policy Steering Group • Peer Group Audits • Skills Training • Risk & Needs Assessment • SQS • Keynote Policy • Holidays – Choices • Residents Meetings • Social Enterprise • Recruitment & Selection • Assistive Technology • Update knowledge of what technology is available • Newsletters • CQC Reports | <ul style="list-style-type: none"> • 21% of customers with PCPs reviewed in last 12 months. • 77% of customers with care plans reviewed in last 12 months. • 97.9% of customers with customer specific risk assessments. • Transition and move on team working with current MH customers to develop services. • 70% of customers with customer guide. • Peer audits are to be put in place, training being put in place at the moment. • Supported living are about to implement the REACH standards. • 100% of schemes with quality audit and action plan. • 28.5% of schemes with customer forums or tenants meetings. • 64.5% of customer who have had a holiday in last 12 months. • Supported Living are at present awaiting supporting people review. • 90% of schemes with 2 star rating or good rating . |

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| | <ul style="list-style-type: none"> Supporting People Reviews | |
| <p>5. FREEDOM FROM DISCRIMINATION</p> <ul style="list-style-type: none"> Individuals are safe from abuse Individuals are safe from crime and anti social behaviour | <ul style="list-style-type: none"> CRB Checks POVA Checks Culture of Transparency & Openness Staff feeling confident To change bad practice Appropriate support packages Working with schools Neighbourhood Watch POVA Recruitment & Selection Policy CQC Regulations Whistle blowing Policy Capability Policy Disciplinary Procedures Grievance Policy Anti Social Behaviour Policy Neighbourhood Watch Harassment Policy Health and Safety Policy Risk Register Establishing Relationships with neighbours. | <ul style="list-style-type: none"> 100% of staff have read and signed policy and procedure file. 100% of staff have read and signed staff code of conduct. 100% of staff have read and signed health and safety policy. 100% of staff with relevant CRB. 100% of schemes with whistle blowing policy. All CRBS are applied for with POVA 1st. 100% of schemes with Capability, Disciplinary and Grievance procedures. 100% of schemes with Antisocial behaviour policy. 100% of schemes with recruitment and selection policy. 100% of schemes with racial harassment policy. 100% of schemes with harassment policy and procedure. 21% of customers with PCPs reviewed in last 12 months. 77% of customers with care plans reviewed in last 12 months. 100% staff sign up of safeguarding policy. |
| <p>6. ECONOMIC WELL-BEING</p> <ul style="list-style-type: none"> Individual's live in decent homes. Individual's income is maximised. | <ul style="list-style-type: none"> Working with RSL's Working with Homepoint Decent Home Standards Housing Pathways Team Individual budgets Direct Payments In control pilot Asset Management stationary, repairs and maintenance Income maximisation service Service Centre – Income Welfare Benefits Keyworker CQC Supporting People Government Standards Health and Safety Legislation | <ul style="list-style-type: none"> 100% of staff have read and signed health and safety policy. Transition and move on team working with % of current MH customers to develop services, piloting Individual budgets. Including working with Homepoint. 0% customers receiving in control payments or direct payments. 90% of schemes with 2 star rating or good rating. Supported living are about to implement the REACH standards. Supported Living are at present awaiting supporting people review 100% customers with keyworker. 83.3% of customers with their own bank account. |

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| <p>7. PERSONAL DIGNITY</p> <ul style="list-style-type: none"> • Individuals are confident about their place in the local community and treated as full citizens • Individuals have access to appropriate local community based services • Individuals have their personal beliefs and rights respected | <ul style="list-style-type: none"> • Customer First • Treating with respect • P.C.P's • Care Plan • Reach Standards • Housing Pathways/Service Centre • Welfare Benefits Advisors • Widening Networks • Policies and Procedures • Staff Training/Awareness • In-house SQS • CQC reports and Supporting People Reviews • Assistive Technology • Skills Development • Risk & Needs Assessment • SQS Quality Audits • Equal Opportunities Policy • CQC Regulations | <ul style="list-style-type: none"> • 100% of staff have read and signed health and safety policy. • 90% of schemes with 2 star rating or good rating. • Supported living are about to implement the REACH standards. • Supported Living are at present awaiting supporting people review • 77% of customers with care plans reviewed in last 12 months. • Move on/ transition team advice on benefits and support customers to access. • 100% of staff have read and signed policy and procedure file. • 100% of staff have read and signed staff code of conduct. • 100% of staff have read and signed health and safety policy. • 100% of schemes with quality audit and action plan. • 100% of schemes with Equal Opportunities policy. • 10% of staff with appraisal or learning and development plan done in last 12 months. • |
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