MAHI Muckamore Abbey Hospital Inquiry

MAHI-DSF (LD Extracts) Reports

BELFAST HEALTH & SOCIAL CARE TRUST

REPORT ON THE DISCHARGE OF STATUTORY FUNCTIONS FOR THE PERIOD 01/04/08 – 31/03/09

CONTENTS SHEET

1. Introduction

This Report provides an overview of the Trust's discharge of its statutory functions in respect of services provided by the Social Services' workforce. It addresses the assurance arrangements underpinning the delivery of these services across the individual Service Areas, outlines levels of compliance with the standards specified in the Scheme for the Delegation of Statutory Functions (Revised April 2008) and identifies ongoing and future challenges in the provision of statutory services.

These services are delivered within a multi-disciplinary practice context which is informed by a strong emphasis on integrated models of delivery within a person centred ethos.

Central to the discharge of the Trust's Statutory Functions is an ongoing commitment to service improvement, outcomes, value for money, innovation and modernisation paralleled by the maintenance of safe and effective practice within robust assurance processes.

The reporting template has been significantly revised to facilitate commentary and analysis within an over-arching assurance focus. It has been adopted on a region-wide basis.

The template incorporates three sections:

- Section 1 An Introduction incorporating context.
- Section 2 A strategic overview by the Executive Director of Social Work of the Trust's performance in relation to the discharge of its Statutory Functions across the respective Service Areas.
- Section 3 Individual Service Area reports addressing a number of specific themes including supervision; assurance processes; engagement with external regulatory agencies; areas of difficulty in relation to statutory services delivery; training; and areas of emerging significance.

Section 3 includes information returns relating to statutory services delivery activity within each of the Service Areas. It also incorporates a cohort of performance returns related to the discharge of Statutory Functions. The inclusion of a small number of performance returns reflects an evolving qualitative and outcomes emphasis within the reporting process. It is anticipated that this aspect of the annual Statutory Functions return will be further developed.

The Trust's Social Care Workforce has contributed fully to the Trust's key organisational objectives in relation to the promotion of the health and well-being of the city's population. They have continued to consolidate and develop their skills and knowledge base and to embrace the challenges and

opportunities of modernisation and reform within multi-disciplinary and integrated organisational and service delivery processes.

The discharge of Statutory Functions is demanding, complex and rewarding work.

It involves the proportionate exercise of authority and related responsibility and accountability to protect vulnerable children and adults within high levels of judicial and public scrutiny.

As Executive Director of Social Work, I would wish to express my appreciation of the professionalism, commitment and resilience of the workforce in discharging these responsibilities.

Bernadette McNally

Executive Director of Social Work

2 GENERAL

2.1 Statement of Controls Assurance – Compliance with NISCC Requirements

As noted in the individual Service Area returns, the Trust is compliant with the Northern Ireland Social Care Council's (NISCC) requirements in relation to the registration of the Social Services' workforce.

All professionally qualified Social Workers in designated posts in the Trust are required to be registered with NISCC. The Trust's selection and recruitment processes require confirmation of an individual's registration with NISCC for all designated Social Work posts.

Local Service Area procedures across the Trust require the respective line managers to retain a copy of the individual staff member's registration certificate, incorporating the date of their registration.

With regard to that cohort of staff who are completing their Assessed Year in Employment (AYE), the Trust has established a discrete AYE database to track the individual AYE staff member's progress through their Assessed Year in Employment.

The Trust has recently revised its AYE Guidelines in consultation with the Trust's Human Resources Service and NISCC.

The revised Draft Guidelines have been circulated for consultation with a view to their early operationalising. The Guidelines have integrated and consolidated previous legacy Trust procedures and processes and recent guidance from NISCC.

The Trust is presently developing a Trust-wide Social Services' workforce database with the support of the ICT Service and in consultation with the Human Resources Service. It is envisaged that the database will provide comprehensive information in relation to the registration status and individual re-registration dates for staff across the workforce. This process will involve the assimilation of the current legacy Trust Registers.

With regard to the Trust's Social Care Workforce, the first three phases of the registration process have been progressed. This involved managers and staff in adult residential facilities and managers of day care and domiciliary services.

The Trust is awaiting confirmation of the proposed arrangements in relation to the registration of Domiciliary Care Workers, Day Care Workers, Social Work Assistants, and Drivers with care responsibilities and Rehabilitation Officers (Sensory Impairments).

The Trust is compliant with the NISCC Induction Standards (April 2008) in relation to its Social Care Workforce.

The NISCC Code of Practice for employers of Social Care Workers sets down the responsibilities of employers in the regulation of Social Care Workers. The Code is a key element of the overarching regulatory framework for the Social Care Workforce.

The Trust is compliant with each of the domains of the Code through the following:

1) The Trust's robust recruitment and selection processes; its professional supervisory arrangements, and its personal contribution, appraisal and Personal Development Framework.

2) The comprehensive range of policies, guidance and procedures; across employment, occupational health, organisational and professional themes.

3) The spectrum of organisational, uni and multi-disciplinary learning and development opportunities for the Social Care Workforce incorporating generic and individual practice development initiatives to facilitate staff completion of the NISCC Post-Registration Training and Learning Requirements (PRTL).

4) A strong organisational focus on the promotion and maintenance of staffs' welfare and safety within a robust policy guidelines and procedures framework informing a culture of support, transparency, organisational and individual responsibility and accountability. (This includes equal opportunities, occupational health, whistleblowing and related policies).

5) Through a range of organisational mechanisms, in particular the Trust's Associate Directors of Social Work and Social Care, local Service Area Social Work and Social Care Fora, the Trust's Annual Social Work Forum, the Trust's Social Services Learning and Development Service and the professional supervisory process, the Trust promotes the significance of the NISCC Code of Conduct.

The Trust has established six-monthly meetings with NISCC to address ongoing communication, practice and policy issues.

2.2 Accountability arrangements from frontline staff to Executive Director on Trust Board with responsibility for professional social work

An unbroken line of professional accountability exists in relation to the discharge of Statutory Functions from the individual Social Work practitioner through the professional supervisory and operational line management structure to the respective Associate Directors of Social Work in each Service Area, to the Executive Director of Social Work and the Trust Board.

The individual Service Area reports (Section 3) detail the local organisational arrangements which underpin this process.

The Associate Directors of Social Work have responsibility and accountability in their individual Service Areas for: the provision of professional leadership to the Social Services' Workforce; the promotion of learning and development opportunities for the Service Area's Social Services' workforce staff; the provision of specialist advice to their respective Service Areas on professional issues pertaining to the Social Services' staff group, including matters relating to the discharge of Statutory Functions; and reporting and related assurance arrangements within the Service Area in respect of the discharge of Statutory Functions.

The Associate Directors Group meets on a monthly basis and works to a annual business plan.

The Co-Director of Social Work and Social Care Governance has responsibility for ensuring that appropriate reporting and assurance arrangements in relation to the discharge of statutory functions are in place in each of the individual Service Areas.

The Trust has developed a Professional Social Work Supervision Policy and individual Service Area procedures which incorporate requirements detailed within the Scheme for the Delegation of Statutory Functions and the NISCC Codes of Conduct.

2.3 Executive Director of Social Work's General Statement of Controls Assurance setting out the Trust's performance in-year against the Discharge of Statutory Functions.

The Trust has achieved general compliance with the elements of the Scheme for the Delegation of Statutory Functions.

a) Within the individual Service Areas the Trust has sought to consolidate and develop monitoring and self-assurance mechanisms in relation to its discharge of its Statutory Functions included as outlined in the respective reports.

Both RQIA and the Commissioner have conducted a range of statutory and thematic inspections and reviews of performance in relation to the delivery of statutory services across a number of Service Areas.

The Judiciary, the Mental Health Commission and Mental Health Tribunal have directly adjudicated on the Trust's discharge of its Statutory Functions.

The Equality Commission has conducted a review of the Trust's discharge of its Human Rights' responsibilities in relation to Asylum Seekers and Immigrants.

b) The Trust has a robust policy and procedures informing the reporting and management of untoward incidents. It is compliant with the Commissioner and Department's requirements in respect of the reporting, investigation and monitoring of serious untoward incidents relating to the delivery of statutory services.

c) The Trust is compliant with the procedures for the investigation, management and collection of information pertaining to complaints in relation to statutory services.

d) The Trust is compliant with the requirements of external monitoring agencies.

e) The Trust is compliant with the requirement to establish formal and regular supervision for all staff discharging Statutory Functions. As a result of restructuring and related workforce issues, the Trust has not met the requisite standard for individual professional supervision on occasion in local service settings. The Trust has established interim arrangements to address these difficulties as necessary and is has initiated measures to secure resolution of these situations.

f) The Trust has implemented Departmental Circulars and Guidance and has developed discrete action planning, review and reporting arrangements in relation to individual RQIA Inspection recommendations as required.

g) The individual Service Area reports have identified areas of concern and remedial and contingency actions to address difficulties in relation to the discharge of statutory functions. Within this context, a number of primarily resource and capacity issues have been highlighted. The Trust has previously communicated these matters to the Department and the Commissioner and is engaged in ongoing discussions in relation to same.

2.4 Summary of areas where the Trust has not adequately discharged Delegated Statutory Functions

a) The Service Area Reports have highlighted areas of difficulty related to the discharge of Statutory Functions within service localities.

These include: resource pressures arising from the increased complexity of needs; increased demand volumes; the development of community services infrastructures; and the availability of intermediate care provision to facilitate discharge frameworks including relocation to community settings of patients in Muckamore Abbey Hospital.

b) The ongoing processes of service modernisation and reform, the re-structuring of services with an emphasis on the development of integrated organisational models and enhanced community provision within a challenging resource context has been particularly challenging in Adult Services. A key area of concern has been to profile the significance of statutory functions and discrete skills and knowledge base of social work staff within multi-professional services.

c) Children's Services has completed a major re-structuring with the establishment of Gateway and the implementation of a Pathways Service model. This was a particularly challenging process which involved a significant re-location of operational, administrative and managerial staff. This process resulted in some dislocation across review processes in respect of looked after children and the meeting of requisite supervision standards in relation to practitioner and AYE staff.

In the context of the recent Laming Report workforce recommendations, the Trust is concerned to ensure an appropriate prioritising and development of supports for the Team Leader role in fieldwork and residential services. The Trust considers that this is a pivotal organisational position in relation to the discharge of statutory functions. It is essential, in the Trust's view that the enhanced demands and related capacity issues for the role arising out of the Reform Implementation Team (RIT) "products" in relation to supervision, staff development, performance, quality and outcomes are appropriately scoped and addressed.

With regard to AYE, as a result of operational pressures, the Trust has experienced difficulties in meeting the requisite supervisory standards and in ensuring appropriate opportunities for reflective practice opportunities. The concept of a managed caseload for AYE requires further discussion in the context of the Service operational volumes, the statutory nature of all work within children's services and the overarching resource and workforce context.

d) As a result of re-structuring and related workforce issues, the Trust has not met the requisite standards in relation to supervision in a number of instances.

e) In the absence of alternative provision, the Trust has continued to use unregulated accommodation places for 16-18 year olds outside of those places commissioned under the Joint Commissioning process with Supporting People to accommodate looked after young people and those presenting as homeless aged 16-18years.

Progress report on Actions taken to improve performance, including financial implications.

The individual Service Area Reports have detailed the actions taken to address areas of difficulty in delivering statutory services.

The Trust would wish to highlight the following areas:

Workforce: The Trust is promoting workforce skills development and individual learning within Trust-wide supervisory and appraisal frameworks.

The Trust has had relative success in its recruitment and staff maintenance strategy. While the profile of the workforce in Family Support Services in particular reflects significant levels of AYE staff, these are supported by an experienced Senior Practitioner cohort and supplemented by the Service's Principal Practitioner Groups.

The children's residential staff base has had a period of relative stability at both managerial and practitioner levels. The present vacancy rate across the Family and Child Care Service is five practitioner and two Senior Practitioner posts in fieldwork (of these four are new posts related to the Service's re-structuring) and one Deputy Manger post in residential services

There are no current recruitment or retention issues within Adult Services' professional social work base.

The Trust has continued to promote professional learning and development opportunities for the Social Services workforce linked to re-registration and KSF requirements.

Supervision: The Trust has operationalised a Professional Social Work Supervision Policy and related Service Areas procedures for Adult Services which will complement the Regional Children's Services Policy and provide assurance processes in this area. Interim arrangements to address areas of difficulty in meeting the requisite standards have been actioned.

Direct Payments: While the Trust achieved its PFA target in relation to Direct Payments, the Trust recognises the ongoing need to focus on promoting the uptake of Direct Payments.

A Trust-wide Direct Payments Group has been established and a Trust-wide Policy and Procedures promoting best-practice in relation to Direct Payments has been developed. Individual Service Areas have initiated local strategies to profile Direct Payments complemented by training programmes for staff.

Carers:
The Trust has consolidated its Carers Co-ordinator Support structure and has continued to focus on promotion and profiling of carers' needs through a discrete training strategy.

The issue of individual professional supervisory arrangements in respect of designated Social Work posts CAMHS Services is to be addressed in discussions with the Co-Director and Associate Director of Social Work.

Unregulated Accommodation: The Trust currently joint- commissions 34 beds for 16-21 year olds from a range of providers for care leavers. The Trust is presently reviewing the effectiveness of these arrangements with Supporting People and the Department's Regional Project Team to determine progress in relation to service development and improvement.

The Trust continues to identify unmet need in respect of 16 and 17 year-olds with no care background presenting as homeless, asylum seeking young people and a small number of young people with care histories with complex needs compounded by violent and criminal behaviours.

There is no capacity within the current joint-commissioned beds or children's homes to attempt to place these young people in these settings. There is a need for a range of innovative projects to meet the needs of this cohort of young people and the Trust welcomes the Department's current review of standards in respect of 16+ accommodation and proposed pilot projects which the Trust understands will be developed in light of these new standards. In light of the continuing concerns regarding the use of unregulated accommodation, the Trust would wish the Commissioner to include this issue in the planned review of the Commissioning Framework for Residential Care.

Resources: The Trust is mindful of the overarching financial situation and the attendant impact on resource availability the Trust welcomes the additional investment in Family and Child Care Services and Carers and commitments in relation to adult protection.

Central to the Trust's re-configuration and modernisation proposals linked to the MORE process has been the ongoing delivery of safe and effective care within the optimising of resources to enhance service delivery.

However, significant resource pressures remain across a range of services related to historical underfunding. In light of increasing demands in terms of complexity and volumes, enhanced levels of user expectation and the strategic emphasis on community-based provision, there will be substantial challenges in delivering the spectrum of statutory functions.

2.6 Highlight which, if any, of the areas requiring further improvement and if they have been included in the Trust's Corporate Register

The following themes are included within risks identified on the Corporate Risk Register:

Risk Description: Safe, high quality and effective care.

a) Need for investment in community services related to the Risk to quality of outcomes to patients at Muckamore Abbey Hospital due to patients' discharge being delayed and resettlement ceasing.

The Trust has been engaged in ongoing discussions with the Department and the Commissioner to address the level of need and attendant resource base necessary to develop an appropriate range of community services and related infrastructure to meet the complex and challenging needs of this cohort of users.

b) Risks associated with "High risk patients being discharged including those discharged by the Mental Health Tribunal against medical advice and where no other appropriate service exists to meet the patient's needs".

Please see (a) above.

c) "Use of unregulated places for 16-18 year olds outside care system. Places outside those commissioned under Joint Commissioning process with Supporting People".

(Please see Pages 11 and 13).

2.7 Report on the Trust's Compliance in relation to other statutory agencies such as RQIA, NISCC

As noted in the individual Service Area Reports, the Trust is compliant in this area. The Trust has established a regular forum with RQIA to address the continuum of issues relating to the range of issues pertaining to both organisations.

The Trust has a similar process with NISCC.

2.8 Set out the systems, processes, audits and evaluations undertaken internally or externally identifying emerging trends and issues which shape the Director's conclusion about Trust performance.

The individual Service Area Reports have detailed the systems, processes, audits and evaluations which have informed the conclusions in relation to levels of compliance and emerging trends and issues.

a) The Trust's Associate Directors of Social Work provide professional leadership and professional accountability with individual Service Areas. They have established clear lines of professional accountability and support as detailed.

b) The Trust is seeking to develop Service Area and corporate audit performance and assurance processes in relation to the discharge of Statutory Functions. Of central significance in this regard will be the development of the Trust's Social Services Information resource base paralleled by a rationalisation and standardisation of requests for returns and related performance and qualitative measures.

c) The following emerging issues will provide significant challenges in relation to statutory service delivery:

- Services for Migrant Workers, Asylum Seekers and their dependants.
- Issues related to the protection of children and vulnerable adults arising out of the Baby Peter Case and a greater public awareness of adult protection issues.
- The impact and operational demands of the new Public Protection Arrangements (PPANI) incorporating adjudicated and non-adjudicated violent and sexual offenders.
- The pending operationalising of the single multi-disciplinary Adult Assessment Model.
- Increasing requests for data access to Social Work case file records.
- Developing a coherent career pathway for the Social Care workforce linked to training accreditation and NISCC registration.
- Developing accessible pathways to facilitate professional staffs' attainments of Post Qualifying accreditation in the context of proposals to link such accreditation requirements to career progression.

3. GENERAL NARRATIVE

Service Area: Learning Disability

3.1	Named Officer responsible for professional Social Work
	The Service has a clear line of accountability for professional social work from the practitioner to the Executive Director of Social Work. The organisational arrangements for professional social work responsibility in learning disability in 08 – 09 were: Executive Director of Social Work ↓ Associate Director of Social Work ↓ Operations Managers – (SW Qualified) ↓ Senior Social Workers ↓ Social Workers At the end of April 2009, the service sector will be forming community multi-disciplinary learning disability teams. The organisational arrangements will then be: Executive Director of Social Work ↓ Associate Director of Social Work ↓ Operations Managers – (SW Qualified) ↓ Professional Supervisors ↓ Social Workers (Please see Appendix S4)

3.2	Supervision arrangements for social workers
	The Service has a supervision policy in place covering both line management and professional supervision arrangements. The policy provides for line management supervision for social workers at least every six weeks and where the line manager is not a social worker, professional supervision on a quarterly basis. In addition the Service has established a Learning Disability Social Work Forum which will meet twice yearly to provide for professional development and professional support. AYE social workers within the Service have fortnightly supervision from a senior social worker. AYE social workers also attend the Trust's AYE support group. Approved social workers attend peer support groups, approved social work forums and annual refresher training. The Service has experienced some difficulties during the course of the year in maintaining supervision arrangements due to unfilled posts caused by the R.P.A. and sick leave. However, all supervisory posts bar one are now filled and cover arrangements for the remaining vacancy are in place.

3.3	**Set out Systems, processes, audits, reviews and evaluations undertaken internally and externally during the year, measuring performance against statutory functions, identifying emerging trends and issues.**
	The Service carried out an audit and review of team members' (including social work) responsibilities and roles within the North and West area. This allowed for differentiation of children's and adult work and was in preparation for the transfer of cases, staff and resources to Children's Disability Services. The Service has also carried out a major review of organisational and service delivery arrangements for adults with learning disabilities. Based on this review, the Service is about to move away from the current provision of uni-disciplinary teams in the North and West area and a multi-disciplinary team and a vulnerable adult team in the South and East area. The Service is on the point of establishing four community multi-disciplinary teams based in North, South, East and West Belfast. Vulnerable adult services will be integrated into the work of these four teams. This review also involved an audit of all existing policies, procedures, working practices and forms across the two legacy sectors. Following this, new policies, procedures, processes and forms have been developed and the implementation of these will start with the establishment of the teams. These include arrangements for: Supervision and supervision audit. Recording and file audit. The use of statutory powers under the Mental Health (N.I.) Order 1986. The operation of Vulnerable Adult Procedures. Carers' assessments. Direct payments. The Service has also participated in an audit of the existing register of approved social workers and of current approved social work practice. This has resulted in the implementation of a Belfast Trust-wide rota, Trust-wide supervision and support arrangements and new requirements for approved social workers who wish to maintain their approved social work status.

3.4	**Report on Directorate's compliance with other statutory agencies such as NISCC, RQIA (in relation to social work)**
	1. All social workers in the Learning Disability Service are registered with NISCC and the Service Area's assurance and professional supervision arrangements require monitoring of the registration process for each member of staff. Social workers are supported to meet the ongoing professional development requirements of NISCC. The Trust's Personal Contribution Framework and Knowledge and Skills Framework processes will allow for each social worker to have a Personal Development Plan which will include their training and development needs. The Service also provides induction for all new staff in line with NISCC's induction standards. This includes a two-day learning disability specific induction course developed and run by the Service three times a year. 2. The Service carries out a number of functions under the Mental Health (N.I.) Order 1986 and meets the requirements of the Mental Health Commission (now RQIA) and the Mental Health Review Tribunal in relation to these. These include the provision of the necessary paperwork, reports and notifications for admissions for assessments, Guardianship and Tribunals. The service sector also notifies the Mental Health Commission of any untoward incidents as per their reporting requirements. Service staff also refer to the Office of Care and Protection as appropriate and act in accordance with their instructions on financial matters for individual clients. 3. Team leaders, including social work staff within the Service, have applied for registration with RQIA as managers of domiciliary support services. This relates to the work of support staff attached to community teams. 4. The Service liaises with RQIA on protection of vulnerable adult issues as they relate to any registered facility. This involves reporting as appropriate and in certain cases joint investigation and joint protection planning.

3.5	Summary of difficulties or issues in regard to the ability to discharge Delegated Statutory Functions
	The Service has experienced a number of primarily resource related difficulties in the discharge of statutory functions. The Service had responsibility for children with learning disabilities in the North and West sector up until 27th February 2009 when responsibility transferred to the Children's Disability Team. The Service Area has kept responsibility for existing 17-year-old clients to avoid unnecessary disruption. In the South and East sector, children with learning disabilities previously transferred at the end of the school year following their 19th birthday. Transfers from children's services now occur on a child's 18th birthday. This change has created significant extra demand for resources this year. The Service has struggled to make appropriate provision for the needs of some care leavers. A number of young adults have had to remain in children's residential services for a period of time because of a lack of alternative provision caused by both under-resourcing in services and in service infrastructure. Other care leavers have had to move from children's services to services that were less than ideal in meeting their needs, again because of a lack of sufficiently resourced provision. The Service has also accepted the transfer of a number of foster placements to adult family placement services. While these placements are appropriate, the resourcing of them has proved problematic. A recent judicial review of a Mental Health Review Tribunal decision (X v MHRT [2009] NIQB 2) has created and is likely to continue to create resourcing difficulties. This decision states that the Mental Health Review Tribunal does not have the power to direct the discharge of an unrestricted patient at a future date where there is a mandatory duty to discharge the patient. This means that decisions to discharge which may previously have been deferred to allow for discharge planning will now need implemented immediately. This gives rise to very substantial challenges. This case and a number of other recent Tribunal discharges from hospital have also given rise to considerable risk management issues. These cases have been managed within the framework of the DHSSPS 2004 Guidance "Discharge from Hospital and Continuing Care in the Community of Mentally Disordered People Who Could Present a Risk of Serious Physical Harm to Themselves or Others." However the implementation of the Guidance continues to highlight the inadequacy of community resources to fully meet the needs of offenders and the needs of the public for protection from offenders. There continue to be difficulties with the lack of consistency in Mental Health Review Tribunal judgements around the definition of "severe mental handicap" and "severe mental impairment". This uncertainty causes problems for staff in knowing whether or not The Mental Health

	(N. I.) Order 1986 applies to certain clients. The Service has been involved in the resettlement of patients from Muckamore Abbey Hospital in response to targets set within HWIP. We have been able to meet these targets. However, this process is a challenging one with difficulties arising from the need for long-term planning and consistent availability of funding. It should also be noted that the number of funding packages available in this and subsequent years is limited and far exceeded by the numbers of PTL patients with treatment completed and awaiting discharge. We also have difficulties with patients not included on the PTL group being discharged from hospital as soon as their treatment is completed. While the numbers involved are relatively small, approximately six per year, there are major difficulties arising from lack of appropriate placements and funding. A recently completed audit of referrals to learning disability showed an increase in young adults who were not previously known to disability services being referred and being assessed as having a learning disability. These young adults have tended to present with complex social needs, are often very vulnerable and frequently require adult protection input. This change in referral pattern is creating pressure on staff time and resources. Other vulnerable adult issues include a need for more Achieving Best Evidence (ABE) interviewers and in particular male ABE interviewers within the Service Area. The Service Area is currently working on improving the level of service user involvement in adult protection services, for example, by producing user friendly guides to the process, user friendly minutes and enabling greater participation in case conference. While this work is underway, it is time intensive and hampered by a lack of resources. As previously mentioned the Service Area has experienced some difficulty in maintaining full supervision cover due to staff vacancies and absence. Contingency arrangements involving the availability of senior management staff for advice and support were made during this time.

3.6	**Provide a progress report in relation to remedial action to improve performance including financial implications**
	The Learning Disability Service has been working upon harmonising services across Belfast In April 2008 we had different models of community teams in the two legacy Trust areas. In South and East Belfast we had a vulnerable adults team and a multidisciplinary team consisting of social workers and nurses. In the North and West sector we had two social work teams and two nursing teams. Within the North and West sector the community teams carried children's work. Shortly after the end of this reporting period we will move to four community multidisciplinary learning disability teams, North, South, East and West. We have clear operational and professional management lines in the new structures. We have successfully transferred all children's work to Children's Disability Services. The transfer of children's work from the North and West sector resulted in two social workers and two community learning disability nurses transferring to Children's Disability Services. While there has been a reduction in overall case numbers, the transfer of four experienced members of staff from relatively small teams had a significant impact. Within Muckamore Abbey Hospital we have not changed our service delivery model i.e. a uni-disciplinary social work team. This provides a service to all patients in the hospital including those from other Trusts. The restructuring of teams and services has taken place within the general financial climate that exists across the Health and Social Care sector. There has been no new investment within these particular services and we have had to examine how these services could contribute to Service Area efficiency targets. The Service believes that the review of existing structures, processes and procedures has created the capacity to move forward to an improved model of service provision and that the new structures will provide a good standard of care. The new structures will allow for the implementation of good practice models across the spectrum of the work of the teams. However, the Service recognises that the existing staffing levels are insufficient and there are areas of service provision where substantially more investment is required. The Service is about to submit costed proposals to the Commissioner in relation to 2009-2010 funding. These proposals are for improved service provision for people with learning disabilities who commit criminal offences and for people with learning disability and mental health problems, autism and challenging behaviour. An easing of the staffing difficulties within the Service has allowed for

	the addressing of difficulties with supervision. However the length of time a recruitment process takes continues to be a concern. Throughout this report we have highlighted the difficulty in providing adequate responses to patients being discharged from Muckamore Abbey Hospital and children and young people leaving care and other children's services. We have consistently drawn individual cases to the attention of the Commissioner. Furthermore we have raised the general issues at the Service Planning Group meetings and the Muckamore Resettlement Group. Difficulties in the Social Housing Programme have also impacted upon this work. Uncertainty around capital programmes and revenue has significantly limited our access to social housing. We have raised this issue through our representative on Eastern Area Supporting People Group and within individual housing associations.

3.7	Indicate if the issues above are included in your Directorate's Risk Register
	Amongst the issues included in the Learning Disability Register are: Risk to the quality of outcomes to patients at Muckamore Abbey Hospital due to patients' discharge being delayed and resettlement ceasing. Risk to the quality of outcomes for patients being discharged from Muckamore Abbey Hospital. In particular, difficulties in ensuring that discharge plans are robust and include access to a range of community services. Risk arising from Mental Health Review Tribunal decisions; For example, where a Tribunal orders the discharge of a patient there can be an immediate requirement on the Trust to provide a comprehensive range of support services in the community. In many instances suitable supports, such as a place to live and adequate support services, may not be available. In other cases lack of funding to develop a package of support can be the difficulty. Risk to patient and client safety due to inadequate funding and cost pressures. Difficulties in providing services in the event of staff absences.

3.8	Any identified training issues

LEARNING DISABILITY SERVICE

The key training issues in Learning Disability focus on Safeguarding Vulnerable Adults, Guardianship, Direct Payments, Carers Assessment, Person Centred Planning and Managing Challenging Behaviour. One hundred and thirty staff received Awareness Level training re Safeguarding Vulnerable Adults, three staff attended Joint Protocol training and one staff member attended Achieving Best Evidence (ABE) training.

Staff attended Direct Payments training at Awareness Level and Advanced Level with further Refresher training also available.

Managing Challenging Behaviour continues to be a central training need with thirty-two staff attending SCIP Training and a further one hundred and forty-five staff receiving SCIP Refresher Training. NVQ Awards were delivered across the Directorate with twenty-one registrations at Level II and twenty-one Awards achieved. Ten staff registered at Level III and ten Awards were achieved.

Person Centred Planning was a key focus within the Directorate with staff attending training at a range of levels including awareness, Thinking Skills, Map and Path, Life History work.

A very positive training outcome achieved within the year was the Learning Disability Induction Programme. This programme is mapped across to the NISCC Induction Standards and was delivered three times throughout the year to fifty-six practitioner staff and eighteen management staff.

Further training needs have identified from the RQIA pre-registration inspection reports which require to be met in year. These include additional Vulnerable Adult Refresher sessions – one hundred and eighty-six staff attended; Care of Medicines – one hundred and forty staff attended; Health Care Emergencies – eighty-two staff attended; and Recording Training – forty-eight staff attended. This training was delivered onsite to facilitate staff attendance and provide continuity of service delivery.

The Learning Disability Service Area continues to support the practice learning agenda and provided a total of nine placements [9.5%] across the year.

Staff continue to engage with the Post Qualifying Framework, both in terms of completing awards under the Old Framework and engaging in the New NI Framework.

3.9	SUMMARY
	The year 2008-2009 has been characterised by ongoing change caused by the RPA process. There has been considerable work in amalgamating and harmonising the legacy Trust areas. The Service is about to embark on further significant organisational change with the establishment of four community multi-disciplinary learning disability teams. The preparatory work for the establishment of these teams has included the development of processes and procedures that will allow for the effective discharge of all relevant statutory functions. The Service recognises that there can be challenges involved in working in multi-disciplinary settings. The Service is committed to ensuring that each profession involved in the multi-disciplinary teams, including social work and social care, has a clearly established professional role and identity. The Service is also committed to ensuring that all staff, including social work and social care staff in the multi-disciplinary teams, are adequately recognised, valued and appropriately supported. The Servic believes that these teams, when fully established, will provide high quality, coordinated, person-centred care, treatment and support to people with learning disabilities and their carers. However, the teams are not sufficiently resourced to provide all the necessary service provision and the Service remains concerned about the difficulties commented on earlier in this report, particularly in relation to care leaver provision, provision for offenders and for patients leaving hospital. The HWIP investment monies will provide some community forensic capacity but the Service foresees ongoing problems with service provision in all of these areas due to lack of resources. The demand for efficiency savings will also continue to create considerable pressure on resources.

QUANTITATIVE DATA: Mental Health

2.The Mental Health (NI) Order 1986
Article 4 (4) (b) Article 5 (1)Article 5 (6)Article 18(5) Article 18(6)Article 115

2.1.a	Number of Applications for Assessment by:	
	Nearest Relative	0
2.1.b	Approved Social Worker	23
	Commentary: There were 23 applications for assessment to Muckamore Abbey Hospital.	
2.2	ASW Response Times (measured from within one hour of requested time of arrival)	
	Commentary: This is not currently collated and clarity is required as to measurement required.	
2.3	Number of Guardianships accepted by Trust:	
2.3.a	New Applications	2
2.3.b	Renewal Applications	13
	Number of Guardianships accepted by a nominated other person	0
2.4	Numbers referred to Tribunals	40
	Commentary Eight of the Tribunal referrals were for Belfast Trust community clients. Thirty two were Muckamore Abbey Hospital referrals for hospital patients from a variety of Trusts. In twenty nine of these, the social work submission to the Tribunal was made by the Belfast Trust's MAH social work team.	
2.5	Number of newly Approved Social Workers during year	0
	Number of Approved Social Workers removed during year	
	Number of Approved Social Workers at year end (who have fulfilled Requirements consistent with quality standards)	14

Commentary

Please see Mental Health Service Quantitative Data 2.

Number of Adult Protection Referrals Learning Disability	
Definition: The percentage of referrals for vulnerable adult investigations within the various programmes of care	
Related Indicators: Number of protection plans implemented	
Exclusions: ***None***	
Belfast Trust	**HSCT**
NUMERATOR No of vulnerable adult referrals within the year	
Learning Disability	57
DENOMINATOR The relevant base population for each programme of care.	
Learning Disability	1408
Learning Disability	4.04%

With regard to the relevant base population, there are 93 long-stay Belfast Trust patients in Muckamore Abbey Hospital, most of whom are not known to community teams. Those who are not known are excluded from the base population.

It also excludes 19 ex- Muckamore Abbey patients who are in care managed placements who receive social work support from the Muckamore Abbey Hospital social work team.

Although the community teams generally have no responsibility for both these groups of clients, vulnerable adult issues are referred to the community teams when an issue arises.

ADULT PROTECTION PLANS IN PLACE
Learning Disability

Definition: The percentage of Vulnerable Adult Referrals who have a protection plan implemented**.**

Related indicators:
Number of Adult Protection Referrals

Belfast Trust	**HSCT**
NUMERATOR No of Protection Plans in each Programme of Care initiated.	
Learning Disability – POC 6	55
DENOMINATOR No of vulnerable adult investigations where the completion date of the investigation falls between 1 April and 31 March inclusive.	
Learning Disability	57
Learning Disability	96.49%

Outcome:

6 DISABLED PERSONS (NI) ACT 1989 ***Note: 'disabled people' includes individuals with physical disability, sensory impairment, learning disability***		
6.1	**Number of referrals to Physical/Learning/sensory Disability** ***(source: SOSCARE)***	**45**
	Number of cases allocated	**45**
6.2	**Number of assessments of need carried out**	**45**
6.3	**Types of need that could not be met:**	
	Unmet need has typically been in the areas of; Domiciliary and intensive domiciliary support packages Supported accommodation Residential placements Insufficient respite	
6.4	**Number of assessments of disabled children ceasing full time education**	

7 HEALTH AND PERSONAL SOCIAL SERVICES (NI) ORDER 1972;
Article15, Article 36 [as amended by Registered Homes (NI) Order 1992]

7.1	**Number of Article 15 (HPSS Order) Payments**	279
7.2	**Number of people in residential or nursing care**	271

8 CARERS AND DIRECT PAYMENTS ACT 2002

8.1	**Number of Adult carers receiving individual carers assessments**	**32**
8.1.b	**Number of Carers receiving a service**	
8.2	**Number of young carers assessed**	**0**
8.2.b	**Number of young carers receiving a service**	
8.3	**Number of people receiving direct payments**	**32**
8.4	**Number of carers receiving direct payments**	

Commentary

The service sector does not currently record the number of carers it has contact with.

Service Users in Receipt of Direct Payments Learning Disability	
Definition: The percentage of eligible users who are in receipt of direct payments in each programme of care at 31 March	
Related Indicators: No. of Carers in Receipt of Direct Payments	

Belfast Trust	**HSCT**
NUMERATOR No of service users in receipt of direct payments in each Programme of Care .	
Learning Disability	32
DENOMINATOR No of service users who are in receipt of services in each Programme of Care who fall within the eligibility criteria.	
Learning Disability – POC 6	1408
Learning Disability – POC 6	**2.272%**

Commentary

Carers Assessment Learning Disability	
Definition:Percentage of new Service Users/carers who have been offered a carers assessment	
Definition:Percentage of new Service Users/carers who have undertaken a carers assessment	

Belfast Trust	**HSCT**
NUMERATOR No of completed individual carers needs assessments in each Programme of Care .	
Learning Disability	32
DENOMINATOR No of new service users receiving a service by Programme of Care.	
Learning Disability – POC 6	45
Learning Disability	71.11%

Commentary

BELFAST HEALTH & SOCIAL CARE TRUST

REPORT ON THE DISCHARGE OF STATUTORY FUNCTIONS FOR THE PERIOD 01/04/09 – 31/03/10

CONTENTS SHEET

1.0 Introduction

This Report provides an overview of the Trust's discharge of its statutory functions in respect of services delivered by the Social Services' workforce. It addresses the assurance arrangements underpinning the delivery of these services across the individual Service Areas, outlines levels of compliance with the standards specified in the Scheme for the Delegation of Statutory Functions (Revised April 2010) and identifies ongoing and future challenges in the provision of statutory services.

These services are delivered within user centred, multi-disciplinary and integrated organisational structures.

Central to the discharge of the Trust's Statutory Functions is an ongoing commitment to service improvement, innovation and modernisation, enhanced qualitative outcomes for service users, effectiveness and value for money paralleled by the maintenance of safe and effective practice within robust assurance processes.

The Scheme for the Delegation of Statutory Functions (Revised April 2010) (the Scheme), provides the overarching assurance framework for the Trust's discharge of its statutory functions. Trusts, as corporate entities, are responsible in law for the discharge of statutory functions. The Trust is accountable to the Health and Social Care Board (HSCB) for the discharge of those statutory functions delegated by the HSCB (relevant functions) and those conferred directly on the Trust by primary legislation. It is obliged to establish sound organisational arrangements to discharge such functions effectively. The majority of these functions relate to services provided by the Trust's social work and social care workforce.

The Scheme sets out the statutory duties delegated by the HSCB to the Trust and the accountability arrangements pertaining to these functions for each Service Area.

The Scheme specifies the organisational control and assurances processes informing the Trust's discharge of its statutory functions.

The nature and scope of the statutory functions and related services discharged by the Trust give rise to enhanced levels of public scrutiny. These services include interventions in matters of personal liberty, the protection of vulnerable children and adults, the Trust's corporate parenting responsibilities, the provision of vital services and the exercise by the Trust of regulatory functions. Their effective discharge is central to organisational integrity. As a consequence, they have a heightened organisational and corporate significance and related assurance profile. The Trust is required to have in place systems that are robust and capable of balancing appropriately the complex issues of protection and care.

The Trust is accountable to the HSCB for the effective discharge of its statutory functions and the quantity, quality and efficiency of the related services it provides. The HSCB has the authority to monitor and evaluate such services and requires the Trust to produce an annual report on how it has discharged these functions.

The Executive Director of Social Work is responsible and accountable for the effective discharge of statutory functions across all Service Areas and the establishment of organisational arrangements and structures to facilitate same. These arrangements are underpinned by an unbroken line of accountability from the individual practitioner through operational line management processes and the virtual professional structure to the Executive Director of Social Work and onto the Trust Board.

The Executive Director of Social Work is required to report directly to Trust Board on the discharge of these functions, including the presentation of the Annual Statutory Functions and six-monthly Corporate Parenting Reports.

The Annual Statutory Functions Reporting template was revised in March 2009. A small number of further formatting amendments were made in March 2010.

The Report has been sub-divided into four sections.

Section 1 provides an introduction to the Report.

Section 2 affords a strategic overview of the Trust's performance in relation to the discharge of its statutory functions across the respective Service Areas by the Executive Director of Social Work.

Section 3 consists of individual Service Area reports, each of which addresses a range of core themes including: organisational controls, assurance and accountability arrangements underpinning the Service Area's discharge of statutory functions; supervision of staff engaged in the discharge of statutory functions; a review of the Service Area's engagement with external regulatory agencies with regard to the discharge of statutory functions; areas of difficulty in relation to statutory services delivery; workforce issues, incorporating training and development; areas of emerging significance in relation to the discharge of statutory functions; and, in respect of Adult Services, a number of information and performance returns relating to the individual Service Area's delivery of statutory services.

Section 4 In line with the revised reporting template requirements, the Trust's Corporate Parenting Return for the period 01/10/09-31/03-10 has been incorporated into the Statutory Functions Report as a discrete section. (This report will be provided separately).

The Trust's social care workforce, in partnership with its multi-disciplinary colleagues, has contributed fully to the Trust's key organisational objectives in relation to the promotion of the health and well-being of the city's population.

They have continued to consolidate and develop their skills and knowledge base and to address the challenges and opportunities of modernisation and reform within multi-disciplinary and integrated organisational and service delivery processes. I would like to acknowledge their contribution to the achievement by the Trust of the Investors in People Award.

The discharge of Statutory Functions is demanding, complex and rewarding work.

It involves the proportionate exercise of authority and related responsibility and accountability to protect vulnerable children and adults in a highly regulated practice context paralleled by, at times, intense levels of judicial and public scrutiny. The Trust's effective discharge of this role requires strong multi-disciplinary working relationships, positive partnerships with and engagement of service users, communities and other statutory and voluntary bodies and a resilient and highly skilled workforce

As Executive Director of Social Work, I would wish to express my appreciation of the professionalism, commitment and resilience of the workforce in discharging these responsibilities.

Bernie McNally

Executive Director of Social Work

June 2010

2.0 GENERAL

2.1 Statement of Controls Assurance

The Trust has achieved general compliance with the requirements specified in the Scheme in relation to the discharge of its statutory responsibilities.

The individual Service Area returns provide detailed commentary on the levels of compliance, areas of difficulty and emerging trends in relation to the delivery of statutory services.

In the context of a particularly challenging operational environment characterised by increasing referral and caseload activity across all Service Areas, substantial resource pressures, enhanced levels of public expectations and scrutiny and the imperatives of improved performance, qualitative outcomes, modernisation, organisational and service reform, the Trust has continued to prioritise the safe and effective delivery of its statutory functions within robust internal and external assurance processes.

The Trust has engaged and co-operated fully with the Regulatory and Quality Improvement Authority (RQIA) in its regulatory and inspectorial roles and, as appropriate, has sought to action all recommendations emerging from same. In those circumstances in which such recommendations have necessitated significant additional resource investment and/or have identified major professional and operational implications for the delivery of statutory services and related functions, the Trust has engaged directly with the HSCB and RQIA to address same.

The Trust has established quarterly meetings with RQIA to review organisational and operational interfaces across social care-related issues.

The Trust's Registration and Verification Policy has established the procedural framework for the profiling, operationalising and assuring of organisational arrangements underpinning the registration of those staff across the social care workforce who require to be registered with the Northern Ireland Social Care Council (NISCC).

The Trust has continued to develop a Trust-wide social care workforce database. It is anticipated that the database will be operationalised in the immediate future and will provide information on the registration status and individual re-registration dates for staff across the workforce. The database will facilitate local Service Area registration audits.

The Trust is awaiting the outcome of the Department's consultation on the registration of the social care workforce.

The Trust is compliant with the NISCC Code of Practice for Employers.

The Trust has established six-monthly meetings with NISCC to address the management of organisational and operational interfaces across both agencies.

2.2 Accountability arrangements from frontline staff to Executive Director on Trust Board with responsibility for professional social work

The Trust has been involved in an organisational re-structuring process to position itself to most effectively respond to to the overarching strategic, financial and performance imperatives and to ensure safe, efficient and qualitative statutory provision.

An unbroken line of accountability for the discharge of statutory functions runs from the individual practitioner through the operational line management and virtual professional structures to the Director of Social Work and onto the Trust Board.

The Trust's Social and Primary Care Service Group incorporates community and specialist hospital-based provision across Mental Health, Learning Disability, Older People, Family and Child Care, Child and Adolescent Mental Health (CAMHS) and Children's Disability Services.

The Director of Social and Primary Care discharges the responsibilities of the Trust's Executive Director of Social Work.

The Associate Directors of Social Work have a key organisational role in providing assurance with regard to the discharge of statutory functions in their respective Service Areas. They have responsibility and are accountable to their operational Director and the Executive Director of Social Work for the following: professional leadership of the social care workforce within their Service Area, including the promotion of the discrete learning and development needs of the social care workforce; the provision of specialist advice to their respective Service Area Senior Management Team on the discharge of statutory functions and professional issues pertaining to the social care workforce; and to provide assurance that appropriate organisational and assurance arrangements are in place within the Service Area to facilitate the discharge of statutory functions.

The Associate Directors of Social Work Group is a sub-committee of the Trust's Assurance Structure with responsibility for the monitoring of and reporting to the Assurance Committee on the discharge of statutory functions. The Group's remit has been consolidated to include similar responsibilities in respect of the Trust's Child Protection and Vulnerable Adults Panel arrangements.

The Trust has developed a Professional Social Work Supervision Policy and individual Service Area procedures which meet the requirements in relation to supervision detailed in the Scheme and the NISCC Code of Practice for Employers.

2.3 Executive Director of Social Work's General Statement of Controls Assurance setting out the Trust's performance in-year against the Discharge of Statutory Functions.

The Trust has achieved general compliance with the requirements of the Scheme.

Within the individual Service Areas the Trust has sought to consolidate and develop monitoring and assurance mechanisms in relation to its discharge of statutory functions. These are detailed in the individual Service Area reports and include audits of compliance with professional supervision standards, NISCC registration requirements, adult protection investigatory processes, maintenance and quality of case file records, compliance with Approved Social work standards, quality of engagement with service users, outcomes-focused assessments and case planning in Children's Services.

The Trust's Policy Committee provides a corporate mechanism for the scrutiny, approval and review of Trust-wide and Service Area-specific policies, procedures and guidelines and the scrutiny and endorsement of Departmental /Board/PHA policies, guidance and directives.

Each Service Area has its local Risk Register which informs the populating of the Trust's Corporate Register.

All Service Areas adhere to the reporting and review arrangements pertaining to Serious Adverse Incidents.

In relation to Children's Services, the Trust complies with requirements in respect of Case Management Reviews as detailed in Co-operating to Safeguard Children.

The Trust is compliant with the requirement in relation to the formal and regular supervision of social work staff by a professionally qualified social worker of more senior rank.

With regard to the social care workforce, the Trust complies with the requirements detailed in the NISCC Code of Practice. The Trust's Social Services Learning and Development Service co-ordinates and delivers a full spectrum of training and learning opportunities which includes multi-disciplinary participation as appropriate across children's and adult services.

The Trust is compliant with the requirements specified in the AYE Guidelines and the NISCC Induction Standards. The Trust's assurance processes underpinning workforce development were positively evaluated in the Investors in People (IIP) assessment process and RQIA's report on supervision in the context of its regional inspection of child protection services.

The Trust's has robust arrangements in place to investigate and take any necessary actions arising out of complaints from service users across all Service Areas.

RQIA, the Judiciary and the Mental Health Tribunal are key external bodies which provide monitoring/assurance with regard to the Trust's discharge of its statutory functions.

The Trust participates in regular fora with the HSCB and the Department, including the Priorities for Action (PFA) monitoring arrangements, in which the Trust's performance with regard to the discharge of statutory functions is addressed.

2.4 Summary of areas where the Trust has not adequately discharged Delegated Statutory Functions

This has been a challenging year for the Trust as a consequence of the overarching financial context, the rise in referrals and caseload volumes across all Service Areas paralleled by the increasing complexity of workloads and enhanced regulatory and performance requirements.

In relation to the discharge of statutory functions, the Trust has achieved general compliance across all Service Areas. It has continued to prioritise safe and efficient service provision through the modernisation and reform of organisational structures and service delivery processes with a focus on user participation, experience and outcomes, underpinned by ongoing investment in workforce development and a continuing focus on efficiencies and the maximising of resources.

As noted at 2.3 above, the Trust has addressed with the Board and the Department on an ongoing basis the implications for service delivery across the range of statutory services of the current financial, operational, demand and capacity pressures.

The following is an overview of a number of areas which have generated particular challenges in relation to the discharge of statutory functions over the reporting period. The individual Service Area reports provide more detailed commentaries on these issues.

(1) Financial Context: The necessity for Service Sectors to achieve substantial savings in addition to those originally identified as part of the CSR efficiency requirements has led to stringent workforce management measures within a re-profiling of individual Service Area expenditure and investment priorities.

As a consequence, there have been considerable operational challenges in maintaining service delivery levels and related requisite standards in respect of the discharge of statutory functions. This position is likely to be exacerbated over the forthcoming year.

Individual Service Sectors have continued to progress their MORE projects as the key vehicle for the realisation of the modernisation and reform agenda and the achievement of requisite CSR efficiency savings.

(2) Resettlement of long-stay hospital patients: While the Trust has made substantial progress in the Learning Disability and Mental Health Service Areas in this regard, the need for ongoing investment in the development of person centred community services infrastructures remains pivotal to the realisation of the policy and related performance dimensions across both Service Areas.

(3) Development of services to Carers: As a result of budgetary constraints, the Trust has not been able to progress the development of a discrete

continuum of carers' provision to meet the range and volume of established unmet needs.

(4) Hospital Discharges: Within integrated Adult Services' structures, social care staff have a central role in delivering hospital discharges. The lack of appropriate Intermediate Care provision, particularly for those with complex needs, and pressures emanating from time constraints which occasionally compromise staffs' capacity to ensure comprehensive person centred planning assessments and appropriate community services availability, generate ongoing challenges.

(5) Services for those without Recourse to Public Funds:
The Trust's lead role in the response to and management of the situation which emerged in respect of the intimidation and repatriation of members of the Roma community crystallised outstanding issues pertaining to the parameters to the Trust's statutory responsibilities for adults without recourse to public funds. The Trust has south clarification of this matter on an ongoing basis. The Trust has highlighted the absence of a discrete commissioning focus on the resource dimension to service provision for ethnic minorities generally and those without recourse to public funds in particular.

(6) Provision of Accommodation for 16+ looked after young people:
The Trust has continued to address the regulatory and resource issues with the Department and the Commissioner pertaining to the accommodation needs of this cohort of young people. In the Trust's view, the ongoing uncertainties with regard to the regulatory requirements underpinning accommodation options for young people have contributed to a de-stabilising of the jointly commissioned accommodation base and a reduction in accommodation options available to the Trust.

2.5 Progress report on actions taken to improve performance including financial implications:

(1) Organisational Structures: As previously noted, the Trust has completed an organisational re-structuring to consolidate the performance, quality and safety of service delivery and robust financial management arrangements.

The revised structures have provided enhanced coherence and integration of strategic and operational accountability for the delivery and assurance of statutory functions through the establishment of the Social and Primary Care Service Group.

(2) Assurance: The Trust's Assurance structures have been reviewed with a view to reinforcing comprehensive organisational risk management processes and related reporting and assurance arrangements.

In relation to the discharge of statutory functions, a Social Care Steering Group chaired by the Executive Director of Social Work or her/his nominated Deputy will report to the Trust's Assurance Group on the work of the Statutory Functions Review Committee and the Trust's Adults and Children's Safeguarding Panels (pending the establishment of the Regional Safeguarding Arrangements for Children).

(3) Workforce: The Trust has continued to promote the development of its social care workforce through ongoing investment in Service Sector-wide and individual learning and development programmes in line with the Regional Development and Training Strategy 2006-2016 and discrete Service Sector and Trust-wide priorities.

The Trust has implemented a Personal Development Framework which facilitates an annual appraisal and incorporates individual personal contribution and development dimensions.

The Trust's IIP accreditation reflects its investment in workforce development.

(4) User Involvement: The Trust has profiled user involvement as a core pillar in its overarching Belfast Way and Excellence and Choice strategic visioning, organisational development and service planning processes.

The Trust has established strategic and operational engagement mechanisms with key partners across all Service Sectors. It commissions a range of services directly from local groups promoting service accessibility and developing resilience, innovation and skills infrastructure across community providers.

(5) Finance: As previously noted, this has been a challenging year in relation to the discharge of statutory functions with significant rises in demand and activity across all Service Areas, a constrained resource environment,

enhanced regulatory and performance processes and heightened public expectations.

Should the financial situation deteriorate without any parallel diminution in demand and performance requirements, the Trust's capacity to maintain current levels of statutory provision will be compromised.

2.6 Highlight which, if any, of the areas requiring further improvement have been included in the Trust's Corporate Register

The individual reports provide a synopsis of risks listed on individual Service Area Risk Registers and the Corporate Risk Register.

These include the following:

Adult Protection; safe and effective hospital discharges; recruitment and retention of staff; distribution of child protection conference minutes within requisite timescales; resettlement of long stay patients into supported community settings; risks arising from the Trust's inability to resource the packages of care necessary to support those discharged from hospital as a result of a Mental Health Tribunal decisions contrary to medical advice; and placements of young people under 18years in adult settings.

The Trust's Assurance Framework Principal Risks Controls highlights key corporate risks and related controls' processes including:

- Discharge of statutory functions.
- Risk of harm and reputational damage arising out of the discharge of high risk patients, including those discharged by the Mental Health Tribunal against medical advice where no other appropriate service exists to meet the patient's needs.
- Risk of quality of outcomes for patients at Muckamore Abbey Hospital due to discharges being delayed.
- Children admitted to Adult facilities.
- Recruitment and retention of staff.

2.7 Set out the systems, processes, audits and evaluations undertaken internally or externally identifying emerging trends and issues which shape the Director's conclusions about Trust Performance.

The Trust is continuing to consolidate and develop its assurance processes in respect of the discharge of statutory functions.

- RQIA thematic and facility inspections offer a key external assurance mechanism. As noted in the individual Service Area reports, RQIA has reported positively across Service Areas on the implementation of requisite standards and compliance with action plans.
- In the context of mental health related matters, RQIA and the Mental Health Review Tribunal continue to scrutinise the Trust's discharge of its statutory functions under the Mental Health (NI) Order 1986.
- The Trust is answerable to the Courts in relation to proceedings arising out of its discharge of its statutory duties under the Children (NI) Order, Adoption and Leaving and After Care legislation.
  The Courts exercise a residual scrutiny role in respect of proceedings initiated to address the Trust's discharge of its statutory functions across all Service Areas.
- The Trust's discharge of its statutory functions is directly monitored on an ongoing basis by the Assembly's Committee for Health Social Services and Public Safety. This involves written submissions to and appearances before the Committee of Trust staff to address thematic and specific issues of interest/concern relating to Trust statutory provision as identified by the Committee.
- The PFA and related performance management arrangements facilitate external scrutiny of the Trust's performance in relation to the delivery of a number of statutory services.
- The Trust's Serious Adverse Reporting arrangements afford a process for Departmental and Board monitoring of significant events emanating from the discharge of statutory functions.
- The Trust's internal performance monitoring structure addresses the spectrum of statutory service delivery.
- Individual Service Sectors are consolidating and developing local audit schedules and related processes. (Please see Service Area reports).
- The Annual Statutory Functions and six-monthly Corporate Parenting Reports are presented for consideration at and approval by Trust Board.
- The Case Management Review process affords a comprehensive appraisal of Trust service delivery in children's services.

Conclusion:

The overarching budgetary and situation will present substantial challenges fin respect of the delivery of statutory services across the next reporting period. The Trust's priority will remain the delivery of safe and effective services to those at risk.

The potential levels of projected cuts in addition to those efficiency savings already identified will inevitably impact significantly on the Trust's capacity to discharge its statutory functions to the standards presently prescribed in the Scheme for Delegation.

The preparations for and implementation of the Regional Adults and Children's Safeguarding structures will have significant implications for the development of policy, practice and service delivery across all Service Sectors within the Trust.

There is an outstanding need for investment in an integrated information system at both regional and local levels to capture data on the discharge of statutory functions to facilitate benchmarking, performance measurement and service improvement.

There is an urgent need to clarify the statutory duties of Trusts in relation to those people without recourse to public funds and to develop a coherent regional strategy to inform an appropriate multi-agency response to their individual and collective needs.

The Trust is awaiting the outcome of the current review of the Safeguarding Vulnerable Groups legislation and, in particular the role of the Independent Safeguarding Authority.

The Trust would wish to have early clarity with regard to the Department's position in relation to the registration of the remaining sectors of the social care workforce.

The implications of the recently issued Departmental guidance on the Bournewood Judgement gives rise to substantial practice, service delivery, professional and ethical issues. The Trust is presently preparing a response to same.

3. GENERAL NARRATIVE

Service Area- Learning Disability

3.1	Named Officer responsible for professional Social Work
	The Service Area has a clear line of accountability for professional social work issues in place. Mr. John Mc Cart, Service Manager, is the Associate Director of Social Work for learning disability. He has responsibility for professional issues pertaining to the social care workforce and is accountable to the Director of Social Work for the assurance of organisational arrangements underpinning the discharge of statutory functions within the Service Area. Statutory functions are delivered within the integrated structure of the Learning Disability Service Area. The organisational arrangements for the discharge of statutory functions within the Service Area are as follows: John McCart, Associate Director of Social Work ↓ Operations Manager (Social Work Qualified) ↓ Professional Supervisors ↓ Social Workers An unbroken line of accountability for the discharge of statutory function runs from the individual practitioner through the operational line management and virtual professional structures onto the Director of Social Work and Trust Board.

3.2	Supervision arrangements for social workers
	The Service Area is compliant with the supervisory requirements detailed in the Scheme and the NISCC Code of Practice for Employers. The Service Area has a supervision policy in place covering both line management and professional supervision arrangements. The policy provides for line management supervision for social workers at least every six weeks and, where the line manager is not a social worker, professional supervision on a quarterly basis. In addition the Service Area has established a learning disability social work forum that meets twice yearly to provide for professional development and professional support. The Service Area has also recently established reflective practice groups for social workers which will meet three times a year. AYE social workers within the Service Area have fortnightly line management supervision and, where the line manager is not a social worker, monthly professional supervision. AYE social workers are facilitated to attend the Trust's AYE forum. The Service Area currently employs two AYE staff. Achieving a balance between their needs for a protected caseload and the service's needs to deliver on statutory functions is challenging as there is no additional cover to make up for reduced caseloads. The Service Area has introduced a caseload weighting system which is gradually being implemented. The system groups cases into five levels with complexity, risk and amount of required input determining priority.

3.3	**Set out Systems, processes, audits, reviews and evaluations undertaken internally and externally during the year, measuring performance against statutory functions, identifying emerging trends and issues (may include cross references).**
	The Service Area has introduced a Community Team Handbook for all four community multi-disciplinary teams. The Handbook specifies the expectations, protocols and procedures for all aspects of the teams' work. Given that the multi-disciplinary teams are relatively newly established and that many of the procedures are new, they are being introduced on an incremental basis. The aims of the Handbook are to set clear standards harmonise practice and give guidance and support. The Handbook covers statutory functions responsibilities such as the operation of vulnerable adult procedures, carers' assessments, direct payments, supervision and the use of the Mental Health (NI) Order 1986. Team Leaders carry out random file audits on a monthly basis during supervision sessions and the standard of file audit is monitored on a three monthly basis by Operations Managers. Operations Managers carry out a monthly audit of the quality of supervision provided by Team Leaders. The Service Area collects a wide variety of statistics on a monthly basis from the four community teams. These include statistics on case numbers, vulnerable adult activity, Mental Health Order activity, carers' assessments, direct payments and unmet need. These are monitored at Operations Manager level for compliance with requirements and for emerging issues and trends. The Service Area has contributed to the review of the Trust's Operational Policy for Vulnerable Adults and been involved in the redesign of pro- formas for vulnerable adult work. A Service Area representative participates in the Trust's Vulnerable Adults Forum which reviews and monitors vulnerable adult issues. A Service Area representative also sits on the Forum's Development Subgroup which identifies and actions training and staff development needs.

3.4	**Report on Directorate's compliance with other statutory agencies including: NISCC; RQIA; BSO; PHA (in relation to social work)**
	All social care staff in the Service Area who are required to do so, are registered with NISCC. The Service Area is compliant with the Trust's Registration and Verification Policy. Social workers are supported to meet the NISCC's ongoing professional development requirements. The Trust's Personal Contribution Framework and Knowledge and Skills Framework processes allow for each social worker to have a personal contribution and individual learning plans. The Service Area also provides induction for all new staff which is compliant with NISCC's induction standards. This includes a two-day learning disability specific induction course developed and run by the Service Area twice a year. The Service Area carries out a number of functions under the Mental Health (NI) Order 1986 and meets the requirements of RQIA and the Mental Health Review Tribunal in relation to these. These include the provision of the necessary paperwork, reports and notifications for admissions for assessments, guardianship and tribunals. The Service Area also notifies the RQIA of any untoward incidents as per their reporting requirements. Service Area staff refer to the Office of Care and Protection as appropriate and act in accordance with their instructions on financial matters for individual service users. The Service Area liaises with RQIA on protection of vulnerable adult issues as they relate to any registered facility.

3.5	Summary of difficulties or issues in regard to the ability to discharge Delegated Statutory Functions
	The Service Area continues to experience a number of primarily resource related difficulties in the discharge of statutory functions. The Service Area continues to struggle to make appropriate provision for the needs of children leaving the care system. Care leavers with learning disability often have highly complex needs and there is a lack of existing appropriate provision and a lack of funding to develop new service provision. Mental Health Review Tribunal decisions which direct discharge with immediate effect continue to cause both resourcing difficulties and risk management difficulties. Community resources which address the needs of these who pose a risk of significant harm to themselves or others remain inadequate. Intensive support packages for service users remain difficult to source and fund and there is a lack of specialist assessment and treatment resources. There continue to be difficulties with the lack of consistency in Mental Health Review Tribunal judgements around the definition of severe mental handicap and severe mental impairment. This uncertainty causes problems for staff in knowing whether or not aspects of the Mental Health (NI) Order 1986 apply to certain clients. The Trust has highlighted this issue in its response to recent consultations on legislative reform. The Trust's financial position is creating difficulty in a number of areas. Of particular relevance is the impact on direct service provision such as day care packages, domiciliary care and direct payments. All requests for services are subject to a scrutiny process and are only being agreed in urgent and critical circumstances. Lack of resources, and in particular the lack of intensive support packages, has been a problem on a number of occasions recently when guardianship under the Mental Health (NI) Order 1986 has been under consideration. On these occasions the Service Area has lacked suitable services to implement the proposed care plans and the multi-disciplinary recommendations for guardianship. In two of these cases, circumstances subsequently changed and the services were not required. In a third case, respite services had to be cancelled to allow the Trust to provide accommodation under guardianship for another individual. In a fourth case, the Trust is currently struggling to provide a fulltime day care service required under guardianship. Vulnerable adult protection is a very significant area of work within the Service Area. The demands of protection plans agreed under vulnerable adult procedures are creating considerable resource pressures in a number of situations. A substantial proportion of vulnerable adult work within the Service Area involves both the alleged victim and the alleged perpetrator having learning disabilities. In these cases, the alleged perpetrator often

	avails of services where other vulnerable adults are present and the protection plan requires increased supervision of them. This is often very difficult to provide and in a number of cases has led to a reduction or a cancellation of service provision for the alleged perpetrator. The increase in numbers of the people known to the Service Area without any corresponding increase in provision is a potential concern in meeting statutory functions requirements. In this year, the Service Area's caseloads have risen by sixty cases. While statutory functions are prioritised, the pressure caused by increased demand is significant. The Service Area remains most concerned about patients in Muckamore Abbey Hospital whose discharge is delayed, often for lengthy periods of time, by the lack of funding and appropriate community based service provision. The PFA 2009/2010-Priority 7 Target 6 requires that, from April 2009, 75% of patients admitted for assessment and treatment are to be discharged within seven days of a decision to discharge, with all other patients discharged within a maximum of ninety days. From April 2009 to March 2010 there were thirty-one admissions of Belfast Trust adult patients to Muckamore. Of these, twenty-six were discharged within the seven days target. Five exceeded the ninety days target. On 31st March 2010, Belfast Trust had ten patients within the delayed discharge category, the five additional cases being carried over from the previous year.

3.6	**Provide a progress report in relation to remedial action to improve performance including financial implications (in relation to 3.5 above)**

Provision for Care Leavers with Learning Disability

This issue has been noted by the Service Area in previous reports and it has also been raised with the HSC Board. The Service Area has also made requests to the HSC Board for funding for a number of individual packages. However, the lack of funding and the lack of provision remain significant concerns.

Provision for those who present a Risk of Significant Harm to Themselves or Others

The previous Statutory Functions Report highlighted the inadequacy of community resources for offenders. The Board and the Learning Disability Service Area jointly agreed to allocate some of the 2009-10 Community Treatment HWIP allocation to employ a Forensic Psychologist. This individual will support existing infrastructure to assess risk and develop risk management plans. However, additional investment will also be required to develop sufficient infrastructure to fully provide for risk assessments and risk management plans for all those with offending behaviours currently in the community and those returning to the community from prison and hospital.

The Board and the Learning Disability Service Area have also jointly agreed to allocate some of the 2009-10 Community Treatment HWIP allocation to establish a specialist service for people with learning disabilities and mental health problems. This service will also provide for the needs of those who present a risk of significant harm to themselves or others. The initial investment, which again would need additional funding for development, is to be used to employ an 8A Psychology Post, 0.6 WTE Community Mental Health/Learning Disability Nurse Band 7, Associate Psychologist Band 5, Cognitive Behavioural Therapist Band 7 0.5 WTE, and a Band 7 Occupational Therapist.

We are in the process of recruiting to these community development posts. The Commissioner will be aware of ongoing discussions about the application of these funds.

Resource Related Difficulties with Service Provision

The Service Area has developed a process to screen, assess and prioritise all service requests so that available resources are allocated as equitably as possible. This includes requests for day care services, nursing and residential services, accommodation support services, domiciliary care services and direct payments. However, as stated in the previous section, it is only possible at present to meet urgent and critical needs.

The Service Area reports on unmet need on a regular basis. Due to the current financial pressures, the Service Area is reporting an increased level of unmet need.

	Delayed Discharge from Muckamore Abbey Hospital The Trust has an internal reporting system to monitor breaches of this target. The Trust provided a detailed paper to the Commissioner which specified the reasons for the delay in the case of each patient. Such delays primarily arose from a combination of lack of appropriate community supports and/or lack of resources for such supports. Two patients whose discharges were delayed were reviewed by the Mental Health Review Tribunal. This resulted in the Trust being compelled to provide a discharge support package. The Trust provided these resources by diverting funding from its resettlement programme. This has had a knock-on effect on compliance levels. The Trust continues to endeavour to meet its resettlement targets and, apart from the difficulty just noted, is on schedule to meet its three year requirements by the end of March 2011.

3.7	**Indicate if the issues above (3.5) are included in your Directorate's Risk Register**
	Amongst the issues included in the Service Area and Corporate Risk Registers are: Risk to the quality of outcome for patients being discharged from Muckamore Abbey Hospital; in particular, the difficulties of ensuring that discharge plans are robust and include access to a range of community services. Risk arising from Mental Health Review Tribunal decisions; for example; where a Tribunal orders the discharge of a patient, there can be an immediate requirement on the Trust to provide a comprehensive range of support services in the community. In many instances, suitable supports such as a place to live and an adequate support service may not be available. In other cases, lack of funding to develop a package of support can be the difficulty. Issues regarding capacity to implement guardianship care plans have been added to the risk register.

3.8	**Key Social Work Workforce issues, including recruitment, retention, flexible working arrangements, workforce continuity etc. Information provided should include level and type of vacancies and any vacancy control systems in place.** **Trusts should attach their Training Accountability Report for the year in question.**
	The Service Area is fortunate in having a relatively stable social workforce with few recruitment and retention difficulties. The workforce has a good balance of a majority of social workers with good experience, additional skills and length of service and a number of newly qualified staff. Flexible working arrangements including part-time hours, flexi-hours and term-time working are available. There is a current vacancy for a 1 WTE post that it is hoped to fill within 2010-2011.

3.9	SUMMARY

This statutory functions reporting period has seen considerable change in the Service Area. At the time of the statutory functions report for 2008-09, the Service Area had just transferred responsibility for children with learning disabilities in the North and West sector to the Children's Disability Service. The Service Area was also at the point of establishing four community multi-disciplinary teams based in North, South, East and West Belfast following a major review of organisational and service delivery arrangements for adults with learning disabilities in the Belfast Trust.

Transitioning to the new arrangements has involved considerable time and effort but good progress has been made. The necessary staff and case transfers have been made, the teams are clearly established and, as noted earlier, work on implementing new protocols and procedures is under way.

The Service Area has also agreed a co-ordinator to work with Children's Disability Services to manage transition processes. Work is underway to develop a joint protocol that will enable the transition between services to be as streamlined as possible.

The Service Area has consulted and agreed on a vision and strategy for its service provision. This document, Excellence and Choice, lays out the Service Area's strategic direction.

The Service Area has also recently established formal mechanisms for the involvement of service users and carers in service provision planning.

In March 2010 the Department issued guidance on Deprivation of Liberty Safeguards. This correspondence did not reach the Service Area until April 2010. We note and have a number of concerns about the guidance and are in the process of responding to the Department. This will be referred to in more detail in the 2010/2011 Report.

The Service Area recognises the difficulties caused by significant change for the workforce. It has sought to consult, engage with and support staff throughout the transition.

The Service Area is committed to ensuring that the social care workforce is equipped as far as possible to deal with the challenges ahead.

In particular the Service Area recognises the vital role that social care staff will play in:

1) The continued delivery of services to those who present with complex and high risk needs.
2) The continued delivery of statutory functions – particularly in areas where specialist knowledge and skills are required such as the operation of the Mental Health (NI) Order 1986.

	The Service Area is aware of the impending changes in mental health legislation. The Service Area is mindful of an increasing demand for formal assessments of capacity in relation to a wide range of issues. Most of this demand has been generated internally and is likely to have been the product of a comprehensive service area training programme for staff a number of years ago. This growing awareness of the importance of capacity and consent is to be welcomed. Service Area staff have also been pro-active in raising these issues with other professionals. These developments should mean that the Service Area is well placed to make the changes that will become necessary when the proposed legislative reforms are implemented. 3) The protection of vulnerable adults who are at risk of abuse – by carrying out roles as investigating officer, designated officer and Achieving Best Evidence (ABE) interviewers. The Service Area recognises the significant challenges for the workforce and service delivery arising out of the overarching budgetary context.

QUANTITATIVE DATA

2.The Mental Health (NI) Order 1986				
Article 4 (4) (b) Article 5 (1) Article 5 (6) Article 18(5) Article 18(6)Article 115				
2.1	**Number of Applications for Assessment during the year by:**			
2.1.a	**Nearest Relative**			**0**
2.1.b	**Approved Social Worker**			**0**
	Commentary (Include If possible details of when ASW called out, outcomes, occasions when Application for assessment is made or what alternatives were found) Muckamore Abbey Hospital received five admissions for assessment made by the nearest relative. However, none of these patients were from the Belfast Trust.			
2.2	**ASW Response Times (measured from within one hour of requested time of arrival)**			
	Commentary **N/A**			
2.3	**Number of Social Circumstance Reports completed during the year following detention.**			
2.3.a	**Source of detention**	**Total Number of Reports completed**	**Number of completed reports which were completed within 14 days**	
	Nearest relative	**N/A**	**N/A**	
2.3.b	**Social Worker**	**N/A**	**N/A**	
	Commentary			
2.4	**Number of Guardianships in place in Trust at year end**			**20**
2.4.a	**New Applications for Guardianship during year**			**7**
2.4.a(i)	**Number of new Guardianships accepted during the year**			**7**
2.4.b	**Number of Guardianships Renewed**			**13**
2.4.c	**Number of Guardianships accepted by a nominated other person**			**0**
2.5	**Numbers referred to Tribunals**			**6**
	Commentary The above figures refer to community learning disability guardianship cases. There were also 2 discharges from guardianship. In addition to community guardianship tribunals and Belfast Trust patient tribunals in Muckamore Abbey Hospital, the learning disability service sector has also presented reports at tribunals in Muckamore Abbey Hospital for 12 non-Belfast Trust patients.			
2.6	**Number of newly Approved Social Workers during year**			
	Number of Approved Social Workers removed during year			
	Number of Approved Social Workers at year end (who have fulfilled Requirements consistent with quality standards)			

Commentary

Trust need to make reference to the adequacy of the number of Approved Social Workers, the reasons for the turnover and what plans are in place to address both overall, geographic, and P of C shortfalls.

Eleven ASW's are currently employed in Learning Disability services. The Trust will continue to monitor ASW levels at both Service Area and corporate levels as part of its social care workforce strategy.

Number of Adult Protection Referrals
(see Appendix 1 for guidance notes on performance indicators)

Definition: The percentage of referrals for vulnerable adult investigations within the various programmes of care

Related Indicators:
Number of protection plans implemented

Exclusions:
None

	HSCT
NUMERATOR No of vulnerable adult referrals within the year	
Elderly – POC 4	
Mental Health – POC 5	
Learning Disability – POC 6	**96**
P&SD – POC 7	
DENOMINATOR The relevant base population for each programme of care.	
Elderly – POC 4	
Mental Health – POC 5	
Learning Disability – POC 6	**1615**
P&SD – POC 7	
%	
Elderly – POC 4	
Mental Health – POC 5	
Learning Disability – POC 6	**5.94%**
P&SD – POC 7	
Health & Social Care TRUST %	

The base population includes 97 cases that were not included in last year's figures as they were previously counted as general care management cases. It also includes 51 Muckamore Abbey Hospital Belfast Trust patients who are not known to community services and were not previously included.

Vulnerable Adult referrals in Muckamore Abbey Hospital are managed by the admitting Trust but the social work team in the hospital play a significant role in sharing information, co-ordination and preparing reports for all the Trusts.

ADULT PROTECTION PLANS IN PLACE
(see Appendix 1 for guidance notes on performance indicators)

Definition: The percentage of Vulnerable Adult Referrals who have a protection plan implemented**.**

Related indicators:
Number of Adult Protection Referrals

	HSCT
NUMERATOR No of Protection Plans in each Programme of Care initiated.	
Elderly – POC 4	
Mental Health – POC 5	
Learning Disability – POC 6	**75**
P&SD – POC 7	
DENOMINATOR No of vulnerable adult investigations where the completion date of the investigation falls between 1 April and 31 March inclusive.	
Elderly – POC 4	
Mental Health – POC 5	
Learning Disability – POC 6	**96**
P&SD – POC 7	
%	
Elderly – POC 4	
Mental Health – POC 5	
Learning Disability – POC 6	**78%**
P&SD – POC 7	
HEALTH AND SOCIAL CARE TRUST %	

Outcome:

6 CHRONICALLY SICK AND DISABLED PERSONS (NI) ACT 1978;	
6.1	**Details of patients <65 in hospital for long term (>3months) care who are being treated in hospital accommodation for >65**
	None

7 DISABLED PERSONS (NI) ACT 1989 ***Note: 'disabled people' includes individuals with physical disability, sensory impairment, learning disability***		
7.1	**Number of referrals to Physical/Learning/sensory Disability during the reporting period** ***(source: SOSCARE)***	**87**
	Number of Disabled people known as at 31st March	
7.2	**Number of assessments of need carried out during year end 31st March**	**87**
7.3	**Types of need that could not be met:**	
	Unmet need includes day services, residential and supported living services, domiciliary care services and residential and domiciliary respite	
7.4	**Number of assessments of disabled children ceasing full time education undertaken (Transition workers will be able to provide). Cross reference with Children in Need section.**	
	26	

8 HEALTH AND PERSONAL SOCIAL SERVICES (NI) ORDER 1972;
Article15, Article 36 [as amended by Registered Homes (NI) Order 1992]

8.1	Number of Article 15 (HPSS Order) Payments	192
	Total expenditure for the above payments	£
8.2 a	Number of TRUST FUNDED people in residential care	194
8.2 b	Number of TRUST FUNDED people in nursing care	168
	How many of these received only the £100 nursing care allowance	0

9 CARERS AND DIRECT PAYMENTS ACT 2002

9.1	**Number of Adult carers receiving individual carers assessments**	**90**
9.1.b	**Number of Carers receiving a service**	
9.2	**Number of young carers assessed**	
9.2.b	**Number of young carers receiving a service**	
9.3.a	**Number of adults receiving direct payments**	**52**
9.3.b	**Number of children receiving direct payments**	
9.4	**Number of carers receiving direct payments**	

Commentary

9.1. b The Service Area has no mechanism for collation of the number of carers receiving a service.

Service Users in Receipt of Direct Payments *(see Appendix 1 for guidance notes on performance indicators)*	
Definition: The percentage of eligible users who are in receipt of direct payments in each programme of care at 31 March	
Related Indicators: No. of Carers in Receipt of Direct Payments	

	HSCT
NUMERATOR **No of service users in receipt of direct payments in each Programme of Care .**	
Children – POC 3	
Elderly – POC 4	
Mental Health – POC 5	
Learning Disability – POC 6	**52**
P&SD – POC 7	
DENOMINATOR **No of service users who are in receipt of services in each Programme of Care who fall within the eligibility criteria.**	
Children – POC 3	
Elderly – POC 4	
Mental Health – POC 5	
Learning Disability – POC 6	**1615**
P&SD– POC 7	
%	
Children – POC 3	
Elderly – POC 4	
Mental Health – POC 5	
Learning Disability – POC 6	**3.2%**
P&SD – POC 7	

Commentary

Carers Assessment *(see Appendix 1 for guidance notes on performance indicators)*	
Definition :Percentage of new Service Users/carers who have been offered a carers assessment	
Definition: Percentage of new Service Users/carers who have undertaken a carers assessment	

	HSCT
NUMERATOR No of completed individual carers needs assessments in each Programme of Care.	
Children – POC 3	
Elderly – POC 4	
Mental Health – POC 5	
Learning Disability – POC 6	**90**
P&SD – POC 7	
DENOMINATOR No of new service users receiving a service by Programme of Care.	
Children – POC 3	
Elderly – POC 4	
Mental Health – POC 5	
Learning Disability – POC 6	**90**
P&SD– POC 7	
%	
Children – POC 3	
Elderly – POC 4	
Mental Health – POC 5	
Learning Disability – POC 6	**100%**
P&SD – POC 7	
HEALTH AND SOCIAL TRUST %	

Commentary (*Is assessment seen as a service in itself, where people are signposted to other services. Carers assessments for disabled Children should be in the C in N section)*

The carers of all newly referred clients are offered a carer's assessment. In addition, carers are offered an assessment in response to a request by them, any change in caring circumstances and where it is felt a carer might benefit from funding from the carers' budget.

BELFAST HEALTH & SOCIAL CARE TRUST

REGIONAL REPORTING TEMPLATE FOR DELEGATED STATUTORY FUNCTIONS

For Year end 31 March 2011

CONTENTS SHEET

1.0 INTRODUCTION

This Report provides an overview of the Trust's discharge of its statutory functions in respect of services delivered by the social work and social care workforce. It addresses the assurance arrangements underpinning the delivery of these services across the individual Service Areas, outlines levels of compliance with the standards specified in the Scheme for the Delegation of Statutory Functions (Revised April 2010) (the Scheme) and identifies ongoing and future challenges in the provision of statutory services.

The Trust, as a corporate entity, is responsible in law for the discharge of statutory functions delegated to it by virtue of authorisations made under the Health and Personal Social Services (Northern Ireland) Order 1994. The Trust is accountable to the Health and Social Care Board (HSCB) for the discharge of such functions. It is obliged to establish sound organisational arrangements to discharge these functions effectively. The majority of these functions relate to services provided by the Trust's social work and social care workforce.

The Scheme provides the overarching assurance framework for the Trust's discharge of its statutory functions.

The Scheme describes the fundamental principles, values and accountability arrangements underpinning the delivery of statutory services. It outlines: the powers and duties which are delegated to the Trust; regulations which govern the manner in which the Trust must discharge its delegated and primary statutory functions; policies, circulars and guidance issued by the DHSSPS to which the Trust must adhere in the discharge of statutory functions; and other publications, including HSCB policies, procedures and best practice documentation, to promote regional consistency in the delivery of statutory services.

The Trust is currently participating with the Department and the HSCB in a regional review of the Scheme informed by the Health and Social Care Reform Act 2009 and the Departmental Framework Document (Draft 2011).

The Scheme requires the Trust to produce an annual report addressing how it has discharged its statutory functions as part of its own monitoring and accountability processes.

The Trust's exercise of its statutory duties, in particular those related to the protection of children and vulnerable adults and the restriction of personal liberty, give rise to significant levels of public interest and scrutiny. The Annual Statutory Functions Report provides an overview of the Trust's organisational, professional and assurance arrangements underpinning the discharge of such functions and an analysis of its performance in relation to same.

The Executive Director of Social Work is professionally accountable for the discharge of statutory functions by the social work and social care workforce and related assurance arrangements pertaining to same across all Service Areas. These arrangements are underpinned by an unbroken line of professional accountability from the individual practitioner through the Service Area professional and line

management structures to the Executive Director of Social Work and onto the Trust Board.

The Executive Director of Social Work is required to report to Trust Board on the discharge of these functions.

The Annual Statutory Functions Reporting Template was substantially revised in March 2009. The HSCB has sought to develop the data dimension to the reporting process and has amplified the range of information returns required, particularly in respect of Children's Services.

The HSCB has requested the inclusion of the Six-Monthly Corporate Parenting Return in the Statutory Functions Report.

The Report has been sub-divided into five sections.

Section 1 provides an introduction to the Report.

Section 2 affords a strategic overview of the Trust's performance in relation to the discharge of its statutory functions across the respective Service Areas by the Executive Director of Social Work.

Section 3 consists of individual Service Area reports, each of which addresses a range of core themes including: organisational controls, assurance and accountability arrangements underpinning the Service Area's discharge of statutory functions; supervision of staff engaged in the discharge of statutory functions; a review of the Service Area's engagement with external regulatory agencies with regard to the discharge of statutory functions; areas of difficulty in relation to statutory services delivery; workforce issues, incorporating training and development; and areas of emerging significance in relation to the discharge of statutory functions.

Section 4 consists of a suite of information returns relating to the respective Service Areas.

Section 5: consists of the Corporate Parenting Return for the period ending 31/03/11.

The Trust's Annual Assessed Year in Employment PSS Development & Training Summary of Activity April 2010 – March 2011 have been appended.

The Trust's social work and social care workforce makes a substantial contribution to the delivery of the Trust's priorities. Staff have demonstrated a resilience, energy and pragmatism in their commitment to user centred, qualitative, efficient and effective services.

Central to the delivery of statutory functions has been a strong commitment to multi-professional working across all Trust service settings, the integration and optimising of available resources to provide qualitative and efficient services and the promotion of inclusive partnerships with service users, localities, community, statutory and voluntary sector providers.

The discharge of Statutory Functions is demanding, complex and rewarding work. As Executive Director of Social Work, I would wish to express my appreciation of the professionalism and dedication of the Trust's workforce.

Bernie McNally
Executive Director of Social Work

June 2011

EXECUTIVE SUMMARY

2 GENERAL

Executive Director of Social Work: Miss Bernie Mc Nally

2.1 Statement of Controls Assurance

(Brief statement is sufficient, however any gaps / breaches in terms of compliance should be highlighted and the action taken to resolve these)

Reference to RQIA should be included.

Reference to NISCC and the Trust's mechanisms for monitoring registration status should be included.

The Trust has achieved general compliance with the requirements specified in the Scheme in relation to the discharge of its statutory responsibilities.

The individual Service Area returns provide detailed commentary on the levels of compliance, areas of difficulty and emerging trends in relation to the delivery of statutory services.

In the context of a particularly challenging operational environment characterised by significant budgetary constraints, increasing referral and caseload activity across all Service Areas, substantial resource and capacity pressures, challenging performance targets, enhanced levels of public expectations and related scrutiny and an ongoing drive for modernisation, service improvement and efficiencies the Trust has continued to prioritise the safe discharge of its statutory functions.

The Trust has co-operated fully with the Regulatory and Quality Improvement Authority (RQIA) in its regulatory and inspectorial roles and, as appropriate, has sought to action all recommendations emerging from same. In those circumstances in which such recommendations have necessitated additional investment, re-prioritisation of available resources and enhanced capacity pressures the Trust has appraised the HSCB of same and, in liaison with the HSCB and RQIA , has sought to progress pragmatic resolutions of same.

The Trust has established quarterly meetings with RQIA to review organisational and operational interfaces.

The Trust is compliant with NISCC's Code of Practice for Employers. With regard to the registration of the workforce, the Trust has operationalised a NISCC data base which facilitates assurance arrangements in respect of the workforce's registration and renewal status. A BSO Internal Audit of the Trust's compliance with NISCC workforce registration requirements in February-March 2011 established satisfactory levels of compliance.

The Trust has established six-monthly meetings with NISCC to address the management of organisational and operational interfaces across both agencies.

2.2 Accountability arrangements from frontline staff to Executive Director on Trust Board with responsibility for professional social work.

This must include confirmation that all Social Work staff receive formal and regular professional supervision from a professionally qualified social worker who can function in this supervisory role. Please state when this is not the Social Work Line Manager.

The Executive Director of Social Work is professionally accountable for the discharge of statutory functions by the social work and social care workforce and related assurance arrangements pertaining to same across all Service Areas. These arrangements are underpinned by an unbroken line of professional accountability from the individual practitioner through the Service Area professional and line management structures to the Executive Director of Social Work and onto the Trust Board.

The Trust's Social and Primary Care Service Group incorporates community and specialist hospital-based provision across Mental Health, Learning Disability, Older People, Family and Child Care, Child and Adolescent Mental Health (CAMHS) and Children's Disability Services.

The Director of Social and Primary Care discharges the responsibilities of the Trust's Executive Director of Social Work.

The Associate Directors of Social Work Group is a sub-committee of the Trust's Assurance Structure with responsibility for the monitoring of and reporting to the Assurance Committee on the discharge of statutory functions. The Group's remit has been consolidated to include similar responsibilities in respect of the Trust's Child Protection and Vulnerable Adults Panel arrangements.

The Associate Directors of Social Work have a key organisational role in providing assurance with regard to the discharge of statutory functions in their respective Service Areas. They have responsibility and are accountable for the following: professional leadership of the social care workforce within their respective Service Areas, including the promotion of the discrete learning and development needs of the social work and social care workforce; the provision of specialist advice to their respective Service Area Senior Management Teams on the discharge of statutory functions and professional issues pertaining to the social work and social care workforce; and the provision of assurance that appropriate organisational and assurance arrangements are in place within the Service Area to facilitate the discharge of statutory functions.

The Trust has developed a Professional Social Work Supervision Policy which meets the requirements in relation to supervision detailed in the Scheme and the NISCC Code of Practice for Employers.

A Draft Trust Social Care Supervision Policy (Revised March 2011) has been operationalised.

The Reform Implementation Team's Regional Supervision Policy for Children's Social Services staff has been operationalised.

(Please see the individual Service Area reports).

2.3 Executive Director of Social Work's General Statement of Controls Assurance setting out the Trust's performance in-year against the Discharge of Statutory Functions.

The Trust has achieved general compliance with the requirements of the Scheme.

Within the individual Service Areas the Trust has sought to consolidate and develop monitoring and assurance mechanisms in relation to its discharge of statutory functions. These are detailed in the individual Service Area reports and include: audits of compliance with: professional supervision standards; NISCC registration requirements; adult protection investigatory processes; maintenance and quality of case file records; Approved Social Work Standards; quality of engagement with service users; outcomes-focused assessments and case planning in Children's Services; a series of thematic inspections and statutory monitoring of regulated services by RQIA across Adults and Children's; external and internal performance management arrangements incorporating scrutiny of PFA targets; Serious Adverse Services Events Reporting arrangements; and compliments and complaints management processes.

The Trust's Policy Committee provides a corporate mechanism for the scrutiny, approval and review of Trust-wide and Service Area-specific policies, procedures and guidelines and consideration and endorsement of Departmental /Board/PHA policies, guidance and directives.

Each Service Area has its local Risk Register which informs the populating of the Trust's Corporate Register and Principal Risks Document.

All Service Areas adhere to the reporting and review arrangements pertaining to Serious Adverse Incidents. The Trust has operationalised procedures in the Family and Child Care Service to assure compliance with its reporting requirements to the HSBC in respect of Adverse Incidents.

The Trust adheres to the requirements in respect of Case Management Reviews as detailed in Co-operating to Safeguard Children.

The Trust is compliant with the requirements in relation to the formal and regular supervision of social work staff.

With regard to the social care workforce, the Trust is compliant with the requirements detailed in the NISCC Code of Practice.

The Trust is compliant with the requirements specified in the AYE Guidelines and the NISCC Induction Standards.

The Trust is compliant with the requirements pertaining to the investigation of complaints under both the Health and Social Care and Statutory Children Order Procedures respectively.

The Trust complies with the requirements of RQIA, the Courts and the Mental Health Tribunal in relation to the actioning of recommendations, directions, judgements and adjudications pertaining to the discharge of its statutory functions.

2.4 Summary of areas where the Trust has not adequately discharged Delegated Statutory Functions.

Trust should where appropriate include brief descriptions and cross references when the matters being reported are dealt with in detail in other sections of this report. Where such cross referencing is not appropriate the failure to discharge any statutory function must be reported in this section.

This has been a particularly challenging year for the Trust as a consequence of the overarching financial context and the rise in referrals and caseload volumes across all Service Areas.

In relation to the discharge of statutory functions, the Trust has achieved general compliance across all Service Areas. It has continued to prioritise: safe and efficient service provision through an ongoing drive for modernisation and reform of service delivery processes; a continuing focus on efficiencies and user centred performance outcomes; the consolidation and development of partnerships with users, community and voluntary sectors; and an ongoing investment in workforce development.

The following is an overview of a number of areas which have generated particular challenges in relation to the discharge of statutory functions over the reporting period. (Please see the individual Service Area reports).

(1) Financial Context: The necessity for Service Areas to achieve significant savings in addition to those originally identified as part of the CSR requirements has led to stringent workforce management measures and a rationalisation of service development initiatives.

There have been considerable operational challenges in maintaining service delivery levels and requisite standards in respect of the discharge of statutory functions. This position is likely to be exacerbated over the forthcoming year.

(2) Resettlement of long-stay hospital patients: While the Trust has made substantial progress in the Learning Disability and Mental Health Service Areas in this regard, the need for ongoing investment in the development of person centred community services infrastructure remains central to the realisation of the policy and related performance dimensions across both Service Areas.

(3) Development of services to Carers: Within available resources the Trust has sought to develop its range of service to Carers. However, budgetary constraints have impacted on its capacity to do so.

(4) Hospital Discharges: Social work and social care staff have a central role in delivering hospital discharges. There continue to be significant capacity and resource constraints in relation to the availability of an appropriate continuum of intermediate and community-based provision, particularly for service users with complex needs and those with individual high cost care package requirements.

(5) Services for those without Recourse to Public Funds:
The Trust has continued to seek clarification of the policy position informing its statutory responsibilities to those adults without recourse to public funds and has

highlighted its view of the need for a discrete commissioning focus on the needs of ethnic minority communities.

(6) Provision of Accommodation for 16+ Homeless Young People

As a result of the lack of an appropriate accommodation base, the Trust has had no option other than to place 16/17 years olds presenting as homeless in unregulated accommodation in a number of instances. Appropriate risk assessment and management processes and peripatetic supports are provided for young people in such circumstances. The Trust is compliant with HSCB reporting requirements in respect of such episodes.

2.5 Progress report on Actions taken to improve performance, including financial implications. This section should make specific reference to last year's report (sect 2.4), actions arising and progress made.

(1) Organisational Structures: The Trust has consolidated its current organisational and related assurance structures during the reporting period.

In relation to the discharge of statutory functions, a Social Care Steering Group chaired by the Executive Director of Social Work or her/his nominated Deputy reports to the Trust's Assurance Group.

(2) Workforce: The Trust has continued to promote the development of its social work and social care workforce through ongoing investment in learning and development in line with the Regional Workforce Development and Training Strategy.

The Trust has achieved relative stability across its professional social work staffing base.

(3) User Involvement:
The Trust is seeking to consolidate and further develop its engagement in partnerships with users, community, voluntary and statutory sectors. It commissions a range of services directly from local groups promoting service accessibility and developing resilience, innovative social enterprises and related skills infrastructure across user and community providers in particular.

(5) Finance: As previously noted, this has been a challenging year in relation to the discharge of statutory functions with rises in demand and activity across all Service Areas in the context of significant budgetary constraints.

In relation to the discharge of statutory functions, the Trust has continued to prioritise service delivery and has addressed on an ongoing basis with the HSCB those areas where demand, resource and capacity issues have been most challenging.

The Trust is committed to progress its modernisation and reform agenda which is predicated on further developing partnerships with key stakeholders in the development, delivery and reform of services. (Please see the individual Service Area reports which outline the strategic and operational implementation of the Trust's statutory responsibilities under Personal and Public Involvement (PPI) with regard to the delivery of statutory services).

2.6 Highlight which, if any, of the areas require further improvement and if they have been included in the Trust's Corporate Risk Register

The individual reports provide a synopsis of risks listed on the Corporate Risk Register.

The following risks pertaining to its discharge of statutory functions are presently listed in the Trust's Principal Risks Document:

- Maintenance of controls and assurance processes underpinning the discharge of statutory functions within each Service Area.
- Suicide/ Self harm (Ensuring identification of individuals at risk of self harm).
- Management of aggression and violence (Possible harm to staff, patients/ users should physical intervention be necessary. Ongoing physical and verbal violence against staff and their property).
- Risk of harm and reputational damage arising out of the discharge of high risk patients, including those discharged by the Mental Health Tribunal against medical advice where no other appropriate service exists to meet the patient's needs.
- Risk to the quality of outcomes for patients at Muckamore Abbey Hospital due to their discharge being delayed.

2.7 Set out the systems, processes, audits and evaluations undertaken internally or externally identifying emerging trends and issues which shape the Directors conclusion about Trust performance.

This should include a summary (more detailed information should be provided within the relevant sections of this report) of Audits, Service Improvement evaluations etc, conducted by the Trust or by others, including Recommendations and progress.

The Trust is continuing to consolidate and develop its assurance processes in respect of the discharge of statutory functions.

- RQIA thematic and facility inspections offer external assurance mechanisms. As noted in the individual Service Area reports, RQIA has reported positively across Service Areas on the implementation of requisite standards and compliance with action plans.
- In the context of mental health related matters, RQIA and the Mental Health Review Tribunal continue to scrutinise the Trust's discharge of its statutory functions under the Mental Health (NI) Order 1986.
- The Trust is answerable to the Courts in relation to proceedings arising out of its discharge of its statutory duties under the Children (NI) Order, Adoption and Leaving and After Care legislation.
  The Courts exercise a residual scrutiny role in respect of proceedings initiated to address the Trust's discharge of its statutory functions across all Service Areas.
- The Trust's discharge of its statutory functions is directly monitored on an ongoing basis by the Assembly's Committee for Health Social Services and Public Safety. This involves written submissions to and appearances before the Committee of Trust staff to address thematic and specific issues of interest/concern relating to statutory services delivery.
- The PFA and related external and internal performance management arrangements facilitate scrutiny of the Trust's performance in respect of a range of statutory services.
- The Annual Statutory Functions and six-monthly Corporate Parenting Reports are presented for consideration and approval by Trust Board.
- The Children's Services Case Management Review arrangements.
- The Trust's Serious Adverse Reporting and Children's Services Untoward Events arrangements afford a process for Departmental and Board monitoring and related learning of significant events emanating from the discharge of statutory functions.
- The Trust's arrangements of the investigation and management of compliments and complaints.
- The Trust's engagement with the Regional Adult and Children's safeguarding structures**.**

Conclusion:

The overarching budgetary situation and projected continuing rise in demand for services will present significant ongoing challenges in respect of the delivery of statutory services across the next reporting period. The Trust's priority will remain the safe and effective discharge of its statutory functions.

The implementation of the Regional Adults and Children's safeguarding structures will have significant implications for the development of policy, practice and service delivery across all Service Areas within the Trust.

The Trust considers that there is an outstanding need for investment in an integrated information system at a regional level to capture data on the discharge of statutory functions to facilitate benchmarking, performance measurement and service improvement. The Trust welcomes the successful outcome of its bid for a Community Information System. The implementation of the System will be a key priority for the Trust over the forthcoming review period.

There is a need to clarify the statutory duties of Trusts in relation to those people without recourse to public funds and to progress a commissioning strategy to address the needs of the Trust's growing ethnic minority populations.

The Trust is awaiting the outcome of the current review of the Safeguarding Vulnerable Groups legislation and, in particular, the role of the Independent Safeguarding Authority.

In light of a number of recent judicial reviews which the Trust considers have a considerable significance for the discharge of statutory functions across both Adults and Children's Services, the Trust is seeking to address with the Department and the Commissioner the implications for policy and service provision arising from same.

Miss Bernie Mc Nally
Executive Director of Social Work

Date

GENERAL NARRATIVE

To be completed for each Programme of Care.

Programme of Care/Directorate:-Learning Disability (Adults) Service Area

3.1	**Named Officer responsible for professional Social Work**
	Mr. John McCart is the Associate Director of Social Work for Mental Health Services. In his role as an Associate Director, he has responsibility for professional issues pertaining to the social work and social care workforce and is accountable to the Executive Director of Social Work for the assurance of organisational arrangements underpinning the discharge of statutory functions related to the delivery of social care services within the Service Area. An unbroken line of accountability for the discharge of statutory functions pertaining to the social work and social care workforce runs from the individual practitioner through the Service Area line management and professional structures to the Director of Social Work and onto the Trust Board. Statutory functions are delivered within the integrated structures of the Learning Disability Service Area. The organisational arrangements for the discharge of statutory functions within the Service Area are as follows: John McCart, Associate Director of Social Work ↓ Operations Manager (Social Work Qualified) ↓ Professional Supervisors ↓ Social Workers
3.2	**Supervision arrangements for social workers**
	Trusts must make reference to: Assessed Year in Employment (AYE) and compliance and Caseload weighting arrangements. The Service Area has a supervision policy in place covering both line management and professional supervision arrangements. The policy provides for line management supervision for social workers at least every six weeks and, where the line manager is not a social worker, professional supervision on a quarterly basis. This policy is in line with the requirements of the Trust's Professional Social Work Supervision Policy. Operations Managers are required to carry out a monthly audit of the quality of supervision provided by team leaders.

	In addition, the Service Area has established a Learning Disability Social Work Forum which meets twice yearly to provide for professional development and support. The Service Area also runs reflective practice groups for social workers which meet two-three times a year. Learning Disability social workers also attend ASW fora, ABE support groups and Designated Officer support forums as appropriate. The Service Area is compliant with the requisite professional supervision requirements in respect of AYE staff. The Service Area has had some difficulties in providing formal line management supervision when supervisory staff have been on sick leave or when managerial posts have been vacant. This was identified as an issue in a recent B.S.O. audit in one of the four community teams where the team leader had been on an extended period of sick leave. Otherwise, the audit confirmed the existence of regular supervision as per the standards. This matter is being addressed on a Trust-wide basis.
3.3	**Set out Systems, processes, audits, reviews and evaluations undertaken internally and externally during the year, measuring performance against statutory functions, identifying emerging trends and issues (may include cross references).**
	The Service Area maintains a Community Teams' Handbook which specifies the expectations, protocols and procedures for all aspects of the Teams' work. The Handbook covers statutory functions responsibilities such as the operation of vulnerable adult procedures, carers' assessments, direct payments, supervision and the use of the Mental Health (NI) Order 1986. The procedures require team leaders to carry out random file audits during each supervision session with team members. Operations Managers are required to carry out a quarterly audit of the standard of these file audits. Operations Managers are also required to carry out a monthly audit of the quality of supervision provided by Team Leaders. The Service Area collects a wide variety of statistics on a monthly basis from the four community teams. These include statistics on case numbers, vulnerable adult activity, Mental Health Order activity, carers' assessments, direct payments and unmet need. These are monitored at Operations Manager level for compliance with requirements and for emerging issues and trends. As mentioned in 3.2, the Service Area was audited by BSO regarding social work supervision standards. The Service Area has recently been audited by RQIA in relation to its adherence to Joint Protocol Procedures. Informal feedback was positive.

	The Service Area was also audited internally in relation to its adherence to the recommendations of the Boyd Report. Informal feedback to the Service Area noted the high quality of assessment information and record keeping. The Service Area was included in an internal audit led by Physical Health and Disability Services of Direct Payments practice. The audit showed a need for improved practice in the completion of Access NI forms, timesheets and quarterly returns. Following this outcome, the Service Area has produced a check list for Direct Payment files to guide staff to include the necessary documentation. The Service Area was audited internally as part of a Trust wide audit of compliance with professional registration verification procedures. No concerns for the Service Area were noted during this audit. The Service Area's compliance with RQIA requirements for the use of the Mental Health (NI) Order 1986 forms was also audited internally as part of a Trust-wide audit. Again, no concerns for the Service Area were noted. The Service Area's audit of restrictive practices mentioned in this year's interim report has now been completed. The Service Area is now reviewing these for appropriateness and then intends to set up a mechanism for ongoing approval, monitoring and review of restrictive practices.
3.4	**Report on Directorate's compliance with other statutory agencies including: NISCC; RQIA; BSO; PHA (in relation to social work)**
	Social Work staff's compliance with NISCC regulatory requirements is monitored via supervision arrangements in line with the Trust's Registration and Verification Policy. The Trust also maintains a central NISCC data base and monitors the registration status of all relevant staff through this. Social workers are supported to meet the NISCC's ongoing professional development requirements. The Trust's Personal Contribution Framework process allows for each social worker to have a personal contribution and development plan. The Service Area also provides induction for all new staff which meets NISCC's induction standards. This includes a two-day Learning Disability specific induction course developed and run by the Service Area. The Service Area carries out a number of functions under The Mental Health (NI) Order 1986 and meets the requirements of the RQIA and the Mental Health Review Tribunal in relation to these. These include the provision of the necessary paperwork, reports and notifications for admissions for assessment, guardianship and tribunals.

	The Service Area's day care facilities, residential and supported living services and its community support service are all registered with the RQIA and subject to ongoing inspection and monitoring. The Service Area notifies the RQIA of any untoward incidents as per their reporting requirements. The Service Area liaises with RQIA in relation to protection of vulnerable adult issues as they arise in relation to any registered facility. The Service Area has contributed as appropriate to MARAC and PPANI processes. Service Area staff refer to the Office of Care and Protection as appropriate and act in accordance with their instructions on financial matters for individual service users. The Service Area liaises with the PSNI as per the Joint Protocol arrangements where appropriate.
3.5	**Summary of difficulties or issues in regard to the ability to discharge Delegated Statutory Functions**
	The Service Area continues to experience a number of difficulties in relation to the discharge of statutory functions. These are: 1. The Service Area continues to struggle to make appropriate provision for the needs of children leaving the care system. Care leavers with learning disabilities often have highly complex needs and there is a lack of existing appropriate provision and a lack of funding to develop new service provision. 2. There continue to be difficulties with the lack of consistency in Mental Health Review Tribunal judgements around the definition of severe mental handicap and severe mental impairment. This uncertainty creates difficulties for staff in assessing whether or not aspects of the Mental Health (NI) Order 1986 apply to certain clients. 3. Mental Health Review Tribunal decisions which direct discharge for clients with very complex needs create considerable resourcing and risk management difficulties. Community resources to address the needs of those who pose a risk of significant harm to themselves or others remain difficult to source and fund. 4. The Trust's financial position continues to create significant difficulties in a number of areas. Of particular relevance is the impact on direct service provision such as day care packages, domiciliary care and direct payments. All requests for services are subject to a scrutiny process and are only being agreed in urgent and critical

circumstances.

5. Resource pressures also continue to create difficulties in meeting the demands of vulnerable adult protection plans. A substantial proportion of vulnerable adult work within the Service Area involves both the alleged victim and the alleged perpetrator having learning disabilities. In these cases, the alleged perpetrator often avails of services where other vulnerable adults are present and the protection plan requires increased supervision of them. This is often very difficult to provide and in a number of cases has led to a reduction or a cancellation of service provision for the alleged perpetrator.

   In residential services, the lack of resources often means that a perpetrator of abuse has to remain in the same living environment as those she/he has abused even when this has been assessed as inappropriate.

6. The Service Area remains concerned about the difficulties experienced in resettling patients from Muckamore Abbey Hospital and achieving timely discharge. These difficulties are caused by a lack of funding and a lack of adequate and appropriate community based service provision. On 31/3/11, there were sixty-nine Belfast Trust patients awaiting resettlement and a further twelve delayed discharge patients. Eighty-four patients from other Trusts were awaiting resettlement with twenty delayed discharge patients.

   In relation to delayed discharge, the PFA 2009/2010 Priority 7, Target 6 requires that, from April 2009, seventy-five per cent of patients admitted for assessment and treatment are to be discharged within seven days of a decision to discharge, with all other patients discharged within a maximum of ninety days. From 1/4/10 – 31/3/11, there were thirty-six admissions of Belfast Trust adult patients to Muckamore Abbey Hospital. Of these, twenty-three were discharged within the seven days target and two exceeded the ninety days target.

   The Trust is awaiting the outcome of a recent judicial review in which a number of patients challenged the Department of Health in relation to the lack of funding provided for resettlement.

7. The Service Area's caseloads continue to rise. In this reporting period they rose by additional seventy-eight cases. This adds to the pressure created by the additional sixty cases the previous year. Without any corresponding increase in provision, this increase creates a potential concern about meeting statutory functions' requirements.

Newer areas of concern emerging from this reporting period have been:

1. The PSNI/Social Services interface in vulnerable adults' processes is causing some difficulties. We have been informed by the PSNI that a lack of police personnel is the reason for some delays in achieving a consultation, delays in investigation and lack of availability to attend

meetings. The Service Area has also noted differences in responses by different PSNI areas in relation to vulnerable adults who lack capacity.

2. The Service Area is awaiting the outcome of a judicial review where the Trust's use of Guardianship under the Mental Health (NI) Order 1986 to restrict family contact and control absence from a residential unit was challenged. It is hoped that the judgement will clarify the powers available to the Trust under Guardianship.

3. In a related issue, the Service Area remains concerned about deprivation of liberty safeguards for those who lack capacity. The Department issued interim guidance on this issue on 1/3/10 but subsequently reviewed and reissued this on 14/12/10. . Deprivation of liberty issues are of major significance in the Learning Disability Service Area. A substantial proportion of service users live or spend time in situations which would meet the criteria laid down in the Bournewood case. This applies to hospital settings and community settings such as nursing, residential and day care units.

   The Service Area also has to make welfare and adult protection decisions for adults who lack capacity in these matters. The lack of a legislative framework in which to make these decisions is very problematic.

   The Trust is in correspondence with the Department about the recent guidance and its application to current practice. The Trust continues to have concerns that the guidance does not provide definitive advice about how to act in the legislative vacuum which currently exists.

4. The Service Area has recently interpreted the Trust's Vulnerable Adult Policy as applying to all minor assaults between patients in Muckamore Abbey Hospital. This has resulted in a substantial increase in the number of vulnerable adult referrals. While the Service Area believes it appropriate to consider these incidents, it has caused a marked increase in workload which is creating significant pressures.

5. The Service Area welcomes the Promoting Quality Care – Good Practice Guidance on the Assessment and Management of Risk in Mental Health and Learning Disability Services, DHSSPS 2009 and believes it to be a very useful tool in managing risk. However, the Service Area finds the twenty-eight day target for completing a comprehensive risk management plan unrealistic. Immediate plans are devised as per the guidelines but to have full multi-disciplinary input, involvement and agreement within twenty- eight days is proving unworkable. The Service Area currently has thirty-seven comprehensive risk management plans in place. We feel that the current timescales for completion of this work need to reconsidered in light of practice experience

3.6	**Provide a progress report in relation to remedial action to improve performance including financial implications (in relation to 3.5 above)**

1. Provision for care leavers with learning disability

The issue has been noted by the Service Area in previous reports and has also been raised with the HSCB. The Service Area has also made requests to the HSCB for funding for a number of individual packages. As detailed in this year's Interim Statutory functions Report, the Service Area is working closely with Children's Disability and Family and Child Care Services to ensure that appropriate and timely transitions planning occurs. The Service Area notes the welcome investment in specialist treatment and accommodation services for children with a learning disability but this funding remains in Children's Services and the lack of parallel investment in Adult Services means that a child transitioning to adulthood is unable to access similar provision. Planning for longer- term adult provision at the time of agreeing a child's provision, particularly an older child's service provision, would help ensure continuity.

2. Provision for those who present a risk of significant harm to themselves or others

The Service Area appointed a Community Forensic Psychologist in January 2011. She has started individual casework and is developing a service model for the Service Area's work with offenders. Additional investment will be required to develop sufficient infrastructure to fully provide for risk assessments and risk management plans for those with offending behaviours currently in the community and those returning to the community from prison and hospital.

The Promote Service for people with mental health difficulties and learning disabilities has now been established. This multidisciplinary community based Assessment and Treatment Service is providing both individual input to users and staff training and support in cases where the person is a risk to themselves or others because of their mental health.

3. Resource Related Difficulties with Service Provision

The Service Area is currently consulting within the Trust on a new process to assess, categorise and prioritise need so that available resources can be allocated as equitably as possible.

The Service Area recognises its duty to provide adequate protection plans and has treated this as a priority area for resources.

The Service Area also prioritises the work of its community teams to try and manage increased workloads.

However, these are, at best, only partial solutions.

The Service Area reports on unmet need on a regular basis. As a result of the current financial pressures, it is reporting an increased level of unmet need. This includes unmet need in relation to domiciliary care, daytime provision, supported living services, social and leisure provision and respite.

4. Resettlement and Delayed Discharges from Muckamore Abbey Hospital

As detailed in this year's Interim Statutory Functions Report, the Service Area has recently established an inter hospital and community working group to work on meeting delayed discharge targets. This group has made good progress in promoting effective co-ordination and planning and giving a priority focus to these areas. However, lack of finance, lack of appropriate service provision and lack of community infrastructure continue to present significant barriers to timely discharge and resettlement. The Service Area has continued to highlight this issue with the Commissioner and at regional groups.

The Belfast Trust's target for resettlement in the four- year period ending March 2011 was to resettle twenty-six patients. The Trust resettled twenty-seven patients, although four of these were not from the original patient list selected but were patients given priority because of Mental Health Review Tribunal decisions to discharge.

The Service Area is pleased to have met its target but remains concerned about the sixty nine Belfast Trust patients who are yet to be resettled for whom no funding has been provided.

The Service Area currently has twelve Belfast Trust patients whose discharge is delayed. This is caused by the resource difficulties already mentioned.

At the time of writing this report, the Service Area has just been made aware of the new regional targets for 2011-2012 of forty-five resettlement patients and fifteen delayed discharge patients to be moved back to the community. The Service Area will be working with the Commissioner to deliver on these targets.

The Service Area is also conscious of Departmental policy requiring that everyone will be resettled from Muckamore Abbey Hospital by the end of 2013 and awaits the policy directive and the funding to be able to achieve this.

5. Vulnerable Adult Issues

The Service Area welcomes the profile given to adult protection issues with the establishment of the LASP and NIASP structures. The Service Area has representation on local and regional structures and is committed to fully participating in these.

	The Service Area has had some local discussion with the PSNI about the difficulties with the operation of the Joint Protocol. The issue has also been raised with the newly appointed Trust Vulnerable Adult Co-ordinators and put forward as a priority issue for LASP and NIASP agendas. 5. Guardianship and Deprivation of Liberty Safeguards As mentioned already, the Service Area awaits the outcome of a judicial review in relation to its use of guardianship. The Service Area remains in communication with the Department about deprivation of liberty issues while new legislation is awaited.
3.7	**Indicate if the issues above (3.5) are included in your Directorate's Risk Register**
	Amongst the issues included in the Corporate Risk Register are: 1. Risk to the quality of outcomes for patients at Muckamore Abbey Hospital due to patients' discharge being delayed and lack of progress with resettlement. 2. Risk of harm to patients and others due to high risk patients being discharged, including those discharged by the Mental Health Review Tribunal against medical advice and where no other appropriate service exists to meet the patients' needs. 3. Risk resulting from uncertainty about the legal definition of 'severe mental handicap' particularly relating to Mental Health Review Tribunals. 4. Risk of abuse to vulnerable adults living in residential/supported living services from other service users. 5. Risk to the quality of life for care leavers with a learning disability due to inadequate resources to meet their needs. 6. Risk of inadequate protection for vulnerable adults due to potential lack of resources or withdrawal/reduction of service provision to meet protection needs. 7. Risk of potential failure to provide people deprived of their liberty with adequate safeguards and to meet legal requirements in relation to this.

3.8	**Key Social Work Workforce issues, including recruitment, retention, flexible working arrangements, workforce continuity etc. Information provided should include level and type of vacancies and any vacancy control systems in place.** **Trusts should attach their Training Accountability Report for the year in question.**
	The Service Area has continued to have a relatively stable social work workforce throughout the year although there has been some pressure caused by difficulties in covering a career break and maternity leave. There has been an appointment to the WTE vacancy noted in last year's report. The service area is anticipating that current workforce controls may create some problems in the coming year as there is a retirement and three maternity leaves pending. Significant gaps in the nursing and care management workforce in the multi-disciplinary community teams during the year has caused considerable pressure overall and created extra demand for the social work workforce. There was one Band 6 social work post vacant as at 31/03/11. Flexible working arrangements including part-time hours, flexi-hours and term time working are available. The Service Area wishes to expand its ASW workforce by one and is seeking expressions of interest internally for this. The Service Area has recently trained a further ABE interviewer, bringing its total of ABE trained staff to five.
3.9	**SUMMARY**
	This statutory functions reporting period has seen good consolidation of the major organisational changes embarked upon in 2008. The Service Area now has a clearly established model of tiered service delivery. Harmonisation across the Trust has largely been achieved and the Service Area is concentrating on developing the range and quality of its services in line with the aims and objectives of "The Big Plan". This document has been developed in partnership with users and carers and sets out in accessible language the Service Area's plans for the next three years. As with "The Big Plan", the Service Area is committed to furthering its partnerships with service users and carers, both on an individual basis and in service planning. The Service Area is about to embark on a pilot project to involve service users in staff recruitment. The Service Area continues to recognise and value the contribution of the private, voluntary and independent sectors and is committed to

	working in partnership with them. One example of this is the Service Area offering its induction programme to these sectors. The continuing financial pressures are of major concern. This report outlines the complexity of the work the Service Area undertakes, the level of risk it manages and the increasing levels of demand. Resources and capacity issues inevitably impact on the Service Area's capacity to cope with these pressures. The Service Area believes that key issues for the year ahead are likely to be: i. The continued development of adult protection practice in line with the new LASP and NIASP structures. ii. The continued development of practice in relation to Promoting Quality Care –Good Practice Guidance on the Assessment and Management of Risk in Mental Health and Learning Disability Services. iii. The development of robust processes and tools for the assessment of need and the prioritisation of resources. iv. The ongoing development of community infrastructure including specialist community treatment services. v. Resettlement from Muckamore Abbey Hospital. vi. Transitions planning for children with a learning disability. The Service Area recognises the vital role that the social work and social care workforce will play in managing these challenges and is committed to ensuring that staff are equipped and supported to do so.

DATA RETURN 1: Learning Disability Service Area

1 GENERAL PROVISIONS			
		<65	65+
1.1	How many adults were referred for assessment of need during the year?	100	4
1.2	How many adults commenced receipt of social care services during the year?	100	4
1.3	How many adults are in receipt of social care services at 31st March?	1703	
1.4	How many care packages are in place on 31st March in the following categories: Residential Home care Nursing Home care Domiciliary care managed Domiciliary non care managed	 170 156 192 97	
1.5	Number of adults provided with respite during the year	*PMSI return*	*PMSI return*
1.6	Number of adults known to the Trust in receipt of Day Care Statutory sector Independent sector	761 64	
1.7	Of those at 1.6 how many are EMI / dementia Statutory sector Independent sector	17 o	
1.8	Unmet need	*PMSI return*	*PMSI return*
1.9	How many adults are placed outside Northern Ireland, who are funded by the Trust?	2	
1.10	Complaints	*Board return*	*Board return*

Note: Data for 1.5, 1.8 and 1.10 will be sourced by Board officers from existing returns.
1.3 – 1.9: Unable to access collated information about the age profile of known cases.
1.7: This information is obtained from day care managers based on their knowledge of those who have had a formal diagnosis of dementia. It is likely to be an underestimate.

DATA RETURN 2: Learning Disability Service Area

2 CHRONICALLY SICK AND DISABLED PERSONS (NI) ACT 1978;			
2.1	Details of patients <65 in hospital for long term (>3months) care who are being treated in hospital accommodation for >65	>65	65+
		0	0
2.2	Number of adults known to the Trust who are:		
	Blind	6	
	Partially sighted	28	
2.3	Number of adults known to the Trust who are:		
	Deaf with speech	0	
	Deaf without speech	11	
	Hard of hearing	11	
2.4	Number of adults known to the Trust who are:		
	Deaf/Blind	2	

2.2-2.4 – Age profile of clients not known. The service area does not collate information on sensory impairments centrally. These figures are based on information from team leaders and their knowledge of caseloads and are likely to be underestimates**.**

DATA RETURN 3: Learning Disability Service Area

3 DISABLED PERSONS (NI) ACT 1989 ***Note: 'disabled people' includes individuals with physical disability, sensory impairment, learning disability***		
3.1	Number of referrals to Physical/Learning/sensory Disability during the reporting period *(source: SOSCARE)*	104
	Number of Disabled people known as at 31st March	1703
3.2	Number of assessments of need carried out during year end 31st March	104
3.3	Types of need that could not be met:	
	Domiciliary care Daytime Support Respite Care Supported Living Social and Leisure Provision	
3.4	Number of assessments of disabled children ceasing full time education undertaken (Transition workers will be able to provide). Cross reference with Children in Need section.	27

DATA RETURN 4: Learning Disability Service Area

4 HEALTH AND PERSONAL SOCIAL SERVICES (NI) ORDER 1972;
Article15, Article 36 [as amended by Registered Homes (NI) Order 1992]

4.1	Number of Article 15 (HPSS Order) Payments	204
	Total expenditure for the above payments	£
4.2	Number of TRUST FUNDED people in residential care	170
4.3	Number of TRUST FUNDED people in nursing care	156
4.4	How many of these received only the £100 nursing care allowance	0
4.5	How many occasions in-year has the Trust been called upon to support Emergency Support Centres (ESC)?	-

4.1 Total expenditure – information not available

DATA RETURN 5: Learning Disability Service Area

5 CARERS AND DIRECT PAYMENTS ACT 2002

5.1	Number of adult carers offered individual carers assessments during the year.	154
5.2	Number of adult individual carers assessments undertaken during the year.	116
5.3	Of the Total @ 5.2 in how many of the assessments were the carers, caring for disabled children?	-
5.4	Number of adult carers receiving a service @ 31st March	n/k
5.5	Number of young carers offered individual carers assessments during the year.	15
5.6	Number of young carers assessments undertaken during the year.	15
5.7	Number of young carers receiving a service @ 31st March	-
5.8	Number of adults receiving direct payments @ 31st March	60
5.9	Number of children receiving direct payments @ 31st March	-
5.10	Number of carers receiving direct payments @ 31st March	1

Note: sections 5.8,5.9 and 5.10 are to be reported as mutually exclusive.

Commentary

5.4 Service Area does not collate information on total number of carers involved with clients.

5.7 Service Area does not collate information on total number of young carers involved with clients.

- 726 Carers accessed support through the Belfast Carers Centre, a voluntary organisation funded by the Trust.
- 420 Adult Carers accessed a carer grant. (126 of this group were parents of disabled children).
- 407 carers were referred for complementary therapies of whom 111 were parents of disabled children
- 101 young carers in the Belfast area accessed services through Action for Children.
- 30 young carers in the Belfast Trust area accessed services through 174 Trust Young Carers Project.

The Trust is currently reviewing processes for the collation of Carers information.

DATA RETURN 6: Learning Disability Service Area

8 VULNERABLE ADULTS

6.1	Number of vulnerable adult referrals within the year	185
6.2	Of the referrals at 6.1, how many were received from acute settings?	0
6.3	Number of investigations commenced within the year	134
6.4	Number of investigations completed within the year	134
6.5	Of the completed investigations at 6.4, how many required a Multidisciplinary Age Risk Assessment Conference (MARAC) ?	1
6.6	Number of adult protection plans commenced within the year	100
6.7	Number of adult protection plans in place on 31st March	27

Commentary

MAHI - DSF Reports (LD Extracts) - 108

DATA RETURN 7: Learning Disability Service Area

7 SOCIAL WORK TEAMS AND CASELOADS

This return should be completed for all Teams where Social Workers are employed, including Transition Teams, Hospital Teams and Multidisciplinary Teams. The returns should reflect 'establishment' not current filled or unfilled posts at 31st March

Team Name	Multidisciplinary team? Y or N	Location	No of WTE Social Workers		No of AYE Social Workers	Average caseload size	Maximum caseload	Minimum caseload	*Average number of children on caseloads
			Funded	Unfunded					
South Belfast	Y	Finaghy H/C	4			70	83	81	N/A
North Belfast	Y	Carlisle Centre	4.49			93	96	82	N/A
East Belfast	Y	Mount Oriel	4.55		1	83	80	70	N/A
West Belfast	Y	Maureen Sheehan Centre	4.09			64	53	52	N/A

No of WTE Social Workers = The number of whole time equivalent Social Workers with direct involvement with clients.
No of AYE Social Workers = The number of WTE Social Workers who on the date are in their Assessed Year in Employment.
Average caseload = The total number of cases (individuals in receipt of service) carried by the Team on the end date; divided by the WTE Social Workers.
Maximum caseload = The highest number of cases carried by an individual Social Worker.
Minimum caseload = The lowest number of cases carried by an individual Social Worker excluding Part time and AYE.
*Average No of Children on Caseloads = The total number of children known to F&CC Teams on the end date, divided by the WTE Social Workers.
Caseload size = The number of cases, not the totals from the caseload weighting system.

These caseload figures relate to those cases keyworked by social workers in the multi-disciplinary teams, not to the total number of cases known to the wider team.

DATA RETURN 8: Learning Disability Service Area

8 Assessed Year in Employment

PLEASE SEE TRUST'S COMPOSITE REPORT

DATA RETURN 9: Learning Disability Service Area

9 The Mental Health (NI) Order 1986
Article 4 (4) (b) Article 5 (1) Article 5 (6) Article 18(5) Article 18(6)Article 115

9.1	Number of Applications for Assessment during the year by:			
9.1.a	Nearest Relative			8
9.1.b	Approved Social Worker			
	Commentary *(Include If possible details of when ASW called out, outcomes, occasions when Application for assessment is made or what alternatives were found)* These were all learning disability admissions to Muckamore abbey Hospital from Trusts other than the Belfast Trust.			
9.2	ASW Response Times (measured from within one hour of requested time of arrival)			
	Commentary			
9.3	Number of Social Circumstance Reports completed during the year following an application for assessment.			
	Source of application	Total Number of Reports completed	Number of completed reports which were completed within 14 days	
9.3.a	Nearest relative			
9.3.b	Social Worker	8	8	
	Commentary			
9.4	Number of Guardianships in place in Trust at year end			18
9.4.a	New Applications for Guardianship during year			4
9.4.a(i)	Number of new Guardianships accepted during the year			4
9.4.b	Number of Guardianships Renewed			18
9.4.c	Number of Guardianships accepted by a nominated other person			0
9.5	Numbers referred to Tribunals			6 community guardianship 14 hospital detention mah
	Commentary In addition to Belfast Trust patients referred to Tribunals, the MAH social work team also presented reports to the Tribunal for 4 South Eastern Trust patients and 2 Northern Trust patients.			

9.6	Number of newly Approved Social Workers during year	
	Number of Approved Social Workers removed during year	
	Number of Approved Social Workers at year end (who have fulfilled requirements consistent with quality standards)	

Commentary

Trust need to make reference to the adequacy of the number of Approved Social Workers, the reasons for the turnover and what plans are in place to address both overall, geographic, and PoC shortfalls.

The Trust presently has an adequate number of social workers to meet its delegated statutory functions in respect of mental health service delivery.

The Trust has completed an audit of SSI Quality Standards 1, 3 and 4 for Approved Social Work and is using the workforce data to inform workforce planning arrangements for ASWs. (Please see commentary on page 66 of the Mental Health Service Area Report).

There are a number of senior managers in the Trust who are Approved Social Workers, however, due to their position are not presently on the ASW Rota and therefore do not meet the ASW standards. They do, however, provide leadership, supervision and guidance to ASW within their Service Area. The Trust is seeking clarification as to whether staff in managerial positions are required to meet the standard pertaining to the completion of assessments to secure revalidation.

The Mental Health Order (NI) 1986 as amended by The Criminal Justice (NI) Order 1996.SArticle 50 A (6). Schedule 2A Supervision and Treatment Orders. **NIL RETURN**		
9.7	Number of supervision and treatment orders, where a Trust social worker is the supervising officer in force at the 31st March	
9.8	Of the Total shown at 9.7 how many have their treatment required as:	
	Treatment as an in-patient	
	Treatment as an out patient	
	Treatment by a specified medical practitioner.	
9.9	Of the total shown at 9.7 how many include requirements as to the residence of the supervised person (excluding in-patients)	
9.10	Of the Total shown at 9.7 how many of these supervision and treatment orders were made during the reporting year.	
	Commentary *(include and difficulties associated with such orders, obtaining treatment or liaison with specified medical practitioners, access to the supervised person while an in-patient)*	

Belfast Health and Social Care Trust

HEALTH & SOCIAL CARE TRUST

REGIONAL REPORTING TEMPLATE FOR DELEGATED STATUTORY FUNCTIONS

For Year end 31 March 2012

REPORTING TEMPLATE INDEX

SECTION 1 – INTRODUCTION

- to be completed by Executive Director of Social Work

SECTION 2 – EXECUTIVE SUMMARY

- to be completed by Executive Director of Social Work (inc signature & date)

SECTION 3 – GENERAL NARRATIVE & DATA

- to be completed for each Programme of Care by the Social Work Leads for that Programme

- the data returns 1-9 for each programme should follow the narrative

- all Programmes must complete an individual Data Return 1 – 9 inclusive

- Data Return 9 (Mental Health) can be compiled by the ASW Lead but should have a separate data set for each Programme

- the additional Data Return 10 is only to be completed by the Family & Child Care Programme

- please ensure complete reporting of all Data Returns **(nil returns or non applicable should be reported)**

DATA RETURNS

1 General Provisions (Returns 2-9 below relate to specific statutory duties, the data returned therein constitutes a sub-set of this return)

2 Chronically Sick and Disabled Persons

3 Disabled Persons (NI) Act 1989

4 Health and Personal Social Services Order

5 Carers and Direct Payments Act 2002

6 Safeguarding Adults

7 Social Work Teams and Caseloads

8 Assessed Year in Employment

9 Mental Health

10 Family and Child Care specific returns (CC3/02)

CONTENTS SHEET

1.0 INTRODUCTION

This Report provides an overview of the Trust's discharge of its statutory functions in respect of services delivered by the social work and social care workforce (the social care workforce). It addresses the assurance arrangements underpinning the delivery of these services across the individual Service Areas, outlines levels of compliance with the standards specified in the Scheme for the Delegation of Statutory Functions (Revised April 2010) (the Scheme) and identifies ongoing and future challenges in the provision of such services.

The Trust, as a corporate entity, is responsible in law for the discharge of statutory social care functions delegated to it by virtue of authorisations made under the Health and Personal Social Services (Northern Ireland) Order 1994. The Trust is accountable to the Health and Social Care Board (HSCB) for the discharge of such functions and is obliged to establish sound organisational and related assurance arrangements to ensure their effective discharge.

The Scheme provides the overarching assurance framework for the discharge of statutory social care functions. It outlines the powers and duties which are delegated to the Trust; the principles and values which underpin the delivery of statutory services; the policies, circulars and guidance to which the Trust must adhere in the discharge of such functions; and the organisational assurance arrangements in respect of same.

During the reporting period the Trust has participated in a DHSSPSNI and HSCB-led regional review of the Scheme. It is anticipated that a Draft Revised Scheme will be disseminated for consultation in the near future.

The Scheme requires the Trust to produce an annual report addressing how it has discharged those statutory functions pertaining to social care services.

The Trust's exercise of these functions, in particular those relating to the protection and care of children and vulnerable adults and restrictions of personal liberty, give rise to significant levels of public interest and scrutiny.

The Executive Director of Social Work is professionally accountable and is required to report to the Trust Board on the discharge of statutory social care functions. An unbroken line of professional accountability runs from the individual practitioner through the Service Area professional and line management structures to the Executive Director of Social Work.

The Report has been prepared on an HSCB template and is sub-divided into the following sections:

Section 1: an introduction to the Report.

Section 2: a strategic overview of the Trust's performance in relation to the discharge of its statutory functions across the respective Service Areas by the Executive Director of Social Work.

Section 3: individual Service Area reports, each of which addresses a range of key themes including: a review of the Service Area's engagement with external regulatory agencies with regard to the discharge of statutory social care functions; difficulties with regard to the delivery of statutory social care services; workforce issues; and areas of emerging significance.

The individual Service Area reports include a number of information returns pertaining to statutory social care service delivery.

Section 4: social care workforce information returns (referenced as Data Return 7).

Section 5: an overview return on the Trust's Assessed Year in Employment staff cohort (AYE Year).

Central to the delivery of statutory functions has been a strong commitment to multi-professional working across all Trust service settings, the integration and optimising of available resources to provide qualitative and efficient services and the promotion of inclusive partnerships with service users, localities, community, statutory and voluntary sector providers. I would wish to formally acknowledge the professionalism, collaboration and commitment of Trust staff across all Directorates in contributing to the delivery of statutory social care services.

The discharge of statutory functions is demanding, complex, challenging, and rewarding work. In my role as Executive Director of Social Work, I would wish to express my particular appreciation of the professionalism, knowledge, skills and dedication of the Trust's social care workforce.

Bernie McNally
Executive Director of Social Work

May 2012

EXECUTIVE SUMMARY

2 GENERAL

Executive Director of Social Work: Miss Bernie Mc Nally

2.1 Statement of Controls Assurance

(Brief statement is sufficient, however any gaps / breaches in terms of compliance should be highlighted and the action taken to resolve these)

Reference to RQIA should be included.

Reference to NISCC and the Trust's mechanisms for monitoring registration status should be included.

The Trust has achieved reasonable compliance with the requirements specified in the Scheme in relation to the discharge of its statutory responsibilities.

The individual Service Area returns provide detailed commentaries on the levels of compliance, areas of difficulty and emerging trends in relation to the delivery of statutory services.

In the context of a particularly challenging operational and budgetary environment characterised by significant resource and capacity pressures, enhanced levels of public expectations and related scrutiny and an ongoing drive for modernisation and service improvement, the Trust has continued to prioritise the safe discharge of its statutory functions.

The Trust has co-operated fully with the Regulatory and Quality Improvement Authority (RQIA) in its discharge of its regulatory and inspectorial functions.
The Trust has established quarterly meetings with RQIA to review organisational and operational interfaces.

The Trust is compliant with NISCC's Code of Practice for Employers. With regard to the registration of the workforce, the Trust has operationalised a corporate NISCC data base which facilitates assurance arrangements in respect of the workforce's registration and renewal status. The Trust is engaged in regular contacts with NISCC through its participation in a range of partnership structures and bi-annual meetings between NISCC senior staff and the Trust's Associate Directors of Social Work Group to address organisational and professional matters.

2.2 Accountability arrangements from frontline staff to Executive Director on Trust Board with responsibility for professional social work.

This must include confirmation that all Social Work staff receive formal and regular professional supervision from a professionally qualified social worker who can function in this supervisory role. Please state when this is not the Social Work Line Manager.

The Executive Director of Social Work is professionally accountable for the discharge of statutory functions by the social care workforce and related assurance arrangements pertaining to same across all Service Areas. These arrangements are underpinned by an unbroken line of professional accountability from the individual practitioner through the Service Area professional and line management structures to the Executive Director of Social Work and onto the Trust Board.

The Trust's Social and Primary Care Service Group incorporates community and specialist hospital-based provision across Mental Health, Child and Adolescent Mental Health (CAMHS), Learning Disability, Older People, Family and Child Care and Children's Disability Services.

The Director of Social and Primary Care discharges the responsibilities of the Trust's Executive Director of Social Work.

The Associate Directors of Social Work have a key organisational role in providing assurance with regard to the discharge of statutory functions. They have responsibility and are accountable for: the professional leadership of the social care workforce within their respective Service Areas, including the promotion of the learning and development needs of the social care workforce; the provision of specialist advice to their respective Service Area Senior Management Teams on the discharge of statutory functions and professional issues pertaining to the social care workforce; and the provision of assurance that appropriate organisational arrangements are in place within the Service Area to facilitate the discharge of statutory functions.

The Trust's Professional Social Work Supervision Policy meets the requirements in relation to supervision detailed in the Scheme and the NISCC Code of Practice for Employers and provides the framework for the delivery of professional supervision for social work staff in Adult Services.

A Trust Social Care Supervision Policy (revised March 2012) affords a structure for the provision of supervision for social care staff.

2.3 Executive Director of Social Work's General Statement of Controls Assurance setting out the Trust's performance in-year against the Discharge of Statutory Functions.

The Trust has achieved reasonable compliance with the requirements of the Scheme.

Within the individual Service Areas the Trust has sought to consolidate and develop monitoring and assurance mechanisms in relation to its discharge of statutory functions. These are detailed in the individual Service Area reports and include: audits of compliance with: professional supervision standards; NISCC registration requirements; adult protection investigatory processes; maintenance and quality of case file records; Approved Social Work Standards; quality of engagement with service users; outcomes-focused assessments and case planning in Children's Services; a series of thematic inspections and statutory monitoring of regulated services by RQIA across Adults and Children's Services; external and internal performance management arrangements incorporating scrutiny of PFA targets; Serious Adverse Services Events Reporting arrangements; and compliments and complaints management processes.

The Trust's Assurance Framework outlines the overarching corporate mechanisms and related processes which provide assurance as to the soundness and effectiveness of the systems in place to meet the Trust's objectives and to deliver appropriate outcomes. The Framework is informed by the principle of reasonable as opposed to absolute assurance. In determining reasonable assurance it is necessary to balance both the likelihood of any given risk materialising and the severity of the consequences should it do so, against the cost of eliminating, reducing or minimising it (within available resources).

The Executive Director of Social Work is responsible for ensuring the effective discharge of statutory functions across all Service Areas and the establishment of organisational arrangements and structures to facilitate same. She/he is required to report directly to Trust Board on the discharge of these functions, including the presentation of the annual Statutory Functions and six-monthly Corporate Parenting Reports. The Executive Director of Social Work provides professional leadership to and is responsible for the maintenance of professional standards and all regulatory issues pertaining to the Trust's social care workforce.

The Associate Directors of Social Work Group is a sub-committee of the Trust's Assurance Committee with responsibility for the monitoring of and reporting to the Assurance Committee on the discharge of statutory functions. The Group's remit has been consolidated to include similar responsibilities in respect of the Trust's Child Protection and Vulnerable Adults Panel arrangements (pending

the operationalising of the statutory Children's Safeguarding Board's regional and local structures).

Each Service Area has its local Risk Register which informs the populating of the Directorate and the Trust's Corporate Risk Registers and Principal Risks Document respectively.

2.4 Summary of areas where the Trust has not adequately discharged Delegated Statutory Functions.

Trust should where appropriate include brief descriptions and cross references when the matters being reported are dealt with in detail in other sections of this report. Where such cross referencing is not appropriate the failure to discharge any statutory function must be reported in this section.

This has been a challenging year for the Trust as a consequence of the overarching financial context, the ongoing drive for modernisation and reform of service delivery processes; the rise in referrals and caseload volumes across all Service Areas; and the enhanced levels of public expectations and scrutiny.

The Trust has continued to prioritise investment in its workforce knowledge and skills base; to consolidate and enhance service user engagement; to strengthen its partnerships with local communities and voluntary, private and statutory agencies; to promote community capacity building and the creation of social enterprise initiatives within localities which provide early interventive, accessible services; and to progress person-centred, integrated, efficient and effective service delivery.

The following is an overview of a number of areas which have generated particular challenges in relation to the discharge of statutory functions over the reporting period. (Please see the individual Service Area reports).

(1) Unscheduled Care: The development of a community based infrastructure to support the strategic shift referenced in Transforming Your Care is central to the effective management of unscheduled care. While the focus on structures and process is of central importance, the emphasis on an outcomes-centred re-ablement approach which promotes enablement and independence within robust assessment and review arrangements will present significant cultural challenges for both service users and the workforce.

Within Older People's Services in particular, there are significant operational difficulties as a consequence of the increasing numbers of frail elderly people with complex needs being discharged within forty-eight hour timescales. The absence of an appropriate intermediate care resource base, limited domiciliary care capacity and risks associated with the potential for un-coordinated discharges resulting from multiple discharge pathways have generated substantial challenges. There have been considerable operational challenges in maintaining service delivery levels and requisite standards in respect of the

discharge of statutory functions. This position is likely to be exacerbated over the forthcoming year.

(2) Adult Safeguarding Services: While the operationalising of the Regional Adult Safeguarding structures (NIASP) and the establishment of the Local Adult Safeguarding Panel (LASP) has positively impacted on the co-ordination of multi agency service delivery processes and the profile of vulnerable adults issues, the significant rise in referral volumes, particularly in relation to residential provision, the complexity of investigations and the ongoing resource issues related to the delivery of protection plans and participation in MASRAM and PPANI arrangements has resulted in substantial capacity pressures across all Service Areas.

(3) Supported Living for Care Leavers: The Trust has previously identified the ongoing issue of delayed discharges of young people over seventeen years from residential care (including young people with a Learning Disability) as a result of limited, appropriate supported living capacity.

Appropriate risk assessment and management processes and peripatetic supports are provided for young people in those circumstances in which they are placed in unregistered accommodation. The Trust is compliant with HSCB reporting requirements in respect of such episodes.

(4) Discharge of long stay patients to community facilities:
The lack of an appropriately developed community infrastructure to support the discharge of service users with significant needs has continued to impact on the Trust's performance in relation to the discharge of its statutory functions in this area.

(5) Services for those without Recourse to Public Funds: The Trust has continued to seek clarification of the policy position informing its statutory responsibilities to those adults without recourse to public funds and has highlighted its view of the need for a discrete commissioning focus on the needs of ethnic minority communities.

2.5 Progress report on Actions taken to improve performance, including financial implications. This section should make specific reference to last year's report (sect 2.4), actions arising and progress made.

(1) Schedule of Meetings: The HSCB in consultation with the Trust has established a schedule of meetings and related Action Planning Review processes to address performance with regard to the discharge of statutory functions.

Progress on the Action Plans emanating from the Annual and Interim Statutory Functions Reports, ongoing difficulties and emerging challenges are addressed within the individual Service Area meetings with HSCB staff.

(2) Workforce: The Trust has continued to promote the development of its social care workforce through ongoing investment in learning and development in line with the Regional Workforce Development and Training Strategy.

The Trust has achieved relative stability across its professional social work staffing base.

(3) User Involvement:
The Trust is seeking to consolidate and further develop its engagement in partnerships with users, community, voluntary and statutory sectors. It commissions a range of services directly from local groups promoting service accessibility and developing resilience, innovative social enterprises and related skills infrastructure across user and community providers in particular.

(5) Finance: As previously noted, this has been a challenging year in relation to the discharge of statutory functions with rises in demand and activity across all Service Areas in the context of significant budgetary constraints.

In relation to the discharge of statutory functions, the Trust has continued to prioritise service delivery and has addressed on an ongoing basis with the HSCB those areas where demand, resource and capacity issues have been most challenging.

The Trust is committed to progress its modernisation and reform agenda which is predicated on further developing partnerships with key stakeholders in the development, delivery and reform of services and the strengthening of community infrastructures.

2.6 Highlight which, if any, of the areas require further improvement and if they have been included in the Trust's Corporate Risk Register

The individual reports provide a synopsis of risks listed on Risk Registers.

The following risks pertaining to its discharge of statutory functions are presently listed in the Trust's Principal Risks Document:

- Maintenance of controls and assurance processes underpinning the discharge of statutory functions within each Service Area.

- Suicide/ Self harm (Ensuring identification of individuals at risk of self harm).

- Ability to deliver safe and effective care to elderly patients in residential/nursing homes due to risk of economic closure because of failure to comply with RQIA regulations and standards.

2.7 Set out the systems, processes, audits and evaluations undertaken internally or externally identifying emerging trends and issues which shape the Directors conclusion about Trust performance.

This should include a summary (more detailed information should be provided within the relevant sections of this report) of Audits, Service Improvement evaluations etc, conducted by the Trust or by others, including Recommendations and progress.

The Trust is continuing to consolidate and develop its assurance processes in respect of the discharge of statutory functions.

- RQIA thematic and facility inspections offer external assurance mechanisms. As noted in the individual Service Area reports, RQIA has reported positively across Service Areas on the implementation of requisite standards and compliance with action plans.
- In the context of mental health related matters, RQIA and the Mental Health Review Tribunal continue to scrutinise the Trust's discharge of its statutory functions under the Mental Health (NI) Order 1986.
- The Trust is answerable to the Courts in relation to proceedings arising out of its discharge of its statutory duties.
- The Trust's discharge of its statutory functions is directly monitored on an ongoing basis by the Assembly's Committee for Health Social Services and Public Safety. This involves written submissions to and appearances before the Committee of Trust staff to address thematic and specific issues of interest/concern relating to statutory services delivery.
- The PFA and related external and internal performance management arrangements facilitate scrutiny of the Trust's performance in respect of a range of statutory services.
- The Annual Statutory Functions and six-monthly Corporate Parenting Reports are presented for consideration and approval by Trust Board.
- The Children's Services Case Management Review arrangements.
- The Trust's Serious Adverse Reporting and Children's Services Untoward Events arrangements afford a process for Departmental and HSCB monitoring and related learning of significant events emanating from the discharge of statutory functions.
- The Trust's arrangements for the investigation and management of compliments and complaints.
- The Trust's engagement with the Regional Adult and Children's safeguarding structures**.**

Conclusion:

Transforming Your Care has synthesised the principles underpinning the vision and strategic priorities for the delivery of statutory services. Its emphasis on: person centred care and service user/local community engagement in the delivery and development of services; integrated and seamless pathways, innovative and evidence-based outcomes; sustainable, responsive and efficient

services within an incentivising business model of provision delivered within an enabling and inclusive practice culture are reflected in the Trust's Belfast Vision document and have informed its reform and modernisation processes.

The social care workforce will have a central role in delivering this vision in partnership with its multi-disciplinary colleagues across acute and community care.

It is essential that the learning and development needs of the workforce are appropriately profiled and resourced to ensure the availability of the requisite skills and knowledge to take forward the priorities identified in Transforming Your Care, in particular the discrete needs of social care staff engaged in direct service provision to vulnerable groups.

The independent role of the Children's Safeguarding Board and its local structures will be an emerging area of interest and significance across the safeguarding and child protection spectrum.

The implementation of the Community Information System (CIS) will hopefully significantly enhance data collation and assurance within the Trust in respect of the discharge of statutory functions.

In the challenges of the overarching financial context, the increased demands for services and the levels of public scrutiny, the Trust will continue to prioritise the safe, qualitative and effective discharge of its statutory functions.

Miss Bernie Mc Nally
Executive Director of Social Work
May 2012

3. GENERAL NARRATIVE

To be completed for each Programme of Care.

Adult Learning Disability Service Area Social and Primary Care Directorate	
3.1	**Named Officer responsible for professional Social Work**
	The Associate Director of Social Work in Learning Disability for the year 1st April 2011 – 31st March 2012 was Mr John McCart. Following his retirement, Mr Barney McNeany has been appointed to the role and will take up post in June 2012. Mr John Veitch, Co-Director for Learning Disability has assured the Service Area report which meets the requirements of the prescribed audit process in respect of the discharge of statutory functions. The Associate Director of Social Work has responsibility for professional issues pertaining to the social work and social care workforce within the Service Area. He is accountable to the Executive Director of Social Work for the assurance of organisational arrangements underpinning the discharge of statutory functions related to the delivery of social care services within the Service Area. The Associate Director of Social Work is responsible for: ➢ The provision of professional leadership for the social work and social care workforce within the Service Area. ➢ The establishment of structures within the Service Area to monitor and report on the discharge of statutory functions. ➢ The provision of specialist advice to the Service Area on professional issues pertaining to the social care workforce and social care service delivery, including the discharge of statutory functions. ➢ The collation and assurance of the Service Area interim and annual Statutory Functions' reports. ➢ The promotion and profiling of the discrete knowledge and skills base of the social care workforce within the Service Area. ➢ Ensuring that arrangements are in place within the Service Area to facilitate the social care workforce's learning and development opportunities. ➢ Ensuring that arrangements are in place within the Service Area to monitor compliance within NISCC registration requirements. An unbroken line of accountability for the discharge of statutory functions pertaining to the discharge of statutory functions by the social care workforce runs from the individual practitioner through the Service Area line management and professional structures to the Executive Director of Social Work and onto the Trust Board.

3.2	**Supervision arrangements for social workers**
	The Service Area's supervision policy covers both line management and professional supervision arrangements. The policy provides for line management supervision for social workers at least every six weeks and where the line manager is not a social worker, professional supervision on a quarterly basis. This policy meets the requirements of the Trust's professional social work supervision policy. Operations Managers are required to carry out a monthly audit of the quality of supervision provided by Team leaders. The Service Area also provides a Learning Disability Social Work Forum that meets twice yearly to provide opportunities for professional development and professional support. The Service Area runs reflective practice groups for social workers which meet two to three times a year. Learning Disability social workers also attend Approved Social Work fora, Designated Officer support fora and Achieving Best Evidence support fora as appropriate. In relation to supervision of AYE staff, the Service Area is compliant with the Revised Guidance for Registrants and their Employers NISCC July 2010. AYE social workers are facilitated to attend the Trust's AYE forum. The Service Area has employed two AYE staff member during this reporting year. The Service Area performed well in a recent Trust wide internal audit of professional supervision, achieving 100 % compliance with the audited standards. The Service Area does not operate a formal caseload weighting system but Team Leaders consider case complexity in making allocation decisions.
3.3	**Report on processes, audits, reviews, research and evaluations undertaken during the year, that measure performance against delegated statutory functions, identifying emerging trends and issues (may include cross references to other sections to this report).**
	The Service Area continues to maintain a Community Teams' Handbook which specifies the expectations, protocols and procedures for all aspects of the Teams' work. The Handbook covers statutory functions responsibilities such as the operation of vulnerable adult procedures, carers' assessments, direct payments, supervision and the use of The Mental Health (NI) Order 1986. The procedures require Team Leaders to carry out random file audits

	during each supervision session with Team members. Operations managers are required to carry out a quarterly audit of the standard of these file audits. Operations managers are also required to carry out a monthly audit of the quality of supervision provided by Team leaders. A wide variety of statistics are gathered on a monthly basis from the four Community Teams. These include statistics on case numbers, vulnerable adult activity, Mental Health Order activity, carers' assessments, direct payments and unmet need. These are monitored at Operations Manager level for compliance with requirements and for emerging issues and trends. As noted in 3.2, the Service Area was recently audited regarding compliance with professional social work supervision standards. The Service Area's adherence to Promoting Quality Care guidance was audited recently by RQIA. Informal feedback was positive but we await the formal outcome. Adult safeguarding arrangements in mental health and learning disability hospitals including Muckamore Abbey Hospital were also recently inspected by RQIA. Informal feedback was again positive but we await the report. The RQIA also conducted a recent review of Guardianship involving some of the Service Area's cases. Again informal feedback indicated approval of our use of guardianship. Formal feedback is due in May 2012. The Service Area was also included in a recent Trust-wide internal audit of adherence to vulnerable adult practice standards. Informal feedback was very positive. This was in addition to a Service Area internal audit of adherence to vulnerable adult practice standards. This audit revealed some inconsistencies in recording practice which have since been addressed. The Service Area completed an internal audit of adherence to the requirements of Adult Placement Regulations. The Service Area has a contract with Positive Futures, Families Matter Service for the provision of adult placements and Trust staff have a number of responsibilities under the regulations. The audit showed that compliance was generally poor and that staff lacked knowledge of their responsibilities. This has been addressed and the audit will be repeated this year. The Service Area has finished a scoping exercise in relation to the numbers of community clients who could be described as being deprived of their liberty as per the Bournewood criteria. This information is

	currently being collated and analysed. The Service Area's compliance with RQIA requirements for the use of The Mental Health (NI) Order 1986 forms continues to be audited internally on a regular basis. The Service Area performs well in these audits.
3.4	**Report on the Programme of Care's interfaces with other statutory agencies including for example: NISCC; RQIA; PHA (in relation to social care)** **Trusts should include references to Judicial Reviews or other significant Court Judgements that directly impact on the discharge of statutory functions.**
	All social work and social care staff in the Service Area who are required to do so are registered with NISCC. This is monitored via supervision arrangements in line with the Trust's Registration and Verification Policy. The Trust also maintains a central register and monitors the registration status of all relevant staff through this. Social workers are supported to meet NISCC's ongoing professional development requirements. The Trust's Personal Contribution Framework process allows for each social worker to have a personal contribution and development plan. The Service Area also provides induction for all new staff which meets NISCC's induction standards. This includes a two day learning disability specific induction course developed and run by the Service Area. The Service Area carries out a number of functions under The Mental Health (NI) Order 1986 and meets the requirements of the RQIA and the Mental Health Review Tribunal in relation to these. These include the provision of the necessary paperwork, reports and notifications for admissions for assessment, Guardianship and tribunals. The Service Area's day care facilities, residential and supported living services and its community support service are all registered with the RQIA and subject to ongoing inspection and monitoring. The Service Area notifies the RQIA of any untoward incidents as per their reporting requirements. The Service Area liaises with RQIA on protection of vulnerable adult issues as they arise in relation to any registered facility. The Service Area has contributed as appropriate to MARAC and PPANI processes. Service Area staff refer to the Office of Care and Protection as

	appropriate and act in accordance with their instructions on financial matters for individual service users. The Service Area liaises with the PSNI as per the Joint Protocol arrangements where appropriate. The Service Area reported on JR50 in this year's Interim Statutory Functions Report. Since then discussions with its legal advisors to determine the implications of JR50 for practice have continued. Meanwhile the Law Centre (NI), acting for a learning disability service user, is currently seeking leave for judicial review of the Trust's interpretation of its powers under guardianship. The Court reference for this case is 11/086012/01. The service user is arguing that the Trust's interpretation of the power of residence to include restrictions on temporary absences from the accommodation is too wide. The issues in JR50 and 11/086012/01 are not exactly the same but bear some similarities. The Trust is currently challenging the service user's capacity to undertake legal proceedings and is also opposing the service user's application for a protective costs order. We are awaiting the outcome of the court's deliberations on these matters. If leave for judicial review in 11/086012/01 is granted, the Trust intends to defend its position but also to apply under the inherent jurisdiction of the High Court for orders permitting the Trust to continue the present arrangements in respect of the applicant. It is intended that this application would be heard at the same time as the judicial review so that in the event of the court being of the view that the present arrangements are ultra vires of the Mental Health (NI) Order 1986, the High Court can consider whether these should be continued under the inherent jurisdiction provisions. The intention of this course of action is to test the applicability of the inherent jurisdiction in this case but also to establish the overall applicability of the inherent jurisdiction to other cases and circumstances. It is hoped that this would also clarify some of the broader questions raised by JR50. In last year's Statutory Functions Report, the Trust was awaiting the outcome of a judicial review in which a Muckamore Abbey Hospital patient challenged the DHSSPSNI in relation to the lack of funding provided for resettlement. The judicial review found that the Department had not acted unlawfully. The judicial review in relation to PF and the use of Direct Payments continues to present difficulties for the Service Area. The Trust is still awaiting a Departmental resolution to this issue.

3.5	Summary of difficulties or issues in regard to the ability to discharge Delegated Statutory Functions	3.6 Provide a progress report and emerging learning in relation to remedial action to improve performance including financial implications	3.7 Indicate if the issue is included on your Trust Risk Register and at what level
1.	The Service Area continues to struggle to make appropriate provision for the accommodation and support of care leavers who have a learning disability. These young people often have highly complex needs and there is a lack of existing appropriate provision and a lack of funding to develop new service provision. During this reporting period, two care leavers were provided with accommodation and intensive support packages and two care leavers were provided with adult family placements. In the coming year, seven young people will require accommodation and intensive support packages and two care leavers will require adult family placements. As noted in previous reports, the Service Area has not been resourced to provide this service in the same way as Children's Services which can mean that a child transitioning to adulthood is unable to access a similar service to that provided by Children's Services.	This issue has been raised with the HSCB. Funding requests for individual packages have been made to the HSCB as necessary but these requests have not always been successful. The Service Area recognises the importance of appropriate and timely transition planning and is working closely with Children's Disability and Family and Child Care Services to ensure this happens. The Service Area has recognised late diagnosis of learning disability in children known to Family and Child Care Services as a significant problem. The Service Area has encouraged Family and Child Care Services to refer for assessment as early as possible if a learning disability is suspected.	This issue is on the Service Area Risk Register and is categorised as a moderate risk.

3.5	Summary of difficulties or issues in regard to the ability to discharge Delegated Statutory Functions	3.6 Provide a progress report and emerging learning in relation to remedial action to improve performance including financial implications	3.7 Indicate if the issue is included on your Trust Risk Register and at what level
2.	The Service Area continues to experience some difficulty in achieving resettlement targets. Lack of finance, lack of appropriate service provision and lack of community infrastructure all present significant barriers to achieving progress. The target for the year ending 31/3/12 was the discharge of sixteen patients on the Priority Target List (PTL). Only four patients on the PTL were discharged on target although the Service Area did achieve the discharge of eight delayed discharge patients, thereby exceeding its target of three. The Service Area believes that considerable momentum was lost during the initial six months of this year in anticipation of new project arrangements through the community integration project. This resulted in a consequent delay in achieving the 31/3/12 target. The Service Area also adhered to the project plan in focusing exclusively on the identified wards for 2011/12 of Oldstone and Finglass and has only recently broadened its approach, in consultation with the Board, to consider patients elsewhere in the hospital who may	The Service Area has plans in place for the discharge of a further twelve PTL patients and anticipates that these will be achieved by September 2012. The focus for 2012/13 is for the patients in Erne and Ennis wards to be prioritised with a target of twenty-two PTL patients. This is a challenging target but the Service Area is working closely with the Project Team and the HSCB to develop procurement and tender proposals for specialist community service provision for patients with complex and challenging needs. The Service Area is committed to delivering a better quality of life for patients being resettled. The Service Area is in the process of exploring the targeting of staffing resources to support the resettlement process. For example; it has been identified that occupational therapy input could facilitate quicker discharge processes. Occupational therapists could screen possible properties to help facilitate the purchase of accommodation in line with the Supporting People Department proposals.	This issue is on the Service Area Risk Register and is categorised as a moderate risk.

	be more easily resettled.	Despite the difficulties which have been encountered this year, the Service Area remains optimistic that resettlement of the identified patients at Muckamore Abbey Hospital can be completed by 2015 and considers that significant progress has been made in recent months to advance plans for this. For example, a small number of new providers are emerging and the Service Area has successfully submitted two new build schemes at Peters Hill and Annadale for approval through the Supporting People partnership although these are not likely to be available until 2013/14. The Service Area recognises the importance of building community infrastructure to support patients on discharge. The Service Area welcomes the investment in community infrastructure which was made this year which has enabled the Community Multi-disciplinary Learning Disability Teams and treatment services to increase their capacity. This allows Community Teams to better support resettlement planning as well as provide better support post resettlement. However, while welcome, the Service Area would note that significant further community infrastructure investment is needed.	

3.5	Summary of difficulties or issues in regard to the ability to discharge Delegated Statutory Functions	3.6 Provide a progress report and emerging learning in relation to remedial action to improve performance including financial implications	3.7 Indicate if the issue is included on your Trust Risk Register and at what level
3.	The Service Area's target for this year was to achieve 75% of discharges within seven days of the patient being assessed as medically fit for discharge. The Service Area was, in the main, able to deliver on this target. The target to discharge 100% of patients assessed as medically fit for discharge within ninety days was not consistently achieved. This was due to the arrangements required for the discharge of patients with more complex needs including the provision of bespoke packages and individual accommodation arrangements. At the end of March 2012, twelve patients were waiting longer than ninety days. The Service Area's target for the coming year is to achieve all discharges within seven days of the patient being assessed as medically fit for discharge. This target is extremely challenging and the Service Area anticipates that it will not be achieved.	An inter hospital and community working group continues to meet regularly to promote effective co-ordination, communication and planning to achieve timely discharge. This working group also reviews all admissions for appropriateness. The Service Area continues to engage in discussion with the Board about the barriers encountered in achieving some targets. The Service Area wishes to further discuss the 2012 seven day discharge target with the Board in light of the anticipated difficulties meeting it.	This issue is on the Service Area Risk Register and is categorised as a moderate risk.

3.5	Summary of difficulties or issues in regard to the ability to discharge Delegated Statutory Functions	3.6 Provide a progress report and emerging learning in relation to remedial action to improve performance including financial implications	3.7 Indicate if the issue is included on your Trust Risk Register and at what level
4.	The Service Area's caseloads continue to rise. In this reporting period they rose by an additional sixty-eight cases. There were one hundred and eight new referrals but only forty closures. This echoes the pattern of previous years where referral numbers exceed closures resulting in increased caseloads This year's increase of sixty-eight adds to the pressure created by the extra one hundred and thirty eight cases in the preceding two years. Without any corresponding increase in provision, this remains a major concern for the Service Area creating as it does, the potential to be unable to meet statutory functions' requirements.	The Service Area continues to prioritise cases according to need. It has also introduced a key-working system to help avoid duplication of staff resources. The investment in community infrastructure via resettlement has increased capacity although it has not taken into account the increase in case numbers from community sources.	This issue is on the Service Area's Risk Register and is categorised as a red risk.

MAHI - DSF Reports (LD Extracts) - 136

3.5	Summary of difficulties or issues in regard to the ability to discharge Delegated Statutory Functions	3.6 Provide a progress report and emerging learning in relation to remedial action to improve performance including financial implications	3.7 Indicate if the issue is included on your Trust Risk Register and at what level
5.	The Service Area is currently having difficulties promoting Direct Payments uptake. There has been a very modest increase of nine this year. This difficulty is largely caused by the need to change practice following the judicial review in relation to the PF case and the use of Direct Payments. Until a resolution is found to this issue, it is unlikely that there will be much further progress in increasing Direct Payment numbers.	The Service Area is linked into the ongoing discussions about a resolution to the implications of the PF case. Service Area staff participate as appropriate in the Trust's Direct Payment's training programme of initial awareness, advanced and reflective practice. As detailed in this year's Interim Statutory Functions Report, the Service Area continues to promote Direct Payments usage in a number of ways including the use of communication tools designed to build and assess capacity in relation to Direct Payments.	This issue is on the Service Area Risk Register and is categorised as a moderate risk.

3.5	Summary of difficulties or issues in regard to the ability to discharge Delegated Statutory Functions	3.6 Provide a progress report and emerging learning in relation to remedial action to improve performance including financial implications	3.7 Indicate if the issue is included on your Trust Risk Register and at what level
6.	The Service Area remains concerned about deprivation of liberty safeguards for those who lack capacity. The Service Area continues to feel that the Departmental guidance of 14/12/10 on the issue does not give definitive advice about how to act in the legislative vacuum that currently exists.	The Trust has made the Department aware of the difficulties it perceives in the guidance. The issue has been raised in consultation processes on the new legislation which is to deal with this problem. The Service Area has completed a scoping exercise in relation to the number of service users who may be deprived of their liberty as per the Bournewood criteria. This has taken some time because of the large number of service users involved. When the information is analysed, the Service Area will consider if any additional case management actions would provide further safeguards for service users. It is hoped that the current legal debates as detailed in Section 3.4 will provide some clarity on how Trusts can make a range of decisions for those who lack capacity. This would hopefully clarify issues around best interests decisions relating to welfare and adult protection.	This issue is on the Trust's Risk Register and is categorised as a red risk.

3.5	Summary of difficulties or issues in regard to the ability to discharge Delegated Statutory Functions	3.6 Provide a progress report and emerging learning in relation to remedial action to improve performance including financial implications	3.7 Indicate if the issue is included on your Trust Risk Register and at what level
7.	The Service Area, while welcoming the Promoting Quality Care Guidance, continues to find the twenty-eight day target for completing a comprehensive risk management plan largely unachievable. The Service Area currently has fifty comprehensive risk management plans in place in the community and in fifty-eight in Muckamore.	The Service Area presented on its experience of PQC at a HSCB-led regional learning event. Following this event, a regional learning disability PQC forum was established and the Service Area has a representative on this. The Service Area welcomes the development of this group and is raising any practice difficulties there.	This issue is on the Service Area Risk Register and is categorised as a moderate risk.

3.5	Summary of difficulties or issues in regard to the ability to discharge Delegated Statutory Functions	3.6 Provide a progress report and emerging learning in relation to remedial action to improve performance including financial implications	3.7 Indicate if the issue is included on your Trust Risk Register and at what level
8.	The PSNI/Social Services interface in vulnerable adult processes continues to cause some difficulties. As detailed in last year's report, we have been informed by the PSNI that a lack of police personnel is the reason for some delays in achieving a consultation, delays in investigation and lack of availability to attend meetings. The Service Area has also noted differences in responses by different PSNI areas in relation to vulnerable adults who lack capacity and to vulnerable adults who have capacity but do not wish to make a complaint.	The Service Area reported on these difficulties in the recent joint RQIA and CJ1 inspection of Joint Protocol procedures. It has also raised them in the current RQIA review of safeguarding arrangements in mental health and learning disability hospitals. The Service Area is actively involved in LASP and NIASP groups who are reviewing these issues.	This issue is on the Service Area Risk Register and is classified as a moderate risk.

3.5	Summary of difficulties or issues in regard to the ability to discharge Delegated Statutory Functions	3.6 Provide a progress report and emerging learning in relation to remedial action to improve performance including financial implications	3.7 Indicate if the issue is included on your Trust Risk Register and at what level
9.	The Trust's financial position continues to have a significant impact on the availability of service provision. A range of direct service provision such as day care packages, domiciliary care, direct payment and residential/nursing care are all affected and requests are often agreed in only the most urgent and critical circumstances. Resource pressures also continue to create difficulties in meeting the demands of vulnerable adult protection plans as detailed in the Learning Disability Adult Safeguarding Report.	The Service Area scrutinises and prioritises requests for service provision as far as possible. The Service Area is awaiting legal advice on its proposed process to assess, categorise and prioritise need. Vulnerable adult procedures are followed (see Learning Disability Adult Safeguarding Report). Information on unmet need is collected and analysed.	This issue is on the Service Area Risk Register and is categorised as a moderate risk.

3.8	**Key Social Work Workforce issues, including recruitment, retention, flexible working arrangements, workforce continuity etc. Information provided should include level and type of vacancies and any vacancy control systems in place.** **Trusts should attach their Training Accountability Report for the year in question.**
	The Service Area continues to have a relatively stable social work workforce and does not experience any retention difficulties. Demand for any temporary or permanent vacancies that have arisen has been high. However, the Service Area has experienced considerable pressure in covering a career break, three maternity leave positions and filling a retirement vacancy. The Service Area has also had staffing difficulties caused by a number of long term sickness absences. Delays in scrutiny and recruitment processes have left Teams quite short staffed at times. Progress has been made in filling these positions and the Service Area hopes to have a better staffing position in the coming year. The Service Area welcomes the additional Community Teams' posts, including a social work post, which was funded by Muckamore Abbey Hospital resettlement monies to improve community infrastructure. Flexible working arrangements including part-time hours, flexi-hours and term time working are made available where possible. The Service Area had hoped to train a further Approved Social Worker this year. This did not prove possible but an interested, appropriately qualified candidate is seeking admission to this year's course. The Trust has robust workforce management arrangements. All vacancies are scrutinised to ensure that the filling of the post is required to enable the Directorate to deliver services in a safe and effective manner. An internal Directorate scrutiny process informs the review system and authorises the actioning of recruitment processes where the need for the post is clearly established and where identified funding is available. A key area involves the proactive management of sickness absence with a view to compliance with the priority target in respect of same. There were no permanent social work vacancies in the Service Area as at 31st March 2012.

3.9	**Trusts should provide a copy of their charging policies and provide explanation of what aspects of service provision you apply this to?**
	Home Help Service – The Trust operates in accordance with the Model Scheme for the Provision of a Home Help Service **Residential and Nursing Homes Charging** – The Trust operates in accordance with the DHSSPS April 2012 Charging for Residential Accommodation Guide (**CRAG)** to determine charges.
3.10	**Social Workers that work within designated hospitals? Give an account of how these duties are fulfilled by Social Workers working in these designated hospitals**
	Muckamore Abbey Hospital has a small social work Team, comprising of one senior social worker, one senior practitioner and one social worker. The Team provides a service to hospital patients from all Trusts. Social work forms a core part of the hospital's services. Social workers are core members of the multi-disciplinary Teams on the following wards; Cranfield Men, Cranfield Women, Cranfield ICU, Killead, Donegore, Sixmile Assessment and Treatment and Oldstone where they actively participate in the assessment and treatment of patients. They also have a key role in discharge and resettlement planning. Liaison with relatives and carers and assessment of home situations is an important part of the hospital social work function. Liaison, co-ordination and communication with community social work colleagues across the region are also key. Other wards may request a social work service in individual cases. The Muckamore social work Team represents Belfast Trust as the detaining authority at Mental Health Review Tribunals on a regular basis and has become skilled and experienced practitioners in this regard. While community social workers from both Belfast and other Trusts will sometimes provide the social work evidence to Tribunals, where the patient is best known to the Hospital Team, they will provide this. The social work service at Muckamore leads the work on vulnerable adult protection providing advice, support and guidance to other hospital staff. The Senior Social Worker is the lead Designated Officer and processes the majority of the hospital's vulnerable adult referrals. The social workers in the Team act as investigating officers. Both the social workers and the senior social worker are trained to Joint Protocol and clarification discussion standards. Vulnerable adult protection work

	forms a very significant part of the Team's workload. The social work Team has also taken a lead in the implementation of the Promoting Quality Care guidance. The Team has particular skill and experience in risk assessment and management and provides a mentorship service for other staff undertaking this work. In a related function, the social work Team link with PPANI, MARAC, the PPU, Gateway services and community adult protection services about hospital patient risk management issues. The Team Leader sits on the hospital's management committee to provide a social work perspective on all operational and governance arrangements.
3.11	**Provide a summary of actions undertaken to adopt a Human Rights based approach in your work with service users and carers.**
	The Service Area is committed to incorporating human rights considerations into all aspects of its work. All staff are supported to attend mandatory human rights awareness training and more advanced training as appropriate. Specific prompts and guidance on the relevant human rights considerations are provided in the policy, procedures and tools for; i) Vulnerable Adult Protection ii) Capacity, Consent and Best Interests Issues iii) Guardianship Decisions iv) Admission for Assessment Decisions v) Mental Health Review Tribunal Reports vi) Risk Assessment and Risk Management The Service Area has a value base that encourages respect and dignity for each individual, promotes equal citizenship and equal access to services and supports the empowerment of service users. All of these themes promote a human rights culture in the Service Area. This value base can be seen in Service Area initiatives such as user forums, user consultation, user participation in staff interviews, user led training at induction and the provision of accessible information.

HUMAN RIGHTS

3.12	Identify any challenges encountered in the balancing of Rights.	3.13 What action have you taken to manage this challenge?	3.14 What additional actions (if any) do you propose to manage any ongoing challenges?
1.	The use of compulsory powers under the Mental Health (NI) Order 1986 requires careful balancing of the human rights issues involved. These generally involve a conflict between an individual or societal right to protection versus an individual's right to self-determination, to liberty and to a private and family life.	Staff training in human rights. The provision of guidance and support on incorporating human rights considerations into all aspects of practice. Feedback to consultation processes by the Service Area on new legislation which will have a rights based approach.	All ongoing.
2.	As noted in previous Service Area reports, the lack of consistency in Mental Health Review Tribunal judgements around the definition of severe mental handicap and severe mental impairment remains problematic. This issue creates potential human rights concerns in relation to Article 6, Right to a Fair Trial.	This issue has been raised by the Service Area during consultation processes on new legislation which is currently being drafted.	All ongoing.
3.	The Mental Health Review Tribunal system is such that those who seek an independent review of an admission of assessment under the Mental Health (NI) Order 1986 are generally unable to obtain this within the timeframe of the assessment period. This again creates potential human rights concerns in relation to Article 6, Right to a Fair Trial.	This issue has been raised by the Service Area during consultation processes on new legislation which is currently being drafted.	All ongoing.

4.	Vulnerable adult protection work raises many human rights' balancing issues. Again these generally involve someone's right to protection versus a right to self-determination. It can also involve complex risk management decisions which need to balance an individual victim's protection or societal protection with an individual perpetrator's right to privacy and protection. The duty of Trust staff to consult with the PSNI under Joint Protocol arrangements about any alleged or suspected criminal act, even without the consent of the victim, raises significant human rights' challenges.	Staff training on human rights. Staff training on data protection. Staff training on vulnerable adult processes. Learning disability input into the regional group revising the joint protocol.	All ongoing,
5.	The implementation of the Promoting Quality Care guidance on risk assessment and risk management also creates human rights- balancing challenges. These again involve the right to protection versus the right to self-determination and the complexities of information sharing decisions.	Staff training on human rights. Staff training on data protection. Staff training on the Promoting Quality Care guidance	All ongoing.

3.15	**Identify key achievements or awards within the Trust that specifically support the delivery and quality of your delegated statutory functions.**
	The Service Area is particularly positive about its efforts to involve and empower service users in decision making about their lives and their care. The provision of user-friendly information is an important part of this. For example; the Service Area has produced easy-read guides on Guardianship, admission for assessment, Direct Payments and individual easy read risk management plans. The Service Area is also about to launch a common assessment and referral tool for use across the Service Area's Community Teams, residential and supported living services and day care services. This has been designed to be an individualised, person-centred, accessible document which the service user will contribute to and own in so far as that is possible. The Service Area is looking forward to the launch of a new parenting support service which will promote the human rights of people with learning disability to parent by providing the right information, appropriate assessment and suitable support. The need for this sort of service has been identified for quite some time and planning to design an appropriate service model has been underway over the last year. Staff recruitment issues have delayed its start but it is hoped that the service will be available from September 2012 at the latest. This development is one part of ongoing service improvement arising from a joint family and childcare and learning disability project Team. The project Team has been in operation for approximately 18 months and is working to improve services for parents with learning disability by improving co-ordination and communication between the two Service Areas, raising awareness of the needs of parents who have a learning disability, developing appropriate assessment skills amongst staff and seeking to improve the quality of available supports.
3.16	**SUMMARY**
	The Service Area believes that its model of service provision is generally effective at delivering a good quality service to people with a learning disability and that its organisational and governance arrangements largely achieve good compliance with statutory responsibilities. However, the Service Area continues to seek to improve its performance in line with the aims and objectives of The Big Plan, the Service Area's blueprint for the next two years. The Big Plan is very much in line with the recommendations of the Compton Review which outlines the need for partnership working and personalised services that meet individual need.

	Achieving partnership working with service users, carers and the private, voluntary and independent sectors continues to be a major aim. The ongoing financial situation and the pressures of increasing demands for services are, however, of major concern. This report outlines the complexity of work the Service Area undertakes, the level of need that is present and the risks it manages. Insufficient resources clearly impact on the Service Area's capacity to manage these pressures.

DATA RETURN 1a

Adult Learning Disability Service Area
Social and Primary Care Directorate

1 GENERAL PROVISIONS			
		<65	
1.1	How many adults were referred for assessment of social work / social care need during the year?	108	**Not available**
1.2	Of those reported at 1.1 how many adults commenced receipt of social care services during the year?	108	**Not available**
1.3	How many adults are in receipt of social care services at 31st March?	1771	**Not available**
1.4	How many care packages are in place on 31st March in the following categories: a. Residential Home care b. Nursing Home care c. Domiciliary care managed d. Domiciliary non care managed e. Supported Living f. Permanent Adult Family Placement		
		A149	**Not available**
		B161	**Not available**
		C196	**Not available**
		D91	**Not available**
		E151	**Not available**
		F9	**Not available**
1.5	Number of adults provided with respite during the year	PMSI return	PMSI return
1.6	Number of adults known to the Programme of Care in receipt of Day Care Statutory sector Independent sector	 696 65	**Not available**
1.6a	Number of adults known to the Programme of Care in receipt of Day Opportunities	103	**Not available**
1.7	Of those at 1.6 how many are EMI / dementia Statutory sector Independent sector	 17 0	**Not available**
1.8	Unmet need (this is currently under review)	X	X
1.9	How many of this Programme of Care clients are in HSC funded care placements outside Northern Ireland?	1	**Not available**
1.10	Complaints	Board return	Board return

DATA RETURN 1b

Adult Learning Disability Service Area
Social and Primary Care Directorate

1 GENERAL PROVISIONS - HOSPITAL				
		<18	18-65	**65+**
1.1	How many adults or children were referred to Hospital Social Workers for assessment during the year?	0	438	**Not available**
1.2	Of those reported at 1.1 how many assessments of need were undertaken during the year?	0	438	**Not available**
1.3	How many adults or children are on Hospital Social Workers caseloads at 31st March?	0	98	**Not available**

Age is at date of referral for 1.1 and 1.2

1.1 This includes 310 vulnerable adult referrals. Age at referral is unavailable.

DATA RETURN 2
Adult Learning Disability Service Area
Social and Primary Care Directorate

2 CHRONICALLY SICK AND DISABLED PERSONS (NI) ACT 1978;			
		>65	65+
2.1	Details of patients <65 in hospital for long term (>3months) care who are being treated in hospital ward for >65	0	0
2.2	Number of adults known to the Programme of Care who are:		
	Blind	6	Not available
	Partially sighted	30	Not available
2.3	Number of adults known to the Programme of Care who are:		
	Deaf with speech	Not available	Not available
	Deaf without speech	11	Not available
	Hard of hearing	13	Not available
2.4	Number of adults known to the Programme of Care who are:		
	Deaf/Blind	2	Not available

2.2 – 2.4 Age profile of clients with sensory impairments is not known. The Service Area does not collate information on sensory impairments centrally. These figures are based on information from Team leaders and daycare managers and are likely to be underestimates.

DATA RETURN 3

Adult Learning Disability Service Area
Social and Primary Care Directorate

3 DISABLED PERSONS (NI) ACT 1989 ***Note: 'disabled people' includes individuals with physical disability, sensory impairment, learning disability***		
3.1	Number of referrals to Learning Disability during the reporting period. 108 community referrals 438 hospital referrals including vulnerable referrals	 **108** **438**
	Number of Disabled people known as at 31st March.	**1771**
3.2	Number of assessments of need carried out during year end 31st March.	**546**
3.3	Types of need that could not be met:	
	Unmet need occurs in all aspects of our service provision including; *Domiciliary Care* *Daytime Support* *Respite Care* *Supported Living* *Social and Leisure provision* *Community Teams and Treatment Services* This may involve a complete lack of service provision, inadequate service provision or a poorer quality of provision.	
3.4	Number of assessments of disabled children ceasing full time education undertaken (Transition workers will be able to provide). Cross reference with Children in Need section.	**33**

DATA RETURN 4

Adult Learning Disability Service Area
Social and Primary Care Directorate

4 HEALTH AND PERSONAL SOCIAL SERVICES (NI) ORDER 1972;
Article15, Article 36 [as amended by Registered Homes (NI) Order 1992]

4.1	Number of Article 15 (HPSS Order) Payments	170
	Total expenditure for the above payments	**Not available**
4.2	Number of TRUST FUNDED people in residential care	149
4.3	Number of TRUST FUNDED people in nursing care	161
4.4	How many of those at 4.3 received only the £100 nursing care allowance?	1
4.5	How many occasions in-year has the Trust been called upon to support Emergency Support Centres (ESC)?	17

4.1 Information on total expenditure not available.

Note: 4.2 and 4.3 should correspond with 1.4 (a) and (b)

DATA RETURN 5

Adult Learning Disability Service Area
Social and Primary Care Directorate

5 CARERS AND DIRECT PAYMENTS ACT 2002		
5.1	Number of adult carers offered individual carers assessments during the year.	**115**
5.2	Number of adult individual carers assessments undertaken during the year.	**84**
5.3	Of the Total at 5.2 in how many of the assessments were the carers, caring for disabled children?	**n/a**
5.4	Number of adult carers receiving a service @ 31st March	**Not available**
5.5	Number of young carers offered individual carers assessments during the year.	**16**
5.6	Number of young carers assessments undertaken during the year.	**11**
5.7	Number of young carers receiving a service @ 31st March	**0**
5.8	Number of adults receiving direct payments @ 31st March	**66**
5.9	Number of children receiving direct payments @ 31st March	**n/a**
5.9.a	Of those at 5.9 how many of these payments are in respect of another person?	**n/a**
5.10	Number of carers receiving direct payments @ 31st March	**3**
5.11	Number of one off Carers Grants made in-year.	**147 + 49**
Note: sections 5.8, 5.9 and 5.10 are to be reported as mutually exclusive.		

5.4 The Service Area does not collate information on total number of carers involved with clients.

5.7 The Service Area does not collate information on total number of young carers involved with clients.

5.11 There were 147 grants made and 49 alternative therapies sessions provided for carers.

DATA RETURN 6
Adult Learning Disability Service Area
Social and Primary Care Directorate

THIS RETURN IS NOW SUSPENDED AS INFORMATION REQUESTED IS PROVIDED IN THE BELFAST TRUST LASP REPORT (PLEASE SEE ATTACHED)

6 SAFEGUARDING ADULTS

DATA RETURN 7
Adult Learning Disability Service Area
Social and Primary Care Directorate

7 SOCIAL WORK STAFF

PLEASE SEE CORPORATE RETURN page 186-187

DATA RETURN 8

Adult Learning Disability Service Area
Social and Primary Care Directorate

8 Assessed Year in Employment

PLEASE SEE CORPORATE AYE REPORT Page 188-195

DATA RETURN 9

Adult Learning Disability Service Area
Social and Primary Care Directorate

9 The Mental Health (NI) Order 1986
Article 4 (4) (b) Article 5 (1) Article 5 (6) Article 18(5) Article 18(6)Article 115

Admission for Assessment Process Article 4 and 5		
9.1	Total Number of Assessments made by ASWs under the MHO	320 Corporate Figure
9.1.a	Of these how many resulted in an application being made by an ASW under (Article 5.1b)	228 Corporate Figure
9.1.b	How many assessments required the input of a second ASW (Article 5.4a)	7 Corporate Figure
9.1.c	Number of applications made by the nearest relative (Article 5.1.a)	1 L&D
Form 5s		
9.2	Total Number of Form 5s/5as completed)	16 L&D
9.2a	Of these, how many resulted in an application being made	16 L&D
	Commentary – provide explanation as to Form 5s not resulting in application	
ASW Applicant reports		
9.3	Number of ASW Applicant reports completed	320 Corporate Figure
9.3.a	How many of these were completed within 5 working days	279 Corporate Figure
Social Circumstances Reports (Article 5.6)		
9.4	Total number of Reports completed	9 Corporate Figure
9.4.a	Number of completed reports which were completed within 14 days	7 Corporate Figure
Mental Health Review Tribunal		
9.5	Number of referrals to MHRT in relation to detained patients	24 L&D
9.5.a	Number of MHRT hearings	24 L&D
9.5.b	Number of patients re-graded by timescales:	
	a. < 6 weeks before MHRT hearing	2 L&D
	b. > 6 weeks before MHRT hearing	2 L&D
Guardianships Article 18		
9.6	Number of Guardianships in place in Trust at year end	15
9.6.a	New Applications for Guardianship during year	1
9.6.b	How many of these were transfers from detention	1
9.6.c	How many were Guardianship Orders made by Court (Article 44)	0
9.6.d	Number of new Guardianships accepted during the year	1
9.6.e	Number of Guardianships Renewed	11
9.6.f	Number of Guardianships accepted by a nominated other person	0

9.6.g	Numbers referred to MHRT	7
9.6.h	Number discharged from guardianship following MHRT	0
ASW Register		
9.7	Number of newly Approved Social Workers during year	0
9.7.a	**Number of Approved Social Workers removed during year**	1
9.7.b	**Number of Approved Social Workers at year end (who have fulfilled Requirements consistent with quality standards)**	8
	Commentary There are adequate ASW's at present however the Trust is conscious of the need to prepare for the new legislation when it is enacted. Therefore a Trust working group has been established to consider the model of service that would be appropriate. The issue of residency has arisen throughout the year. ASW's can assess if the individual is a resident of Belfast or is from another area but currently within the boundary of Belfast Trust. However this has resulted in requests from other Trusts to assess individuals from Belfast who may be visiting within their area and to facilitate this has caused considerable disruption to the ASW rota in Belfast. In addition, there have been requests to assess individuals who may have once lived in Belfast but have been placed in care/residential care within another Trust area. Although the Belfast Trust funds the placement, all other services are provided within the Trust area in which the individual now resides. As within Belfast, we assess anyone who is currently residing within out boundary and do not enquire as to who is funding the placement, there is a lack of equity. This is an issue that requires further clarification as services are no longer configured as they were when the legislation was passed. The Trust accesses interpreting services to facilitate the discharge of its statutory functions by ASWs.	
9.8	Excluding the section on Guardianship under Article 18 do any of the other returns in this section relate to an individual who was under 18 years old? If so please provide detailed explanation for each and every instance.	**0**
9.9	How many times during the reporting period has the Trust notified the Office of Care and Protection under Article 107?	
	This information has not been routinely collected by the Trust.	Not available

The Mental Health Order (NI) 1986 as amended by The Criminal Justice (NI) Order 1996.SArticle 50A(6). Schedule 2A Supervision and Treatment Orders.		
9.10	Number of supervision and treatment orders, where a Trust social worker is the supervising officer in force at the 31st March	0
9.11	Of the Total shown at 9.8 how many have their treatment required as:	0
	Treatment as an in-patient	
	Treatment as an out patient	
	Treatment by a specified medical practitioner.	
9.12	Of the total shown at 9.8 how many include requirements as to the residence of the supervised person (excluding in-patients)	0
9.13	Of the total shown at 9.8 how many of these supervision and treatment orders were made during the reporting year.	0
	Commentary *(include and difficulties associated with such orders, obtaining treatment or liaison with specified medical practitioners, access to the supervised person while an in-patient)*	

HEALTH & SOCIAL CARE TRUST

REGIONAL REPORTING TEMPLATE FOR DELEGATED STATUTORY FUNCTIONS

For Year end 31 March 2013

REPORTING TEMPLATE INDEX

SECTION 1 – INTRODUCTION

- To be completed by Executive Director of Social Work

SECTION 2 – EXECUTIVE SUMMARY

- To be completed by Executive Director of Social Work (inc signature & date)

SECTION 3 – GENERAL NARRATIVE & DATA

- To be completed for each Programme of Care by the Social Work Leads for that Programme

- The data returns 1-6 & 8-9 for each programme should follow the narrative

- All Programmes must complete an individual Data Return 1-6 & 8-9 inclusive

- Data Return 9 (Mental Health) can be compiled by the ASW Lead but should have a separate data set for each Programme

- Data Return 10 is only to be completed by the Family & Child Care Programme

- The additional Data Return 11 replaces the Training Accountability Report

- Please ensure complete rep0rting of all Data Returns **(nil returns or non-applicable should be reported)**

DATA RETURNS

1 General Provisions (Returns 2-9 below relate to specific statutory duties, the data returned therein constitutes a sub-set of this return)
2 Chronically Sick and Disabled Persons
3 Disabled Persons (NI) Act 1989
4 Health and Personal Social Services Order
5 Carers and Direct Payments Act 2002
6 Safeguarding Adults
7 (Social Work Teams and Caseloads)
8 Assessed Year in Employment
9 Mental Health
10 Family and Child Care specific returns (CC3/02)
11 Training Accountability Report

CONTENTS SHEET

1.0 INTRODUCTION

This Report provides an overview of the Trust's discharge of its statutory functions in respect of services (social care services) delivered by the social work and social care workforce (the social care workforce). It addresses the assurance arrangements underpinning the delivery of these services across the individual Service Areas, outlines levels of compliance with the standards specified in the Scheme for the Delegation of Statutory Functions (Revised April 2010) (the Scheme for Delegation) and identifies ongoing and future challenges in the provision of such services.

The Trust, as a corporate entity, is responsible in law for the discharge of statutory social care functions delegated to it by virtue of authorisations made under the Health and Personal Social Services (Northern Ireland) Order 1994. The Trust is accountable to the Health and Social Care Board (HSCB) for the discharge of such functions and is obliged to establish sound organisational and related assurance arrangements to ensure their effective discharge.

The Scheme for Delegation provides the overarching assurance framework for the discharge of statutory social care functions. It outlines the powers and duties which are delegated to the Trust; the principles and values which underpin the delivery of statutory services; the policies, circulars and guidance to which the Trust must adhere in the discharge of such functions; and the organisational assurance arrangements in respect of same.

The Scheme for Delegation requires the Trust to produce an annual report addressing how it has discharged those statutory functions pertaining to social care services.

The Trust's exercise of these functions, in particular those relating to the protection and care of children and vulnerable adults and restrictions of personal liberty, give rise to significant levels of public interest and scrutiny.

The Executive Director of Social Work is professionally accountable and is required to report to the Trust Board on the discharge of statutory social care functions. An unbroken line of professional accountability runs from the individual practitioner through the Service Area professional and line management structures to the Executive Director of Social Work.

The Report has been prepared on an HSCB template and is sub-divided into the following sections:

Section 1: an introduction to the Report.

Section 2: a strategic overview of the Trust's performance in relation to the discharge of its statutory functions across the respective Service Areas by the Executive Director of Social Work.

Section 3:
Individual Service Area reports, each of which addresses a range of key themes including: a review of the Service Area's engagement with external regulatory agencies with regard to the discharge of statutory social care functions; difficulties with regard to the delivery of statutory social care services; workforce issues; and areas of emerging significance.
The individual Service Area reports include a number of information returns pertaining to statutory social care service delivery.

Section 4:
The Trust's Assessed Year in Employment (Social Workers) Annual Overview Report.

The Belfast Local Adult Safeguarding Panel (LASP) Report 2012-2013 is appended to the Annual Statutory Functions Report.

Central to the delivery of statutory functions has been: a focus on the assessed needs of the individual service user; facilitating the service user's engagement in all decisions about their care; a commitment to multi-professional working across all Trust service settings; the integration and optimising of available resources to provide qualitative and efficient services and the promotion of inclusive partnerships with service user and carer groups, localities, community, statutory and voluntary sector providers.

I would like to take this opportunity to recognise the role and contributions of Trust staff across all Directorates to the delivery of statutory social care services.

The discharge of statutory functions is demanding, complex, challenging, and rewarding work. In my role as Executive Director of Social Work, I would wish to express my particular appreciation of the professionalism, knowledge, skills and dedication of the Trust's social care workforce.

Cecil Worthington
Executive Director of Social Work

May 2013

EXECUTIVE SUMMARY

2 GENERAL

Executive Director of Social Work: Mr Cecil Worthington

2.1 Statement of Controls Assurance

(Brief statement is sufficient, however any gaps / breaches in terms of compliance should be highlighted and the action taken to resolve these)

Reference to RQIA should be included.

Reference to NISCC and the Trust's mechanisms for monitoring registration status should be included.

The Trust has achieved satisfactory compliance with the requirements specified in the Scheme for Delegation.

The individual Service Area returns provide detailed commentaries on the levels of compliance, areas of difficulty and emerging trends in relation to the delivery of statutory services.

In the context of a particularly challenging operational and budgetary environment characterised by significant resource and capacity pressures, enhanced levels of public expectations and related scrutiny and an ongoing drive for modernisation and service improvement, the Trust has continued to prioritise the safe discharge of its statutory functions.

The Trust has co-operated fully with the Regulation and Quality Improvement Authority (RQIA) in the discharge of its regulatory and inspectorial functions.
The Trust has established quarterly meetings with RQIA to review organisational and operational interfaces.

The Trust has achieved satisfactory compliance with NISCC's Code of Practice for Employers. With regard to the registration of the workforce, the Trust has operationalised a corporate NISCC data base which facilitates assurance arrangements in respect of the social care workforce's registration requirements. The Trust is engaged in regular formal and informal contacts with NISCC through its participation in a range of partnership structures and meetings.

2.2 Accountability arrangements from frontline staff to Executive Director on Trust Board with responsibility for professional social work.

This must include confirmation that all Social Work staff receive formal and regular professional supervision from a professionally qualified social worker who can function in this supervisory role. Please state when this is not the Social Work Line Manager.

The Executive Director of Social Work is professionally accountable for the discharge of statutory functions by the social care workforce and related assurance arrangements pertaining to same across all Service Areas. These arrangements are underpinned by an unbroken line of professional accountability from the individual practitioner through the Service Area professional and line management structures to the Executive Director of Social Work and onto the Trust Board.

The Trust's social care workforce is operationally and professionally managed within two Directorates-Adult Social and Primary Care and Children's Community Services. The Director of Children's Community Services discharges the role of the Trust's Executive Director of Social Work.

The Associate Directors of Social Work have a key organisational role in providing assurance with regard to the discharge of statutory functions. They have responsibility and are accountable for: the professional leadership of the social care workforce within their respective Service Areas including the promotion of the learning and development needs of the social care workforce; the provision of specialist advice to their respective Service Area Senior Management Teams on the discharge of statutory functions and professional issues pertaining to the social care workforce; and the provision of assurance that appropriate organisational arrangements are in place within the Service Area to facilitate the discharge of statutory functions.

An audit of professional social work supervision by BSO identified a number of areas for improvement and related recommendations. The Trust has accepted the findings of the audit and has developed an action plan to progress implementation of each of the audit recommendations. The action plan will be reviewed on an ongoing basis at Service Area, Directorate and corporate levels.

2.3 Executive Director of Social Work's General Statement of Controls Assurance setting out the Trust's performance in-year against the Discharge of Statutory Functions.

The Trust has achieved satisfactory compliance with the requirements of the Scheme for Delegation.

Within the individual Service Areas the Trust has sought to consolidate and develop monitoring and assurance mechanisms in relation to its discharge of statutory functions. These are detailed in the individual Service Area reports.

The Trust's Assurance Framework outlines the overarching corporate mechanisms and related processes which provide assurance as to the soundness and effectiveness of the systems in place to meet the Trust's objectives and to deliver appropriate outcomes.

The Executive Director of Social Work is responsible for ensuring the effective discharge of statutory functions across all Service Areas and the establishment of organisational arrangements and structures to facilitate same. She/he is required to report directly to Trust Board on the discharge of these functions, including the presentation of the Annual Statutory Functions and six-monthly Corporate Parenting Reports. The Executive Director of Social Work provides professional leadership to and is responsible for the maintenance of professional standards and all regulatory issues pertaining to the Trust's social care workforce.

The Associate Directors of Social Work Group is a sub-committee of the Trust's Assurance Committee with responsibility for the monitoring of and reporting to the Assurance Committee on the discharge of statutory functions. The Group's remit has been consolidated to include similar responsibilities in respect of the Local Adult Safeguarding Panel arrangements. The Trust is presently establishing a Trust Children's Safeguarding Committee which will have responsibility for providing assurance to the Trust Board that appropriate and effective Trust-wide arrangements are in place to facilitate the discharge of its statutory responsibilities to safeguard the welfare of its childhood population. In discharging this responsibility, the Safeguarding Committee will take full cognisance of the Trust's engagement with the Safeguarding Board for Northern Ireland (SBNI) and its statutory requirement to demonstrate to the SBNI its effectiveness in carrying out its safeguarding role.

Each Service Area has its local Risk Register which informs the populating of the Directorate and the Trust's Corporate Risk Register and Principal Risks Document respectively.

2.4 Summary of areas where the Trust has not adequately discharged Delegated Statutory Functions.

Trust should where appropriate include brief descriptions and cross references when the matters being reported are dealt with in detail in other sections of this report. Where such cross referencing is not appropriate the failure to discharge any statutory function must be reported in this section.

This has been a challenging year for the Trust as a consequence of the overarching financial context, the ongoing drive for modernisation and reform of service delivery processes; the rise in referrals and caseload volumes across all Service Areas; and the enhanced levels of public expectations and scrutiny.

The Trust has continued to prioritise investment in its workforce knowledge and skills base; to consolidate and enhance service user engagement; to strengthen its partnerships with local communities and voluntary, private and statutory agencies; to promote community capacity building and the creation of social enterprise initiatives within localities; and to progress person-centred, integrated, efficient and effective service delivery.

The following is an overview of a number of areas which have generated particular challenges in relation to the discharge of statutory functions over the reporting period. The individual Service Area reports provide detailed commentaries on these issues which have given rise to particular challenges with regard to the discharge of statutory functions. These include:

- Safe and effective discharges from hospitals.
- Care Management Review arrangements.
- Resettlement of service users from long-stay mental health and learning disability hospitals.
- Direct Payments and service user capacity.
- Allocation of Personal Advisors to young people who meet the statutory criteria for same.
- Accessibility of appropriate accommodation for young homeless people.
- Increase in adult safeguarding referrals and investigations.
- Overarching budgetary context.

2.5 Progress report on Actions taken to improve performance, including financial implications. This section should make specific reference to last year's report (sect 2.4), actions arising and progress made.

Schedule of Meetings:
The HSCB in consultation with the Trust has established a schedule of meetings and related action planning and review processes to address performance with regard to the discharge of statutory functions. Progress on the action plans emanating from the Annual and Interim Statutory Functions Reports and ongoing difficulties and emerging challenges are addressed within the individual Service Area meetings with HSCB staff.

Workforce:
The Trust has continued to promote the development of its social care workforce through ongoing investment in learning and development in line with the Regional Workforce Development and Training Strategy. The Trust has achieved relative stability across its social care staffing base.

User Involvement:
The Trust is seeking to consolidate and further develop its engagement in partnerships with users, community, voluntary and statutory sectors. It commissions a range of services directly from local groups promoting service accessibility and developing innovative social enterprises and related skills infrastructure across user and community providers in particular.

Finance:
As previously noted, this has been a challenging year in relation to the discharge of statutory functions with rises in demand and activity across all Service Areas in the context of significant budgetary constraints. In relation to the discharge of statutory functions, the Trust has continued to prioritise service delivery and has addressed on an ongoing basis with the HSCB those areas where demand, resource and capacity issues have been most challenging. The Trust is committed to progressing its modernisation and reform agenda which is predicated on further developing partnerships with key stakeholders in the development, delivery and reform of services and the strengthening of community infrastructures.

2.6 Highlight which, if any, of the areas require further improvement and if they have been included in the Trust's Corporate Risk Register

The individual reports provide a synopsis of risks listed on Risk Registers.
The following risks pertaining to its discharge of statutory functions are presently listed in the Trust's Principal Risks Document:

Maintenance of controls and assurance processes underpinning the discharge of statutory functions within each Service Area.

2.7 Set out the systems, processes, audits and evaluations undertaken internally or externally identifying emerging trends and issues which shape the Directors conclusion about Trust performance.

This should include a summary (more detailed information should be provided within the relevant sections of this report) of Audits, Service Improvement evaluations etc., conducted by the Trust or by others, including Recommendations and progress.

The Trust is continuing to consolidate and develop its assurance processes in respect of the discharge of statutory functions. Details of audits are listed in individual Service Area reports.

- RQIA thematic and facility inspections offer external assurance mechanisms. As noted in the individual Service Area reports, RQIA has reported positively across Service Areas on the implementation of requisite standards and compliance with action plans.
- In the context of mental health related matters, RQIA and the Mental Health Review Tribunal continue to scrutinise the Trust's discharge of its statutory functions under the Mental Health (NI) Order 1986.
- The Trust is answerable to the Courts in relation to proceedings arising out of its discharge of its statutory duties.
- The Trust's discharge of its statutory functions is directly monitored on an ongoing basis by the Assembly's Committee for Health Social Services and Public Safety. This involves written submissions to and appearances before the Committee of Trust staff to address thematic and specific issues of interest/concern relating to statutory services delivery.
- The PFA and related external and internal performance management arrangements facilitate scrutiny of the Trust's performance in respect of a range of statutory services.
- The Annual and Interim Statutory Functions and six-monthly Corporate Parenting Reports are presented for consideration and approval by Trust Board.
- The Children's Services Case Management Review arrangements.
- The Trust's Serious Adverse Reporting and Children's Services Untoward Events arrangements afford a process for Departmental and HSCB monitoring and related learning from significant events.
- The Trust's arrangements for the investigation and management of compliments and complaints.
- The Trust's engagement with the Regional Adult and Children's safeguarding structures**.**

Conclusion:

This has been a challenging year in the context of the overarching budgetary context, the levels of public expectations and scrutiny, related reporting and accountability processes, the rise in levels of demand for services allied to increasing complexity of need and the challenges of service reform and modernisation as encapsulated in the Transforming Your Care agenda.

It is essential that the investment in workforce development to enhance skills, knowledge and capacity within a practice culture which promotes and values expertism and the exercise of professional discretion within robust accountability and assurance arrangements is consolidated.

The promotion of personalisation, service user participation in service review and development, outcomes-led practice which accentuates qualitative measures of effectiveness located within a coherent evidence base are pivotal to optimising overall performance.

The discharge of statutory functions related to the development of safeguarding arrangements and practice in both adults and children's services, the rationalisation of hospital unscheduled care and discharge pathways and the resettlement of long stay patients from mental health and learning disability hospitals will present significant ongoing challenges. The maintenance of vulnerable adults and children with complex health and social care needs within their own communities with enhanced levels of risk will require a substantial and sustained investment in community infrastructure and the engagement and support of communities and service users and the wider public.

The social care workforce will have a key role in the delivery of the Trust's vision and the strategic direction as referenced in Transforming Your Care (TYC). Their values, skills and knowledge base are central to the effective delivery of integrated person centred care, the optimising of personal choice and the management of risk and the promotion of healthy, inclusive and enabling communities.

The Trust will continue to prioritise the safe and qualitative discharge of its statutory functions.

Mr Cecil Worthington
Executive Director of Social Work
May 2013

3. GENERAL NARRATIVE

Learning Disability Service Area

3.1	Named Officer responsible for professional Social Work

Mr Barney McNeany was the Associate Director of Social Work in Learning Disability for the period 1/6/12 – 31/3/13. There was no-one in the post from 1/4/12 – 1/6/12 because of the retirement of his predecessor. Mr Barney McNeany moved to a new post on 1/4/13. The Service Area is currently awaiting a replacement. Mr John Veitch, Co-Director for Learning Disability has assured the Service Area report which meets the requirements of the prescribed audit process in respect of the discharge of statutory functions.

The Associate Director of Social Work has responsibility for professional issues pertaining to the social work and social care workforce within the service area. He is accountable to the Executive Director of Social Work for the assurance of organisational arrangements underpinning the discharge of statutory functions related to the delivery of social care services within the service area.

The Associate Director of Social Work is responsible for:

- The provision of professional leadership for the social work and social care workforce within the Service Area.
- The establishment of structures within the Service Area to monitor and report on the discharge of statutory functions.
- The provision of specialist advice to the Service Area on professional issues pertaining to the social care workforce and social care service delivery, including the discharge of statutory functions.
- The collation and assurance of the Service Area interim and annual statutory functions' reports.
- The promotion and profiling of the discrete knowledge and skills base of the social care workforce within the Service Area.
- Ensuring that arrangements are in place within the Service Area to facilitate the social care workforce's learning and development opportunities.
- Ensuring that arrangements are in place within the Service Area to monitor compliance with NISCC registration requirements.

An unbroken line of accountability for the discharge of statutory functions by the social care workforce runs from the individual practitioner through the service area line management and professional structures to the Executive Director of Social Work and onto the Trust Board.

3.2	**Supervision arrangements for social workers**
	The Service Area also facilitates a Learning Disability Social Work Forum that meets annually to provide opportunities for professional development and professional support. The Service Area runs reflective practice groups for social workers which meet two to three times a year. Learning Disability social workers also attend Approved Social Work fora, Designated Officer Support Fora and Achieving Best Evidence Support Fora as appropriate. In relation to supervision of AYE staff, the Service Area is compliant with the Revised Guidance for Registrants and Their Employers NISCC July 2010. AYE social workers are facilitated to attend the Trust's AYE Forum. The Service Area has employed two AYE staff members during this reporting year. The Service Area does not operate a formal caseload weighting system but team leaders consider case complexity in making allocation decisions. The Service Area has taken full cognisance of the findings and recommendations identified by the BSO audit of professional social work supervision in the Trust. Findings from the audit and the related action plan have been communicated to the workforce. The Service Area has been fully engaged in the development of and arrangements for the delivery of the actions specified in the Trust Action Plan to address same. The risk of not fully complying with DHSSPS standard and NISCC guidance for professional social work has been put onto the Service Area's Risk Register
3.3	**Report on processes, audits, reviews, research and evaluations undertaken during the year, that measure performance against delegated statutory functions, identifying emerging trends and issues (may include cross references to other sections to this report).**
	The Service Area continues to maintain the Community Teams' Handbook which specifies the expectations, protocols and procedures for all aspects of the teams' work. The Handbook covers statutory functions' responsibilities such as the operation of adult safeguarding procedures, carers' assessments, direct payments, supervision and the use of The Mental Health (NI) Order 1986. The procedures require team leaders to carry out random file audits during each supervision session with team members. Operations managers are required to carry out a quarterly audit of the standard of these file audits. Operations managers are also required to carry out a monthly audit of the quality of supervision provided by team leaders. A wide variety of statistics are gathered on a monthly basis from the four community teams. These include statistics on case numbers, vulnerable adult activity, Mental Health Order activity, carers' assessments, direct payments and unmet need. These are monitored at operations manager level for compliance with requirements and for emerging issues and trends.

	The Service Area carries out a six monthly internal audit of adult safeguarding processes. The most recent one of these is reported on in the Service Area's Adult Safeguarding Report. The Service Area also carries out an annual audit of compliance with adult placement regulations. The most recent one of these was reported on in the Service Area's Interim Statutory Functions Report. The RQIA report "Review of the Implementation of Promoting Quality Care (PQC) Good Practice Guidance on the Assessment and Management of Risk in Mental Health and Learning Disability Services" was published in October 2012. The Trust has established a working group to take forward the recommendations of this review although the Belfast Trust had only one specific recommendation. The Service Area is represented on the regional group for PQC in Learning Disability which is taking forward some of the recommendations also. The Trust has also established a working group to take forward the recommendations of the RQIA report, "Review of the Effectiveness of the Safeguarding Arrangements in Place for Children and Vulnerable Adults in Mental Health and Learning Disability Hospitals in Northern Ireland. The first monitoring report is due with the Board by 31.8.13. The Service Area has just received the April 2013 RQIA report; "A Baseline Assessment and Review of Community Services for Adults with a Learning Disability". The Service Area has returned some comments related to factual accuracy and is awaiting the finalised report which it will then respond to. The Service Area awaits the RQIA report of their 2012 review of Guardianship. The Service Area's compliance with RQIA requirements for the use of the Mental Health (N. I.) Order 1986 forms is audited internally on a regular basis. The audits indicate consistent levels of good performance. Muckamore Abbey Hospital audits compliance with PQC guidance on the admission wards every two months. The Service Area is currently reviewing its care management, behaviour support and mental health services with a view to a possible restructuring of these services.
3.4	**Report on the Programme of Care's interfaces with other statutory agencies including for example: NISCC; RQIA; PHA (in relation to social care) Trusts should include references to Judicial Reviews or other significant Court Judgements that directly impact on the discharge of statutory functions.**
	The Service Area has achieved compliance with the requirements in relation to the registration of the social work and social care workforce.

Social workers are supported to meet the NISCC's ongoing professional development requirements. The Trust's Personal Contribution Framework process allows for each social worker to have a Personal Contribution and Personal Development Plan.

The Service Area also provides induction for all new staff which meets the NISCC's induction standards. This includes a two day Learning Disability-specific induction course developed and run by the Service Area.

The Service Area carries out a number of functions under The Mental Health (NI) Order 1986 and meets the requirements of the RQIA and the Mental Health Review Tribunal in relation to these. These include the provision of the necessary paperwork, reports and notifications for admissions for assessment, guardianship and tribunals.

The Service Area's day care facilities, residential and supported living services and its community support service are all registered with the RQIA and subject to ongoing inspection and monitoring.

The Service Area notifies the RQIA of any untoward incidents as per their reporting requirements.

The Service Area liaises with RQIA on adult safeguarding issues as they arise in relation to any registered facility.

The Service Area has contributed as appropriate to MARAC and PPANI processes.

Service Area staff refer to the Office of Care and Protection as appropriate and act in accordance with their instructions on financial matters for individual service users.

The Service Area liaises with the PSNI as per the Joint Protocol arrangements where appropriate.

The Service Area obtained a High Court declaratory judgement in November 2012 to protect a service user from potential sexual and emotional harm by restricting and supervising contact with certain individuals. In so doing, this case has established the High Court's jurisdiction in dealing with welfare and protection issues for people who lack capacity. This follows the precedents laid down in the English courts.

The JH case has now been heard. In this case, a judicial review of the Trust's interpretation of its powers under guardianship is being sought. The service user argued that the Trust's interpretation of the power of residence to include restrictions on temporary absences from his accommodation is too wide. Judgement in the case was reserved.

The JR47 case involved a judicial review taken by a former Muckamore Abbey Hospital patient who challenged the DHSSPSNI in relation to the lack

	of funding provided for resettlement. The Judicial Review found that the Department had not acted unlawfully. The Applicant then appealed the judgement. The Court of Appeal found that the original hearing had failed to consider the relevance of the DHSS People First (Community Care in Northern Ireland for the 1990's) guidance. It remitted the case back to the original court and recommended that the Trust be joined to the proceedings. Judgement was delivered on 31/3/13. It found that it was "abundantly clear from the evidence that the Applicant's case was the subject of meticulous and conscientious periodic consideration by the health and social care professionals concerned at all material times." Further that "they found themselves operating in an imperfect world in which the factors highlighted above, including the reality of limited resources, were of potent influence and effect. They cannot be faulted. They were at all times doing their best." However the judgement also concluded that the delay of approximately 5 years in resettling the Applicant in the community, following the initial decision that this provision was necessary to satisfy his duly assessed social care needs under Article 15, was so excessive as to be unlawful. The judgement further concluded that; i. Under Article 15 of the HPSS (NI) Order 1972, the Department and/or its statutory agent/s is/are under a duty to subject to appropriate assessment and inquiry any person within the scope of their knowledge or attention who appears to them might reasonably qualify for the enjoyment of any benefit available there under. ii. That paragraph 2.2 of the People First guidance publication generates a substantive legitimate expectation to like effect. iii. Chapter 7 and 8 of People First generate a substantive legitimate expectation that assessments of social care needs and any resulting care plan should normally accord with the frameworks specified therein. iv. In those cases where an assessment has been carried out, the Department and/or its statutory agent/s is/are under a duty to provide the assessed social care benefit within a reasonable time. This judgement has potentially far-reaching implications – it could be considered to be applicable to the whole resettlement and delayed discharge population in Muckamore Abbey Hospital. A pre action letter has been issued in respect of a further 4 patients who are awaiting resettlement and the Trust has been told of a further 40-50 cases which were with a solicitor pending the outcome of JR47. The Trust is waiting the Department's issuing legal advice on the implications of the judgement. The Trust has also asked the Board to consider the regional implications of this issue.

3.5	Summary of difficulties or issues in regard to the ability to discharge Delegated Statutory Functions	3.6 Provide a progress report and emerging learning in relation to remedial action to improve performance including financial implications	3.7 Indicate if the issue is included on your Trust Risk Register and at what level
1.	The Service Area continues to struggle to make appropriate provision for the accommodation and support of care leavers who have a learning disability. These young people often have highly complex needs and there is a lack of existing appropriate provision and a lack of funding to develop new service provision. During this reporting period, one care leaver was provided with residential care and two care leavers were provided with adult family placements. Four care leavers remained "unaccommodated" with three of these currently in Muckamore Abbey Hospital and the other one in a specialist hospital placement in England. Placements for two of these young people are due to commence within the next two months. Planning continues for the other two. In the coming year, a further five young people will require accommodation and intensive support packages and a further one care leaver will require an adult family placement. As noted in previous reports, the Service Area has not been resourced to	This issue has been raised with the HSCB. Funding requests for individual packages have been made to the HSCB as necessary. The Service Area recognises the importance of appropriate and timely transition planning and is working closely with Children's Disability and Family and Child Care Services to ensure this happens. The Service Area has recognised late diagnosis of learning disability in children known to Family and Child Care Services as a significant problem. The Service Area has encouraged Family and Child Care Services to refer for assessment as early as possible if a learning disability is suspected.	This issue is on the Service Area Risk Register and is categorised as a medium risk.

	provide this service in the same way as Children's Services which can mean that a child transitioning to adulthood is unable to access a similar service to that provided by Children's Services. This does not just apply to care leavers but to other young people transitioning from children's disability services with complex needs and large packages of care. Adult services often struggle to provide the same level of provision. This is a particular issue in relation to respite care. The packages of support these young people require are generally extremely expensive.		
3.5	**Summary of difficulties or issues in regard to the ability to discharge Delegated Statutory Functions**	**3.6 Provide a progress report and emerging learning in relation to remedial action to improve performance including financial implications**	**3.7 Indicate if the issue is included on your Trust Risk Register and at what level**
2.	The Service Area continues to experience some difficulty in achieving resettlement targets. In December 2012, the PTL targets were re-negotiated between the HSCB and Trusts to take account of the timescales for person centred planning processes and for supported housing developments scheduled for completion for the next financial year. The Belfast Trust target was set at 13. Nine of these were achieved.	The Service Area will continue to work with the HSCB in achieving the retraction plan for the hospital. The Belfast Trust along with the other Trusts are working collaboratively to develop procurement processes to widen the number of service providers, bridge the gap in capacity in community services and increase choice for patients. The procurement processes will however only be available	This issue is on the service area risk register and is categorised as a medium risk.

	Plans for the other 4 were delayed because of an adult safeguarding investigation in the proposed care setting. The Service Area is awaiting the conclusion of this investigation. The PTL target for 2013/14 is for 25 patients to be resettled. This will be challenging but advanced plans are already in place for 15 patients to be resettled by October 13. Lack of resource and lack of community infrastructure all present significant barriers to achieving progress. As patients are now being discharged from all wards, it remains difficult to plan the closure of individual wards which are now operating at reduced numbers. The Service Area is working to ensure that ward closure arrangements are made in a way that minimises the impact on remaining patients.	significantly later in the project. The Service Area recognises the importance of building community infrastructure to support patients on discharge. The Service Area welcomes the continued investment in community infrastructure and is working to develop services which will support those discharged from hospital and reduce future admissions However, while welcome, the Service Area would note that significant further community infrastructure investment is needed. In particular there remains a significant gap in services for those with forensic histories.	
3.5	**Summary of difficulties or issues in regard to the ability to discharge Delegated Statutory Functions**	**3.6 Provide a progress report and emerging learning in relation to remedial action to improve performance including financial implications**	**3.7 Indicate if the issue is included on your Trust Risk Register and at what level**
3.	The Service Area continues to face challenges in achieving discharge targets for Muckamore Abbey Hospital. The Service Area acknowledges and welcomes the significant recent investment by the HSCB made to expedite 4 delayed	An inter hospital and community working group continues to meet regularly to promote effective co-ordination, communication and planning to achieve timely discharge. This working group also reviews all admissions for appropriateness.	This issue is on the Service Area Risk Register and is categorised as a medium risk.

	discharges However the Service Area currently has 16 patients with complex needs awaiting discharge. The assessed cost of the community packages required ranges from £80000 to £400000 per person per annum. So while significant additional investment has been made, it still falls short of facilitating the discharge of all those concerned by the end of the year. In reality, the current available funding will facilitate the discharge of a maximum of 8 patients out of the 16. The Service Area often experiences difficulties in providing appropriate care and support to patients who are discharged with immediate effect by the Mental Health Review Tribunal. Unexpected decisions often relate to the ongoing uncertainty about the definition of severe mental impairment and the different standards tribunals may apply. These patients have highly complex needs and appropriate service provision is rarely available at short notice. Funding to create suitable service provision for them is also a major difficulty. Such patients often present with high risk to either themselves or others and the lack of appropriate support on discharge is of major concern.	The Service Area strives to achieve discharge as soon as possible for patients. Discharge planning commences from the point of admission to try and prevent further delayed discharges. The Service Area wishes to continue to have discussions with the HSCB about the achievement of the discharge target, bearing in mind the recent JR47 ruling on the unacceptability of undue delay in meeting assessed need for community care. The Service Area holds pre-Tribunal meetings to plan for potential discharges in cases where this may be a possibility. If a patient is discharged, attempts are made to persuade the patient to stay on a voluntary basis while other arrangements are made. The Service Area makes whatever service provision it can available. The Service Area is legally represented at tribunal hearings. The Service Area follows PQC guidance in managing any risk. The Service Area has raised this issue with the Board as an area of cost pressure.	This issue is on the Service Area Risk Register and is categorised as a high risk.

MAHI - DSF Reports (LD Extracts) - 180

3.5	Summary of difficulties or issues in regard to the ability to discharge Delegated Statutory Functions	3.6 Provide a progress report and emerging learning in relation to remedial action to improve performance including financial implications	3.7 Indicate if the issue is included on your Trust Risk Register and at what level
4.	The numbers of people with a learning disability known to the Service Area continues to rise. In this reporting period they rose by an additional fifty cases. There were eighty nine new referrals but only thirty closures. Thirty eight of the new referrals were from Children's Disability Services. This echoes the pattern of previous years where referral numbers exceeded closures resulting in increased caseloads This year's increase of fifty cases adds to the pressure created by the extra two hundred and six cases in the preceding three years. Without any corresponding increase in provision, this remains a major concern for the Service Area.	The Service Area continues to prioritise cases according to need. It has also introduced a key-working system to help avoid duplication of staff resources. The investment in community infrastructure via resettlement has increased capacity although it has not taken into account the increase in case numbers from community sources. The Service Area has made a further community infrastructure bid to allow us to restructure and support the work of the community multi-disciplinary teams in order to relieve some of the pressure.	This issue is on the Service Area's Risk Register and is categorised as a high risk.

MAHI - DSF Reports (LD Extracts) - 181

3.5	Summary of difficulties or issues in regard to the ability to discharge Delegated Statutory Functions	3.6 Provide a progress report and emerging learning in relation to remedial action to improve performance including financial implications	3.7 Indicate if the issue is included on your Trust Risk Register and at what level
5.	The Service Area originally had 45 Direct Payment arrangements in place for people who lacked capacity. Two of these service users have since been reassessed as having capacity. A further four are no longer receiving direct payments. The Service Area has a work plan in place to obtain Short Procedure Orders for these cases in line with the Departmental guidance on the issue. Two of these have been granted to date. The Service Area is working through the remaining 37. The need for a resolution to this issue has caused some difficulties in the ongoing promotion of Direct Payments but staff are now working to the guidance in new Direct Payment cases. There is some anxiety that the cost of obtaining a Short Procedure Order may be off putting for some potential Direct Payment users.	Training has been provided to staff on the Departmental guidance. This is in addition to the Trust's ongoing Direct Payment's training programme of initial awareness, advanced and reflective practice. The Service Area continues to promote Direct Payments usage in a number of ways including the use of communication tools designed to build and assess capacity in relation to Direct Payments.	This issue is on the Service Area Risk Register and is categorised as a high risk. The Service Area has a clear action plan in place which will remove this risk.

MAHI - DSF Reports (LD Extracts) - 182

3.5	Summary of difficulties or issues in regard to the ability to discharge Delegated Statutory Functions	3.6 Provide a progress report and emerging learning in relation to remedial action to improve performance including financial implications	3.7 Indicate if the issue is included on your Trust Risk Register and at what level
6.	The Service Area remains concerned about deprivation of liberty safeguards for those who lack capacity. The Service Area continues to feel that the Departmental guidance of 14/12/10 on the issue does not give definitive advice about how to act in the legislative vacuum that currently exists.	The Trust has made the Department aware of the difficulties it perceives in the guidance. The issue has been raised in consultation processes on the new legislation which is to deal with this problem. The Service Area is using its initial assessment and referral tool, About You, to prompt staff to consider deprivation of liberty issues and provide a means of recording the considerations. This use of "About You" is being rolled out incrementally across community services, beginning with community teams. It is hoped that the current legal debates as detailed in Section 3.4 will provide some clarity on how Trusts can make a range of decisions for those who lack capacity. This would hopefully clarify issues around best interests decisions relating to welfare and adult protection.	This issue is on the Trust's Risk Register and is categorised as a high risk. This risk category is under review.

MAHI - DSF Reports (LD Extracts) - 183

3.5	Summary of difficulties or issues in regard to the ability to discharge Delegated Statutory Functions	3.6 Provide a progress report and emerging learning in relation to remedial action to improve performance including financial implications	3.7 Indicate if the issue is included on your Trust Risk Register and at what level
7.	The Service Area, while welcoming the Promoting Quality Care Guidance, continues to find the twenty-eight day target for completing a comprehensive risk management plan largely unachievable. The Service Area currently has fifty eight comprehensive risk management plans in place in the community and fifty-eight in Muckamore.	The Service Area is represented on the regional learning disability PQC forum and has raised this issue there. The view of all the Trusts at this forum is that a 10 week target would be more realistic.	This issue is on the Service Area Risk Register and is categorised as a high risk. This risk category is under review.

3.5	Summary of difficulties or issues in regard to the ability to discharge Delegated Statutory Functions	3.6 Provide a progress report and emerging learning in relation to remedial action to improve performance including financial implications	3.7 Indicate if the issue is included on your Trust Risk Register and at what level
8.	The PSNI/Social Services interface in vulnerable adult processes continues to cause some difficulties. We are aware that a lack of police personnel is the reason for some delays in achieving a consultation, delays in investigation and lack of availability to attend meetings. The Service Area has also noted differences in responses by different PSNI areas in relation to vulnerable adults who lack capacity and to vulnerable adults who have capacity but do not wish to make a complaint.	Protection plans are always put in place without delay. The Service Area contributed to the regional working group on the Joint Protocol for Investigation. The Service Area welcomes the agreement reached by members of the working group. The suggested new protocol, by introducing some discretion into police reporting, would, we feel, allow for a more proportionate and appropriate safeguarding approach. The Service Area would be keen to see formal agreement and implementation of the proposal. The Service Area is actively involved in LASP and NIASP groups which are reviewing these issues.	This issue is on the Service Area Risk Register and is classified as a high risk. This risk category is under review.

3.5	Summary of difficulties or issues in regard to the ability to discharge Delegated Statutory Functions	3.6 Provide a progress report and emerging learning in relation to remedial action to improve performance including financial implications	3.7 Indicate if the issue is included on your Trust Risk Register and at what level
9.	The Trust's financial position continues to have a significant impact on the availability of service provision. A range of direct service provision such as day care packages, domiciliary care, direct payments and residential/nursing care are all affected and requests are often agreed in only the most urgent and critical circumstances. The complexity of need in learning disability causes severe cost pressures. Efforts to provide services in a manner that meets the policy direction of individualised, person centred, home based care are often resource intensive and therefore expensive. Fifty eight per cent of the Service Area's commissioned care packages cost above the set regional rate. The lack of a regional commissioning statement regarding high cost cases is very problematic. Resource pressures also continue to create difficulties in meeting the demands of vulnerable adult protection plans as detailed in the Learning Disability Adult Safeguarding Report.	The Service Area scrutinises and prioritises requests for service provision as far as possible. The Service Area has introduced a tool to support decision making about assessing need. The Service Area has written to the HSCB detailing the issue of the high cost of care provision for people with learning disabilities. Adult safeguarding procedures are followed (see Learning Disability Adult Safeguarding Report). Information on unmet need is collected and analysed.	This issue is on the Service Area Risk Register and is categorised as a medium risk. This risk category is under review

	The JR 47 ruling has also highlighted the Trust's inability in some circumstances to meet assessed need in a timely fashion.		

3.8	**Key Social Work Workforce issues, including recruitment, retention, flexible working arrangements, workforce continuity etc. Information provided should include level and type of vacancies and any vacancy control systems in place.**
	The Service Area continues to have a relatively stable social work workforce and does not experience any retention difficulties. Demand for any temporary or permanent vacancies that have arisen has been high. The Service Area has one unfilled permanent post at present although there is temporary cover in place. The Service Area does find the Trust's expectation of vacancy control challenging particularly in the context of rising caseloads and increased complexity of work. A number of long term sickness absences have created considerable pressure for community teams. Flexible working arrangements including part-time hours, flexi-hours and term time working are made available where possible. The Service Area is currently training a further Approved Social Worker this year. The Service Area will also train a further ABE interviewer this year. As detailed elsewhere, the Service Area has bid for money to enhance its social work workforce particularly in the areas of safeguarding and risk management.
3.9	**Trusts should provide a copy of their charging policies and provide explanation of what aspects of service provision you apply this to?**
	Residential and Nursing Homes Charging – The Trust has been operating in accordance with the DHSSPS April 2012 Charging for Residential Accommodation Guide (**CRAG)** to determine charges. The April 2013 Guide has just been issued which the Trust will now adopt.

3.10	Social Workers in Designated Hospitals

Muckamore Abbey Hospital has a small core social work team, comprising of one senior social worker, one senior practitioner and one social worker. The team has been recently expanded to include two temporary Band 7 social workers acting as designated officers.

The team provides a service to hospital patients from all Trusts.
Social work forms a core part of the hospital's services.

Social workers are core members of the multi-disciplinary teams on the following wards; Cranfield Men, Cranfield Women, Cranfield ICU, Killead, Donegore, Sixmile Assessment and Treatment and Oldstone where they actively participate in the assessment and treatment of patients. They also have a key role in discharge and resettlement planning. Liaison with relatives and carers and assessment of home situations is an important part of the hospital social work function. Liaison, co-ordination and communication with community social work colleagues across the region are also key areas.

Other wards may request a social work service in individual cases.

The Muckamore social work team represents Belfast Trust as the detaining authority at Mental Health Review Tribunals on a regular basis and team members have become skilled and experienced practitioners in this regard. While community social workers from both Belfast and other Trusts will sometimes provide the social work evidence to Tribunals, where the patient is best known to the hospital team, they will provide this. Social workers from the team have been the social work representative at all 6 tribunals for Belfast Trust patients, 2 out of 3 for Northern Trust patients and 5 out of 8 for South Eastern Trust patients.

The social work service at Muckamore leads the work on safeguarding, providing advice, support and guidance to other hospital staff. The two temporary band 7 staff are the lead designated officers and process the majority of the hospital's vulnerable adult referrals. The social workers in the team act as investigating officers. Both the social workers and the senior social worker are trained to joint protocol and pre interview assessment level. Adult safeguarding work forms a very significant part of the team's workload.

The social work team has also taken a lead in the implementation of the Promoting Quality Care guidance. The team has particular skill and experience in risk assessment and management and provides a mentorship service for other staff undertaking this work.

In a related function, the social work team link with PPANI, MARAC, the PPU, Gateway services and community adult protection services about hospital patient risk management issues.

	The senior social worker sits on the hospital's management committee to provide a social work perspective on all operational and governance arrangements.
3.11	**Provide a summary of actions undertaken to adopt a Human Rights based approach in your work with service users and carers.**
	The Service Area is committed to incorporating human rights considerations into all aspects of its work. All staff are supported to attend mandatory human rights awareness training and more advanced training as appropriate. Training in other relevant topics also considers human rights issues. Specific prompts and guidance on the relevant human rights considerations are provided in the policy, procedures and tools for; i) Adult Safeguarding Procedures ii) Capacity, Consent and Best Interests Issues iii) Guardianship Decisions iv) Admission for Assessment Decisions v) Mental Health Review Tribunal Reports vi) Risk Assessment and Risk Management The Service Area has a value base that encourages respect and dignity for each individual, promotes equal citizenship and equal access to services and supports the empowerment of service users. All of these themes promote a human rights culture in the Service Area. This value base can be seen in Service Area initiatives such as user fora, user consultation, user led training at induction and the provision of accessible information.

HUMAN RIGHTS

3.12	Identify any challenges encountered in the balancing of Rights.	3.13 What action have you taken to manage this challenge?	3.14 What additional actions (if any) do you propose to manage any ongoing challenges?
1.	The use of compulsory powers under the Mental Health (NI) Order 1986 requires careful balancing of the human rights issues involved. These generally involve a conflict between an individual or societal right to protection versus an individual's right to self-determination, to liberty and to a private and family life.	Staff training in human rights. Staff updates on legislative developments. ASW refresher and re-approval training. The provision of ASW fora to support good practice. The provision of guidance and support on incorporating human rights considerations into all aspects of practice. The use of tools to prompt human rights considerations. Feedback to consultation processes by the Service Area on new legislation which will have a rights based approach. The provision of accessible information to service users about their rights. The provision of advocacy services.	All ongoing.
2.	As noted in previous Service Area reports, the lack of consistency in Mental Health Review Tribunal judgements around the definition of severe mental handicap and severe mental impairment remains problematic. This issue creates potential human rights concerns in relation to Article 6, Right to a Fair Trial.	This issue has been raised by the Service Area during consultation processes on new legislation which is currently being drafted. Provision of advocacy services.	All ongoing.

3.	The Mental Health Review Tribunal system is such that those who seek an independent review of an admission of assessment under the Mental Health (NI) Order 1986 are generally unable to obtain this within the timeframe of the assessment period. This again creates potential human rights concerns in relation to Article 6, Right to a Fair Trial.	This issue has been raised by the Service Area during consultation processes on new legislation which is currently being drafted.	All ongoing.
4.	Adult safeguarding work raises many human rights' balancing issues. Again these generally involve someone's right to protection versus a right to self-determination. It can also involve complex risk management decisions which need to balance an individual victim's protection or societal protection with an individual perpetrator's right to privacy and protection. The duty of Trust staff to consult with the PSNI under Joint Protocol arrangements about any alleged or suspected criminal act, even without the consent of the victim, raises significant human rights' challenges.	Staff training on human rights. Staff training on data protection. Staff training on adult safeguarding issues. Service area input into the regional group revising the Joint Protocol. The provision of support groups for investigating officers and designated officers to promote good practice. The use of adult safeguarding tools which prompt consideration of human rights issues. The provision of advocacy services.	All ongoing,
5.	The implementation of the Promoting Quality Care guidance on risk assessment and risk management also creates human rights' balancing challenges. These again involve the right to protection versus the	Staff training on human rights. Staff training on data protection. Staff training on the Promoting Quality Care guidance. Staff training on capacity and consent	All ongoing.

	right to self-determination and the complexities of information sharing decisions.	issues. Service user training on capacity and consent issues. The use of risk assessment and management tools which prompt consideration of human rights issues. The provision of advocacy services.	

3.15	**Identify key achievements or awards within the Trust that specifically support the delivery and quality of your delegated statutory functions.**
	The Service Area has developed its adult safeguarding provision in Muckamore Abbey Hospital with the provision of temporary staff to provide a specific and dedicated adult safeguarding service within the social work team. The increase in capacity and the greater focus have improved the quality of the response. Awareness raising and training on adult safeguarding issues for non-social work staff has also been given a priority within the hospital. The Muckamore Abbey Hospital social work team have also led work in the hospital on promoting good risk assessment and management practice in line with PQC. Working closely with Forensic Psychology services, they have developed a sample plan designed to support other staff in the completion of plans. They have also set up a system of mentorship within the hospital so that identified nursing staff are supported by social workers and the forensic psychologist who in turn support other staff. The Service Area continues to deliver its two day learning disability specific induction programme. It has recently been developed to include direct service user input; previously this was done by means of a video. Feedback is that this has significantly enhanced the programme. There is also direct carer input. This programme covers a wide range of areas including risk management and the promotion of service user rights. The programme meets the requirements for NISCC's induction standards. The community multi-disciplinary teams have recently introduced service user information packs which provide service users with accessible information at the point of referral. This initiative is designed to promote service user choice and involvement in decision making. The Service Area is now running a Parenting Support Service. This service promotes the human rights of people with a learning disability to parent by providing the right information, appropriate assessment and suitable support. The development is one part of ongoing service improvement arising from a joint Family and Childcare and Learning Disability project team. This team has been working to improve services for parents with learning disability by improving co-ordination and communication between the two Service Areas, by raising awareness of the needs of parents who have a learning disability, developing appropriate assessment skills amongst staff and seeking to improve the quality of available support. The parenting support service is providing direct support to fourteen parents.

3.16	SUMMARY
	The Service Area continues to believe that, within the resources available to it, its service provision is generally effective at delivering a good quality service to people with a learning disability. The Service Area also believes that it's organisational and governance arrangements largely achieve reasonable compliance with statutory responsibilities. However, the Service Area continues to seek to improve its performance and, as noted elsewhere in the report, is undertaking reviews of number current services. The outcome of those reviews may lead to some restructuring or changed models of service provision. The Service Area remains committed to partnership working with service users and feels positive about its efforts to involve and empower service users in decision making about their lives and their care. However, this good work takes place against a background of increasing demand and restricted finances. This report outlines the complexity of work the Service Area undertakes, the level of need that is present and the risk it manages. Insufficient resources clearly impact on the Service Area's capacity to manage these pressures.

DATA RETURNS

35 General Provisions (including Hospital Social Work)

36 Chronically Sick and Disabled Persons

37 Disabled Persons (NI) Act 1989

38 Health and Personal Social Services Order

39 Carers and Direct Payments Act 2002

40 Safeguarding Adults

41 (Social Work Teams and Caseloads)

42 Assessed Year in Employment

43 Mental Health

44 Family and Child Care specific returns (CC3/02)

45 Training Accountability Report

DATA RETURN 1
LEARNING DISABILITY SERVICE AREA

1 GENERAL PROVISIONS			
		<65	65+
1.1	How many adults were referred for assessment of social work / social care need during the year?	**89**	**Not Available**
1.2	Of those reported at 1.1 how many adults commenced receipt of social care services during the year?	**89**	**Not Available**
1.3	How many adults are in receipt of social care services at 31st March?	**1676**	**148**
1.3a	How many adults are in receipt of social work support only at 31st March (not reported at 1.3)?	**	**Not Available**
1.4	How many care packages are in place on 31st March in the following categories:		
	s. Residential Home Care	**133**	**Not Available**
	t. Nursing Home Care	**165**	**Not Available**
	u. Domiciliary Care Managed	**244**	**Not Available**
	v. Domiciliary Non Care Managed	**136**	**Not Available**
	w. Supported Living	**147**	**Not Available**
	x. Permanent Adult Family Placement	**11**	**0**
	Note – the total given in 1.3a and 1.4 should be equivalent to the number given in 1.3.		
1.4a	For all those listed above in 1.4 provide assurance that the Care Management process is being applied in accordance with the DHSSPS Care Management HSC ECCU/1/2010 Circular.	Yes please see 1.4b	
1.4b	Please describe how this is being managed in this programme with particular reference to decision making levels, review and care planning, highlighting any particular difficulties being experienced and how they are being addressed. ***Narrative.*** The Circular is operational in relation to all commissioned services in 1.4. Trust provided services follow different procedures but within the same framework of assessment, care planning, service provision and review. The Service Area does not use NISAT as this has not been introduced for learning disability. However, it does make use of its own		

	document "About You" which is a person centred, accessible document which is based on the NISAT. However, the Service Area uses other standardised care management tools which support the implementation of the guidance. The Service Area assesses need against criteria based on the guidance. Authorisation for standard costs is given at Operations Manager level with high cost cases being scrutinised at Service Manager level. Responsibility for assessment, care planning and service provision lies with professionally qualified community team members. Reviews can take place at either assistant care management level or care manager level depending on the complexity of cases. As noted previously the Service Area's Care Management Services are currently under review. The Service Area's care management provision has had difficulty this year with the pressures of achieving delayed discharge and resettlement targets combined with some long term sickness amongst its staff. This has meant that there have been some difficulties in achieving timescales for review. The Service Area is addressing this issue in its review.		
1.4c	Please articulate how the views of service users, their carers and families are included in the decision making process, review and care planning. Service users and carers, as appropriate, actively participate in assessment, care planning and reviews. This is achieved though regular communication, provision of information, sharing documents and invitations to meetings.		
1.5	Number of adults provided with respite during the year	*PMSI return*	*PMSI return*
1.6	Number of adults known to the Programme of Care in receipt of Day Care		
	- Statutory sector	**698**	**62**
	- Independent sector	**70**	**9**

1.6a	Number of adults known to the Programme of Care in receipt of Day Opportunities	**107**	**0**
1.7	Of those at 1.6 how many are EMI / dementia Statutory sector Independent sector	**21**	**Not Available**
1.8	Unmet need (this is currently under review)	X	X
1.9	How many of this Programme of Care clients are in HSC funded care placements outside Northern Ireland?	**2**	**Not Available**
1.10	Complaints	*Board return*	*Board return*

Note: 1.4 Count each individual in only one category.

Data for 1.5, 1.8 and 1.10 will be sourced by Board officers from existing returns.

1.6 (a) Definition of Day Opportunity – non HSCT building based provision e.g. leisure, community, work opportunity that is not organised or provided through receipt of Day Care as reported at 1.6

*1.3 – This includes 62 Belfast Trust MAH patients who are not known to community services.

**1.3a – The Service Area has integrated teams which would make it difficult to identify who receives social work support only. Also many of those at 1.4 receive social work support as well as care packages.

Age breakdown is not available at present. The Service Area is working on making these figures available.

DATA RETURN 1b HOSPITAL
LEARNING DISABILITY SERVICE AREA

1b GENERAL PROVISIONS - HOSPITAL				
		<18	18-65	65+
1.1	How many adults or children were referred to Hospital Social Workers for assessment during the year?	**0**	**149**	**1**
1.2	Of those reported at 1.1 how many assessments of need were undertaken during the year?	**0**	**149**	**1**
1.3	How many adults or children are on Hospital Social Workers caseloads at 31st March?	**0**	**105**	**0**

Age is at date of referral for 1.1 and 1.2
Age at 31st March for 1.3

1.1 – Excludes adult safeguarding referrals which are reported on elsewhere.

Age breakdown is not available. The Service Area is working on making this information available.

DATA RETURN 2
LEARNING DISABILITY SERVICE AREA

2 CHRONICALLY SICK AND DISABLED PERSONS (NI) ACT 1978;			
		>65	65+
2.1	Details of patients <65 in hospital for long term (>3months) care who are being treated in hospital ward for >65	**0**	**0**
2.2	Number of adults known to the Programme of Care who are:		
	Blind	**14**	**3**
	Partially sighted	**127**	**9**
2.3	Number of adults known to the Programme of Care who are:		
	Deaf with speech	**15**	**0**
	Deaf without speech	**3**	**0**
	Hard of hearing	**38**	**11**
2.4	Number of adults known to the Programme of Care who are:		
	Deaf/Blind	**3**	**0**

2.2 – 2.4 – These figures are provided by the Service Area's day care and day opportunities services.

DATA RETURN 3
SERVICE AREA LEARNING DISABILITY

3 DISABLED PERSONS (NI) ACT 1989 ***Note: 'disabled people' includes individuals with physical disability, sensory impairment, learning disability***		
3.1	Number of referrals to Physical/Learning/Sensory Disability during the reporting period.	**89**
	Number of Disabled people known as at 31st March.	**1824**
3.2	Number of assessments of need carried out during year end 31st March.	**89**
3.3	Types of need that could not be met:	
	Narrative; Unmet need occurs in all areas of our service provision. This may include a complete lack of service provision, insufficient service provision or a poorer quality of provision. Examples of insufficient service provision might be where a person is getting some respite but needs more. Examples of a poorer quality of service provision might be someone receiving day services in a group environment when a more individualised service is indicated. This report details elsewhere the unmet need in the resettlement and delayed discharge populations in MAH. Also detailed elsewhere is the unmet need in the former Looked After Children population and the numbers requiring alternative accommodation because of adult safeguarding protection plans. Other unmet need includes twelve people needing either residential care or supported living services with 24hr packages of care. There are also ten people waiting on a social support package.	
3.4	Number of assessments of disabled children ceasing full time education undertaken (Transition workers will be able to provide). Cross reference with Children in Need section.	**38**

DATA RETURN 4 – SERVICE AREA Learning Disability

4 HEALTH AND PERSONAL SOCIAL SERVICES (NI) ORDER 1972;
Article15, Article 36 [as amended by Registered Homes (NI) Order 1992]

4.1	Number of Article 15 (HPSS Order) Payments	**118**
	Total expenditure for the above payments	**11263**
4.2	Number of TRUST FUNDED people in residential care	**133**
4.3	Number of TRUST FUNDED people in nursing care	**165**
4.4	How many of those at 4.3 received only the £100 nursing care allowance?	**1**
4.5	How many occasions in-year has the Trust been called upon to support Emergency Support Centres (ESC)?	**14 and 6 on Standby**

Note: 4.2 and 4.3 should correspond with 1.4 (a) and (b)

DATA RETURN 5
SERVICE AREA LEARNING DISABILITY

5 CARERS AND DIRECT PAYMENTS ACT 2002

5.1	Number of adult carers offered individual carers assessments during the year.	**92***
5.2	Number of adult individual carers assessments undertaken during the year.	**57**
5.3	Of the Total at 5.2 in how many of the assessments were the carers, caring for disabled children?	**n/a**
5.4	Number of adult carers receiving a service @ 31st March	****
5.5	Number of young carers offered individual carers assessments during the year.	**5**
5.6	Number of young carers assessments undertaken during the year.	**3 + 1 reassessment**
5.7	Number of young carers receiving a service @ 31st March	**6**
5.8	Number of adults receiving direct payments @ 31st March	**88**
5.9	Number of children receiving direct payments @ 31st March	**0**
5.9.a	Of those at 5.9 how many of these payments are in respect of another person?	**0**
5.10	Number of carers receiving direct payments @ 31st March	**1**
5.11	Number of one off Carers Grants made in-year.	**175**

Note: sections 5.8, 5.9 and 5.10 are to be reported as mutually exclusive.

Commentary

5.1 – *There were also 37 carers' reassessments and 43 carers' reviews carried out.
5.4 – *The service area does not collate information on the number of carers it is involved with.

5.11 – An additional 82 therapy sessions were provided for carers

DATA RETURN 6
SERVICE AREA LEARNING DISABILITY

THIS RETURN IS NOW SUSPENDED AS INFORMATION REQUESTED IS PROVIDED IN ADULT SAFEGUARDING REPORTS

6 SAFEGUARDING ADULTS

DATA RETURN 7
SERVICE AREA LEARNING DISABILITY

7 SOCIAL WORK STAFF

THIS RETURN IS NOW SUSPENDED AS INFORMATION REQUESTED IS PROVIDED AT YEAR END 31ST DECEMBER

DATA RETURN 8
SERVICE AREA LEARNING DISABILITY

8 Assessed Year in Employment

Assessed Year in Employment (AYE) 2012 -2013

Return for Employers year ending 31st March 2013

PLEASE SEE CORPORATE AYE REPORT Page 210

PLEASE ENSURE A SEPARATE RETURN IS COMPLETED FOR EACH SERVICE AREA

DATA RETURN 9
SERVICE AREA - LEARNING DISABILITY

9 The Mental Health (NI) Order 1986
Article 4 (4) (b) Article 5 (1) Article 5 (6) Article 18(5) Article 18(6) Article 115

Admission for Assessment Process Article 4 and 5		
9.1	Total Number of Assessments made by ASWs under the MHO	**32**
9.1.a	Of these how many resulted in an application being made by an ASW under (Article 5.1b)	**32**
9.1.b	How many assessments required the input of a second ASW (Article 5.4a)	**1**
9.1.c	Number of applications made by the nearest relative (Article 5.1.a)	**0**
Form 5s		
9.2	Total Number of Form 5s/5as completed)	**14**
9.2a	Of these, how many resulted in an application being made	**12**
	Commentary – provide explanation as to Form 5s not resulting in application **Admission not thought to be necessary.**	
ASW Applicant reports		
9.3	Number of ASW Applicant reports completed	Information re this return has not been accurately collated by Service Area.
9.3.a	How many of these were completed within 5 working days	
Social Circumstances Reports (Article 5.6)		
9.4	Total number of Reports completed	**0**
9.4.a	Number of completed reports which were completed within 14 days	**0**
Mental Health Review Tribunal		
9.5	Number of referrals to MHRT in relation to detained patients	**5**
9.5.a	Number of MHRT hearings	**6**
9.5.b	Number of patients re-graded by timescales:	
	a. < 6 weeks before MHRT hearing	**1**
	b. > 6 weeks before MHRT hearing	**0**
Guardianships Article 18		
9.6	Number of Guardianships in place in Trust at year end	**14**
9.6.a	New Applications for Guardianship during year	**3**
9.6.b	How many of these were transfers from detention	**1**
9.6.c	How many were Guardianship Orders made by Court (Article 44)	**0**
9.6.d	Number of new Guardianships accepted during the year	**3**
9.6.e	Number of Guardianships Renewed	**11**
9.6.f	Number of Guardianships accepted by a nominated other person	**0**
9.6.g	Numbers referred to MHRT	**4**
9.6.h	Number discharged from guardianship following MHRT	**0**
ASW Register		
9.7	Number of newly Approved Social Workers during year	**0**
9.7.a	Number of Approved Social Workers removed during year	**0**

9.7.b	Number of Approved Social Workers at year end (who have fulfilled Requirements consistent with quality standards)	**4**
	Commentary Trust need to make reference to the adequacy of the number of Approved Social Workers, the reasons for the turnover and what plans are in place to address both overall, geographic, and service area shortfalls. Issues in relation to interviewing in an appropriate manner e.g. access to interpreters. Also issues in relation to conveyance of patients to and from hospital. The Service Area currently has four active ASWs. A team leader withdrew from active ASW work this year in order to concentrate on her managerial role and one ASW has retired. There are two other ASWs remain on the register but are not undertaking assessments at present due to workload easement following sick leave. The Service Area is training a further ASW this year. The Service Area believes that its current number of ASW's is adequate. Service Area ASWs participate in the Trust ASW rota. They also carry out Guardianship-related functions in the Service Area. Their specialist knowledge, experience and skills are also of huge benefit in general casework and in advising other team members. Service Area ASWs participate in refresher and re-approval training as appropriate. They also attend ASW forums. Service Area ASWs have not reported any difficulties with interviewing in an appropriate manner and there is an interpreting service available. The conveyance of patients to hospital presents frequent difficulties. Waiting times for ambulance or PSNI attendance and co-ordinating the two if both are needed are the major difficulties.	
9.8	Do any of the returns in this section relate to an individual who was under 18 years old? If so please provide detailed explanation for each and every instance including their age and relevant powers used. **N/A Adult Service Area**	

9.9*	**How many times during the reporting period has the Trust notified the Office of Care and Protection under Article 107?** It would have been the previous practice of the Trust to make referrals to the OCP under Article 107 where the person lacked capacity and authority was required to allow Trust staff to manage the person's financial affairs. The OCP have now stopped accepting such referrals for people whose only income is benefits and has suggested that the Trust uses Art116 as alternative authority. However Article 116 only applies to patients in hospital or in accommodation managed by the Trust. Appointeeship may offer a solution in some situations but not in all. The service area is currently considering the implications of the issue but feels that a cross-programme, regional approach may be needed.	**1**
The Mental Health Order (NI) 1986 as amended by The Criminal Justice (NI) Order 1996.SArticle 50A (6). Schedule 2A Supervision and Treatment Orders.		
9.10	Number of supervision and treatment orders, where a Trust social worker is the supervising officer in force at the 31st March	**0**
9.11	Of the Total shown at 9.8 how many have their treatment required as:	
	Treatment as an in-patient	**0**
	Treatment as an out patient	**0**
	Treatment by a specified medical practitioner.	**0**
9.12	Of the total shown at 9.8 how many include requirements as to the residence of the supervised person (excluding in-patients)	**0**
9.13	Of the total shown at 9.8 how many of these supervision and treatment orders were made during the reporting year.	**0**
	Commentary *(include and difficulties associated with such orders, obtaining treatment or liaison with specified medical practitioners, access to the supervised person while an in-patient)*	

HEALTH & SOCIAL CARE TRUST

REGIONAL REPORTING TEMPLATE FOR DELEGATED STATUTORY FUNCTIONS

For Year end 31 March 2014

REPORTING TEMPLATE INDEX

SECTION 1 – INTRODUCTION

- to be completed by Executive Director of Social Work

SECTION 2 – EXECUTIVE SUMMARY

- to be completed by Executive Director of Social Work (inc signature & date)

SECTION 3 – GENERAL NARRATIVE & DATA

- to be completed for each Programme of Care by the Social Work Leads for that Programme

- the data returns 1-6 & 8-9 for each programme should follow the narrative

- all Programmes must complete an individual Data Return 1-6 & 8-9 inclusive

- Data Return 9 (Mental Health) can be compiled by the ASW Lead but should have a separate data set for each Programme

- Data Return 10 is only to be completed by the Family & Child Care Programme (this is for the 6 month period 1st October – 31st March)

- Data Return 11 replaces the Training Accountability Report

- please ensure complete reporting of all Data Returns **(nil returns or non-applicable should be reported)**

DATA RETURNS

1 General Provisions (Returns 2-9 below relate to specific statutory duties, the data returned therein constitutes a sub-set of this return)
2 Chronically Sick and Disabled Persons
3 Disabled Persons (NI) Act 1989
4 Health and Personal Social Services Order
5 Carers and Direct Payments Act 2002
6 (Safeguarding Adults)
7 (Social Work Teams and Caseloads)
8 Assessed Year in Employment
9 Mental Health
10 Family and Child Care specific returns (CC3/02)
11 Training Accountability Report

CONTENTS SHEET

1.0 INTRODUCTION

This Report provides an overview of the Trust's discharge of its statutory functions in respect of services (social care services) delivered by the social work and social care workforce (the social care workforce). It addresses the assurance arrangements underpinning the delivery of these services across the individual Service Areas, outlines levels of compliance with the standards specified in the Scheme for the Delegation of Statutory Functions (Revised April 2010) (the Scheme for Delegation) and identifies on-going and future challenges in the provision of such services.

The Trust, as a corporate entity, is responsible in law for the discharge of statutory social care functions delegated to it by virtue of authorisations made under the Health and Personal Social Services (Northern Ireland) Order 1994. The Trust is accountable to the Health and Social Care Board (HSCB) for the discharge of such functions and is obliged to establish sound organisational and related assurance arrangements to ensure their effective discharge.

The Scheme for Delegation provides the overarching assurance framework for the discharge of statutory social care functions. It outlines the powers and duties which are delegated to the Trust; the principles and values which underpin the delivery of statutory services; the policies, circulars and guidance to which the Trust must adhere in the discharge of such functions; and the organisational assurance arrangements in respect of same.

The Scheme for Delegation requires the Trust to produce an annual report addressing how it has discharged those statutory functions pertaining to social care services.

The Trust's exercise of these functions, in particular those relating to the protection and care of children and vulnerable adults and restrictions of personal liberty, give rise to significant levels of public interest and scrutiny.

The Executive Director of Social Work is professionally accountable for and is required to report to the Trust Board on the discharge of statutory social care functions. An unbroken line of professional accountability runs from the individual practitioner through the Service Area professional and line management structures to the Executive Director of Social Work and onto the Trust Board.

This Report has been prepared on an HSCB template and is sub-divided into the following sections:

Section 1: an introduction to the Report.

Section 2: an overview of the Trust's performance in relation to the discharge of its statutory functions across the respective by the Executive Director of Social Work.

Section 3:

Individual Service Area reports, each of which addresses a range of key themes including: a review of the Service Area's engagement with external regulatory agencies with regard to the discharge of statutory social care functions; challenges with regard to the delivery of statutory social care services; workforce issues; and areas of emerging significance.

The individual Service Area reports include a number of information returns relating to the statutory of social care services.

Section 4:

BHSCT Assessed Year in Employment (Social Workers) Annual Overview Report.
BHSCT Social Services Workforce Learning and Development Accountability Report

Appendix 1 - The Belfast Local Adult Safeguarding Panel (LASP) Report 2013-2014

Central to the delivery of statutory functions has been: a focus on the assessed needs of the individual service user; facilitating the service user's engagement as fully as possible in decisions about their care; a commitment to seamless multi-professional working across all Trust service settings; the integration and optimising of available resources to provide high quality, effective and efficient services; and the promotion of inclusive partnerships with community, statutory and voluntary sector organisations in the development and provision of accessible and inclusive services.

I would like to take this opportunity to recognise the role and contributions of Trust staff across all professions and Directorates in the delivery of statutory social care services.

The discharge of statutory functions is demanding and rewarding work. In my role as Executive Director of Social Work, I would wish to express my particular appreciation of the professionalism, knowledge, skills and dedication of the Trust's social care workforce.

Cecil Worthington
Executive Director of Social Work

May 2014

EXECUTIVE SUMMARY

2 GENERAL

Executive Director of Social Work:

……..

2.1 Statement of Controls Assurance

(Brief statement is sufficient, however any gaps / breaches in terms of compliance should be highlighted and the action taken to resolve these)

Reference to RQIA should be included.

Reference to NISCC and the Trust's mechanisms for monitoring registration status should be included.

The Trust has achieved satisfactory compliance with the requirements specified in the Scheme for Delegation.

The individual Service Area returns provide detailed commentaries on the levels of compliance, areas of difficulty and emerging trends in relation to the delivery of statutory services.

In the context of a particularly challenging operational and budgetary environment characterised by significant resource and capacity pressures, enhanced levels of public expectation, related scrutiny and an on-going drive for modernisation and service improvement, the Trust has continued to prioritise the safe discharge of its statutory social care functions.

The Trust has co-operated fully with the Regulation and Quality Improvement Authority (RQIA) in the discharge of its regulatory and inspectorial functions. The Trust has established quarterly meetings with RQIA to review organisational and operational interfaces.

The Trust has achieved satisfactory compliance with NISCC's Code of Practice for Employers. With regard to the registration of the workforce, the Trust has robust organisational arrangements in place to monitor and assure compliance with registration requirements. The Trust is engaged in regular formal and informal contacts with NISCC through its participation in a range of formal partnerships and ad hoc structures and meetings.

2.2 Accountability arrangements from frontline staff to Executive Director on Trust Board with responsibility for professional social work.

This must include confirmation that all Social Work staff receive formal and regular professional supervision from a professionally qualified social worker who can function in this supervisory role. Please state when this is not the Social Work Line Manager.

The Executive Director of Social Work is professionally accountable for the discharge of statutory functions by the social care workforce and related assurance arrangements pertaining to same across all Service Areas. These arrangements are underpinned by an unbroken line of professional accountability from the individual practitioner through the Service Area professional and line management structures to the Executive Director of Social Work and onto the Trust Board.

The Trust's social care workforce is operationally and professionally managed within two Directorates-Adult Social and Primary Care and Children's Community Services. The Director of Children's Community Services discharges the role of the Trust's Executive Director of Social Work.

The Associate Directors of Social Work have a key organisational role in providing assurance with regard to the discharge of statutory functions. They have responsibility and are accountable for: the professional leadership of the social care workforce within their respective Service Areas including the promotion of the learning and development needs of the social care workforce; the provision of specialist advice to their respective Service Area Senior Management Teams on the discharge of statutory functions and professional issues pertaining to the social care workforce; and the provision of assurance with regard to arrangements in place within the Service Area to facilitate the discharge of statutory functions. The Trust is proposing to review the role of the Associate Directors, incorporating the organisational arrangements which underpin the discharge of their remit, as part of its on-going Trust-wide focus on consolidating the effectiveness of professional assurance and leadership structures across the Trust.

The Trust has operationalised a revised Adult Social Services Professional Social Work Policy (January 2014) which addresses the findings of an earlier Internal Audit Report. The Policy has sought to re-profile the core functions of supervision while also emphasising the importance of qualitative reflective and developmental dimensions to the supervisory process. A core feature of the implementation process is the delivery of tailored training for both operational line managers and professional supervisors on the elements of the Policy within an overview of the central functions of supervision. Compliance with the standards referenced in the Policy will be audited on an on-going basis.

The securing of a sufficient base of designated operational management and professional social work posts at Band 7 and above is of particular significance in integrated service structures to facilitate the delivery of the supervisory functions specified in the Scheme for Delegation.

2.3 Executive Director of Social Work's General Statement of Controls Assurance setting out the Trust's performance in-year against the Discharge of Statutory Functions.

(Narrative should be specific. Trusts should take the opportunity to append their Adult Safeguarding Report).

Within the individual Service Areas the Trust has sought to consolidate and develop monitoring and assurance mechanisms in relation to its discharge of statutory functions. These are detailed in the individual Service Area reports.

The Trust's Assurance Framework outlines the overarching corporate mechanisms and related processes which provide assurance as to the effectiveness of the systems in place to meet the Trust's objectives and to deliver appropriate outcomes.

The Executive Director of Social Work is responsible for ensuring the effective discharge of statutory functions across all Service Areas and the establishment of organisational arrangements to assure same. She/he is required to report directly to the Trust's Assurance Committee and the Trust Board on the discharge of these functions The Annual Statutory Functions and six-monthly Corporate Parenting Reports are presented to Trust Board for its consideration and approval. The Executive Director of Social Work provides professional leadership to the Trust's social care workforce; provides expert advice to the Trust Board on all matters pertaining to the discharge of social care statutory functions; and is accountable for the assurance of all issues pertaining to the social care workforce's compliance with professional and regulatory standards.

The Associate Directors of Social Work Group is a sub-committee of the Trust's Assurance Committee with responsibility for the monitoring of and reporting to the Assurance Committee on the discharge of statutory functions. The Trust has established a Children's Safeguarding Committee which has responsibility for providing assurance to the Trust Board that appropriate and effective Trust-wide arrangements are in place to facilitate the discharge of its statutory responsibilities to safeguard the welfare of its childhood population. Membership of the Committee is drawn from senior operational and professional staff from each of the Trust's Directorates and is chaired by the Executive Director of Social Work. The Trust is in the process of establishing a Safeguarding Vulnerable Adults Committee which will broadly mirror the remit and structures outlined in respect of the Children's Safeguarding Committee from an adult safeguarding perspective.

Each Service Area has its local Risk Register which informs the populating of the Directorate and Trust's Corporate Risk Registers and Principal Risks Document respectively.

2.4 Summary of areas where the Trust has not adequately discharged Delegated Statutory Functions.

Trust should where appropriate include brief descriptions and cross references when the matters being reported are dealt with in detail in other sections of this report. Where such cross referencing is not appropriate the failure to discharge any statutory function must be reported in this section.

This has been a challenging year for the Trust as a consequence of the overarching financial context, the on-going drive for modernisation and reform of service delivery processes, the rise in referrals and caseload volumes across all Service Areas and the enhanced levels of public expectations and scrutiny.

The Trust has continued to prioritise investment in its workforce knowledge and skills base; to consolidate and enhance service user engagement; to strengthen its partnerships with local communities and voluntary, private and statutory agencies; and to promote community capacity building and the creation of social enterprise initiatives within localities.

The following is an overview of a number of areas which have generated particular challenges in relation to the discharge of statutory functions over the reporting period. The individual Service Area reports provide detailed commentaries on the issues as they relate to their respective service delivery responsibilities.

- Safe and effective discharges from hospitals.
- Resettlement of service users from long-stay mental health and learning disability hospitals into community settings which provide access to the range of peripatetic specialist services necessary to support their individual needs.
- Allocation of Personal Advisors to young people who meet the statutory criteria for same.
- Accessibility of appropriate accommodation for young homeless people.
- Increase in adult safeguarding referrals and investigations.
- Overarching financial context.

2.5 Progress report on Actions taken to improve performance, including financial implications. This section should make specific reference to last year's report (sect 2.4), actions arising and progress made.

Action Plans:
The HSCB in consultation with the Trust has established a schedule of meetings and related action planning and review processes to address performance with regard to the discharge of statutory functions. Progress on the action plans emanating from the Annual and Interim Statutory Functions Reports and on-going difficulties and emerging challenges are addressed within the individual Service Area meetings with HSCB staff and reflected in the current Action Plan.

Workforce:
The Trust has continued to promote the development of its social care workforce through on-going investment in learning and development in line with the Regional Workforce Development and Training Strategy. The Trust has achieved relative stability across its social care workforce.

Finance:
As previously noted, this has been a challenging year in relation to the discharge of statutory functions with rises in demand and activity across all Service Areas in the context of significant budgetary constraints. In relation to the discharge of statutory functions, the Trust has continued to prioritise service delivery and has addressed on an on-going basis with the HSCB those areas where demand, resource and capacity issues have been most difficult. The Trust is committed to progressing its modernisation and reform agenda which is predicated on further developing partnerships with key stakeholders in the development, delivery and reform of services and the strengthening of community infrastructures.

2.6 Highlight which, if any, of the areas require further improvement and if they have been included in the Trust's Corporate Risk Register.

The individual reports provide a synopsis of risks listed on Risk Registers.

The following risk pertaining to the discharge of statutory functions is presently listed in the Trust's Principal Risks Document:

Maintenance of controls and assurance processes underpinning the discharge of statutory functions within each Service Area.

2.7 Set out the systems, processes, audits and evaluations undertaken internally or externally identifying emerging trends and issues which shape the Directors conclusion about Trust performance.

This should include a summary (more detailed information should be provided within the relevant sections of this report) of Audits, Service Improvement evaluations etc., conducted by the Trust or by others, including Recommendations and progress.

The Trust is engaged in an on-going focus on the effectiveness of its assurance processes with regard to discharge of statutory functions. Details of audits are listed in individual Service Area reports.

- RQIA independent thematic and facility inspections.
- RQIA and the Mental Health Review Tribunal statutory duties to scrutinise the Trust's discharge of its statutory functions under the Mental Health (NI) Order 1986.
- The Trust is publicly held to account by the Courts with regard to its discharge of its statutory social care duties.
- The Trust is publicly held to account by the Assembly's Committee for Health Social Services and Public Safety. This involves written submissions to and appearances before the Committee of Trust staff to address thematic and specific issues of interest/concern relating to statutory social care services delivery.
- External and internal performance management and accountability arrangements facilitate scrutiny of the Trust's performance in respect of the provision of statutory services.
- The following are core reports prepared by the Trust for the HSCB and the DHSSPSNI related to the discharge of its statutory functions: the Trust's Annual and Interim Statutory Functions Reports; six-monthly Corporate Parenting Report; the Trust's Annual Self-Assessment Report to the Safeguarding Board for NI (SBNI); the Belfast Local Adult Safeguarding Partnership (LASP) Annual Report; the Annual Accountability Report in respect of Social Services learning and development activity; the Annual Assessed Year in Employment (AYE) Audit; the Annual Social Services Workforce Return; and ad hoc reports as and when required.
- The Trust's Serious Adverse Reporting and Children's Services Untoward Events arrangements afford a process for Departmental and HSCB monitoring and related learning from significant events.
- The Trust's arrangements for the investigation and management of compliments and complaints and the Trust's interface with the Office of the Commissioner for Complaints.
- The Trust's discharge of its statutory duties to co-operate with the SBNI-in particular its responsibilities with regard to the Case Management Review (CMR) and related children's safeguarding inquiries.
- The Trust's engagement with the NI Adult Safeguarding Partnership and its discharge of its responsibilities in relation to Case Management reviews and related adult safeguarding inquiries.

Conclusion:

The financial context has presented substantial challenges to all Service Areas during the reporting period. The requirement to make the levels of savings delivered to date across both the MORE and QICR processes through service improvement, modernisation and efficiencies while retaining service continuity and quality has proved hugely challenging in light of the range and complexity of need, the increases across Directorates in service delivery volumes and the rapidity and scale of organisational change.

2014-2015 will in all likelihood prove even more demanding. While the Trust will continue to prioritise the discharge of its statutory functions, the scale of the financial challenges for Service Areas will inevitably impact on their ability to sustain the current levels of performance and service delivery standards.

The Service Areas are progressing innovative modernisation and improvement initiatives to maximise service delivery performance and outcomes. The importance of flexible, person centred social care services in obviating unscheduled admissions to hospital and facilitating timely discharges and the Trust's central role in the development of community capacity and resilience through partnerships such as those centred on the operationalising of Family Support Hubs and the Trust's support for and commissioning of locality-based schemes to support vulnerable adults are pivotal to the realisation of TYC's strategic aims.

It is essential that the investment in workforce development to enhance skills, knowledge and capacity within a practice culture which promotes and values their engagement, expertism and the exercise of professional discretion within robust accountability and assurance arrangements is consolidated.

The promotion of personalisation and self-directed care, service user participation in the development, planning and review of services, outcomes-led practice which accentuates qualitative measures of effectiveness located within a coherent evidence base are pivotal to optimising overall performance.

The discharge of statutory functions related to the development of safeguarding arrangements and practice in both adults and children's services; the securing of seamless service pathways across acute and community settings to reduce unnecessary hospital admissions and facilitate safe, person centred discharges; and the resettlement of long stay patients from mental health and learning disability hospitals will present substantial challenges from organisational process, resource, capacity and practice perspectives. The maintenance of vulnerable adults and children with complex health and social care needs within their own communities with enhanced levels of risk will require a substantial and sustained investment in community infrastructure and the engagement and support of communities and service users and the wider public.

The social care workforce will have a key role in the delivery of the Trust's vision and the strategic direction as referenced in TYC. Their values, skills and knowledge base will be central to the effective delivery of integrated person

centred care, the optimising of personal choice, the management of risk and the promotion of healthy, inclusive and enabling communities.

The Social Work Strategy provides a framework within which the profile and contribution of social work staff to the realisation of the Trust's strategic objectives can be enunciated with a view to consolidating and enhancing the strong reflective learning, research and evidence base which underpins best practice. The Trust is committed to fully participating in the opportunities which the Strategy presents.

Cecil Worthington
Executive Director of Social Work
May 2014

Adult Safeguarding
Children's Safeguarding
Social Work and Chairman's Awards
Social Work Strategy
Resource context-implications for service delivery
Workforce

3. LEARNING DISABILITY SERVICE AREA

GENERAL NARRATIVE

3.1	Named Officer responsible for professional Social Work
	Ms Aine Morrison has been the Associate Director of Social Work in Learning Disability since 1.7.13. There was no-one in the post from 1/4/13 – 1/7/13 because the previous post holder had taken up a new post. Mr John Veitch, Co-Director for Learning Disability has assured the Service Area report which meets the requirements of the prescribed audit process in respect of the discharge of statutory functions. The Associate Director of Social Work has responsibility for professional issues pertaining to the social work and social care workforce within the Service Area. She is accountable to the Executive Director of Social Work for the assurance of organisational arrangements underpinning the discharge of statutory functions related to the delivery of social care services within the Service Area. The Associate Director of Social Work is responsible for: ➢ Professional leadership of the social work and social care workforce within the Service Area. ➢ The establishment of structures within the Service Area to monitor and report on the discharge of statutory functions. ➢ The provision of specialist advice to the Service Area on professional issues pertaining to the social care workforce and social care service delivery, including the discharge of statutory functions. ➢ The collation and assurance of the Service Area interim and annual statutory functions' reports. ➢ The promotion and profiling of the discrete knowledge and skills base of the social care workforce within the Service Area. ➢ Ensuring that arrangements are in place within the Service Area to facilitate the social care workforce's learning and development opportunities. ➢ Ensuring that arrangements are in place within the Service Area to monitor compliance with NISCC registration requirements. An unbroken line of accountability for the discharge of statutory functions by the social care workforce runs from the individual practitioner through the Service Area line management and professional structures to the Executive Director of Social Work and onto the Trust Board.
3.2	**Supervision arrangements for social workers**
	The Service Area is working to the new Belfast Trust Adult Social Work Supervision Policy which covers both line management and professional supervision arrangements. The policy provides for line management supervision for social workers at least every six weeks and where the line manager is not a social worker, additional professional supervision on a

	quarterly basis. All staff who will be supervising social work staff will be undertaking training in the new policy in the next few months. The Service Area has had difficulty in meeting these standards in the last year in some areas because of line management and professional supervisor absence and vacancies. Contingency arrangements were put in place to cover immediate case management issues and to ensure that social workers could access professional supports on request. The Service Area runs reflective practice groups for social workers which meet two to three times a year. Topics for these are chosen by social workers and Teams take it in turns to research the area and facilitate the group. Some sessions bring in external speakers; others are led by staff with particular expertise in the area. Recent topics include Mental Health Review Tribunals, learning from the Winterbourne View Inquiry and planning the Service Area's social work pathways. Learning Disability social workers also attend Approved Social Work Fora, Designated Officer Support Fora and Achieving Best Evidence Support Fora as appropriate. In relation to supervision of AYE staff, the Service Area is compliant with the Revised Guidance for Registrants and Their Employers NISCC July 2010. AYE social workers are facilitated to attend the Trust's AYE Forum. The Service Area has employed only one AYE staff member during this reporting year who completed in April 2013. The Service Area does not operate a formal caseload weighting system but Team Leaders consider case complexity in making allocation decisions.
3.3	**Report on processes, audits, reviews, research and evaluations undertaken during the year, that measure performance against delegated statutory functions, identifying emerging trends and issues (may include cross references to other sections to this report).**
	The Service Area continues to maintain the Community Teams' Handbook which specifies the expectations, protocols and procedures for all aspects of the Teams' work. The handbook covers statutory functions' responsibilities such as the operation of adult safeguarding procedures, carers' assessments, direct payments, supervision and the use of The Mental Health (NI) Order 1986. There are plans to review the handbook in the forthcoming year in response to some practice developments such as a new assessment tool and some restructuring of community services. The procedures require Team Leaders to carry out random file audits during each supervision session with team members. Operations Managers are required to carry out a quarterly audits of the standard of these file audits. Operations Managers are also required to carry out a monthly audit of the

quality of supervision provided by team leaders. As detailed in 3.2, staff absence and vacancies at management level have again caused difficulties in meeting some of these internal service area standards.

A wide variety of statistics are gathered on a monthly basis from the four community teams. These include statistics on case numbers, vulnerable adult activity, Mental Health Order activity, carers' assessments, direct payments and unmet need. These are monitored at Operations Manager level for compliance with requirements and for emerging issues and trends.

Previously the Service Area carried out a six monthly internal audit of adult safeguarding processes. The most recent audit carried out in March 2014 was conducted by the Trust's adult safeguarding specialists across Adult Services. The Service Area performed well in this audit.

The Service Area's annual audit of compliance with adult placement regulations has been delayed this year because of staff vacancies. This is due to take place in May 2014.

The Service Area is represented on the regional group for Promoting Quality Care (PQC) in Learning Disability which continues to review the implementation of this policy. The group is now involved in the regional review of PQC for all service areas and has just completed a consultation exercise with service users and carers about their experiences of PQC. The exercise showed a very positive experience of PQC from carers and service users alike.

The Service Area continues its work on taking forward the recommendations of the RQIA report, "Review of the Effectiveness of the Safeguarding Arrangements in Place for Children and Vulnerable Adults in Mental Health and Learning Disability Hospitals in Northern Ireland. The Trust is next due to report on progress in July 2014.

The Service Area has completed an initial scoping exercise in relation to the Learning Disability Service Framework and submitted this to the HSC Board. The Service Area would wish to note its concerns about the lack of specificity in the standards and the key performance indicators. The Service Area feels that these issues need to be addressed before the framework can be put into operation.

The Service Area received the RQIA report on the experience of service users subject to guardianship and their guardians in N. Ireland in December 2013. The report was generally positive about the use of guardianship by Trusts to promote the welfare of service users but did identify some areas for change, reflection and further discussion. The Trust has set up a group to look at the outcome of the report across Service Areas. The Trust has also completed a major exercise in developing its internal processes, administration and governance arrangements for guardianship. These new processes have been shared widely across all relevant professions and Service Areas.

The Service Area's compliance with RQIA requirements for the use of the Mental Health (N.I.) Order 1986 forms is audited internally on a regular basis. The audits indicate consistent levels of good performance.

Muckamore Abbey Hospital audits compliance with PQC guidance on the admission wards every two months.

Following some data protection concerns about solicitor access to records for MHRT purposes, the Service Area is now working within newly developed Trust guidelines for solicitor access.

The 2013 RQIA Baseline Assessment and Review of Community Services for Adults with a Learning Disability continues to inform the Service Area's planning and development of services. The Service Area believes that the service development plan outlined below addresses many of the issues the RQIA report raised for consideration by Trusts.

This year, the Service Area has completed a major review of its community treatment and support services and is now working on the implementation of a service development plan in response to this review.

This service development plan has taken into account a number of factors including;

1. Review of the Behaviour Support Services (B.S.S.).
2. Review of the Promote Service.
3. Review of care management services.
4. Increased complexity of cases.
5. Growing demand for all LD Services.
6. The impact of hospital resettlement.
7. The impact of a future reduced hospital capacity.
8. The requirements of the HSCB Board.

The service development plan aims to;

1. Increase the capacity of existing services in areas where there are identified gaps.
2. Develop new services in line with review outcomes, strategic direction and commissioning requirements.
3. Improve the targeting of services.
4. Reduce hospital admissions
5. Support resettlement.

Tier 2 Services.

It is proposed that the existing tier two services, community multi-disciplinary teams and psychology services will be restructured in the following way;

1. Care Management services – care managers and assistant care

managers who are currently based in community teams and work on a geographical basis will move from the community teams to form a care management team. The aim of this is to provide a more co-ordinated, streamlined service and improved unified systems of information management and finance management.
The move out of the community teams by care management staff will also create capacity for the community Team Leaders to manage the other changes.
The Team will also be enhanced by the recruitment of an additional care manager.

2. The capacity of the community teams to meet need will be expanded in the following ways;
   (a) Additional social work recruitment, 2 Band 6, 1.5 Band 7 to meet demand for increased risk management and adult safeguarding functions.
   (b) Additional nursing recruitment, 2 Band 6 with probable focus on mental health and challenging behaviour in learning disability.
   (c) Tier 2 psychology services will be integrated into the community teams. This will provide improved communication and co-ordination, greater agreement on priorities and increase the skill set of the team.
   (d) Two Behaviour Support Nurses will move from the Behaviour Support Service to be integrated into community teams. This will increase the skill set of the community teams and increase capacity for earlier intervention and preventative work.

3. Promote

   Promote will no longer provide Tier 3 mental health management. This is to avoid duplication with Tier 2 mental health management services and to consolidate intensive support services at Tier 3 rather than spread an intensive support service between two different services. Promote will develop to provide individual and group psychological therapies for people with a learning disability. The team will develop capacity in a range of desired therapies. Psychological therapies will continue to be provided at Tier 2 also. The new service will become involved if a particular therapy is not available at Tier 2 or if the person requires intensive, individual long term input. The service will prioritise those with the most complex needs including those at risk of hospital admission, placement breakdown or significant harm to themselves or others but may also provide early intervention and preventative services.

4. Behaviour Support Services (BSS)

   The B.S.S. will develop to become an intensive support service. It will provide a service to people with a LD who have either mental health problems, challenging behaviours or other complex needs.
   It will provide an intensive assessment and treatment service to people;

   i) Who are at risk of hospital admission
   ii) Whose placement is at risk of breakdown

	iii) Who present a risk of significant harm to themselves and/or others and who cannot be provided with a service at Tier 2. The existing B.S.S. staff apart from 2 behavioural nurses will remain in the new services. The staffing will be augmented by 2 Band 7 staff and 1 Band 6 staff, 2 Band 3 staff and additional psychiatry input. Depending on resources and an on-going assessment of need, the service will incrementally develop an extended hour's service. The Service Area would hope to use any additional community infrastructure funding that becomes available this year to further invest in the Intensive Support Service and in the challenging behaviour resource in the community teams.
3.4	**Report on the Programme of Care's interfaces with other statutory agencies including for example: NISCC; RQIA; PHA (in relation to social care) Trusts should include references to Judicial Reviews or other significant Court Judgements that directly impact on the discharge of statutory functions.**
	All social work and social care staff in the Service Area who are required to do so are registered with the NISCC. This is monitored via supervision arrangements in line with the Trust's Registration and Verification Policy. The Trust also maintains a central register and monitors the registration status of all relevant staff through this. Social workers are supported to meet the NISCC's on-going professional development requirements. The Trust's Personal Contribution Framework process allows for each social worker to have a Personal Contribution and Personal Development Plan. The Service Area also provides induction for all new staff which meets the NISCC's induction standards. This includes a two day Learning Disability-specific induction course developed and run by the Service Area. The Service Area carries out a number of functions under The Mental Health (NI) Order 1986 and meets the requirements of the RQIA and the Mental Health Review Tribunal in relation to these. These include the provision of the necessary paperwork, reports and notifications for admissions for assessment, guardianship and tribunals. The Service Area is due to meet with the Mental Health Review Tribunal shortly to discuss the implications of its recent decision to notify patients of discharge on the day of Tribunal. While the Trust accepts that this is the right course of action, it wishes to discuss the processes for communication in an attempt to minimise the risks of a sudden, unplanned discharge. The Service Area's day care facilities, residential and supported living services are all registered with the RQIA and subject to on-going inspection and monitoring. The Service Area's Community Support Worker Service has now been de-

registered following a change in the nature of the service which meant it no longer met the criteria for a domiciliary care service.

The Service Area notifies the RQIA of any untoward incidents as per their reporting requirements.

The Service Area liaises with RQIA on adult safeguarding issues as they arise in relation to any registered facility.

The Service Area has contributed as appropriate to MARAC and PPANI processes.

The Service Area liaises with the PSNI as per the Joint Protocol arrangements where appropriate.

As noted in last year's report, the Service Area had obtained a High Court declaratory judgement in November 2012 to protect a service user from potential sexual and emotional harm and, in so doing, established the High Court's jurisdiction in dealing with welfare and protection issues for people who lack capacity. Following this, the Service Area initiated further High Court proceedings in this reporting period to ask for a declaration in relation to a Muckamore Abbey Hospital resettlement patient whose relative was opposed to a community placement. The Service Area believed that this move was in the patient's best interests and the legal consultation advised that the authority of the High Court be sought before the Service Area moved the patient against the relative's wishes. Pre-hearing papers had been issued when an agreement was reached out of court. This advice may be of relevance in similar cases where no agreement can be reached about resettlement.

The Service Area reported last year that it was awaiting judgement in the JH case. Judgement in this case (JMC A's Application 2013 NIQB77) was given on 4.7.13. In this case, the applicant challenged the Trust's authority under guardianship to impose conditions on his right to leave his home address at any time of his choosing and unaccompanied. The judgement found that the Trust's supervision of the applicant was with legal authority and lawful and that the Mental Health (NI) Order 1986 did authorise the guardian to take the measures she had in the circumstances of this case. The judgement found that the nature of the applicant's case and the restrictions imposed did not constitute a deprivation of liberty.

The judgement is complex and refers to a number of other areas of relevance to the delivery of social care.

Amongst other matters, the judgement states that;

1. Deprivation of liberty must be distinguished from appropriate supervision.
2. There is no authority under guardianship for the patient to be detained or deprived of his liberty.
3. It is appropriate for a guardian to impose some conditions on the

granting of leave from a place of residence in certain circumstances.

The judgement draws heavily on the findings of the English Court of Appeal's judgement in Cheshire West and Chester Council v P. This case deals with the definition of deprivation of liberty and found amongst other things that;

1. Mere lack of capacity to consent to living arrangements cannot in itself create a deprivation of liberty.
2. In determining whether or not there is a deprivation of liberty, it is legitimate to have regard both to the reason for the placement and the aim of the placement.
3. The capabilities of the person concerned must form part of the assessment of what constitutes a deprivation of liberty. What may be a deprivation of liberty for one person may not be for another.

The Cheshire West case was successfully appealed in the Supreme Court. Judgement was given on 19.3.14. The Supreme Court held that a deprivation of liberty is an objective standard, does not vary dependent on the capabilities of the person concerned and that motivation for the deprivation of liberty was not a relevant factor.

Following this judgement, the applicant in the JMcA case is appealing the judgement in his case.

The Service Area has since discharged the Guardianship as it was felt that the service user had made sufficient progress to no longer require it.

However, the appeal could go ahead in relation to the legal points concerned.

An initial hearing is scheduled for 15.5.14.

The Service Area has been given notice of an application for leave for a judicial review in relation to its placement of a young man in an ECR hospital placement in England. The application seeks leave to challenge the Trust's failure to provide for this young man's needs in Northern Ireland and claims that the Trust has not fulfilled its obligations under the Children Order Leaving and Aftercare Regulations. The Service Area is in consultation with DLS about its response to the issues raised.

The Trust has also been listed as a joint respondent alongside the DHSSPS in a leave application for judicial review concerning the Mental Health (N. I.) Order's provisions for Mental Health Review Tribunal Hearings for patients who lack capacity. The Service Area has properly followed the requirements of the current legislation for the patient concerned and does not believe that it is properly enjoined to these proceedings as they solely concern a challenge to the legislation itself. The Service Area is making representation in this regard.

3.5	Summary of difficulties or issues in regard to the ability to discharge Delegated Statutory Functions	3.6 Provide a progress report and emerging learning in relation to remedial action to improve performance including financial implications	3.7 Indicate if the issue is included on your Trust Risk Register and at what level
1.	The Service Area continues to struggle to make appropriate provision for the accommodation and support of care leavers who have a learning disability. These young people often have highly complex needs and there is a lack of existing appropriate provision and a lack of funding to develop new service provision. During this reporting period, five bespoke care packages were provided for care leavers. These five young people had very complex needs and their packages ranged in cost from £110,000 per annum to £331, 292. The Service Area is working to provide placements for a further three care leavers in Autumn 2014. Again, these young people have complex needs and costings for them all are likely to be in the range of £120,000 - £250,000. As noted in previous reports, the Service Area has not been resourced to provide this service in the same way as Children's Services which can mean that a child transitioning to adulthood is unable to access a similar	This issue has been raised with the HSCB as a significant cost pressure. The Service Area recognises the importance of appropriate and timely transition planning and is working closely with Children's Disability and Family and Child Care Services to ensure this happens. The Service Area has completed a scoping exercise in relation to the future accommodation needs of looked after children with a learning disability who will reach adulthood in the next five years and has established an accommodation planning group to plan ahead for their needs.	This issue is on the Service Area Risk Register and is categorised as a moderate risk.

	service to that provided by Children's Services. This does not just apply to care leavers but to other young people transitioning from children's disability services with complex needs and large packages of care. Adult services often struggle to provide the same level of provision. This is a particular issue in relation to respite care. The packages of support these young people require are generally extremely expensive.		
2.	The Service Area anticipates some challenges in achieving the PTL resettlement target for 2014 – 2015 although advanced plans are already in place for some of the patients. The proposed resettlement plans for some patients involve new build supported living schemes with a lead-in period which will include community consultation processes. As a result, this will put some of the placements at potential risk of not being deliverable within the target time. As patients are now being discharged from all wards, it remains difficult to plan the closure of individual wards, many of which are now operating at reduced patient numbers. The remaining PTL and delayed discharge	The Service Area will continue to work with the HSCB in achieving the retraction plan for the hospital. The Service Area recognises the importance of building community infrastructure to support patients on discharge. The Service Area welcomes the continued investment in community infrastructure and is working to develop services which will support those discharged from hospital and reduce future admissions However, while welcome, the Service Area would note that significant further community infrastructure investment is needed. In particular there remains a significant gap in services for those with forensic histories.	This issue is on the Service Area risk register and is categorised as a moderate risk.

	patients present with very complex needs and the Service Area anticipates on-going cost pressures arising from the increased observation levels required to support these patients.		
3.	There are currently 18 delayed discharge Belfast Trust patients. These patients require specialised or bespoke community placements. The Service Area continues to plan for their needs. A number of housing and support schemes are being progressed currently. However, it is anticipated that the cost of these placements will range from £85,000 to £400,000.	The Service Area strives to achieve discharge as soon as possible for patients. Discharge planning commences from the point of admission to try and prevent further delayed discharges. The Service Area's newly established accommodation planning group plans for all delayed discharge patients.	This issue is on the Service Area Risk Register and is categorised as a moderate risk.
4.	The increase in numbers of people with a learning disability known to the Service Area has slowed this year to an increase of 17 cases, again caused by referral numbers exceeding closure numbers. Twenty five of the new referrals were from Children's Disability Services. The Service Area's caseloads have now increased by 223 cases in the last four years. Without any corresponding increase in provision, this remains a major concern for the Service Area.	The Service Area continues to prioritise cases according to need. It has also introduced a key-working system to help avoid duplication of staff resources. The investment in community infrastructure via resettlement has increased capacity although it has not taken into account the increase in case numbers from community sources.	This issue is on the Service Area's Risk Register and is categorised as a moderate risk.

5.	The Service Area originally had 45 Direct Payment arrangements in place for people who lacked capacity. By April 13, there were 37 service users remaining in receipt of direct payments who lacked capacity. The Service Area has made significant progress this year in working with and supporting parents and carers to apply for Short Procedure Orders. However, there are still 8 cases not yet completed. There are particular individual circumstances delaying progress with these. The need for a Short Procedure Order and the cost of obtaining one is, we feel, a barrier to the uptake of Direct Payments for some people although the Service Area continues to increase uptake.	Training has been provided to staff on the Departmental guidance. This is in addition to the Trust's on-going Direct Payment's training programme of initial awareness, advanced and reflective practice. The Service Area continues to promote Direct Payments' usage in a number of ways including the use of communication tools designed to build and assess capacity in relation to Direct Payments.	This issue is on the Service Area Risk Register and is categorised as a low risk. The Service Area has a clear action plan in place which will remove this risk.
6.	The Service Area remains concerned about deprivation of liberty safeguards for those who lack capacity. The Service Area continues to feel that the Departmental guidance of 14/12/10 on the issue does not give definitive advice about how to act in the legislative vacuum that currently exists. The current legal debates as reported in Section 3.4 highlight the difficulties encountered by Trusts in determining what constitutes a deprivation of liberty and in deciding what actions or authority may be needed in relation to agreeing a deprivation	The Trust has made the Department and the HSC Board aware of the difficulties it perceives in the guidance. The issue has been raised in consultation processes on the new legislation which is to deal with this problem.	This issue is on the Trust's Risk Register and is categorised as a high risk.

	of liberty. The Service Area would welcome further guidance from the HSC Board and the DHSSPS as to how it should act while the legal debates continue.		
7.	The Service Area, while welcoming the Promoting Quality Care Guidance, continues to find the twenty-eight day target for completing a comprehensive risk management plan largely unachievable. The Service Area currently has sixty comprehensive risk management plans in place in the community and fifty-three in Muckamore.	The Service Area is represented on the regional learning disability PQC forum and has raised this issue there. The view of all the Trusts at this forum is that a 10 week target would be more realistic. The regional learning disability PQC forum is now represented on the regional Departmental-led review of PQC and will also raise the issue in this forum.	This issue is on the Service Area Risk Register and is categorised as a low risk.
8.	The PSNI/Social Services interface in vulnerable adult processes continues to cause some difficulties. We are aware that a lack of police personnel is the reason for some delays in achieving a consultation, delays in investigation and lack of availability to attend meetings. The Service Area has also noted differences in responses by different PSNI areas in relation to vulnerable adults who lack capacity and to vulnerable adults who have capacity but do not wish to make a complaint. The Service Area has found more	Protection plans are always put in place without delay. The Service Area contributed to the regional working group on the Joint Protocol for Investigation. The Service Area welcomes the agreement reached by members of the working group. The suggested new protocol, by introducing some discretion into police reporting, would, we feel, allow for a more proportionate and appropriate safeguarding approach. The Service Area would be keen to see formal agreement and implementation of the proposal.	This issue is on the Service Area Risk Register and is classified as a moderate risk.

	difficulties with interfaces on safeguarding issues when dealing with branches of the PSNI other than the Public Protection Units. The Service Area continues to experience difficulties in implementing the timescales laid down in regional adult safeguarding policy, particularly, but not solely restricted to administrative matters such as written acknowledgement, closure notification and minutes distribution. The lack of funding for dedicated administrative support in relation to adult safeguarding is a major difficulty and compares unfavourably with the recognition of this need in child protection services. The very significant increase in adult protection work in recent years particularly highlights this issue.	In some areas, particularly good working relationships have been established with identified police officers which has enabled the process to run much more smoothly. The Service Area is actively involved in LASP and NIASP groups which are reviewing these issues.	
9.	The Trust's financial position continues to have a significant impact on the availability of service provision. A range of direct service provision such as day care packages, respite, domiciliary care, direct payments and residential/nursing care are all affected and requests are often agreed in only the most urgent and critical circumstances. The complexity of need in learning disability causes severe cost pressures. Efforts to provide services in a manner that meets	The Service Area scrutinises and prioritises requests for service provision as far as possible. The Service Area has introduced a tool to support decision making about assessing need. The Service Area has written to the HSCB detailing the issue of the high cost of care provision for people with learning disabilities.	This issue is on the Service Area Risk Register and is categorised as a moderate risk.

	the policy direction of individualised, person centred, home based care are often resource intensive and therefore expensive. Approximately sixty per cent of the Service Area's commissioned care packages cost above the set regional rate. The lack of a regional commissioning statement regarding high cost cases is very problematic. Resource pressures also continue to create difficulties in meeting the demands of vulnerable adult protection plans as detailed in the Learning Disability Adult Safeguarding Report. The JR 47 ruling has also highlighted the Trust's inability in some circumstances to meet assessed need in a timely fashion.	Adult safeguarding procedures are followed (see Learning Disability Adult Safeguarding Report). Information on unmet need is collected and analysed.	

3.8	**Key Social Work Workforce issues, including recruitment, retention, flexible working arrangements, workforce continuity etc. Information provided should include level and type of vacancies and any vacancy control systems in place.**
	The Service Area continues to have a relatively stable social work workforce and does not experience any retention difficulties. Demand for any temporary or permanent vacancies that have arisen has been high. The Service Area has three unfilled permanent posts at present and we are in the process of recruiting for replacement of posts. The Service Area has chosen to invest some community infrastructure money in strengthening social work capacity in areas of adult safeguarding and risk management. The Service Area is currently recruiting for 2 additional Band 6 and 1.5 additional Band 7 posts. The Service Area does find the Trust's expectation of vacancy control challenging particularly in the context of rising caseloads and increased complexity of work. A number of long term sickness absences have created considerable pressure for community teams. Flexible working arrangements including part-time hours, flexi-hours and term time working are made available where possible. The Service Area has trained one ASW and one ABE interviewer this year. Two staff members are working on the Post Qualifying-Specific Award and have completed Modules One and Two. A staff member completed a Certificate in Cognitive Behaviour Therapy and a second worker has commenced this training. As detailed elsewhere, the Service Area has bid for money to enhance its social work workforce particularly in the areas of safeguarding and risk management.
3.9	**Trusts should provide a copy of their charging policies and provide explanation of what aspects of service provision you apply this to?**
	Residential and Nursing Homes Charging – The Trust has been operating in accordance with the DHSSPS April 2012 Charging for Residential Accommodation Guide (**CRAG)** to determine charges. The April 2014 Guide has just been issued which the Trust will now adopt. The Service Area notes the recommendation in the RQIA's review of guardianship that Trusts should review the differential in payments for service users subject to guardianship residing in supported living accommodation as opposed to nursing or residential homes. The Service Area has been seeking legal advice on this issue but there

	appears to be considerable uncertainty about it. Given that this is a policy issue, the Service Area would welcome direction from the DHSSPS or the HSCB on this. The Service Area has discussed with the Board, the issue of whether or not it is legitimate for service users to contribute any of their DLA Care component to pay for services and, if so, in what circumstances. The Service Area is about to start a scoping exercise to clarify existing practice in services it commissions. The Service Area is also reviewing its current financial support policy which allows for service users to make contributions to staff costs in some limited areas such as holiday travel, holiday accommodation and social activity costs. The Service Area believes that there is varying practice across Trusts and non-Trust service providers and would welcome a Board-led regional discussion on what is appropriate in this regard. The Service Area notes the current financial difficulties for housing and care providers when faced with voids in their services and would welcome Board-led regional discussion about the role Trusts should play in such circumstances.
3.10	**Social Workers that work within Designated Hospitals? Give an account of how these duties are fulfilled by Social Workers working in these designated hospitals**
	Muckamore Abbey Hospital has a small core social work team, comprising of one senior social worker, two social workers and one Band 7 acting as Designated Officer under adult safeguarding arrangements The Team provides a service to hospital patients from all Trusts. Social work forms a core part of the hospital's services. Social workers are core members of the multi-disciplinary teams on the following wards; Cranfield Men, Cranfield Women, Cranfield ICU, Killead, Donegore, Sixmile Assessment and Treatment and Oldstone where they actively participate in the assessment and treatment of patients. They also have a key role in discharge and resettlement planning. Liaison with relatives and carers and assessment of home situations is an important part of the hospital social work function. Liaison, co-ordination and communication with community social work colleagues across the region are also key areas. Other wards may request a social work service in individual cases. The Muckamore Social Work Team represents Belfast Trust as the detaining authority at Mental Health Review Tribunals on a regular basis and team members have become skilled and experienced practitioners in this regard. While community social workers from both

	Belfast and other Trusts will sometimes provide the social work evidence to Tribunals, where the patient is best known to the hospital team, they will provide this. For the period from April'13 to March'14 social workers from the Team have completed 4 out of 5 tribunals for Belfast Trust patients, all 4 for Northern Trust patients and 5 out of 6 for South Eastern Trust patients. Tribunals for two patients from the Western Trust were completed by Western Trust staff. There was one tribunal hearing for a patient from the Southern Trust which hospital social work staff completed. In total there were 18 MHRT hearings in the hospital. The social work service at Muckamore leads the work on safeguarding, providing advice, support and guidance to other hospital staff. The one permanent Band 7 is the lead designated officer and joint protocol trained. He processes the majority of the hospital's adult safeguarding referrals. The senior social worker and senior nurse managers are also trained to act as designated officers. The social workers in the Team act as investigating officers. All social work staff are trained to joint protocol and pre interview assessment level. Adult safeguarding work forms a very significant part of the Team's workload. The social work team has also taken a lead in the implementation of the Promoting Quality Care guidance. The Team has particular skills and experience in risk assessment and management and provides a mentorship service for other staff undertaking this work. In a related function, the social work team link with PPANI, MARAC, the PPU, Gateway services and community adult protection services about hospital patient risk management issues. The senior social worker and designated officer report to the hospital's management committee on matters relating to adult safeguarding and Promoting Quality care
3.11	**Provide a summary of actions undertaken to adopt a Human Rights based approach in your work with service users and carers.**
	The Service Area is committed to incorporating human rights considerations into all aspects of its work. All staff are supported to attend mandatory human rights awareness training and more advanced training as appropriate. Training in other relevant topics also considers human rights issues. Specific prompts and guidance on the relevant human rights considerations are provided in the policy, procedures and tools for; i) Adult Safeguarding Procedures ii) Capacity, Consent and Best Interests Issues

	iii) Guardianship Decisions iv) Admission for Assessment Decisions v) Mental Health Review Tribunal Reports vi) Risk Assessment and Risk Management The Service Area has a value base that encourages respect and dignity for each individual, promotes equal citizenship and equal access to services and supports the empowerment of service users. All of these themes promote a human rights culture in the Service Area. This value base can be seen in Service Area initiatives such as user fora, user consultation, user led training at induction and the provision of accessible information.

HUMAN RIGHTS

3.12	Identify any challenges encountered in the balancing of Rights.	3.13 What action have you taken to manage this challenge?	3.14 What additional actions (if any) do you propose to manage any ongoing challenges?
1.	The use of compulsory powers under the Mental Health (NI) Order 1986 requires careful balancing of the human rights issues involved. These generally involve a conflict between an individual or societal right to protection versus an individual's right to self-determination, to liberty and to a private and family life.	Staff training in human rights. Staff updates on legislative developments. ASW refresher and re-approval training. The provision of ASW fora to support good practice. The provision of guidance and support on incorporating human rights considerations into all aspects of practice. The use of tools to prompt human rights considerations. Feedback to consultation processes by the Service Area on new legislation which will have a rights-based approach. The provision of accessible information to service users about their rights. The provision of advocacy services.	All on-going.
2.	As noted in previous Service Area reports, the lack of consistency in Mental Health Review Tribunal judgements around the definition of severe mental handicap and severe mental impairment remains problematic. This issue creates potential human rights concerns in relation to Article 6, Right to a Fair Trial.	This issue has been raised by the Service Area during consultation processes on new legislation which is currently being drafted. Provision of advocacy services.	All on-going.

3.	The Mental Health Review Tribunal system is such that those who seek an independent review of an admission of assessment under the Mental Health (NI) Order 1986 are generally unable to obtain this within the timeframe of the assessment period. This again creates potential human rights concerns in relation to Article 6, Right to a Fair Trial.	This issue has been raised by the Service Area during consultation processes on new legislation which is currently being drafted.	All on-going.
4.	Adult safeguarding work raises many human rights' balancing issues. Again these generally involve someone's right to protection versus a right to self-determination. It can also involve complex risk management decisions which need to balance an individual victim's protection or societal protection with an individual perpetrator's right to privacy and protection. The duty of Trust staff to consult with the PSNI under Joint Protocol arrangements about any alleged or suspected criminal act, even without the consent of the victim, raises significant human rights' challenges.	Staff training on human rights. Staff training on data protection. Staff training on adult safeguarding issues. Service area input into the regional group revising the Joint Protocol. The provision of support groups for investigating officers and designated officers to promote good practice. The use of adult safeguarding tools which prompt consideration of human rights issues. The provision of advocacy services.	All on-going,
5.	The implementation of the Promoting Quality Care guidance on risk assessment and risk management also creates human rights' balancing challenges. These again involve the right to protection versus the	Staff training on human rights. Staff training on data protection. Staff training on the Promoting Quality Care guidance. Staff training on capacity and consent	All on-going.

	right to self-determination and the complexities of information sharing decisions.	issues. Service user training on capacity and consent issues. The use of risk assessment and management tools which prompt consideration of human rights issues. The provision of advocacy services.	
	As previously noted in 3.4 and 3.5 (6), the lack of clarity in relation to the definition of a deprivation of liberty and the necessary actions and safeguards needed in response to any deprivation causes a significant human rights challenge.	Issue has been raised in consultation processes on the new legislation. Issue has been raised with the DHSSPS and the HSC Board. The Service Area considers deprivation of liberty issues in care planning and attempts to ensure that decisions about people's care avoid situations which could be construed as deprivations of liberty where possible and, if unavoidable, kept to a minimum and reviewed.	All on-going

3.15	**Identify key achievements or awards within the Trust that specifically support the delivery and quality of your delegated statutory functions.**
	The Service Area had considerable success at this year's regional social work awards. Its Learning Disability Induction Programme was shortlisted for the learning and development award and the North Belfast Community Team won the Team Award for its work in promoting the use of accessible information for service users. The Service Area as a whole has developed considerable expertise in accessible communication methods and good communication is something that is actively promoted. The Service Area had the benefit of a management intern this year and used this resource to develop its data collation systems, particularly in relation to statutory functions. Systems are still manual while we await the full implementation of PARIS and there is considerable further work to be done. However progress has been made. The Service Area has placed an emphasis this year on promoting carers' assessments and has achieved an increase of 189 in assessments offered and an increase of 185 taken up. Despite some of the difficulties with Direct Payments, the Service Area has also increased its direct payments from 88 to 99. The Service Area has achieved 30 PTL resettlements this year and is very pleased about the positive changes it has achieved for people who have been discharged. The Service Area has worked hard to ensure that the process for each patient has been individualised and person centred with the central focus being betterment. The Service Area has performed very well in recent Trust audits of adult safeguarding processes and social work supervision practice. The Service Area believes that its work in risk management is a strength and was pleased that the recent consultation exercise confirmed that the Service Area's use of the PQC tools is effective and person centred.
3.16	**SUMMARY**
	The Service Area continues to believe that, within the resources available to it, its service provision is generally effective at delivering a good quality service to people with a learning disability. The Service Area also believes that it's organisational and governance arrangements largely achieve reasonable compliance with statutory

	responsibilities. The Service Area has experienced considerable difficulties this year with staff vacancies which have caused temporary problems in the delivery of services. This situation is now improving with staff having returned from sick leave and recruitment underway. However, it will take a further period of time before all the problems are resolved. The Service Area is looking forward to the implementation of its Community Treatment and Support Services' Development Plan and will be focusing a lot of its energy this year on managing this process successfully and achieving positive change through it. The Service Area is also undertaking a process of significant modernisation and reform in its daytime, residential and supported living services and again will be focusing on achieving positive changes for service users in these services also. The Service Area remains committed to partnership working with service users and feels positive about its efforts to involve and empower service users in decision making about their lives and their care. However, as noted in last year's report, this good work takes place against a background of increasing demand and restricted finances. This report outlines the complexity of work the Service Area undertakes, the level of need that is present and the risks it manages. The continued demand for cost savings is a persistent pressure and has an inevitable impact on the services we are able to deliver.

LEARNING DISABILITY SERVICE AREA
DATA RETURN 1

1 GENERAL PROVISIONS			
		<65	65+
1.1	How many adults were referred for assessment of social work / social care need during the year?	**202 ***	**7**
1.2	Of those reported at 1.1 how many adults commenced receipt of social care services during the period?	**202**	**7**
1.3	How many adults are in receipt of social care services at 31st March?	**1590 ***	**251 ***
1.3a	How many adults are in receipt of social work support only at 31st March (not reported at 1.4)?	**Not available ***	**Not available ***
1.4	How many care packages are in place on 31st March in the following categories:		
	xix. Residential Home Care	**124**	**34**
	xx. Nursing Home Care	**115**	**78**
	xxi. Domiciliary Care Managed	**33**	**13**
	xxii. Domiciliary Non Care Managed	**118**	**21**
	xxiii. Supported Living	**197**	**31**
	xxiv. Permanent Adult Family Placement	**12**	**0**
1.4a	For all those listed above in 1.4 provide assurance that the Care Management process is being applied in accordance with the DHSSPS Care Management HSC ECCU/1/2010 Circular. ***Narrative – see response to 1.4b below.***		
1.4b	Please describe how Care Management process is being managed in this programme with particular reference to decision making levels, review and care planning, highlighting any particular difficulties being experienced and how they are being addressed. ***Narrative.*** The Circular is operational in relation to all commissioned services in 1.4. Trust provided services follow different procedures but within the same framework of assessment, care planning, service provision and review. The Service Area is currently reconsidering its review processes for residential, supported living and daytime services with a view to these being chaired by someone from outside these services to allow for more independence. The Service Area does not use NISAT as this has not been		

	introduced for learning disability. However, it does make use of its own document "About You" which is a person centred, accessible document which is based on the NISAT. However, the Service Area uses other standardised care management tools which support the implementation of the guidance. The Service Area assesses need against criteria based on the guidance. Authorisation for standard costs is given at Operations Manager level with high cost cases being scrutinised at Service Manager level. Responsibility for assessment, care planning and service provision lies with professionally qualified community team members. Reviews can take place at either assistant care management level or care manager level depending on the complexity of cases.		
1.4c	Please articulate how the views of service users, their carers and families are included in the decision making process, review and care planning. Service users and carers, as appropriate, actively participate in assessment, care planning and reviews. This is achieved through regular communication, provision of information, sharing documents and invitations to meetings.		
1.5	Number of adults provided with respite during the period	*PMSI return*	*PMSI return*
1.6	Number of adults known to the Programme of Care in receipt of Centre based Day Care		
	- Statutory sector	**568**	**53**
	- Independent sector	**70**	**0**
1.6a	Number of adults known to the Programme of Care in receipt of Day Opportunities	**88 *** **248 ***	**25 *** **0 ***
1.7	Of those at 1.6 how many are EMI / dementia Statutory sector Independent sector	 **10** **1**	 **1** **1**
1.8	Unmet need (this is currently under review)	**0**	**0**

1.8a	Please report on Social Care waiting list pressures; In addition to the delayed discharge population, there are 13 community clients waiting on suitable accommodation and support packages. There are 12 clients waiting on a suitable overnight respite service. There are 24 clients waiting on domiciliary respite provision. There are 13 clients formally identified as experiencing a shortfall in respite provision although actual numbers are undoubtedly much higher. Two clients are waiting on a domiciliary care service because of the lack of provider availability.		
1.8b	Please identify possible new service innovations that are currently supported by non-recurrent funding. The Parenting Support Service reported on in last year's report has no specific funding. It is being staffed by re-directing hours from other services, including using hours created by other staff temporarily reducing their hours. There is a significant risk of having to cut the number of community support worker hours available to the service in this incoming year. This is an extremely valuable, innovative service which is over-subscribed currently.		
1.9	How many of this Programme of Care clients are in HSC Trust funded care placements outside Northern Ireland?	**1**	**0**
1.10	Complaints – Please describe any service change or improvement implemented or intended as a result of complaint investigations. The Service Area's complaints this year have been largely about very individual issues with no wider learning. However, following one complaint about difficulty with information about MAH admission, an information pack for carers whose relatives have been admitted has been introduced.	*Board return*	*Board return*

1.1 – The figure of 202 includes 126 referrals to the MAH hospital team.
1.3 – This figure includes 24 MAH Belfast Trust clients not known to community services aged under 65 and 3 aged over 65.
1.3a – The Service Area has integrated teams which would make it difficult to identify who receives social work support only. Also many of those at 1.4 receive social work support as well as care packages.
1.6a – The figures of 88 and 25 relate to Trust provided services. The figures of 248 and 0 relate to services provided by external organisations but partially funded by the Trust.

LEARNING DISABILITY SERVICE AREA

DATA RETURN 1- HOSPITAL

1b GENERAL PROVISIONS - HOSPITAL				
		<18	**18-65**	**65+**
1.1	How many adults or children were referred to Hospital Social Workers for assessment during the period?	**0**	**126**	**0**
1.2	Of those reported at 1.1 how many assessments of need were undertaken during the period?	**0**	**126**	**0**
1.3	How many adults or children are on Hospital Social Workers caseloads at 31st March?	**0**	**87**	**2**

LEARNING DISABILITY SERVICE AREA
DATA RETURN 2

2 CHRONICALLY SICK AND DISABLED PERSONS (NI) ACT 1978			
		>65	**65+**
2.1	Details of patients less than 65 in hospital for long term (>3months) care who are being treated in hospital ward for over 65	**0**	**0**
2.2	Number of adults known to the Programme of Care who are:		
	Blind	**23**	**3**
	Partially sighted	**145**	**23**
2.3	Number of adults known to the Programme of Care who are:		
	Deaf with speech	**5**	**3**
	Deaf without speech	**17**	**0**
	Hard of hearing	**47**	**24**
2.4	Number of adults known to the Programme of Care who are:		
	Deaf/Blind	**3**	**0**

2.2 – 2.4 – These figures are provided by the Service Area's day care and day opportunities services. Definitional issues are likely to have produced variation in returns.

LEARNING DISABILITY SERVICE AREA
DATA RETURN 3

3 DISABLED PERSONS (NI) ACT 1989 *Note: 'disabled people' includes individuals with physical disability, sensory impairment, learning disability*		
3.1	Number of referrals to Physical/Learning/Sensory Disability during the reporting period.	**93 ***
	Number of Disabled people known as at 31st March.	**1841**
3.2	Number of assessments of need carried out during year end 31st March.	**93 ***
3.3	Types of need that could not be met: (This is now collected at 1.8)	
3.4	Number of assessments undertaken of disabled children ceasing full time education undertaken	**25**

a. – Refers to community referrals only.

b. – Refers to assessment of need of new referrals only. Assessments of need with existing clients in response to requests for services and changing circumstances are carried out regularly but are not counted as a separate caseload activity.

LEARNING DISABILITY SERVICE AREA
DATA RETURN 4

4 HEALTH AND PERSONAL SOCIAL SERVICES (NI) ORDER 1972;
Article15, Article 36 [as amended by Registered Homes (NI) Order 1992]

4.1	Number of Article 15 (HPSS Order) Payments	**102**
	Total expenditure for the above payments	**16,989**
4.2	Number of TRUST FUNDED people in residential care	**158**
4.3	Number of TRUST FUNDED people in nursing care	**193**
4.4	How many of those at 4.3 received only the £100 nursing care allowance?	**6**
4.5	How many occasions in-year has the Trust been called upon to support Emergency Support Centres (ESC)?	**26**

LEARNING DISABILITY SERVICE AREA
DATA RETURN 5

5 CARERS AND DIRECT PAYMENTS ACT 2002

		16-17	18-64	65 +
5.1	Number of adult carers offered individual carers assessments during the period.	**7**	**220**	**54**
5.2	Number of adult individual carers assessments undertaken during the period.	**4**	**194**	**44**
5.3	Of the total at 5.2 in how many of the assessments were the carers, caring for disabled children?	**0**	**0**	**0**
5.4	Number of adult carers receiving a service @ 31st March	**8**	**261**	**83**
5.5	Number of young carers offered individual carers assessments during the period.	**0**		
5.6	Number of young carers assessments undertaken during the period.	**0**		
5.7	Number of young carers receiving a service @ 31st March	**0**		
5.8	Number of adults receiving direct payments @ 31st March	**95**		
5.9	Number of children receiving direct payments @ 31st March	**0**		
5.9.a	Of those at 5.8 how many of these payments are in respect of another person?	**0**		
5.10	Number of carers receiving direct payments @ 31st March	**4**		
5.11	Number of one off Carers Grants made in-year.	**224 (grants) 81 (therapies)**		
Note: sections 5.8, 5.9 and 5.10 are to be reported as mutually exclusive.				
Commentary				

LEARNING DISABILITY SERVICE

DATA RETURN 6

THIS RETURN IS NOW SUSPENDED AS INFORMATION REQUESTED IS PROVIDED IN ADULT SAFEGUARDING REPORTS

DATA RETURN 7

THIS RETURN IS NOW SUSPENDED AS INFORMATION REQUESTED IS PROVIDED AT YEAR END 31ST DECEMBER

DATA RETURN 8

CORPORATE RETURN SUBMITTED BY SOCIAL SERVICES LEARNING AND DEVELOPMENT SERVICE

Assessed Year in Employment (AYE) 2013 -2014

Return for Employers year ending 31st March 2014

PLEASE SEE CORPORATE AYE REPORT Page 202

LEARNING DISABILITY SERVICE AREA
DATA RETURN 9

9 The Mental Health (NI) Order 1986
Article 4 (4) (b) Article 5 (1) Article 5 (6) Article 18(5) Article 18(6)Article 115

Admission for Assessment Process Article 4 and 5		
9.1	Total Number of Assessments made by ASWs under the MHO	**28**
9.1.a	Of these how many resulted in an application being made by an ASW under (Article 5.1b)	**25**
9.1.b	How many assessments required the input of a second ASW (Article 5.4a)	**0**
9.1.c	Number of applications made by the nearest relative (Article 5.1.a)	**0**
Form 5s	Use of Doctors Holding Powers (Article 7)	
9.2	Total Number of Form 5s/5as completed) **How many times did a hospital doctor use holding powers?**	**8**
9.2a	Of these, how many resulted in an application being made	**8**
	Commentary – provide explanation as to Form 5s not resulting in application **Admission not thought to be necessary.**	
ASW Applicant reports		
9.3	Number of ASW Applicant reports completed	**25**
9.3.a	How many of these were completed within 5 working days	**25**
Social Circumstances Reports (Article 5.6)		
9.4	Total number of Social Circumstances Reports completed This should equate to number given at 9.1c If it does not please provide an explanation	**0**
9.4.a	Number of completed reports which were completed within 14 days	n/a
Mental Health Review Tribunal		
9.5	Number of applications to MHRT in relation to detained patients	**0**

Requested By	Number MHRT requested	MHRT Hearings completed	Number of patients re-graded >6 weeks before hearing	Number of patients re-graded <6 weeks before hearing	Number unexpectedly Discharged by MRHT	
Trust	4 (8)	3 (10)	0 (0)	0 (0)	0 (0)	
Patient	2 (4)	1 (3)	0(0)	0 (1)	1 (2)	
Nearest Relative	0 (0)	0 (0)	0(0)	0 (0)	0 (0)	
Other	2 (0)	1 (0)	0(0)	1 (0)	0(0)	
Total	8 (12)	5 (13)	0 (0)	1 (1)	1 (2)	

	Comment on any trends or issues in respect of Mental Health Review tribunals	

<table>
<tr><td colspan="3">Guardianships Article 18</td></tr>
<tr><td>9.6</td><td>Number of Guardianships in place in Trust at year end</td><td>5</td></tr>
<tr><td>9.6.a</td><td>New Applications for Guardianship during period (Article 19(1))</td><td>0</td></tr>
<tr><td>9.6.b</td><td>How many of these were transfers from detention (Article 28 (5) (b))</td><td>0</td></tr>
<tr><td>9.6.c</td><td>How many were Guardianship Orders made by Court (Article 44)</td><td>0</td></tr>
<tr><td>9.6.d</td><td>Number of new Guardianships accepted during the period (Article 22 (1))</td><td>0</td></tr>
<tr><td>9.6.e</td><td>Number of Guardianships renewed during the reporting period (Article 23)</td><td>5</td></tr>
<tr><td>9.6.f</td><td>Number of Guardianships accepted by a nominated other person</td><td>0</td></tr>
<tr><td>9.6.g</td><td>Number of MHR hearings in respect of people in Guardianship</td><td>1</td></tr>
<tr><td></td><td colspan="2">
<table>
<tr><th>Requested By</th><th>Number MHRT requested</th><th>MHRT Hearings completed</th><th>Number of patients re-graded >6 weeks before hearing</th><th>Number of patients re-graded <6 weeks before hearing</th><th>Number unexpectedly Discharged by MRHT</th><th></th></tr>
<tr><td>Trust</td><td>1</td><td>1</td><td>0</td><td>0</td><td>0</td><td></td></tr>
<tr><td>Patient</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td></td></tr>
<tr><td>Nearest Relative</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td></td></tr>
<tr><td>Other</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td></td></tr>
<tr><td>Total</td><td>1</td><td>1</td><td>0</td><td>0</td><td>0</td><td></td></tr>
</table>
</td></tr>
<tr><td>9.6.h</td><td colspan="2">Total number of Discharges from Guardianship during the reporting period (Article 24)
<table>
<tr><td>Discharges as a result of an agreed multi-disciplinary care plan</td><td>4</td></tr>
<tr><td>Lapsed</td><td>1</td></tr>
<tr><td>Discharged by MHRT</td><td>0</td></tr>
<tr><td>Discharged by Nearest Relative</td><td>0</td></tr>
<tr><td>Total</td><td>5</td></tr>
</table>
</td></tr>
<tr><td colspan="3">ASW Register</td></tr>
<tr><td>9.7</td><td>Number of newly appointed Approved Social Workers during period</td><td>1</td></tr>
<tr><td>9.7.a</td><td>Number of Approved Social Workers removed during period</td><td>0</td></tr>
<tr><td>9.7.b</td><td>Number of Approved Social Workers at period end (who have fulfilled requirements consistent with quality standards)</td><td>5</td></tr>
</table>

	Commentary The Service Area currently has five active ASWs. A further ASW has qualified but has not commenced practice as yet as she is on maternity leave. The Service Area is anticipating training a further ASW this year. The Service Area believes that it has an adequate number of ASWs. Service Area ASWs participate in the Trust ASW rota. They also carry out Guardianship-related functions in the Service Area. Their specialist knowledge, experience and skills are also of huge benefit in general casework and in advising other team members. Service Area ASWs participate in refresher and re-approval training as appropriate. They also attend ASW fora. Service Area ASWs have not reported any difficulties with interviewing in an appropriate manner and there is an interpreting service available. Service Area ASWs have reported significant waits for beds to be made available, resulting in increased stress for service users and carers. The conveyance of patients to hospital also presents frequent difficulties. Waiting times for ambulance or PSNI attendance and co-ordinating the two if both are needed are the major difficulties.	
9.8	Do any of the returns for detention and Guardianship in this section relate to an individual who was under 18 years old? If so please provide detailed explanation for each and every instance including their age and relevant powers used. N/A Adult Service Area	
9.9*	How many times during the reporting period has the Trust notified the Office of Care and Protection under Article 107? It would have been the previous practice of the Trust to make referrals to the OCP under Article 107 where the person lacked capacity and authority was required to allow Trust staff to manage the person's financial affairs. As reported last year, the OCP have stopped accepting such referrals for people whose income is below £50,000 and has suggested that the Trust uses Art116 as alternative authority. However Article 116 only applies to patients in hospital or in accommodation managed by the Trust. Appointeeship may offer a solution in some situations but not in all. The Service Area is currently considering the implications of the issue but feels that a cross-programme, regional approach may be needed. The Service Area is currently seeking legal advice on LEGAL ADVICE PRIVILEGE .	**0**

	Issues or trends relating to notifications to the office of care and protection and on-going management of such arrangements See above.	
The Mental Health Order (NI) 1986 as amended by The Criminal Justice (NI) Order 1996.SArticle 50A (6). **Schedule 2A Supervision and Treatment Orders.**		
9.10	Number of supervision and treatment orders, (where a Trust social worker is the supervising officer) in force at the 31st March	0
9.11	Of the Total shown at 9.10 how many have their treatment required as:	0
	Treatment as an in-patient	0
	Treatment as an out patient	0
	Treatment by a specified medical practitioner.	0
9.12	Of the total shown at 9.10 how many include requirements as to the residence of the supervised person (excluding in-patients)	0
9.13	Of the total shown at 9.10 how many of these supervision and treatment orders were **made** during the reporting period.	0

Belfast Health and Social Care Trust

BELFAST HEALTH & SOCIAL CARE TRUST

REGIONAL REPORTING TEMPLATE FOR DELEGATED STATUTORY FUNCTIONS

For Year end 31 March 2015

MAHI - DSF Reports (LD Extracts) - 258

REPORTING TEMPLATE INDEX

SECTION 1 – INTRODUCTION

- to be completed by Executive Director of Social Work

SECTION 2 – EXECUTIVE SUMMARY

- to be completed by Executive Director of Social Work (inc signature & date)

SECTION 3 – GENERAL NARRATIVE & DATA

- to be completed for each Programme of Care by the Social Work Leads for that Programme
- the data returns 1-6 & 8-9 for each programme should follow the narrative
- all Programmes must complete an individual Data Return 1-6 & 8-9 inclusive
- Data Return 9 (Mental Health) can be compiled by the ASW Lead but should have a separate data set for each Programme
- Data Return 10 is only to be completed by the Family & Child Care Programme (this is for the 6 month period 1st October – 31st March)
- Data Return 11 replaces the Training Accountability Report
- please ensure complete reporting of all Data Returns **(nil returns or non-applicable should be reported)**

DATA RETURNS

1 General Provisions (Returns 2-9 below relate to specific statutory duties, the data returned therein constitutes a sub-set of this return)
2 Chronically Sick and Disabled Persons
3 Disabled Persons (NI) Act 1989
4 Health and Personal Social Services Order
5 Carers and Direct Payments Act 2002
6 (Safeguarding Adults)
7 (Social Work Teams and Caseloads)
8 Assessed Year in Employment
9 Mental Health
10 Family and Child Care specific returns (CC3/02)
11 Training Accountability Report

CONTENTS SHEET

1. Introduction

This Report provides an overview of the Trust's discharge of its statutory functions in respect of services (social care services) delivered by the social work and social care workforce (the social care workforce). It addresses the assurance arrangements underpinning the delivery of these services across the individual Service Areas, outlines levels of compliance with the standards specified in the Scheme for the Delegation of Statutory Functions (Revised April 2010) (the Scheme for Delegation) and identifies on-going and future challenges in the provision of such services.

The Trust, as a corporate entity, is responsible in law for the discharge of statutory social care functions delegated to it by virtue of authorisations made under the Health and Personal Social Services (Northern Ireland) Order 1994. The Trust is accountable to the Health and Social Care Board (HSCB) for the discharge of such functions and is obliged to establish sound organisational and related assurance arrangements to ensure their effective discharge.

The Scheme for Delegation provides the overarching assurance framework for the discharge of statutory social care functions. It outlines:

- The powers and duties which are delegated to the Trust.
- The principles and values which underpin the delivery of statutory services.
- The policies, circulars and guidance to which the Trust must adhere in the discharge of such functions.
- The organisational assurance arrangements in respect of same.

The Scheme for Delegation requires the Trust to produce an annual report addressing how it has discharged those statutory functions pertaining to social care services.

The Trust's exercise of these functions, in particular those relating to the protection and care of children and vulnerable adults and restrictions of personal liberty, give rise to significant levels of public and media interest and scrutiny.

The Executive Director of Social Work is professionally accountable for and is required to report to the Trust Board on the discharge of statutory social care functions. An unbroken line of professional accountability runs from the individual practitioner through the Service Area professional and line management structures to the Executive Director of Social Work and onto the Trust Board.

This Report has been prepared on an HSCB regional template and is sub-divided into the following sections:

SECTION 1: an introduction to the Report.

SECTION 2: an overview of the Trust's performance in relation to the discharge of its statutory functions across the respective Service Areas by the Executive Director of Social Work.

SECTION 3:

Individual Service Area reports, each of which addresses a range of key themes including: a review of the Service Area's engagement with external regulatory agencies with regard to the discharge of statutory social care functions; challenges with regard to the delivery of statutory social care services; workforce issues; and areas of emerging significance.

The individual Service Area reports include a number of information returns relating to the statutory social care service delivery.

APPENDICES:

BHSCT Assessed Year in Employment (Social Workers) Annual Overview Report.

BHSCT Social Services Workforce Learning and Development Accountability Report

The Belfast Local Adult Safeguarding Panel (LASP) Report 2013-2014

Regional Emergency Social Work Service

Central to the delivery of statutory services are:

- A focus on the assessed needs of the individual service user.
- Promoting and supporting the service user's engagement as fully as possible in decisions about their care.
- A commitment to seamless, multi-professional, integrated working across all Trust service settings.
- The optimising of available resources to provide high quality, effective and efficient services.
- The promotion of inclusive partnerships with community, statutory and voluntary sector organisations in the development and delivery of accessible and inclusive services.
- Person centred service delivery approaches.

I would like to take this opportunity to recognise the role and contributions of Trust staff across all professions and Directorates in the discharge of statutory functions.

The discharge of statutory functions is complex, demanding, highly skilled and rewarding work. In particular, I would wish to express my appreciation of the professionalism and dedication of the Trust's social care workforce in this regard.

Cecil Worthington
Executive Director of Social Work

May 2015

2 GENERAL

Executive Director of Social Work:

……..

2.1 Statement of Controls Assurance

(Brief statement is sufficient, however any gaps / breaches in terms of compliance should be highlighted and the action taken to resolve these)

Reference to RQIA should be included.

Reference to NISCC and the Trust's mechanisms for monitoring registration status should be included.

The Trust has achieved satisfactory compliance with the requirements specified in the Scheme for Delegation.

The individual Service Area returns provide detailed commentaries on the levels of compliance, areas of difficulty and emerging trends in relation to the delivery of statutory services.

In the context of a particularly challenging operational and budgetary environment characterised by significant resource and capacity pressures, enhanced levels of public expectation, related scrutiny and an on-going drive for modernisation and service improvement, the Trust has continued to prioritise the safe discharge of its statutory social care functions.

The Trust has co-operated fully with the Regulation and Quality Improvement Authority (RQIA) in the discharge of its regulatory and inspectorial functions.

The Trust has achieved satisfactory compliance with NISCC's Code of Practice for Employers. With regard to the registration of the workforce, the Trust has robust organisational arrangements in place to monitor and assure compliance with registration requirements. The Trust is engaged in regular formal and informal contacts with NISCC.

2.2 Accountability arrangements from frontline staff to Executive Director on Trust Board with responsibility for professional social work.

This must include confirmation that all Social Work staff receive formal and regular professional supervision from a professionally qualified social worker who can function in this supervisory role. Please state when this is not the Social Work Line Manager.

The Executive Director of Social Work is professionally accountable for the discharge of statutory functions by the social care workforce and related assurance arrangements pertaining to same across all Service Areas. These arrangements are underpinned by an unbroken line of professional accountability from the individual practitioner through the Service Area professional and line management structures to the Executive Director of Social Work and onto the Trust Board.

The Trust's social care workforce is operationally and professionally managed within two Directorates-Adult Social and Primary Care and Childrens Community Services. The Trust's Executive Director of Social Work also holds the post of Director of Children's Community Services.

The Associate Directors of Social Work have a key organisational role in providing assurance with regard to the discharge of statutory functions. They have responsibility and are accountable for:

- The professional leadership of the social care workforce within their respective Service Areas.
- The provision of expert advice within their Service Area on the discharge of statutory functions and professional issues pertaining to the social care workforce.
- Ensuring organisational and assurance arrangements are in place within the Service Area to facilitate the discharge, monitoring and reporting on the discharge of statutory functions.
- The completion of the individual Service Area Annual and Interim Statutory Functions Reports.
- Ensuring that arrangements are in place within the Service Area to monitor compliance with NISCC workforce regulatory requirements.

The Trust is proposing to review the role of the Associate Directors, incorporating the organisational arrangements which underpin the discharge of their remit, as part of its on-going Trust-wide focus on consolidating the effectiveness of professional assurance and leadership structures.

The Trust's Adult Social Services Professional Social Work Supervision Policy (January 2014) and the Regional Supervision Policy Standards and Criteria (Revised November 2013) provide the framework for the delivery of professional social work supervision to social work staff in adult and childrens services. The Trust's Supervision Policy and Procedures for Social Care Staff in Adult Services October 2011outlines the processes and standards informing supervision delivery to social care staff. (This Policy is currently being reviewed).

Compliance with supervision standards is monitored through Service Area and Trust-wide audit processes. A Trust-wide professional social work supervision monthly exception reporting system has been implemented to monitor compliance with the frequency of supervision delivery and to identify and address any areas of non-compliance. (Please see individual Service Area Reports).

Under the auspices of the Regional Social Work Strategy there is a focus on the development and implementation of regional professional adult social work and adult social care supervision policies.

The securing of a sufficient base of designated operational management and professional social work posts at Band 7 and above is of particular significance in integrated service structures to facilitate the delivery of professional social work supervision.

2.3 Executive Director of Social Work's General Statement of Controls Assurance setting out the Trust's performance in-year against the Discharge of Statutory Functions.

(Narrative should be specific. Trusts should take the opportunity to append their Adult Safeguarding Report).

Within the individual Service Areas the Trust has sought to consolidate and develop monitoring and assurance mechanisms in relation to its discharge of statutory functions. These are detailed in the individual Service Area reports.

The Trust's Assurance Framework outlines the overarching corporate mechanisms and related processes which provide assurance as to the effectiveness of the systems in place to meet the Trust's objectives and to deliver appropriate outcomes.

The Executive Director of Social Work is responsible for ensuring the effective discharge of statutory functions across all Service Areas and the establishment of organisational arrangements to assure same. She/he is required to report directly to the Trust's Assurance Committee and the Trust Board on the discharge of these functions. The Annual Statutory Functions and six-monthly Corporate Parenting Reports are presented to Trust Board for its consideration and approval.

The Executive Director of Social Work:

- Provides professional leadership to the Trust's social care workforce.
- Provides expert advice to the Trust Board on all matters pertaining to the discharge of statutory functions.
- Is accountable for the assurance of all issues pertaining to the social care workforce's compliance with professional and regulatory standards.

The Social Care Steering Group (membership of which is made up of the Associate Directors of Social Work Group) is a sub-committee of the Trust's Assurance Committee with responsibility for the monitoring of and reporting to the Assurance Committee on the discharge of statutory functions.

The Trust has established a Children's Safeguarding Committee which has responsibility for providing assurance to the Trust Board that appropriate and

effective Trust-wide arrangements are in place to facilitate the discharge of its statutory responsibilities to safeguard the welfare of its childhood population. Membership of the Committee is drawn from senior operational and professional staff from each of the Trust's Directorates and is chaired by the Executive Director of Social Work.

The Trust has recently established an Adult Safeguarding Committee which broadly mirrors the remit and structures outlined in respect of the Children's Safeguarding Committee from an adult safeguarding perspective.

Each Service Area has its local Risk Register which informs the populating of the Directorate and Trust's Corporate Risk Registers and Principal Risks Document respectively.

As part of the 2014/2015 BSO Audit Programme, Internal Audit carried out a review of the Reporting of the Discharge of Statutory Functions March by social workers within the Belfast Health and Social Care Trust. The audit centred on the processes and assurance arrangements underpinning data collation in relation to the returns included in the statutory functions and Corporate Parenting Reports for the periods ending March 2014 and September 2014 respectively. The draft audit report provided limited assurance concluding that there were no documented processes for the completion of nor assurance arrangements pertaining to the data collated **only**. It should be noted that the limited assurance did not relate to professional arrangements underpinning the discharge of statutory functions.

The Trust had previously identified the need to invest in the development of its information management infrastructure within community social work and social care services to support professional staff in the collation and assurance of data. The operationalising of the PARIS system across adults and children's social work and social services over the next eighteen months will afford a key opportunity to link business processes with data reporting functionality significantly reducing the current demands on professional staff to manually collate and assure data, to enrich the range, detail and "live" nature of available data and to inform analysis of activity, performance, outcomes, efficiency and effectiveness with significant implications for service modernisation and improvement.

2.4 Summary of areas where the Trust has not adequately discharged Delegated Statutory Functions.

Trust should where appropriate include brief descriptions and cross references when the matters being reported are dealt with in detail in other sections of this report. Where such cross referencing is not appropriate the failure to discharge any statutory function must be reported in this section.

This has been a challenging year for the Trust as a consequence of the overarching financial context, the complexity of need, the ongoing drive for modernisation and reform of service delivery processes, caseload volumes pressures across all Service Areas and the enhanced levels of public expectations and scrutiny.

The Trust has continued to prioritise investment in its workforce knowledge and skills base; to consolidate and enhance service user engagement; to strengthen its partnerships with local communities and voluntary, private and statutory agencies; and to promote community capacity building and the creation of social enterprise initiatives within localities.

The following is an overview of a number of areas which have generated particular challenges in relation to the discharge of statutory functions over the reporting period. The individual Service Area reports provide detailed commentaries on the issues as they relate to their respective service delivery responsibilities.

- Safe and effective discharges from hospitals.
- Resettlement of service users from long-stay mental health and learning disability hospitals into community settings which provide access to the range of peripatetic specialist services necessary to support their individual needs.
- Allocation of Personal Advisors to young people who meet the statutory criteria for same.
- Accessibility of appropriate accommodation for young homeless people.
- Increase in adult safeguarding referrals and investigations.
- Services to young people who are vulnerable to sexual exploitation.
- Overarching financial context.

2.5 Progress report on Actions taken to improve performance, including financial implications. This section should make specific reference to last year's report (sect 2.4), actions arising and progress made.

Action Plans:
The HSCB in consultation with the Trust has established a schedule of meetings and related action planning and review processes to address performance with regard to the discharge of statutory functions. Progress on the action plans emanating from the Annual and Interim Statutory Functions Reports and on-going difficulties and emerging challenges are addressed within the individual Service Area meetings with HSCB staff and reflected in the current Action Plan.

Workforce:
The Trust has continued to promote the development of its social work and social care workforce through on-going investment in learning and development in line with the Regional Workforce Development and Training Strategy. The Trust has achieved relative stability across its social work and social care workforce.

Finance:
As previously noted, this has been a challenging year in relation to the discharge of statutory functions across all Service Areas in the context of the complexity of need, pressures associated with referral and caseload volumes, the intensity of public and media scrutiny and the overarching budgetary constraints.

In relation to the discharge of statutory functions, the Trust has continued to prioritise service delivery and has addressed on an on-going basis with the HSCB those areas where demand, resources and capacity issues have been most difficult. The Trust is committed to progressing its modernisation and reform agenda which is predicated on further developing partnerships with key stakeholders in the development, delivery and reform of services and the strengthening of community infrastructures.

2.6 Highlight which, if any, of the areas require further improvement and if they have been included in the Trust's Corporate Risk Register.

The individual reports provide a synopsis of risks listed on Risk Registers.

The following risk pertaining to the discharge of statutory functions is presently listed in the Trust's Principal Risks Document:

Maintenance of controls and assurance processes underpinning the discharge of statutory functions within each Service Area.

2.7 Set out the systems, processes, audits and evaluations undertaken internally or externally identifying emerging trends and issues which shape the Directors conclusion about Trust performance.

This should include a summary (more detailed information should be provided within the relevant sections of this report) of Audits, Service Improvement evaluations etc, conducted by the Trust or by others, including Recommendations and progress.

The Trust is engaged in an on-going focus on the effectiveness of its assurance processes with regard to discharge of statutory functions. Details of audits are listed in individual Service Area reports.

- RQIA independent thematic and facility inspections.
- RQIA and the Mental Health Review Tribunal statutory duties to scrutinise the Trust's discharge of its statutory functions under the Mental Health (NI) Order 1986.
- The Trust is publicly held to account by the Courts with regard to its discharge of its statutory social care duties.
- The Trust is publicly held to account by the Assembly's Committee for Health Social Services and Public Safety. This involves written submissions to and appearances before the Committee of Trust staff to address thematic and specific issues of interest/concern relating to statutory social care services delivery.
- External and internal performance management and accountability arrangements facilitate scrutiny of the Trust's performance in respect of the provision of statutory services.
- The following are core reports prepared by the Trust for the HSCB and the DHSSPSNI related to the discharge of its statutory functions: the Trust's Annual and Interim Statutory Functions Reports; six-monthly Corporate Parenting Report; the Trust's Annual Self-Assessment Report (Section 12 Audit) to the Safeguarding Board for NI (SBNI); the Belfast Local Adult Safeguarding Partnership (LASP) Annual Report; the Annual Accountability Report in respect of Social Services learning and development activity; the Annual Assessed Year in Employment (AYE) Audit; the Annual Social Services Workforce Return; and ad hoc reports as and when required.
- The Trust's Serious Adverse Reporting and Children's Services Untoward Events arrangements afford a process for Departmental and HSCB monitoring and related learning from significant events.
- The Trust's arrangements for the investigation and management of compliments and complaints and the Trust's interface with the Office of the Commissioner for Complaints.
- The Trust's discharge of its statutory duties to co-operate with the SBNI-in particular its responsibilities with regard to Case Management Reviews (CMR) and related children's safeguarding inquiries.
- The Trust's engagement with the NI Adult Safeguarding Partnership and its discharge of its responsibilities in relation to Case Management reviews and related adult safeguarding inquiries.

CONCLUSION:

The financial context has presented substantial challenges to all Service Areas during the reporting period. The requirement to make the levels of savings delivered to date across both the MORE and QICR processes through service improvement, modernisation and efficiencies while retaining service continuity and quality has proved hugely challenging in light of the range and complexity of need, the increases across Directorates in service delivery volumes and the rapidity and scale of organisational change.

2015-2016 will in all likelihood prove even more demanding. While the Trust will continue to prioritise the discharge of its statutory functions, the scale of the financial challenges for Service Areas will inevitably give rise to further pressures in achieving on their ability to sustain the current levels of performance and service delivery standards.

The Service Areas are progressing innovative modernisation and improvement initiatives to maximise service delivery performance and outcomes. The importance of flexible, person centred social care services in obviating unscheduled admissions to hospital and facilitating timely discharges and the Trust's central role in the development of community capacity and resilience through partnerships such as those centred on the operationalising of Family Support Hubs and the Trust's support for and commissioning of locality-based schemes to support vulnerable adults are pivotal to the realisation of TYC's strategic aims.

It is essential that the investment in workforce development to enhance skills, knowledge and capacity within a practice culture which promotes and values their engagement, expertism and the exercise of professional discretion within robust accountability and assurance arrangements is consolidated.

The promotion of personalisation and self-directed care, service user participation in the development, planning and review of services, outcomes-led practice which accentuates qualitative measures of effectiveness located within a coherent evidence base are pivotal to optimising overall performance.

The discharge of statutory functions related to the development of safeguarding arrangements and practice in both adults and children's services; the securing of seamless service pathways across acute and community settings to reduce unnecessary hospital admissions and facilitate safe, person centred discharges; and the resettlement of long stay patients from mental health and learning disability hospitals will present substantial challenges.

The maintenance of vulnerable adults and children with complex health and social care needs within their own communities with enhanced levels of risk will require a sustained investment in community infrastructure and community capacity and the engagement and support of communities and service users and the wider public. Strong partnerships with statutory, voluntary, community and private sector organisations will be pivotal to maximising of available resources and capacity to deliver improved outcomes for service users.

The social care workforce will have a key role in the delivery of the Trust's vision. Their values, skills and knowledge base will be central to the effective delivery of integrated person centred care, the optimising of personal choice, the management of risk and the promotion of healthy, inclusive and enabling communities.

The Social Work Strategy provides a framework within which the profile and contribution of social care can be enunciated predicated on reflective learning, research and evidence base practice. The Trust is committed to fully participating in the opportunities which the Strategy presents.

Cecil Worthington
Executive Director of Social Work
May 2015

LEARNING DISABILITY SERVICE AREA

3.1	**Named Officer responsible for professional Social Work**
	Ms Aine Morrison has been the Associate Director of Social Work in Learning Disability since 1.7.13. Mr John Veitch, Co-Director for Learning Disability has assured the Service Area report which meets the requirements of the prescribed audit process in respect of the discharge of statutory functions. The Associate Director of Social Work has responsibility for professional issues pertaining to the social work and social care workforce within the Service Area. She is accountable to the Executive Director of Social Work for the assurance of organisational arrangements underpinning the discharge of statutory functions related to the delivery of social care services within the Service Area. The Associate Director of Social Work is responsible for: ➢ Professional leadership of the social work and social care workforce within the Service Area. ➢ The establishment of structures within the Service Area to monitor and report on the discharge of statutory functions. ➢ The provision of specialist advice to the Service Area on professional issues pertaining to the social care workforce and social care service delivery, including the discharge of statutory functions. ➢ The collation and assurance of the Service Area interim and annual statutory functions' reports. ➢ The promotion and profiling of the discrete knowledge and skills base of the social care workforce within the Service Area. ➢ Ensuring that arrangements are in place within the Service Area to facilitate the social care workforce's learning and development opportunities. ➢ Ensuring that arrangements are in place within the Service Area to monitor compliance with NISCC registration requirements. An unbroken line of accountability for the discharge of statutory functions by the social care workforce runs from the individual practitioner through the Service Area line management and professional structures to the Executive Director of Social Work.
3.2	**Supervision arrangements for social workers**
	The Service Area continues to work to the Belfast Trust Adult Social Work Supervision Policy which covers both line management and professional supervision arrangements. The policy provides for line management supervision for social workers at least every six weeks and where the line manager is not a social worker, additional professional supervision on a quarterly basis. All supervisory staff have received training on this policy.

The Service Area has again had some difficulty in meeting these standards in the last year because of line management and professional supervisor absence and vacancies. Two team leaders were successful in obtaining operations managers' posts within the Service Area this year with the resultant gaps that internal promotions give rise to. One of these posts has now been filled. The other is currently in the recruitment process. These vacancies were managed in a number of ways. Individual supervision continued but with reduced frequency where team leader posts were vacant. In addition arrangements were put in place to cover immediate case management issues as they arose and to ensure that social workers could access professional supports on request.

The Service Area continues to run reflective practice groups for social workers which meet two to three times a year. Topics for these are chosen by social workers and teams take it in turns to research the area and facilitate the group. Some sessions bring in external speakers; others are led by staff with particular expertise in the area. Recent topics include; "Working Collaboratively with Carers" which was jointly led by staff and carers and a presentation and discussion on "Hate Crime" led by one of our social workers with an interest in this area. A further forum is planned in May to update and develop the learning disability social work pathway and there is a session planned for June 2015 on Guardianship.

Learning Disability social workers also attend Approved Social Work Fora, Designated Officer Support Fora and Achieving Best Evidence Support Fora as appropriate. These are highly valued sessions which ensure staff have access to support in these complex areas of practice and are kept appraised of developments in these fields.

In relation to supervision of AYE staff, the Service Area is compliant with the Revised Guidance for Registrants and Their Employers NISCC July 2010. AYE social workers are facilitated to attend the Trust's AYE Forum. The Service Area has employed two AYE staff members during this reporting year. One of these staff members completed in March 2015; the other is due to complete in July 2015.

The Service Area does not operate a formal caseload weighting system but team leaders consider case complexity in making allocation decisions. A social worker from the Service Area is involved in the workstream which is considering this issue under the auspices of the Regional Social Work strategy.

3.3	**Report on processes, audits, reviews, research and evaluations undertaken during the year, that measure performance against delegated statutory functions, identifying emerging trends and issues (may include cross references to other sections to this report).**
	The Service Area reported last year on the review of its Community Treatment and Support Services and outlined its Service Development Plan in response to this review. The service development plan's aims were to; ➢ Increase the capacity of existing services in areas where there were identified gaps. ➢ Develop new services in line with review outcomes, strategic direction and commissioning requirements. ➢ Improve the targeting of services ➢ Reduce hospital admissions ➢ Support resettlement The implementation of the Plan is well underway. An additional care manager has been recruited and a unified care management team created. An additional two Band 6 and one Band 7 have enhanced the social work complement in the Service Area and a recruitment process for a further 0.5 Band 7 is underway. Recruitment is also underway for two Band 6 additional nursing posts. Some progress has been made on integrating Psychology and Behaviour Support Services into community teams but full implementation has been delayed by staff vacancies. Considerable progress has been made with the setting up of the new Psychological Therapies Service and the new Intensive Support Service. Additional staff have been recruited although there are still two posts to fill. Criteria, thresholds, protocols and procedures have all been agreed. The previous services, Promote and the Behaviour Support Service, continue to run at the moment but will gradually transition to the new services which it is hoped will be largely operational by the end of June 2015. The Service Area has submitted its proposal for this year's community infrastructure investment monies. The Service Area wishes to use this investment to further strengthen behaviour support capacity, to enhance AHP capacity to support a full multi-disciplinary service for those with the most complex needs and to develop an extended hours and on-call service within the Intensive Support Service. The Service Area has commenced a major review of its short breaks provision across the full range of statutory residential short breaks, independent sector residential and nursing care short breaks, domiciliary short breaks provision and the use of direct payments for short breaks.

We are currently in Phase 1 of the review which involves a retrospective review of provision during the 12 month period between October 13 and Sept 14 to ascertain;

1. The amount of LD short break provision provided by BHSCT.
2. Who is accessing the service and what is the frequency of access.
3. The equity of provision and access.
4. The cost structure.
5. An assessment of need for each service user.
6. The current allocation process.

Phase 2 will use this data to;

1. Match usage to the service user assessment of need.
2. Match costs and any differential to assessment of need.
3. Review the cost effectiveness and value for money of current provision.

Phase 3 will begin a process of engagement with service users, carers, statutory sector staff and independent sector providers with the aim of:

1. Developing proposals for the future shape of short break provision.
2. Action planning for any changes.
3. Developing a formula for the amount of direct payment to be offered to a service user wishing to access this in lieu of Trust short break provision.

The Service Area is also in the process of creating a carers' database. This will enable the Service Area to produce better quality data on carers, to use this data to inform and plan for improved services for carers and to communicate better with carers.

Service Area procedures require Team Leaders to carry out random file audits during each supervision session with team members. Operations Managers are required to carry out quarterly audits of the standard of these file audits. Operations Managers are also required to carry out a monthly audit of the quality of supervision provided by team leaders. As detailed in 3.2, staff absence and vacancies at management level have caused difficulties in meeting some of these internal Service Area standards. The Service Area hopes to have full staffing at Team Leader level and Operations Manager level within the next 2-3 months.

The Service Area has implemented new Trust procedures on supervision exception reporting which ensures that any difficulties in providing supervision are highlighted to Senior Management and action plans agreed at that level.

A wide variety of statistics are gathered on a monthly basis from the four community teams. These include statistics on case numbers, vulnerable

	adults adult activity, Mental Health Order activity, carers' assessments, adults, direct payments and unmet need. These are monitored at Operations Manager level for compliance with requirements and for emerging issues and trends. The Service Area was audited in relation to compliance with adult safeguarding standards in March 2015. This was a regional audit and we are awaiting the findings. The Service Area performed well in an internal audit of compliance with supervision standards which took place in November 2014. The Service Area's annual audit of compliance with adult placement regulations took place in May 2014 and found good compliance in all areas. The BSO recently audited the Service Area in relation to the " Management and Reporting of Discharge of Statutory Functions by Social Workers 2014/15" While the final report has not been received as yet, initial feedback has indicated limited assurance with regard to evidence for and assurance of data returns. The Service Area has provided baseline data to the HSC Board in relation to the Learning Disability Service Framework. While the Service Area endeavoured to report as accurately as possible, some of the information requested was not readily available or accessible and in some cases estimates had to be submitted. The Service Area would therefore caution against this information being used to measure future performance. The Service Area also continues to have concerns about the lack of specificity in some of the standards and feels that the regional information provided to date is unlikely to have enough reliability or validity to make comparisons between Trusts. The HSC Board recently reviewed 120 Service Area files, 60 from community teams and 60 from residential and supported living services. No feedback has been received on this review to date. The Service Area's compliance with RQIA requirements for the use of the Mental Health (N.I.) Order 1986 forms is audited internally on a regular basis. The audits indicate consistent levels of good performance. The last audit in March 2015 found two delays in medical records' scrutiny of completed forms but this had not affected the legal process.
3.4	**Report on the Programme of Care's interfaces with other statutory agencies including for example: NISCC; RQIA; PHA (in relation to social care) Trusts should include references to Judicial Reviews or other significant Court Judgements that directly impact on the discharge of statutory functions.**
	All social work and social care staff in the Service Area who are required to do so are registered with the NISCC. This is monitored via supervision

arrangements in line with the Trust's Registration and Verification Policy. The Trust also maintains a central register and monitors the registration status of all relevant staff through this.

Social workers are supported to meet the NISCC's on-going professional development requirements. The Trust's Personal Contribution Framework process allows for each social worker to have a Personal Contribution and Personal Development Plan.

The Service Area also provides induction for all new staff which meets the NISCC's induction standards. This includes a two day learning disability-specific induction course developed and run by the Service Area.

The Service Area carries out a number of functions under The Mental Health (NI) Order 1986 and meets the requirements of the RQIA and the Mental Health Review Tribunal in relation to these. These include the provision of the necessary paperwork, reports and notifications for admissions for assessment, guardianship and tribunals.

The Service Area has ensured all relevant staff are aware of HSC Circular MHU 1/14, "The Mental Health (Northern Ireland) Order 1986 – Implications of Recent Judicial Review Actions" and the recent RQIA guidance relating to the completion of admission and guardianship forms. The new prescribed forms 21, 22 and 23 in relation to Articles 63 and 64 of the Order are now in use. Service Area staff also attended the RQIA information sessions relating to these issues.

The Service Area reported last year that it was due to meet with the Mental Health Review Tribunal to discuss the implications of its decision to notify patients of discharge on the day of the hearing. This meeting took place on 3.7.14. The Service Area made a number of suggestions about timing of Tribunals and the communication process for Tribunal decisions. The MHRT was to consult further with their staff about these proposals and respond to the Trust. To date, no response has been received.

The Service Area's day care facilities, residential and supported living services are all registered with the RQIA and subject to on-going inspection and monitoring.

The Service Area notifies the RQIA of any untoward incidents as per their reporting requirements.

The Service Area liaises with RQIA on adult safeguarding issues as they arise in relation to any registered facility.

The Service Area has contributed as appropriate to MARAC and PPANI processes.

The Service Area liaises with the PSNI as per the Joint Protocol arrangements where appropriate.

Financial Issues

The Service Area has reported in previous years difficulties in obtaining OCP authorisation for Trust management of service user finances in situations where Trust staff would previously have done so. The Service Area has received correspondence from the OCP in a number of individual cases, rejecting requests for authorisation from the Service Area for Trust staff to manage finances.

One such letter dated 15.2.13 stated;

"In January 2012, the Master (Care and Protection) directed that there shall be no further Certificates of Authority issued giving blanket authority to a Private Home or Supported Living Facility to have access to Patient's funds. Furthermore all existing arrangements were to be reviewed and if necessary replaced with an alternative, proportionate and risk adverse arrangement. If the patient's funds cannot be managed without OCP involvement, then the case shall be managed by way of an application for Controllership. This will require the submission of a completed Controllership application form including details of character references for the applicant(s), medical evidence of mental incapacity, payment of the appropriate court fees and the payment of a Security Bond premium unless funds are held in court."

Another letter dated 21.7.12 responding to a request to make some changes to a certificate of authority because of a Trust staff member's retirement granted the requests but stated:

"However please note that in the next 6-9 months due to new practices this office will be rescinding all such authorities and in view of this I would invite you to liaise with your Trust Finance Department."

Another letter dated 31.7.12 stated;

"At present, the Master of the Office of Care and Protection is involved in meetings with RQIA and, therefore, we cannot issue authority for social workers and supported living staff to manage finances on behalf of a patient."

As reported in the Service Area's interim statutory functions report this year, the Service Area wrote to the OCP in August 2014 requesting clarity on the following;

1. If there were any restrictions on accepting referrals based on the amount of capital a patient may hold and, if so, what are these restrictions?
2. Where the powers of appointeeship under social security legislation or under Article 116 of the Mental Health(NI) Order 1986 either do not apply or are insufficient to meet a service user's needs, should the Trust make an application under Article 107 to give it the necessary authority for

financial management ?

The OCP responded stating that the jurisdiction of the High Court in relation to property and affairs of patients has no lower or other threshold or restriction for an application but that it may be more proportionate, more convenient and less expensive to proceed by way of appointeeship or by the use of Article 116 of the M.H.O.1986.

The Service Area continues to feel that previous practice by the OCP of issuing either Short Procedure Orders or Certificates of Authority to Trust staff was more satisfactory in many cases than the use of corporate appointeeship. The Service Area also continues to see a gap whereby appointeeship does not provide all the powers that may be needed such as the power to set up a bank account. The Service Area also feels that the use of a 'patient' bank and corporate appointeeship does not promote citizenship and community integration. Nor does the Service Area feel that it would be appropriate for its staff to become controllers.

Following receipt of this correspondence from the OCP, the Learning Disability Service Area along with other adult service areas met with the RQIA to discuss a range of financial matters.

These were;

1. The RQIA's views on what authority was necessary for Trusts to manage service user finances appropriately.
2. The RQIA's views on the interface between the OCP and Trust responsibilities.
3. The RQIA's views on the responsibilities of Trusts for the management of service user finances in the independent sector.

The RQIA acknowledged that the OCP position had changed and that practice was now such that the OCP was much more reluctant to accept responsibility for the management of service user finances. The RQIA believed that this stemmed from a concern they had raised with the OCP about the monitoring of a vulnerable person's finances by the OCP. The RQIA stated that the OCP had responded by seeking to withdraw from these responsibilities but that this had not been RQIA's intention.

The RQIA acknowledged the difficulties for the Trusts in obtaining the appropriate authority and accepted the difficulties with the use of corporate appointeeship.

The Trust reported that a number of independent sector providers had informed us that they had been instructed by RQIA not to manage service user finances themselves and that it was the responsibility of the Trusts to take on this responsibility. RQIA said that this was not their position but stated instead that they believed Trusts to have responsibility for ensuring that the financial arrangements in services they commissioned were robust and sufficiently protective of service users' interests. It was agreed that the

forthcoming departmental circular would help address this. Circular HSS (F) 08-2015 has since been issued and has put in place a system to provide the Trusts with such assurances. RQIA suggested that the Trusts should perhaps have a more active role where an organisation was very small scale and did not have the ability to separate care and finance functions.

It was agreed that a tri-partite meeting between the Trust, RQIA and the OCP would be useful. This has not been arranged as yet.

The Trust is currently reviewing its care management procedures across all Service Areas to ensure consistency of practice in relation to the monitoring of service user finances in commissioned services.

Guardianship and Deprivation of Liberty

In last year's report, the Service Area reported that it was awaiting an appeal hearing in the JMcA case. The original judgment in this case held that the Trust's supervision of the applicant under Guardianship was with legal authority and lawful and that the Mental Health (NI) Order 1986 did authorise the guardian to take the measures she had in the circumstances of this case. The judgement found that the nature of the applicant's case and the restrictions imposed did not constitute a deprivation of liberty.

Following the Cheshire West Supreme Court judgement on 19.3.14, the applicant decided to appeal. The appeal was not heard because the judges stated that; *"there is now no issue between the parties as to the applicable law. In light of that and the changed circumstances of the appellant this is a case in which the principle in ex parte Salem (1999) 2 WLR 483 applies."*

However there was legal debate in the preliminary stage of proceedings and the Court of Appeal judges decided to issue a statement outlining the circumstances of the case and giving a view on some aspects of it. The statement makes a number of points, the most relevant being;

"*It is, however, now accepted by the Trust that the guardianship order did not provide any mechanism for the imposition of any restriction on the entitlement of the appellant to leave the home at which he was residing for incidental, social or other purposes. That did not, however, prevent the appellant entering into agreed care plan arrangements designed to assist him in achieving independent living to the greatest extent possible.*
(In respect of any arrangements concerning the entitlement of the appellant to leave his place of residence for incidental social purposes the learned trial judge correctly recognised that the guardianship arrangement was based on consensus and cooperation. We wish to make it clear that such an order does not provide any legal power to impose restrictions on such activities.
Mr Potter on behalf of the appellant in this case recognised that this left a lacuna in the law. That gap had been filled by Schedule 7 of the Mental Health Act 2007 in England and Wales which introduced deprivation of liberty legislation into the Mental Capacity Act 2005 providing a mechanism for the lawful restriction on or deprivation of a person such as the appellant.

It is clear that urgent consideration should now be given to the implementation of similar legislation in this jurisdiction."

JMcA was judged by the High Court to have capacity in relation to the acceptance of his care plan although this opinion differed from the Trust's assessment. This may mean that the Court of Appeal's statement does not have direct transferability to some similar cases. However, it would suggest that Guardianship cannot be used to authorise a deprivation of liberty

However, the Service Area is aware of the South Eastern Trust Guardianship case currently awaiting judgement which deals with deprivation of liberty issues.

DLS had asked for submissions in relation to this case to inform their arguments. The Service Area responded to DLS making amongst others, with the following points;

"Learning Disability services in the Belfast Trust have traditionally used Guardianship in situations where we believed there was a Deprivation of Liberty but only when additional factors were also present. These generally related either to;

i. *The need to protect service users from others who were not providing appropriate care by making alternative care arrangements.*
i. *The need to provide a measure of persuasion/influence/requirement in gaining a service user's acceptance of a care plan.*

It should be noted that as Guardianship is not a capacity based legislative power, it has not always been used in situations where someone has lacked the capacity to make their own decisions about their care although this has usually been the case.

The Service Area previously believed that the setting of objective standards for the application of Guardianship and the review by an independent judicial body addressed, at least in part, some of the problems in the Bournewood case.

The Service Area has always struggled with the ambiguities of Guardianship, the legal requirements and the power of return alongside the emphasis on the need for co-operation and compliance. The Service Area has used Guardianship in different ways in different cases and these various approaches have lain at both ends of the spectrum of control versus co-operation. More recently the Service Area's practice has been much less coercive in nature.

Recent judicial reviews that the Service Area has been involved in have challenged some of our previous practice and understanding in relation to Guardianship.

In JR45, it was held that Guardianship should not be used to resolve what

was perceived as a dispute between family carers and the Trust. This raised questions about our previous practice of using Guardianship to protect people from abuse.

In the JMcA case, the debate about whether or not Guardianship could be used to authorise a Deprivation of Liberty was rehearsed. Although the case ultimately focused on other issues, the judgement did say that Guardianship could not be used to authorise a Deprivation of Liberty.

The fact that Justice O'Hara has asked this question appears to suggest that Guardianship alone may remain an option for authorisation of Deprivation of Liberty.

If this is the case, the Service Area can see some advantages in the use of Guardianship as opposed to High Court applications. These would be that:

i. *RQIA, the MHRT and Trusts have systems already in place for Guardianship although all of these would require large scale expansion.*
i. *If current requirements for Guardianship evidence and paperwork remained substantially the same, using the existing mechanisms might be somewhat less onerous, less time consuming and less expensive than High Court proceedings although this would, of course, depend on the alternatives. If oral hearings were not envisaged in any new High Court proceedings, this might actually be less time consuming than current Guardianship requirements.*

The Service Area believes that if Guardianship was to be used as an alternative to a High Court ruling, the legislation or rules would need amended to require immediate review by the Tribunal of a new Guardianship Order, if not a system of authorisation. Current rules mean that a Guardianship Order may not be reviewed by the Tribunal until two years since its inception have elapsed.

The Service Area also believes that there would need to be careful consideration of whether the current medical grounds for Guardianship would apply to all persons who lack capacity in care arrangements and are deprived of their liberty.

In community learning disability services in the Belfast Trust, it is estimated that 500 people out of a total caseload of 1700 could be considered deprived of their liberty. This includes people living in nursing homes, residential homes and supported housing. It also includes people who are not in fulltime care but could be considered as deprived of their liberty whilst in respite care or in day care settings.

It is also estimated that there would be approximately 54 informal patients out of a total population of 134 deprived of their liberty in Muckamore Abbey Hospital.

The Service Area does not have the resources to implement the measures

	envisaged by Sir James Munby nor would it have the resources to use Guardianship for deprivation of liberty cases. *For comparison purposes, the Trust as a whole has only ten people currently subject to Guardianship."* The Service Area is aware of the recent judgement in the M's (a minor) Application (2015) NIQB 8. This judgement that a child who was subject to an interim care order was, by virtue of the supervisory arrangements for him in the residential unit he lived in, deprived of his liberty and that these arrangements needed legal authority. The Service Area is currently seeking legal advice on the implications of this for LD practice. The Service Area is currently involved in a case where it believes very significant restrictions are necessary for risk management purposes. The Service Area has concerns about the authorisation for the deprivation of liberty these restrictions might entail and is in the process of engaging counsel's opinion.

3.5	Summary of difficulties or issues in regard to the ability to discharge Delegated Statutory Functions	3.6 Provide a progress report and emerging learning in relation to remedial action to improve performance including financial implications	3.7 Indicate if the issue is included on your Trust Risk Register and at what level
1.	The Service Area continues to have major difficulties in making appropriate provision for the accommodation and support of care leavers who have a learning disability. These young people have highly complex needs and there is a lack of existing appropriate provision and a lack of funding to develop new service provision. The Service Area provided accommodation and support packages for five care leavers during last year's reporting period. The combined cost of these packages is approximately £465,848 per annum. The Service Area is working to provide placements for a further four care leavers in this reporting year. Again, these young people have highly complex needs and placements are expected to have a total cost in the region of £540,000 per annum. In addition the Service Area has two young people placed in treatment services in England. One of these young people is likely to have completed his treatment within the next year. His current package	This issue has been raised with the HSCB as a significant cost pressure. The Service Area recognises the importance of appropriate and timely transition planning and is working closely with Children's Disability and Family and Child Care Services to ensure this happens. The Service Area has completed a scoping exercise in relation to the future accommodation needs of looked after children with a learning disability who will reach adulthood in the next five years and continues to use its accommodation planning group to plan ahead for their needs. The Service Area presented a proposal to the HSC Board in October 14 demonstrating the need for a new 8-bedded residential unit for young people with highly complex needs and challenging behaviours.	This issue is on the Service Area Risk Register and is categorised as a high risk.

	costs approximately £700,000 per annum and we do not anticipate any significant reduction in those costs on his return to Northern Ireland. The other young person is likely to have a longer period of treatment still to go. Difficulties with service provision for children transitioning into adult services are not confined to care leavers. Adult services often struggle to provide the same level of provision as had been the case in children's services. This is a particular issue in relation to respite care. The Service Area has identified at least six young people who are due to transition this year who are receiving respite significantly in excess of the average allocation in adult services.		
2.	The Board will be aware of the difficulties the Service Area has encountered in achieving the PTL resettlement target for this year. The target for the year 2014/2015 was 24. Two of these patients died but one patient returned to the hospital from the 2013/14 list which left the target at 23. Of these 23, 7 have been either resettled or commenced trial resettlement. In a further 7 cases, a combination of planning application delays, staff recruitment difficulties and individual care planning	The Service Area will continue to work with the HSCB in achieving the retraction plan for the hospital. The Service Area recognises the importance of building community infrastructure to support patients on discharge. The Service Area welcomes the continued investment in community infrastructure and is working to develop services which will support those discharged from hospital and reduce future admissions However, while welcome, the	This issue is on the Service Area risk register and is categorised as a moderate risk.

	needs have delayed resettlement but it is expected that these 7 will have commenced trial resettlement by September 2015. A further 9 patients are awaiting the development of the Dympna Scheme and new specialist nursing home provision. Both these services have been delayed because of planning application and provider provision difficulties. .	Service Area would note that further community infrastructure investment is needed. In particular there remains a significant gap in services for those with forensic histories.	
3.	This year's target for funded delayed discharge patients was 8. Five of these patients have been either resettled or have commenced trial resettlement. The remaining 3 are awaiting the development of the Dympna and specialist nursing home schemes which have been delayed as noted above. In addition, the Service Area has resettled a further 4 delayed discharge patients who did not have funding originally but where money within the £1, 000 000 overspend has been allocated to them. There remain 16 unfunded Belfast Trust delayed discharge patients in MAH. Of these, two have placements confirmed and immediately available and two are likely to have placements confirmed and available within the next two months. All but two of the remaining patients have plans in place but the placements are not available as yet.	The Service Area strives to achieve discharge as soon as possible for patients. Discharge planning commences from the point of admission to try and prevent further delayed discharges. The Service Area's accommodation planning group plans for all delayed discharge patients. The Service Area has presented a cost pressures paper to the Board for £1,000 000 which includes the pressures created by unfunded delayed discharges to date.	This issue is on the Service Area Risk Register and is categorised as a moderate risk.

5.	The Service Area originally had 45 Direct Payment arrangements in place for people who lacked capacity. There are 6 unresolved cases not yet completed. There are particular individual circumstances delaying progress with these. The need for a Short Procedure Order and the cost of obtaining one is, we feel, a barrier to the uptake of Direct Payments for some people although the Service Area continues to increase uptake.	Training has been provided to staff on the Departmental guidance. This is in addition to the Trust's on-going Direct Payment's training programme of initial awareness, advanced and reflective practice. The Service Area continues to promote Direct Payments' usage in a number of ways including the use of communication tools designed to build and assess capacity in relation to Direct Payments.	This issue is on the Service Area Risk Register and is categorised as a low risk. The Service Area has a clear action plan in place which will remove this risk.
6.	The Service Area remains significantly concerned about deprivation of liberty safeguards for those who lack capacity. The Service Area continues to feel that the Departmental guidance of 14/12/10 on the issue does not give definitive advice about how to act in the legislative vacuum that currently exists. The current legal debates as reported in Section 3.4 highlight the difficulties encountered by Trusts in determining what constitutes a deprivation of liberty and in deciding what actions or authority may be needed in relation to agreeing a deprivation of liberty. The Service Area would welcome further guidance from the HSC Board and the	The Trust has made the Department and the HSC Board aware of the difficulties it perceives in the guidance and with the current lack of clarity from the Courts. The issue has been raised in consultation processes on the new legislation which is to deal with this problem. The Trust consults with DLS where particular issues emerge.	This issue is on the Trust's Risk Register and is categorised as a high risk.

	DHSSPS as to how it should act while the legal debates continue.		
7.	The Service Area, while welcoming the Promoting Quality Care Guidance, continues to find the twenty-eight day target for completing a comprehensive risk management plan largely unachievable. The Service Area currently has 68 comprehensive risk management plans in place in the community and 45 in Muckamore.	The Service Area is represented on the regional learning disability PQC forum and has raised this issue there. The view of all the Trusts at this forum is that a 10 week target would be more realistic.	This issue is on the Service Area Risk Register and is categorised as a low risk.
8.	The PSNI/Social Services interface in vulnerable adult processes continues to cause some difficulties. The Service Area is experiencing difficulties with PSNI delays in investigations and lack of personnel availability to attend meetings The Service Area continues to find differences in responses by different PSNI areas in relation to vulnerable adults who lack capacity and to vulnerable adults who have capacity but do not wish to make a complaint. The Service Area has found more difficulties with interfaces on safeguarding issues when dealing with branches of the PSNI other than the Public Protection Units. The Service Area continues to experience	Protection plans are always put in place without delay. The Service Area piloted the new draft Joint Protocol between January and March 2015 in Muckamore Abbey Hospital. The Service Area is extremely positive about its experience in the pilot. The new protocol allows for considerably more discretion in PSNI reporting which has resulted in a much more proportionate and human rights orientated response to safeguarding issues. The Service Area awaits the publication of the new regional policy in June 2015. In some areas, particularly good working	This issue is on the Service Area Risk Register and is classified as a moderate risk.

	difficulties in implementing the timescales laid down in regional adult safeguarding policy, particularly, but not solely restricted to administrative matters such as written acknowledgement, closure notification and minutes distribution. The lack of funding for dedicated administrative support in relation to adult safeguarding is a major difficulty and compares unfavourably with the recognition of this need in child protection services. The very significant increase in adult protection work in recent years particularly highlights this issue.	relationships have been established with identified police officers which has enabled the process to run much more smoothly. The Service Area is actively involved in LASP and NIASP groups which are reviewing these issues.	
9.	The Trust's financial position continues to have a significant impact on the availability of service provision. A range of direct service provision such as day care packages, respite, domiciliary care, direct payments and residential/nursing care are all affected and requests are generally agreed in only the most urgent and critical circumstances. However, the requirement to meet assessed need resulted in approximately 23 new nursing care packages, 19 new domiciliary care packages, 10 new residential care packages and 24 new supported living placements this year. The overspend in the care management budget was £1,050,000 on 31.3.15.	The Service Area operates a Service Request Panel which scrutinises and prioritises requests for service provision as far as possible. The Service Area continues to use a standardised tool to support decision making about assessing need. The Service Area has written to the HSCB detailing the issue of the high cost of care provision for people with learning disabilities. The Service Area presented a cost pressures paper in relation to the cost of these packages to the HSC Board in November 2014 and has subsequently	This issue is on the Service Area Risk Register and is categorised as a moderate risk.

	The complexity of need in learning disability continues to cause severe cost pressures. Efforts to provide services in a manner that meets the policy direction of individualised, person centred, home based care are often resource intensive and therefore expensive. Approximately sixty per cent of the Service Area's commissioned care packages cost above the set regional rate. The lack of a regional commissioning statement regarding high cost cases is very problematic. Resource pressures also continue to create difficulties in meeting the demands of vulnerable adult protection plans as detailed in the Learning Disability Adult Safeguarding Report.	made a cost pressure bid to the Board for £1 million. Adult safeguarding procedures are followed (see Learning Disability Adult Safeguarding Report). Information on unmet need is collated and analysed.	
	The Service Area has a growing need to provide a range of services to those with forensic histories particularly as more of these service users are being resettled from Muckamore Abbey Hospital. These service users have complex needs often presenting with co-morbid drug and alcohol addiction or mental illness. The Service Area struggles to find accommodation and support services willing to accept service users with these difficulties.	The Service Area uses the PQC process to manage risk in relation to these service users. The Service Area has a very limited community treatment resource (one forensic psychologist) which is fully utilised. The Service Area provides considerable support to providers who do offer placements to this group of service users.	

	The Service Area also needs significant extra treatment provision for these service users in community services.		
	The Service Area envisages significant difficulties with the Board target for 1 in 3 service users availing of self-directed support by 2016. Financial pressures do not allow for any significant expansion of services including direct payments. To obtain widespread shift from Trust provision to self-directed support requires at the very least transitional funding. The Service Area also wishes to note the financial pressures that would be caused by the proposed regional rate as this is above the current Belfast Trust rate.	The Service Area actively participates in the Trust steering group progressing this issue. The Service Area continues to promote the use of direct payments where appropriate. All staff are encouraged to promote person centredness, choice and independent decision making when designing care plans.	
	The Service Area has experienced increasing pressure in the last year in making its contribution to the Trust wide ASW rota. The number of ASWs on the rota has reduced which has resulted in increased workload for those remaining. This difficulty is being experienced in all Service Areas and the Trust has commenced a comprehensive review of our current model of ASW provision.	The Service Area is participating in a comprehensive Trust wide review of our current model of ASW provision.	

3.8	**Key Social Work Workforce issues, including recruitment, retention, flexible working arrangements, workforce continuity etc. Information provided should include level and type of vacancies and any vacancy control systems in place.**
	The Service Area continues to have a relatively stable social work workforce and does not experience any retention difficulties. Demand for any temporary or permanent vacancies that have arisen has been high. The Service Area has just one unfilled post at present. This is for a 0.5 Band 7 post which is currently in the recruitment process. As discussed earlier, the Service Area has chosen to invest some community infrastructure money in strengthening social work capacity in areas of adult safeguarding and risk management and has recruited additional staff this year. Flexible working arrangements including part-time hours, flexi-hours and term time working are made available where possible. The Service Area has one social worker currently on the ASW course and has trained one ABE interviewer this year. One staff member has completed the Post Qualifying-Specific Award and another has completed a certificate in Cognitive Behaviour Therapy.
3.9	**Trusts should provide a copy of their charging policies and provide explanation of what aspects of service provision you apply this to?**
	Residential and Nursing Homes Charging – The Trust has been operating in accordance with the DHSSPS April 2014 Charging for Residential Accommodation Guide (**CRAG)** to determine charges. Recent updated guidance has been circulated to relevant staff. The Service Area noted in last year's report the recommendation in the RQIA's review of Guardianship that Trusts should review the differential in payments for service users subject to Guardianship residing in supported living accommodation as opposed to nursing or residential homes. The Service Area has received verbal advice from DLS that any housing and utility bills costs for service users subject to Guardianship in supported living settings should be met by the Trust but is awaiting written confirmation of this. The Board is aware of the current issue about DLA Care Component contributions for some service users in supported living schemes. The Service Area is awaiting direction from the HSC Board on this. The Service Area has reviewed its current financial support policy which continues to allow for service users to make contributions to staff costs in some limited areas such as holiday travel, holiday accommodation and social activity costs. However, the Service Area remains aware that there

	is varying practice across Trusts and non-Trust service providers and as mentioned in last year's report would welcome a Board-led regional discussion on what is appropriate in this regard. The Service Area continues to receive requests for support with both voids and start-up costs from housing and care providers. This issue is potentially destabilising for these important services and does cause significant financial pressure. However the Trust does not have the financial capacity to cover these costs nor would it feel that this is necessarily the responsibility of Trusts. Again, the Service Area would welcome Board-led multiagency regional discussion about the role Trusts should play in such circumstances.
3.10	**Social Workers who work within Designated Hospitals: Give an account of how these duties are fulfilled by Social Workers working in these designated hospitals**
	Muckamore Abbey Hospital continues to have a small core social work team, comprising of one senior social worker, two social workers and one Band 7 acting as Designated Officer under adult safeguarding arrangements. A review of services in Iveagh recognised the need there for social work membership of the core team. One of the established social workers in the MAH team now provides that service 2.5 days a week and a temporary replacement social worker is providing cover for her in the adult hospital. The team provides a service to hospital patients from all Trusts. Social work forms a core part of the hospital's services. Social workers are core members of the multi-disciplinary teams on the following wards; Cranfield Men, Cranfield Women, Cranfield ICU, Killead, Donegore and Sixmile Assessment and Treatment where they actively participate in the assessment and treatment of patients. They also have a key role in discharge and resettlement planning. Liaison with relatives and carers and assessment of home situations is an important part of the hospital social work function. Liaison, co-ordination and communication with community social work colleagues across the region are also key areas. Other wards may request a social work service in individual cases. The Muckamore Social Work Team represents Belfast Trust as the detaining authority at Mental Health Review Tribunals on a regular basis and team members have become skilled and experienced practitioners in this regard. While community social workers from both Belfast and other Trusts will sometimes provide the social work evidence to Tribunals, where the patient is best known to the hospital team, they will provide this. For the period from April'14 to March'15 social workers from the team have completed 6 out of 9 tribunals for Belfast Trust patients, 4 for

	Northern Trust patients, 2 out of 4 for South Eastern Trust patients and 1 for a Southern Trust patient. In total there were 18 MHRT hearings in the hospital. The social work service at Muckamore leads the work on safeguarding, providing advice, support and guidance to other hospital staff. There is one Band 7 lead designated officer. He processes the majority of the hospital's adult safeguarding referrals. The Senior Social Worker and senior nurse managers are also trained to act as designated officers. The social workers in the team act as investigating officers. All social work staff are trained to Joint Protocol and pre interview assessment level. Adult safeguarding work forms a very significant part of the team's workload. The social work team has also taken a lead in the implementation of the Promoting Quality Care guidance. The team has particular skills and experience in risk assessment and management and provides a mentorship service for other staff undertaking this work. In a related function, the social work team link with PPANI, MARAC, the PPU, Gateway services and community adult protection services about hospital patient risk management issues. The Senior Social Worker and the lead Designated Officer report to the hospital's management committee on matters relating to adult safeguarding.
3.11	**Provide a summary of actions undertaken to adopt a Human Rights based approach in your work with service users and carers.**
	The Service Area remains committed to incorporating human rights considerations into all aspects of its work. All staff are supported to attend mandatory human rights awareness training and more advanced training as appropriate. Training in other relevant topics also considers human rights issues. Specific prompts and guidance on the relevant human rights considerations are provided in the policy, procedures and tools for; i) Adult Safeguarding Procedures ii) Capacity, Consent and Best Interests Issues iii) Guardianship Decisions iv) Admission for Assessment Decisions v) Mental Health Review Tribunal Reports vi) Risk Assessment and Risk Management vii) Restrictive practice and physical intervention processes. The Service Area has a value base that encourages respect and dignity

	for each individual, promotes equal citizenship and equal access to services and supports the empowerment of service users. All of these themes promote a human rights culture in the Service Area. This value base can be seen in Service Area initiatives such as user fora, user consultation, user led training at induction and the provision of accessible information. Human rights considerations are well embedded in everyday practice and all staff are encouraged to bring a human rights focus to all aspects of their work.

HUMAN RIGHTS

3.12	Identify any challenges encountered in the balancing of Rights.	3.13 What action have you taken to manage this challenge?	3.14 What additional actions (if any) do you propose to manage any ongoing challenges?
1.	The use of compulsory powers under the Mental Health (NI) Order 1986 requires careful balancing of the human rights issues involved. These generally involve a conflict between an individual or societal right to protection versus an individual's right to self-determination, to liberty and to a private and family life.	Staff training in human rights. Staff updates on legislative developments. ASW refresher and re-approval training. The provision of ASW fora to support good practice. The provision of guidance and support on incorporating human rights considerations into all aspects of practice. The use of tools to prompt human rights considerations. Feedback to consultation processes by the Service Area on new legislation which will have a rights-based approach. The provision of accessible information to service users about their rights. The provision of advocacy services.	All on-going.
2.	As noted in previous reports, the Service Area remains concerned about the lack of consistency in Mental Health Review Tribunal judgements around the definition of severe mental handicap and severe mental impairment. This issue creates potential human rights concerns in relation to Article 6, Right to a Fair Trial.	This issue has been raised by the Service Area during consultation processes on new legislation which is currently being drafted. Provision of advocacy services.	All on-going.

3.	The Mental Health Review Tribunal system is such that those who seek an independent review of an admission for assessment under the Mental Health (NI) Order 1986 are generally unable to obtain this within the timeframe of the assessment period. This again creates potential human rights concerns in relation to Article 6, Right to a Fair Trial.	This issue has been raised by the Service Area during consultation processes on new legislation which is currently being drafted.	All on-going.
4.	Adult safeguarding work raises many human rights' balancing issues. Again these generally involve someone's right to protection versus a right to self-determination. It can also involve complex risk management decisions which need to balance an individual victim's protection or societal protection with an individual perpetrator's right to privacy and protection. The duty of Trust staff to consult with the PSNI under Joint Protocol arrangements about any alleged or suspected criminal act, even without the consent of the victim, raises significant human rights' challenges. However it is hoped that the new Joint Protocol, if adopted, will improve this situation considerably.	Staff training on human rights. Staff training on data protection. Staff training on adult safeguarding issues. Service area input into the Joint Protocol pilot. The provision of support groups for Investigating Officers and Designated Officers to promote good practice. The use of adult safeguarding tools which prompt consideration of human rights issues. The provision of advocacy services.	All on-going,
5.	The implementation of the Promoting Quality Care guidance on risk assessment	Staff training on human rights. Staff training on data protection.	All on-going.

	and risk management also creates human rights' balancing challenges. These again involve the right to protection versus the right to self-determination and the complexities of information sharing decisions.	Staff training on the Promoting Quality Care guidance. Staff training on capacity and consent issues. Service user training on capacity and consent issues. The use of risk assessment and management tools which prompt consideration of human rights issues. The provision of advocacy services. Staff updates on legislative developments. Legal advice sought on individual case.	
	As previously noted in 3.4 and 3.5 (6), the lack of clarity in relation to the definition of a deprivation of liberty and the necessary actions and safeguards needed in response to any deprivation causes a significant human rights challenge and is a matter of considerable concern for the Service Area.	Issue has been raised in consultation processes on the new legislation. Issue has been raised with the DHSSPS and the HSC Board. The Service Area considers deprivation of liberty issues in care planning and attempts to ensure that decisions about people's care avoid situations which could be construed as deprivations of liberty where possible and, if unavoidable, kept to a minimum and reviewed for on-going necessity regularly.	All on-going

3.15	**Identify key achievements or awards within the Trust that specifically support the delivery and quality of your delegated statutory functions.**

Despite some of the difficulties with Direct Payments, the Service Area has increased its direct payments from 99 to 114.

A range of multi-disciplinary staff from the Service Area including social work staff were successful in achieving a UK Patient Safety Award for a project on the prevention of choking in adults with a learning disability. The social work contribution to this largely focused on issues of capacity, consent and best interests' decision-making about dietary choices.

The Service Area was pleased to have been awarded a social work innovation grant for a project to promote and expand our use of user friendly communication aids to include the use of computer apps and portable electronic devices. Unfortunately we are currently experiencing some IT difficulties in taking this project forward but are working to resolve these.

The Service Area has established a multi-disciplinary dementia steering group with the aim of leading, developing and co-ordinating practice in this area. A monthly multi-disciplinary dementia assessment clinic has also been established to guide practitioners in best practice in this area.

The Service Area is currently working on developing a sensory care pathway to include guidelines for assessment, diagnosis, training and care for service users who have sensory integration needs. The Service Area plans to create a similar specialist group to lead on this work as is the case with the dementia steering group.

The Service Area is piloting the use of the Health Evaluation Framework (HEF) in conjunction with the PHA. Training has taken place and the system is operational in Muckamore Abbey Hospital. Implementation in community services is planned for later this year.

The Service Area has greatly welcomed the significant additional carers' funding it received this year which has allowed for considerable expansion of our services to carers. Additional services included;

- Individual grants for short breaks
- Complementary therapies
- Direct payments for Carers
- Activity programmes for adults with LD as a means of short break provision
- Carer group activities and social events

During the year 14/15, the Learning Disability Service held a consultation with carers to determine what services they valued and to agree how carer

	monies should be allocated. It was agreed that a range of support would best meet the diverse needs of carers. While some of the activity was organised in partnership with voluntary sector organisations, some LD staff took this opportunity to use funding to organise lunches, day trips and also encouraged carers to organise group nights out themselves. These activities have been warmly received by carers. Staff who have been involved have enjoyed having the opportunity to meet with carers in a relaxed environment and some have reported gaining an altered perspective on the caring role due to this activity. As noted in Section 3.3, the LD Service Area is in the process of establishing a database of carers linked to the Service. It is hoped to use this to improve communication and to establish effective ways of engaging with carers.
3.16	**SUMMARY**
	The Service Area remains of the belief that, within the resources available to it, its service provision is generally effective at delivering a good quality service to people with a learning disability. The Service Area also believes that, despite the acknowledged difficulties with data collation and assurance, it's organisational and governance arrangements largely achieve satisfactory compliance with statutory responsibilities. The Service Area greatly welcomes the continued community infrastructure funding and is looking forward to consolidating the areas of the Service Development Plan already delivered and the continued expansion of community services' capacity. The Service Area continues to work on a process of significant modernisation and reform in its daytime, residential and supported living services. Service users, carers, staff and a range of other statutory and independent sector providers have been engaged in this process. The Service Area remains committed to partnership working with service users and is positive about its efforts to involve and empower service users in decision making about their lives and their care. However, as noted in last year's report, this good work takes place against a background of increasing demand and restricted finances. This report outlines the complexity of work the Service Area undertakes, the level of need that is present and the risks it manages. The level of assessed need in the Service Area and the continued demand for cost savings is a persistent pressure and has an inevitable impact on the services we are able to deliver. The pressures noted earlier in the report relating to unfunded delayed discharge patients and care leavers are particularly significant in this regard.

MAHI - DSF Reports (LD Extracts) - 300
LEARNING DISABILITY SERVICE AREA

DATA RETURN 1

1 GENERAL PROVISIONS			
		<65	65+
1.1	How many adults were referred for assessment of social work / social care need during the year? *	**205**	**6**
1.2	Of those reported at 1.1 how many adults commenced receipt of social care services during the period?	**205**	**6**
1.3	How many adults are in receipt of social care services at 31st March?	**1603**	**213**
1.3a	How many adults are in receipt of social work support only at 31st March (not reported at 1.4)?	**Not available ***	**Not available ***
1.4	How many care packages are in place on 31st March in the following categories:		
	xix. Residential Home Care	**104**	**26**
	xx. Nursing Home Care	**119**	**64**
	xxi. Domiciliary Care Managed	**32**	**7**
	xxii. Domiciliary Non Care Managed	**96**	**32**
	xxiii. Supported Living	**198**	**40**
	xxiv. Permanent Adult Family Placement	**16**	**0**
1.4a	For all those listed above in 1.4 provide assurance that the Care Management process is being applied in accordance with the DHSSPS Care Management HSC ECCU/1/2010 Circular. ***Narrative – see response to 1.4b below.***		
1.4b	Please describe how Care Management process is being managed in this programme with particular reference to decision making levels, review and care planning, highlighting any particular difficulties being experienced and how they are being addressed. ***Narrative.*** The Circular is operational in relation to all commissioned services in 1.4. Trust-provided services follow different procedures but within the same framework of assessment, care planning, service provision and review. The Service Area has changed its review processes for Trust residential, supported living and daytime services. These are now chaired by a member of staff from the Service Area's care management team rather than by someone within the Service		

	to allow for more independence. The Service Area does not use NISAT as this has not been introduced for learning disability. However, it does make use of its own document "About You" which is a person centred, accessible document which is based on the NISAT. However, the Service Area uses other standardised care management tools which support the implementation of the guidance. The Service Area assesses need against criteria based on the guidance. Authorisation for standard costs is given at Operations Manager level with high cost cases being scrutinised at Service Manager level. Responsibility for assessment, care planning and service provision lies with professionally qualified community team members. Reviews can take place at either assistant care management level or care manager level depending on the complexity of cases.		
1.4c	Please articulate how the views of service users, their carers and families are included in the decision making process, review and care planning. Service users and carers, as appropriate, actively participate in assessment, care planning and reviews. This is achieved through regular communication, provision of information, sharing documents and invitations to meetings.		
1.5	Number of adults provided with respite during the period	*PMSI return*	*PMSI return*
1.6	Number of adults known to the Programme of Care in receipt of Centre based Day Care		
	- Statutory sector	**551**	**48**
	- Independent sector	**71**	**3**
1.6a	Number of adults known to the Programme of Care in receipt of Day Opportunities	**96 *** **499 ***	**6 *** **3***
1.7	Of those at 1.6 how many are EMI / dementia Statutory sector * Independent sector	 **28** **0**	 **3** **0**

1.8	Unmet need (this is currently under review)	**0**	**0**
1.8a	Please report on Social Care waiting list pressures; In addition to the delayed discharge population, there are 19 community clients waiting on suitable accommodation and support packages. There are 4 people awaiting a day care place. There are 26 clients formally identified as experiencing a shortfall in respite provision although actual numbers are undoubtedly much higher. Three clients are waiting on a domiciliary care service because of the lack of provider availability.		
1.8b	Please identify possible new service innovations that are currently supported by non-recurrent funding. The Service Area is working hard on developing better care pathways for people with dementia and sensory support needs. However this is being done within existing resources and the amount that can be achieved is limited. To develop these services in a comprehensive manner would require dedicated funding.		
1.9	How many of this Programme of Care clients are in HSC Trust funded care placements outside Northern Ireland?	**2**	**0**
1.10	Complaints – Please describe any service change or improvement implemented or intended as a result of complaint investigations. Learning from complaints has resulted in retraining for some staff on complaints and customer care with communication with relatives being stressed as particularly important.	*Board return*	*Board return*

1.1 – The figure of 205 includes 131 referrals to the MAH hospital team.
1.3– This figure includes 16 MAH Belfast Trust clients not known to community services aged under 65 and 1 aged over 65. It excludes 38, under 65s and 4 over 65s known only to nurses in community teams but receiving a range of services from the service area as a whole.
1.3a – The Service Area has integrated teams which would make it difficult to identify who receives social work support only. Also many of those at 1.4 receive social work support as well as care packages.
1.6a – The figures of 96 and 6 relate to Trust provided services. The figures of 499 and 3 relate to services provided by external organisations wholly or partially funded by the Trust.
1.7 – These figures are based on reports from daycentre staff about people they believe to have dementia.

LEARNING DISABILITY SERVICE AREA
DATA RETURN 1- HOSPITAL

1b GENERAL PROVISIONS - HOSPITAL				
		<18	**18-65**	**65+**
1.1 *	How many adults or children were referred to Hospital Social Workers for assessment during the period?	**13**	**131**	**0**
1.2	Of those reported at 1.1 how many assessments of need were undertaken during the period?	**13**	**131**	**0**
1.3	How many adults or children are on Hospital Social Workers caseloads at 31st March?	**8**	**83**	**1**

*1.1 – 1.3 – Includes referrals for children from Iveagh.

LEARNING DISABILITY SERVICE AREA
DATA RETURN 2

2 CHRONICALLY SICK AND DISABLED PERSONS (NI) ACT 1978			
		>65	**65+**
2.1	Details of patients less than 65 in hospital for long term (>3months) care who are being treated in hospital ward for over 65	**0**	**0**
2.2	Number of adults known to the Programme of Care who are:		
	Blind	*	*
	Partially sighted	*	*
2.3	Number of adults known to the Programme of Care who are:		
	Deaf with speech	*	*
	Deaf without speech	*	*
	Hard of hearing	*	*
2.4	Number of adults known to the Programme of Care who are:		
	Deaf/Blind	**40**	**18**

2.2 Following the deaf/blind screening exercise, the Service Area does not feel it can comment on those who are deaf, hard of hearing, blind or partially sighted with any confidence about accuracy. This screening exercise highlighted major definitional issues. The figures provided by PH & D services include those who have a learning disability. However, it is not possible to separate these at present. The Service Area intends to work with PH & D services to specifically identify those with a learning disability who are on the register in the coming year.

2.3 As above.

2.4 The definitions used in the recent deaf/blind screening have resulted in the identification of many more people in the Service Area who would be described as deaf/blind. The Service Area is currently considering the implications of this for the services we provide.

LEARNING DISABILITY SERVICE AREA
DATA RETURN 3

3 DISABLED PERSONS (NI) ACT 1989 ***Note: 'disabled people' includes individuals with physical disability, sensory impairment, learning disability***		
3.1	Number of referrals to Physical/Learning/Sensory Disability during the reporting period.	**211***
	Number of Disabled people known as at 31st March.	**1858**
3.2	Number of assessments of need carried out during year end 31st March.	**211***
3.3	Types of need that could not be met: (This is now collected at 1.8)	
3.4	Number of assessments undertaken of disabled children ceasing full time education undertaken	**25**

3.1 – Includes 131 adult MAH social work referrals

3.2 Refers to assessment of need of new referrals only. Assessments of need with existing clients in response to requests for services and changing circumstances are carried out regularly but are not counted as a separate caseload activity.

LEARNING DISABILITY SERVICE AREA
DATA RETURN 4

4 HEALTH AND PERSONAL SOCIAL SERVICES (NI) ORDER 1972;
Article15, Article 36 [as amended by Registered Homes (NI) Order 1992]

4.1	Number of Article 15 (HPSS Order) Payments	**124**
	Total expenditure for the above payments	**£11,441**
4.2	Number of TRUST FUNDED people in residential care	**130**
4.3	Number of TRUST FUNDED people in nursing care	**183**
4.4	How many of those at 4.3 received only the £100 nursing care allowance?	**5**
4.5	How many occasions in-year has the Trust been called upon to support Emergency Support Centres (ESC)?	*

4.5 – Figures supplied by PH & D services

LEARNING DISABILITY SERVICE AREA

DATA RETURN 5

5 CARERS AND DIRECT PAYMENTS ACT 2002

		16-17	18-64	65 +
5.1	Number of adult carers offered individual carers assessments during the period. *	**4**	**167**	**35**
5.2	Number of adult individual carers assessments undertaken during the period. *	**3**	**149**	**29**
5.3	Of the total at 5.2 in how many of the assessments were the carers, caring for disabled children?	**0**	**0**	**0**
5.4	Number of adult carers receiving a service @ 31st March *		**1193**	
5.5	Number of young carers offered individual carers assessments during the period.		**4**	
5.6	Number of young carers assessments undertaken during the period.		**3**	
5.7	Number of young carers receiving a service @ 31st March		**17 ***	
5.8	Number of adults receiving direct payments @ 31st March		**34**	
5.9	Number of children receiving direct payments @ 31st March		**0**	
5.9.a	Of those at 5.8 how many of these payments are in respect of another person? **Please see commentary below.**		*****	
5.10	Number of carers receiving direct payments @ 31st March		**80**	
5.11	Number of one off Carers Grants made in-year.		**239 (grants) 48 (therapies)**	

Note: sections 5.8, 5.9 and 5.10 are to be reported as mutually exclusive.

Commentary

5.1, 5.2 – These figures include assessments, reviews and reassessments.
5,4 – This figure is based on an as yet incomplete carers' database but we believe it to be a reasonable approximation of the number of carers we have involvement with. Age profiles will be available on completion of the database.
5.7. This figure is based on an as yet incomplete carers' database but we believe it to be a reasonable approximation of the number of young carers.
5.9a – Not clear on what is being asked here.

LEARNING DISABILITY SERVICE

DATA RETURN 6

THIS RETURN IS NOW SUSPENDED AS INFORMATION REQUESTED IS PROVIDED IN ADULT SAFEGUARDING REPORTS

DATA RETURN 7

THIS RETURN IS NOW SUSPENDED AS INFORMATION REQUESTED IS PROVIDED AT YEAR END 31ST DECEMBER

DATA RETURN 8

8 Assessed Year in Employment

CORPORATE RETURN SUBMITTED BY SOCIAL SERVICES LEARNING AND DEVELOPMENT SERVICE

PLEASE ENSURE A SEPARATE RETURN IS COMPLETED FOR EACH PROGRAMME

DATA RETURN 9
LEARNING DISABILITY SERVICE AREA

9 The Mental Health (NI) Order 1986			
Article 4 (4) (b) Article 5 (1) Article 5 (6) Article 18(5) Article 18(6) Article 115			
Admission for Assessment Process Article 4 and 5		**TRUST ASW**	**RESWS ASW**
9.1	Total Number of Assessments made by ASWs under the MHO	16	Reported by RESW
9.1.a	Of these how many resulted in an application being made by an ASW under (Article 5.1b)	16	Reported by RESW
9.1.b	How many assessments required the input of a second ASW (Article 5.4a)	0	Reported by RESW
	Comment on any trends or issues in respect of requests for ASW assessment or ASW applications		
9.1.c	Number of applications made by the nearest relative (Article 5.1.a)	0	
	Comment on any trends or issues in respect of Nearest Relative applications for admissions		
9.1.d	Can the Trust provide assurance that they are meeting their duties under Article 117.1 to take all practical steps to inform the nearest relative at least 7 days prior to discharge.		
	Yes, relatives are routinely involved in all discharge planning processes.		

Use of Doctors Holding Powers (Article 7)		
9.2	~~Total Number of Form 5s/5as completed)~~ NB Form 5a is no longer used How many times did a hospital doctor use holding powers?	4
9.2a	Of these, how many resulted in an application being made?	4
	Comment on any trends or issues on the use of holding powers	
ASW Applicant reports		
9.3	Number of ASW applicant reports completed *	15
9.3.a	How many of these were completed within 5 working days	15
	Please provide an explanation for any ASW Reports that were not completed within the requisite timescale, and what remedial action was taken.	

9.3 – daytime assessments only.

Social Circumstances Reports (Article 5.6)		
9.4	Total number of Social Circumstances reports completed.	0
9.4.a	Number of completed reports which were completed within 14 days	
	Please provide an explanation for any Social Circumstances Reports that were not completed within the requisite timescale, and / or any discrepancy between the number of Nearest Relative applications accepted and the number of Social Circumstances Reports completed, and what remedial action was taken.	

Mental Health Review Tribunal

9.5 Number of ~~referrals~~ applications to MHRT in relation to detained patients

Requested by	Number MHRT requested	MHRT Hearings completed	Number of patients re-graded > 6weeks before hearing	Number of patients re-graded < 6 weeks before hearing	Number unexpectedly discharged by MRHT
Trust	3 (9)	3 (8)	0(0)	0 (0)	0 (0)
Patient	8 (5)	6 (1)	0 (0)	0 (1)	0 (0)
Nearest Relative	0 (0)	0 (0)	0 (0)	0(0)	0 (0)
Other	0 (0)	0(0)	0 (0)	0 (0)	0 (0)
Total	11 (14)	9 (9)	0 (0)	0 (1)	0 (0)

Comment on any trends or issues in respect of Mental health Review tribunals
Belfast Trust figures first, other Trusts in brackets.

9.5.a	~~Number of MHRT hearings~~	
9.5.b	~~Number of patients regraded by timescales:~~	
	~~a. < 6 weeks before MHRT hearing~~	
	~~b. > 6 weeks before MHRT hearing~~	

Guardianships (Article 18)

9.6	Number of Guardianships in place in Trust at period end	4
9.6.a	New applications for Guardianship during period (Article 19(1))	0
9.6.b	How many of these were transfers from detention (Article 28 (5) (b))	0
9.6.c	How many were Guardianship Orders made by Court (Article 44)	0
9.6.d	Number of new Guardianships accepted during the period (Article 22 (1))	0
9.6.e	Number of Guardianships renewed during the reporting period (Article 23)	4
9.6.f	Number of Guardianships accepted by a nominated other person	0

9.6.g Number of MHR hearings in respect of people in Guardianship

Requested by	Number MHRT requested	MHRT Hearings completed	Number of patients re-graded > 6weeks before hearing	Number of patients re-graded < 6 weeks before hearing	Number unexpectedly discharged by MRHT
Trust	2	2			0
Patient					
Nearest Relative					
Other					
Total	2	2			0

9.6.h	Total number of Discharges from Guardianship during the reporting period (Article 24) Discharges as a result of an agreed multi-disciplinary care plan: 1 Lapsed: 0 Discharged by MHRT: 0 Discharged by Nearest Relative: 0 Total: 1	
	Comment on any trends or issues in respect of Guardianship	

Approved Social Worker (ASW) Register		
9.7	Number of newly appointed Approved Social Workers during period	0
9.7.a	Number of Approved Social Workers removed during period	0
9.7.b	Number of Approved Social Workers at period end (who have fulfilled requirements consistent with quality standards)	5

Commentary

Please give assurance that the number of authorised ASW, and ASWs in training is adequate to enable the Trust to continue to discharge its statutory duties

As previously noted, the Service Area is experiencing some difficulties in managing the demands of ASW work and this is the subject of review.
The Service Area currently has five active ASW's, one in training and intends to train a further ASW this year. As well as participating in the ASW rota, Service Area ASW's also carry out Guardianship-related functions. Their specialist knowledge, experience and skills are also of huge benefit in general casework and in advising other team members.

Service Area ASW's participate in refresher and re-approval training as appropriate. They also attend ASW fora.

Service Area ASW's have not reported any difficulties with interviewing in an appropriate manner and there is an interpreting service available.

Service Area ASW'S continue to report significant waits for beds to be made available, resulting in increased stress for service users and carers. The conveyance of patients to hospital also presents frequent difficulties. Waiting times for ambulance or PSNI attendance and co-ordinating the two if both are needed are the major difficulties.

9.8	Do any of the returns for detention and Guardianship in this section relate to an individual who was under 18 years old? If so please provide detailed explanation for each and every instance including their age and relevant powers used. Includes two children's admissions to Iveagh (Children's disability services to provide commentary)	
9.9*	How many times during the reporting period has the Trust notified the Office of Care and Protection under Article 107?	6
	Issues or trends relating to notifications to the office of care and protection and on-going management of such arrangements Please see detailed commentary on OCP issues in Section 3.4.	

	Issues or trends relating to notifications to the office of care and protection and on-going management of such arrangements See above.	
The Mental Health Order (NI) 1986 as amended by The Criminal Justice (NI) Order 1996.SArticle 50A (6). **Schedule 2A Supervision and Treatment Orders.**		
9.10	Number of supervision and treatment orders, (where a Trust social worker is the supervising officer) in force at the 31st March	**1**
9.11	Of the Total shown at 9.10 how many have their treatment required as:	**0**
	Treatment as an in-patient	**0**
	Treatment as an out patient	**1**
	Treatment by a specified medical practitioner.	**0**
9.12	Of the total shown at 9.10 how many include requirements as to the residence of the supervised person (excluding in-patients)	**1**
9.13	Of the total shown at 9.10 how many of these supervision and treatment orders were **made** during the reporting period.	**1**

Belfast Health and Social Care Trust

caring supporting improving together

BELFAST HEALTH & SOCIAL CARE TRUST

REGIONAL REPORTING TEMPLATE FOR DELEGATED STATUTORY FUNCTIONS

For Year end 31 March 2016

MAHI - DSF Reports (LD Extracts) - 312

REPORTING TEMPLATE INDEX

SECTION 1 – INTRODUCTION

- to be completed by Executive Director of Social Work

SECTION 2 – EXECUTIVE SUMMARY

- to be completed by Executive Director of Social Work (inc signature & date)

SECTION 3 – GENERAL NARRATIVE & DATA

- to be completed for each Programme of Care by the Social Work Leads for that Programme
- the data returns 1-6 & 8-9 for each programme should follow the narrative
- all Programmes must complete an individual Data Return 1-6 & 8-9 inclusive
- Data Return 9 (Mental Health) can be compiled by the ASW Lead but should have a separate data set for each Programme
- Data Return 10 is only to be completed by the Family & Child Care Programme (this is for the 6 month period 1st October – 31st March)
- Data Return 11 replaces the Training Accountability Report
- please ensure complete reporting of all Data Returns **(nil returns or non-applicable should be reported)**

DATA RETURNS

1 General Provisions (Returns 2-9 below relate to specific statutory duties, the data returned therein constitutes a sub-set of this return)
2 Chronically Sick and Disabled Persons
3 Disabled Persons (NI) Act 1989
4 Health and Personal Social Services Order
5 Carers and Direct Payments Act 2002
6 (Safeguarding Adults)
7 (Social Work Teams and Caseloads)
8 Assessed Year in Employment
9 Mental Health
10 Family and Child Care specific returns (CC3/02)
11 Training Accountability Report

CONTENTS SHEET

1. Introduction

This Report provides an overview of the Trust's discharge of its statutory functions in respect of services delivered by the social work and social care workforce (the social care workforce). It addresses the assurance arrangements underpinning the delivery of these services across the individual Service Areas, outlines levels of compliance with the standards specified in the Scheme for the Delegation of Statutory Functions (Revised April 2010) (the Scheme for Delegation) and identifies on-going and future challenges in the provision of such services.

The Trust, as a corporate entity, is responsible in law for the discharge of statutory social care functions delegated to it by virtue of authorisations made under the Health and Personal Social Services (Northern Ireland) Order 1994. The Trust is accountable to the Health and Social Care Board (HSCB) for the discharge of such functions and is obliged to establish sound organisational and related assurance arrangements to ensure their effective discharge.

The following are central to the delivery of statutory services are:

- A focus on the assessed needs of the individual service user.
- Promoting and supporting the service user's engagement as fully as possible in decisions about their care.
- A commitment to seamless, multi-professional, integrated working across all Trust service settings.
- The optimising of available resources to provide high quality, effective and efficient services.
- The promotion of inclusive partnerships with community, statutory and voluntary sector organisations in the development and delivery of accessible and inclusive services.
- Person centred service delivery approaches.
- A skilled, knowledgeable and highly competent workforce.

The Scheme for Delegation provides the overarching assurance framework for the discharge of statutory social care functions. It outlines:

- The powers and duties which are delegated to the Trust.
- The principles and values which underpin the delivery of statutory services.
- The policies, circulars and guidance to which the Trust must adhere in the discharge of such functions.
- The organisational assurance arrangements in respect of same.

The Scheme for Delegation requires the Trust to produce an annual report addressing how it has discharged those statutory functions pertaining to social care services.

The Trust's exercise of these functions, in particular those relating to the protection and care of children and vulnerable adults and restrictions of personal liberty, give rise to significant levels of public and media interest and scrutiny.

The Executive Director of Social Work is professionally accountable for and is required to report to the Trust Board on the discharge of statutory social care

functions. An unbroken line of professional accountability runs virtually from the individual practitioner through the Service Area professional and line management structures to the Executive Director of Social Work and onto the Trust Board.

This Report has been prepared on an HSCB regional template and is sub-divided into the following sections:

SECTION 1: An introduction to the Report.

SECTION 2: An overview of the Trust's performance in relation to the discharge of its statutory functions across the respective Service Areas by the Executive Director of Social Work.

SECTION 3: Individual Service Area reports, each of which addresses a range of key themes including: a review of the Service Area's engagement with external regulatory agencies with regard to the discharge of statutory social care functions; challenges with regard to the delivery of statutory social care services; workforce issues; and areas of emerging significance.

The individual Service Area reports include a number of information returns relating to statutory social care service delivery.

APPENDICES:

BHSCT Assessed Year in Employment (Social Workers) Annual Overview Report.

BHSCT Social Services Workforce Learning and Development Accountability Report

The Belfast Local Adult Safeguarding Panel (LASP) Report 2013-2014

I would like to take this opportunity to recognise the role and contributions of Trust staff across all professions and Directorates in the discharge of statutory functions.

The discharge of statutory functions is complex, demanding, highly skilled and rewarding work. In particular, I would wish to express my appreciation of the professionalism and dedication of the Trust's social care workforce in this regard.

Cecil Worthington
Executive Director of Social Work

May 2016

2 GENERAL

Executive Director of Social Work:

2.1 Statement of Controls Assurance

(Brief statement is sufficient, however any gaps / breaches in terms of compliance should be highlighted and the action taken to resolve these)

Reference to RQIA should be included.

Reference to NISCC and the Trust's mechanisms for monitoring registration status should be included.

The Trust has achieved satisfactory compliance with the requirements specified in the Scheme for Delegation.

The individual Service Area returns provide detailed commentaries on the levels of compliance, areas of difficulty and emerging trends in relation to the delivery of statutory services.

In the context of a particularly challenging operational and budgetary environment characterised by significant resource and capacity pressures, enhanced levels of public expectation, related scrutiny and an on-going drive for modernisation and service improvement, the Trust has continued to prioritise the safe discharge of its statutory social care functions.

The Trust has co-operated fully with the Regulation and Quality Improvement Authority (RQIA) in the discharge of its functions.

The Trust is compliant with NISCC's Code of Practice for Employers. With regard to the registration of the workforce, the Trust has robust organisational arrangements in place to monitor and assure compliance with registration requirements. The trust is currently preparing for the compulsory registration of the social care workforce. The Trust is engaged in regular formal and informal contacts with NISCC.

2.2 Accountability arrangements from frontline staff to Executive Director on Trust Board with responsibility for professional social work.

This must include confirmation that all Social Work staff receive formal and regular professional supervision from a professionally qualified social worker who can function in this supervisory role. Please state when this is not the Social Work Line Manager.

The Executive Director of Social Work is professionally accountable for the discharge of statutory functions by the social care workforce and related assurance arrangements pertaining to same across all Service Areas. These arrangements are underpinned by an unbroken line of professional accountability from the individual practitioner through the Service Area professional and line management structures to the Executive Director of Social Work and onto the Trust Board.

The Trust's social care workforce is operationally and professionally managed within two Directorates-Adult Social and Primary Care and Childrens Community Services. The Trust's Executive Director of Social Work also holds the post of Director of Children's Community Services. The Co-Director of Social Work and Social care Governance supports the Executive Director in the discharge of his responsibilities.

The Associate Directors of Social Work have a key organisational role in providing assurance with regard to the discharge of statutory functions. They have responsibility and are accountable for:

- The professional leadership of the social care workforce within their respective Service Areas.
- The provision of expert advice within their Service Areas on the discharge of statutory functions and professional issues pertaining to the social care workforce.
- Ensuring organisational and assurance arrangements are in place within their Service Areas to facilitate the discharge, monitoring and reporting on the discharge of statutory functions.
- The completion of the individual Service Area Annual and Interim Statutory Functions Reports.
- Ensuring that arrangements are in place within the Service Area to monitor compliance with NISCC workforce regulatory requirements.

The Trust's Adult Social Services Professional Social Work Supervision Policy (January 2014) and the Regional Supervision Policy Standards and Criteria (Revised November 2013) provide the framework for the delivery of professional social work supervision to social work staff in adult and childrens services. The Trust's Supervision Policy and Procedures for Social Care Staff in Adult Services October 2011outlines the processes and standards informing supervision delivery to social care staff.

Compliance with supervision standards is monitored through Service Area and Trust-wide audit processes. A Trust-wide professional social work supervision monthly exception reporting system has been implemented to monitor compliance

with the frequency of supervision delivery and to identify and address any areas of non-compliance. (Please see individual Service Area Reports).

Under the auspices of the Regional Social Work Strategy, a Draft Regional Adult Social Work Supervision Framework has been developed which is about to be disseminated for consultation. The Draft Framework seeks to establish regionally agreed standards for the delivery of social work supervision in adult services.

The securing of a sufficient base of designated operational management and professional social work posts at Band 7 and above is of particular significance in integrated service structures to facilitate the delivery of professional social work supervision.

2.3 Executive Director of Social Work's General Statement of Controls Assurance setting out the Trust's performance in-year against the Discharge of Statutory Functions.

(Narrative should be specific. Trusts should take the opportunity to append their Adult Safeguarding Report).

Within the individual Service Areas the Trust has sought to consolidate and develop monitoring and assurance mechanisms in relation to its discharge of statutory functions. These are detailed in the individual Service Area reports.

The Trust's Assurance Framework outlines the overarching corporate mechanisms and related processes which provide assurance as to the effectiveness of the systems in place to meet the Trust's objectives and to deliver appropriate outcomes.

The Executive Director of Social Work is responsible for assuring the arrangements underpinning the discharge of statutory social care functions. She/he is required to report directly to the Trust's Assurance Committee and the Trust Board on the discharge of these functions. The Annual Statutory Functions and six-monthly Corporate Parenting Reports are presented to Trust Board for its consideration and approval.

The Executive Director of Social Work:

- Provides professional leadership to the Trust's social care workforce.
- Provides expert advice to the Trust Board on all matters pertaining to the discharge of statutory functions.
- Is accountable for the assurance of all issues pertaining to the social care workforce's compliance with professional and regulatory standards.

The Trust has recently established a Social care Committee. The Committee is chaired by a Non-Executive Director, Ms Anne O'Reilly. The other three members of the Committee are also Non-Executive Directors Ms Miriam Karp, Dr Martin Bradley and Mr Stuart Elborn. The Committee is a sub-committee of the Trust's Assurance Committee. It is authorised by the Trust Board to review the Annual and Interim Statutory Functions Reports, the six-monthly Corporate Parenting Reports and miscellaneous other reports pertaining to the discharge of statutory functions which are present to Trust Board.

The Social Care Steering Group (membership of which is made up of the Associate Directors of Social Work Group) is a sub-committee of the Trust's Assurance Committee with responsibility for the monitoring of and reporting to the Assurance Committee on the discharge of statutory functions.

The Trust has established a Children's Safeguarding Committee which has responsibility for providing assurance to the Trust Board that appropriate and effective Trust-wide arrangements are in place to facilitate the discharge of its statutory responsibilities to safeguard the welfare of its childhood population. Membership of the Committee is drawn from senior operational and professional staff from each of the Trust's Directorates and is chaired by the Executive Director of Social Work.

The Trust has established an Adult Safeguarding Committee which mirrors the remit and structures outlined in respect of the Children's Safeguarding Committee from an adult safeguarding perspective. In the context of the dissemination of the Revised Regional Adult Safeguarding Policy, the Adult Safeguarding Committee will have a substantial focus on assuring the implementation of and compliance with the Regional Policy.

Each Service Area has its local Risk Register which informs the populating of the Directorate and Trust's Corporate Risk Registers and Principal Risks Document respectively.

The Trust has developed interim compliance arrangements in response to the limited assurance findings of a BSO audit of data collation and assurance processes in respect of the returns included in the Annual Statutory Functions and six-monthly Corporate Parenting returns for the period ending 31 Marche 2014. The full implementation of the PARIS information system in childrens services and the optimising of the system's reporting functionality across both adults and childrens social care services will provide the substantial future assurance in relation to social care data management and assurance arrangements.

The recent RQIA regional review of professional regulatory structures and assurance processes commented positively on the Trust's social care arrangements.

2.4 Summary of areas where the Trust has not adequately discharged Delegated Statutory Functions.

Trust should where appropriate include brief descriptions and cross references when the matters being reported are dealt with in detail in other sections of this report. Where such cross referencing is not appropriate the failure to discharge any statutory function must be reported in this section.

This has been a challenging year for the Trust as a consequence of the overarching financial context, the complexity of need, the ongoing drive for modernisation and reform of service delivery processes, caseload volumes pressures across all Service Areas and the enhanced levels of public expectations and scrutiny.

The Trust has continued to prioritise investment in its workforce knowledge and skills base; to consolidate and enhance service user engagement; to strengthen its partnerships with local communities and voluntary, private and statutory agencies; and to promote community capacity building and the creation of social enterprise initiatives within localities. Within this context the Trust achieved IIP Bronze accreditation

The following is an overview of a number of areas which have generated particular challenges in relation to the discharge of statutory functions over the reporting period. The individual Service Area reports provide detailed commentaries on the issues as they relate to their respective service delivery responsibilities.

Deprivation of Liberty:
As noted in a number of the Service Area reports, the Trust's Legal Adviser has commented on the Trust's need to review all those situations in which service delivery arrangements have given rise to a deprivation of a service user's liberty and has recommended that, on the basis of prioritisation of the nature and extent of the deprivation, the Trust should engage with the Courts to progress applications for Declaratory Orders in relation to all such deprivations. This is potentially a huge task from logistical, professional and workforce perspectives with the likelihood of substantial direct costs related to legal proceedings. The Trust has addressed this matter previously with the DHSSPS and the HSCB.

Revised Regional Adult Safeguarding Policy:
The implementation of the Regional Policy will significantly enhance the scope and service delivery responsibilities of the Trust in relation to adult safeguarding. While the Trust is fully supportive of the thrust and aims of the Policy, it will require a substantial investment in training and awareness raising across the Trust's workforce, and a significant investment in adult social work service delivery capacity in light of the specific workforce requirements in relation to the role of social workers as prescribed in the Policy.

PARIS
The implementation of PARIS within childrens services is progressing. However, in view of the need to develop system software to facilitate current and projected reporting functionality, the Trust would suggest that additional investment will be required to support the implementation process. The Trust recognises the need at both Trust and regional levels to substantially develop information management capacity and infrastructure within community services as a whole and particularly in relation to the discharge of statutory functions.

Other areas referenced in the individual Service Area reports include:

- Challenges associated with the delivery of the Trust's daytime ASW Rota.
- The current "freeze" in Supporting People funding with significant implications for the development of specialist accommodation across all Service Areas.
- The overarching financial context. While the Trust has continued to prioritise the discharge of statutory functions, it has minimal capacity to do so on an ongoing basis without impacting directly on statutory service delivery.

- Implications for the discharge of statutory functions of the restructuring of commissioning arrangements.

2.5 Progress report on Actions taken to improve performance, including financial implications. This section should make specific reference to last year's report (sect 2.4), actions arising and progress made.

Statutory Functions Action Plans:
The HSCB in consultation with the Trust has established a schedule of meetings and related action planning and review processes to address performance with regard to the discharge of statutory functions. Progress on the action plans emanating from the Annual and Interim Statutory Functions Reports and on-going difficulties and emerging challenges are addressed within the individual Service Area meetings with HSCB staff and reflected in the current Action Plan.

There are no specific outstanding actions as such arising out of the Interim Statutory Functions Report (November 2015) although a number of the areas addressed will be included on the agenda for the annual review meeting in June 2016.

Workforce:
The Trust has continued to promote the development of its social work and social care workforce through on-going investment in learning and development in line with the Regional Workforce Development and Training Strategy. The Trust has achieved relative stability across its social work and social care workforce. As noted above, the Trust was recently reviewed and re-accredited as an IIP Bronze Award organisation.

Finance:
As previously noted, this has been a challenging year in relation to the discharge of statutory functions across all Service Areas in the context of the complexity of need, pressures associated with referral and caseload volumes, the intensity of public and media scrutiny and the overarching budgetary constraints.

In relation to the discharge of statutory functions, the Trust has continued to prioritise service delivery and has addressed on an on-going basis with the HSCB those areas where demand, resources and capacity issues have been most difficult. The Trust is committed to progressing its modernisation and reform agenda which is predicated on further developing partnerships with key stakeholders in the development, delivery and reform of services and the strengthening of community infrastructures and capcity.

2.6 Highlight which, if any, of the areas require further improvement and if they have been included in the Trust's Corporate Risk Register.

The individual reports provide a synopsis of risks listed on Risk Registers.

The following risk pertaining to the discharge of statutory functions is presently listed in the Trust's Principal Risks Document:

Maintenance of controls and assurance processes underpinning the discharge of statutory functions within each Service Area.

2.7 Set out the systems, processes, audits and evaluations undertaken internally or externally identifying emerging trends and issues which shape the Directors conclusion about Trust performance.

This should include a summary (more detailed information should be provided within the relevant sections of this report) of Audits, Service Improvement evaluations etc, conducted by the Trust or by others, including Recommendations and progress.

The Trust is engaged in an on-going focus on the effectiveness of its assurance processes with regard to discharge of statutory functions. Details of audits are listed in individual Service Area reports.

- RQIA independent thematic and facility inspections.
- RQIA and the Mental Health Review Tribunal statutory duties to scrutinise the Trust's discharge of its statutory functions under the Mental Health (NI) Order 1986.
- The Trust is publicly held to account by the Courts with regard to its discharge of its statutory social care duties.
- The Trust is publicly held to account by the Assembly's Committee for Health Social Services and Public Safety. This involves written submissions to and appearances before the Committee of Trust staff to address thematic and specific issues of interest/concern relating to statutory social care services delivery.
- External and internal performance management and accountability arrangements facilitate scrutiny of the Trust's performance in respect of the provision of statutory services.
- The following are core reports prepared by the Trust for the HSCB and the DHSSPSNI related to the discharge of its statutory functions: the Trust's Annual and Interim Statutory Functions Reports; six-monthly Corporate Parenting Report; the Trust's Annual Self-Assessment Report (Section 12 Audit) to the Safeguarding Board for NI (SBNI); the Belfast Local Adult Safeguarding Partnership (LASP) Annual Report; the Annual Accountability Report in respect of Social Services learning and development activity; the Annual Assessed Year in Employment (AYE) Audit; the Annual Social Services Workforce Return; and ad hoc reports as and when required.
- The Trust's Serious Adverse Reporting and Children's Services Untoward Events arrangements afford a process for Departmental and HSCB monitoring and related learning from significant events.
- The Trust's arrangements for the investigation and management of compliments and complaints and the Trust's interface with the Office of the Commissioner for Complaints.
- The Trust's discharge of its statutory duties to co-operate with the SBNI-in particular its responsibilities with regard to Case Management Reviews (CMR) and related children's safeguarding inquiries.
- The Trust's engagement with the NI Adult Safeguarding Partnership and its discharge of its responsibilities in relation to Case Management reviews and related adult safeguarding inquiries.

CONCLUSION:

The financial context has presented substantial challenges to all Service Areas during the reporting period. The requirement to make the levels of savings delivered to date processes through service improvement, modernisation and efficiencies while retaining service continuity and quality has proved hugely challenging in light of the range and complexity of need, the increases across Directorates in service delivery volumes and the rapidity and scale of organisational change.

2016-2017 will in all likelihood prove even more demanding. While the Trust will continue to prioritise the discharge of its statutory functions, the scale of the financial challenges for Service Areas will inevitably give rise to further service delivery pressures.

The Service Areas are progressing innovative modernisation and improvement initiatives to maximise service delivery performance and outcomes. The importance of flexible, person centred social care services in obviating unscheduled admissions to hospital and facilitating timely discharges and the Trust's central role in the development of community capacity and resilience through partnerships such as those centred on the operationalising of Family Support and Mental Health Hubs, the Recovery College and the Trust's support for and commissioning of locality-based schemes to support vulnerable adults.

The Older Peoples Services Workforce Review is an ambitious service improvement initiative which seeks to re-profile the importance of professional social work's contribution to provision of qualitative and innovative service delivery to older people. It is predicated on a commitment to professional excellence-evidence-based, outcomes, person centred and rights based provision which promotes the social dimension to wellbeing.

It is essential that the investment in workforce development to enhance skills, knowledge and capacity within a practice culture which promotes and values their engagement, expertism and the exercise of professional discretion within robust accountability and assurance arrangements is consolidated.

The promotion of personalisation and Self-directed Care, service user participation in the development, planning and review of services, outcomes-led practice which accentuates qualitative measures of effectiveness located within a coherent evidence base are pivotal to optimising overall performance.

The Social Work Strategy is moving through into its second phase of implementation. *Putting improvement at the heart of social work* captures its emphasis on the dynamism and drive of the profession providing a strategic framework and related priorities which will inform the development of social work over the next number of years.

The social care workforce has a crucial role in the delivery of community services. In the Trust's view, compulsory registration of the social care workforce will consolidate the importance of their work; enhance their profile and status while strengthening workforce assurance.

The discharge of statutory functions related to the development of safeguarding arrangements and practice in both adults and children's services; the securing of seamless service pathways across acute and community settings to reduce unnecessary hospital admissions and facilitate safe, person centred discharges; and the resettlement of long stay patients from mental health and learning disability hospitals will present substantial challenges.

The maintenance of vulnerable adults and children with complex health and social care needs within their own communities with enhanced levels of risk will require a sustained investment in community infrastructure and community capacity and the engagement and support of communities and service users and the wider public. Strong partnerships with statutory, voluntary, community and private sector organisations will be pivotal to maximising of available resources and capacity to deliver improved outcomes for service users.

The social work and social care workforce will have a key role in the delivery of the Trust's vision. Their values, skills and knowledge base will be central to the effective delivery of integrated person centred care, the optimising of personal choice, the management of risk and the promotion of healthy, inclusive and enabling communities.

Cecil Worthington
Executive Director of Social Work
May 2016

MAHI - DSF Reports (LD Extracts) - 325

LEARNING DISABILITY SERVICE AREA

GENERAL NARRATIVE

3.1	**Named Officer responsible for professional Social Work**
	Ms Aine Morrison remains the Associate Director of Social Work in Learning Disability (LD), a post she has held since 1.7.13. Mr John Veitch, Co-Director for Learning Disability has assured the Service Area Report which meets the requirements of the prescribed audit process in respect of the discharge of statutory functions. The Associate Director of Social Work has responsibility for professional issues pertaining to the social work and social care workforce within the Service Area. She is accountable to the Executive Director of Social Work for the assurance of organisational arrangements underpinning the discharge of statutory functions related to the delivery of social care services within the Service Area. The Associate Director of Social Work is responsible for: ➢ Professional leadership of the social work and social care workforce within the Service Area. ➢ The establishment of structures within the Service Area to monitor and report on the discharge of statutory functions. ➢ The provision of specialist advice to the Service Area on professional issues pertaining to the social care workforce and social care service delivery, including the discharge of statutory functions. ➢ The collation and assurance of the Service Area interim and annual statutory functions' reports. ➢ The promotion and profiling of the discrete knowledge and skills base of the social care workforce within the Service Area. ➢ Ensuring that arrangements are in place within the Service Area to facilitate the social care workforce's learning and development opportunities. ➢ Ensuring that arrangements are in place within the Service Area to monitor compliance with NISCC registration requirements. An unbroken line of accountability for the discharge of statutory functions by the social care workforce runs from the individual practitioner through the Service Area line management and professional structures to the Executive Director of Social Work.
3.2	**Supervision arrangements for social workers**
	The Service Area continues to work to the Belfast Trust Adult Social Work Supervision Policy which covers both line management and professional supervision arrangements. The Policy provides for line management supervision for social workers at least every six weeks and where the line manager is not a social worker, additional professional supervision on a quarterly basis. All supervisory staff have received training on this policy. Supervision affords a mechanism for addressing organisational

	engagement, performance and accountability and a vehicle for feedback and reflection which are fundamental dimensions to learning and development. Under the auspices of the Regional Social Work Strategy a revised regional adult social work supervision policy and standards is being developed with a strong evidence based-focus, linking investment in supervision delivery with enhanced workforce knowledge and skills and improved service delivery outcomes. The revised policy will incorporate a range of supervision delivery options incorporating group and peer supervision models within a strong emphasis on reflective approaches. A team leader vacancy has created some difficulties in meeting these standards in one of the multi – disciplinary teams. This difficulty was managed by continuing with individual supervision but with reduced frequency and by ensuring arrangements were in place to cover immediate case management issues and access to professional supports on request. This team leader post has recently been filled. The Service Area held a workshop with its social work staff in May 2015 to update and develop the learning disability social work pathway. This was a very good opportunity for a significant number of new social workers who had joined the Service Area recently to create a shared vision for social work with the existing staff. Learning Disability social workers also continue to attend Approved Social Work Fora, Designated Officer Support Fora and Achieving Best Evidence Support Fora as appropriate. These are highly valued sessions which ensure staff have access to support in these complex areas of practice and are kept appraised of developments in these fields. In relation to supervision of AYE staff, the Service Area is compliant with the Revised Guidance for Registrants and Their Employers, NISCC July 2010. AYE social workers are facilitated to attend the Trust's AYE Forum. The Service Area has employed one AYE staff member during this reporting year who completed in July 2015.
3.3	**Report on processes, audits, reviews, research and evaluations undertaken during the year, that measure performance against delegated statutory functions, identifying emerging trends and issues (may include cross references to other sections to this report).**
	.The Service Area is now into Phase 3 of its short breaks review. Phases 1 and 2 have involved data collection and analysis of a wider range of factors including; 1. The amount of LD short break provision provided by BHSCT 2. Who is accessing the service and what is the frequency of access. 3. The equity of provision and access. 4. The cost structure. 5. An assessment of need for each service user. 6. The current allocation process. 7. Matching usage to the service user assessment of need. 8. Matching costs and any differential to assessment of need.

9. Reviewing the cost effectiveness and value for money of current provision.

The data collation and analysis have highlighted a number of difficulties relating to;

1. Under usage of some services compared to unmet demand for others
2. Geographical inequities in provision
3. Cost variations with associated value for money queries
4. Allocation matching assessment of need.

Phase 3 to date has involved a series of workshops with service users, carers, statutory sector staff and independent sector providers where the outcome of the data gathering and the data analysis was shared and views on this information sought.

Key themes from service users were;

1. Their enjoyment of short breaks as long as there were plenty of activities available.
2. A wish for more short breaks
3. Some difficulties about sharing with other service users.

Key themes from carers were;

1. The importance of short breaks
2. A wish for more short breaks.
3. A wish for availability of different types of short breaks.
4. A wish for more information about short breaks
5. A wish for earlier notification about their allocation.
6. A frustration with transport difficulties associated with short breaks.

A further series of workshops is planned for June 2016 to develop proposals for the future shape of short break provision.

Service Area internal procedures require team leaders to carry out random file audits during each supervision session with team members. Operations managers are required to carry out quarterly audits of the standard of these file audits. Operations Managers are also required to carry out a monthly audit of the quality of supervision provided by team leaders. As detailed in 3.2, staff absence and vacancies at management level have caused difficulties in meeting some of these internal Service Area standards. A current vacancy at operations manager level will continue to affect performance in this area until the post is filled.

The Service Area complies with Trust procedures on supervision exception reporting which ensures that any difficulties in providing supervision are highlighted to senior management and action plans agreed at that level.

A wide variety of statistics are gathered on a monthly basis from the four community teams. These include statistics on case numbers, adult safeguarding activity, Mental Health Order activity, carers' assessments, direct payments and unmet need. These are monitored at Operations Manager level for compliance with requirements and for emerging issues and trends.

The Service Area performed well in a regional audit of user and carer involvement in adult safeguarding processes which took place in November 2015.

An internal Service Area audit of the quality of safeguarding recording took place in March 2015. The audit found good standards generally but felt that a template/guide to the areas to be covered at meetings would promote consistency across teams. The Service Area's safeguarding service will be taking this recommendation forward.

The Service Area performed very well in an internal audit of compliance with supervision standards which took place in November 2015.

The Service Area's annual audit of compliance with adult placement regulations took place in May 2015 and found good compliance in all areas.

The BSO audited the Service Area in relation to the "Management and Reporting of Discharge of Statutory Functions by Social Workers 2014/15". This audit showed problems with evidence for and assurance of data returns. The Service Area is trying to address these problems but resources and systems for information management remain a challenge. PARIS has recently been introduced for the Service Area but data reports are not yet available for Learning Disability services so this year's report has not been able to make use of these.

The Service Area is due to provide information for 2015 – 2016 in June 2016 for the LDSF return. The Service Area will endeavour to report as accurately as possible but remains concerned about the relevance of some of the standards and the difficulties which all Trusts have reported with reliability and validity of some of the data.

The HSC Board recently reviewed 120 Service Area files, 60 from community teams and 60 from residential and supported living services for the purposes of LDSF data. The Service Area generally performed well but there was a significant decrease in evidence for annual reviews being available. The Service Area is currently reviewing what may have caused this.

B.S.O. audited the Service Area's care management contracting processes but the Service Area has not had an outcome as yet.

The Service Area also participated in the regional Gain audit of ASW admissions.

The most recent Trust wide audit of compliance with forms and process requirements under the Mental Health (N.I.) Order 1986 showed 100% performance in Learning Disability services.

3.4	**Report on the Programme of Care's interfaces with other statutory agencies including for example: NISCC; RQIA; PHA (in relation to social care) Trusts should include references to Judicial Reviews or other significant Court Judgements that directly impact on the discharge of statutory functions.**
	All social work and social care staff in the Service Area who are required to do so are registered with the NISCC. This is monitored via supervision arrangements in line with the Trust's Registration and Verification Policy. The Trust also maintains a central register and monitors the registration status of all relevant staff through this. Social workers are supported to meet the NISCC's on-going professional development requirements. The Trust's Personal Contribution Framework process allows for each social worker to have a Personal Contribution and Personal Development Plan. The Service Area also provides induction for all new staff which meets the NISCC's induction standards. This includes a two day learning disability-specific induction course developed and run by the Service Area with the direct input of service users and carers. The Service Area carries out a number of functions under The Mental Health (NI) Order 1986 and meets the requirements of the RQIA and the Mental Health Review Tribunal in relation to these. These include the provision of the necessary paperwork, reports and notifications for admissions for assessment, Guardianship and tribunals. The Service Area has reported previously on discussions with the Mental Health Review Tribunal to discuss the implications of its decision to notify patients of discharge on the day of the hearing. The Service Area had met with the MHRT on 3.7.14 and made a number of suggestions about timing of Tribunals and the communication process for Tribunal decisions. The MHRT was to consult further with their staff about these proposals and respond to the Trust. The Trust then had some difficulties in getting any further response. However, a useful meeting was held with MHRT staff on 4.2.16. The MHRT has had a lot of staff changes so previous discussions were not familiar to them. Trust staff noted that the practice of holding Tribunals on Friday afternoons had stopped but that there was still some concern about how informing the patient of the Tribunal decision was managed. Trust staff indicated a clear preference for this to be done when the patient was back on the ward where it would be much easier to make appropriate discharge arrangements. Tribunal staff agreed to consider this. It was also agreed that Trust and Tribunal staff should meet annually to discuss any issues. The Service Area's day care facilities, residential and supported living services are all registered with the RQIA and subject to on-going inspection and monitoring. The Service Area notifies the RQIA of any untoward incidents as per their

reporting requirements.

The Service Area liaises with RQIA on adult safeguarding issues as they arise in relation to any registered facility.

The Service Area has contributed as appropriate to MARAC and PPANI processes.

The Service Area liaises with the PSNI as per the Joint Protocol arrangements where appropriate.

The Service Area remains as reported in previous years concerned about the changes in the Office of Care and Protection (OCP) practice about their willingness to manage service users' affairs. The Service Area has also had some contact from the OCP in relation to a service user whose behaviours are such that they contact the OCP regularly and another Service Area in the Trust has had a similar experience. The OCP charge service users for all these contacts and have suggested that they may no longer be able to provide them with a service. The Trust has significant concerns about such an approach as it is the service users' disabilities that cause them to act in the way that they do. The Trust has recently written to the OCP seeking a meeting to discuss such matters.

The Service Area and the Trust continue to work in partnership with the Housing Executive in relation to the Supporting People programme. However, planning and budgetary uncertainty in the Housing Executive has caused significant difficulties recently where discussion about future schemes has halted altogether and plans for existing schemes have been postponed. As discussed elsewhere in this Report, the Service Area has an ongoing need for supported housing to meet need particularly for those service users with complex needs and this situation is having a significant impact on service delivery.

High Court Applications

The Service Area is in the process of making high court applications for declaratory judgements in two cases where the Service Area believes it is depriving the service users concerned of their liberty.

In the first case, the service user is accused of a serious violent crime and although the criminal justice process has not imposed any restrictions on his liberty to date, the Service Area felt it was necessary to do so in order to keep others safe.

In the second case, the service user has profound disabilities which require a locked door in his adult family placement home to keep him safe. The service user is also subject to Guardianship because his natural family object to the placement with the adult family scheme. The Mental Health Review Tribunal (MHRT) adjourned a hearing with the suggestion that the Trust seek a Declaratory Order in relation to the elements of his care plan that involved a deprivation of liberty (DOL). The Tribunal stated that it could

only rule on the grounds for Guardianship and that the Trust needed separate authority for other aspects of this service user's care.

The Service Area sought legal advice from the Directorate of Legal Services (DLS) on the LEGAL ADVICE PRIVILEGE [redacted] In a departure from previous advice, DLS suggested LEGAL ADVICE PRIVILEGE [redacted]. The advice read as follows;

LEGAL ADVICE PRIVILEGE [redacted]

LEGAL ADVICE PRIVILEGE

[redacted]

LEGAL ADVICE PRIVILEGE

The Service Area is currently working to identify such “red flag” cases.
The advice has very significant implications for Learning Disability services and beyond. This advice potentially applies to a significant proportion of those in residential, nursing home or supported living settings and potentially day care settings. It may also apply to informal patients in psychiatric hospitals and incapacitated patients in acute hospitals.

	The implications fall into four main categories; 1. Workforce capacity. 2. Financial cost 3. Staff training 4. Service user and carer impact Learning Disability services carried out a scoping exercise in 2014 of service users it was believed could be described as deprived of their liberty. It was estimated that 500 service users out of a total community population could be described as deprived of their liberty and 54 out of a total hospital population. These figures demonstrate the scale of the task if legal authority was to be sought for these cases. The minimum cost based on DLS's estimates would be approximately £1 million. As a comparison in terms of workforce capacity, LD services currently have just three service users subject to guardianship and the Trust as a whole has seven. Muckamore Abbey Hospital had 18 Mental Health Review Tribunals in relation to detained patients in the period from 1.4.14 – 31.3.15. Guardianship and detention processes and Tribunals probably offer a reasonable approximation to the amount of time and work involved although this is difficult to gauge as we do not know how the High Court would respond to these issues coming before it. Numbers of those who might fall into the categories suggested by DLS as part of a graduated approach would probably be relatively small but scoping in relation to this has not been completed as yet.

MAHI - DSF Reports (LD Extracts) - 334

3.5	Summary of difficulties or issues in regard to the ability to discharge Delegated Statutory Functions	3.6 Provide a progress report and emerging learning in relation to remedial action to improve performance including financial implications	3.7 Indicate if the issue is included on your Trust Risk Register and at what level
1.	Appropriate provision for the accommodation and support of care leavers who have a learning disability continues to be a major difficulty. These young people have highly complex needs and service provision that meets their needs is severely lacking. The Service Area provided accommodation and support packages for two care leavers during last year's reporting period. The combined cost of these packages is £320,430 per annum. The Service Area is working to provide placements for a further six care leavers in 2016-2017. Again, these young people have highly complex needs and placements are expected to have a total cost in the region of £ 628,560 per annum. In addition the Service Area continues to have two young people placed in treatment services in England. We are currently actively seeking a placement in N. Ireland for one of them but are experiencing significant difficulties finding appropriate provision. Initial cost	The Service Area has received significant cost pressure funding from the HSC Board this year to help meet the ongoing financial demands which has been very welcome. The Service Area has very recently introduced a new planning process which ensures that those young people who may need funding beyond the funding available in core day services are identified earlier. The Service Area has an identified Operations Manager with responsibility for transitions planning who continues to scope the needs of this population. The Service Area continues to run an accommodation planning group which plans ahead for their needs. The Service Area works with a number of independent sector providers where opportunities present which may meet the needs of these young people.	This issue is on the Service Area Risk Register and is categorised as a moderate risk.

	indicators from one provider are suggesting a cost of approx. £500,000 per annum for this service user. Difficulties with service provision for children transitioning into adult services are not confined to care leavers. Adult services often struggle to provide the same level of provision as had been the case. This is a particular issue in relation to short breaks provision. In addition, the Service Area is increasingly struggling to find appropriate day services for young people transitioning from school particularly where they have very challenging behaviour and need lots of physical space and individual support.	The Service Area continues to make these cost pressures known to the HSC Board. The Service Area's day services strategy aims to target day centre provision for those with the most complex needs which will involve a process of supporting individuals with less complex needs towards more integrated provision. However, this is a process that will take time and that has to accommodate the anxieties of those involved.	
2.	The HSCB will be aware of the ongoing difficulties the Service Area has encountered in achieving the PTL resettlement target for this year. The target for the year 2015/16 was sixteen. One of these patients died and one patient completed a first overnight but then chose not to continue with the process. Three others have completed or commenced their trial resettlements. This leaves twelve patients to be resettled during 2016-2017. Eight of these patients have plans for a move into their new homes pre March	The Service Area will continue to work with the HSCB in achieving the retraction plan for the hospital. The Service Area believes that the community infrastructure funding which the HSCB has made available has strengthened the services available to support these placements.	This issue is on the Service Area risk register and is categorised as a high risk.

	2017; and four have plans for a new supported living scheme in the Belfast Trust scheduled for completion in June 2017.		
3.	This year's target for funded delayed discharge patients was six. Of these, three have been either resettled or have commenced trial resettlement. The remaining three are awaiting the development of the new specialist supported living scheme in the Belfast Trust scheduled for completion in June 2017. In addition, the Service Area has resettled a further four delayed discharge patients who had complex delayed discharge funding made available to them. There remain sixteen unfunded Belfast Trust delayed discharge patients in MAH.	The Service Area strives to achieve discharge as soon as possible for patients. Discharge planning commences from the point of admission to try and prevent further delayed discharges. The Service Area's accommodation planning group continues to plan for all delayed discharge patients and this group of service users are given high priority for any vacancies that arise.	This issue is on the Service Area Risk Register and is categorised as a high risk.
4.	The Service Area is experiencing pressure on the availability of acute admission beds due to the numbers of delayed discharge patients in admission wards. On eleven occasions, there have been no admission beds available for urgent admissions and patients have had to sleep out in other wards for a number of nights or on occasions for longer. This situation has	The Service Area continues to actively plan for all delayed discharge patients to move out of the hospital as soon as possible. Community services have developed their capacity to provide assessment and treatment in the community and are working to both prevent admission and provide earlier	This issue is not on the Service Area's risk register but is monitored very closely for ongoing trends.

	also meant that planned admissions have had to be delayed. On two occasions this year, patients from the Western Trust have been admitted to Muckamore due to a lack of availability of beds in Lakeview.	discharge support.	
6.	The Service Area remains significantly concerned about deprivation of liberty safeguards for those who lack capacity. The Service Area continues to feel that the Departmental guidance of 14/12/10 on the issue does not give definitive advice about how to act in the legislative vacuum that currently exists. This concern has been heightened by the Cheshire West Supreme Court decision, the recent DLS advice received and the current advice about Guardianship and deprivation of liberty being issued by the Tribunal. The Service Area would welcome further guidance from the HSCB and the DHSSPS as to how it should act while the legal debates continue.	The Trust has made the Department and the HSCB aware of the difficulties it perceives in the guidance and with the current lack of clarity from the courts. The Trust is currently considering the most recent advice issued by DLS.	This issue is on the Trust's Risk Register and is categorised as a high risk.
8.	New organisational arrangements within the PSNI have significantly improved initial response times by the PSNI to adult safeguarding referrals but delays in the later stages of an investigation continue to	Protection plans are always put in place without delay. The Service Area is awaiting the detail of the	This issue is not on the Service Area Risk Register but is kept under review via LASP processes.

	cause some difficulties. Inability to progress an investigation until the PSNI have completed aspects of their own can cause great distress to the alleged victim and alleged perpetrator alike and it can also cause significant operational difficulties for an organisation who have to maintain protection plans which often involve staff suspension while the investigation is ongoing. The increased volume of safeguarding work also causes the Trust significant resource difficulties including difficulties in implementing required timescales, particularly, but not solely, restricted to administrative matters such as written acknowledgement, closure notification and minutes distribution. The lack of funding for dedicated administrative support in relation to adult safeguarding is a major difficulty and compares unfavourably with the recognition of this need in child protection services. The very significant increase in adult protection work in recent years particularly highlights this issue.	procedural guidance to accompany the new regional policy. The Service Area has been fully involved in Trust-wide discussions about the implementation of the new policy. The Service Area is actively involved in LASP and NIASP groups which are reviewing these issues.	
9.	The Trust's financial position continues to have a significant impact on the availability of service provision. A range of direct service provision such as day care	The Service Area operates a service request panel which scrutinises and prioritises requests for service provision as far as possible.	This issue is on the Service Area Risk Register and is categorised as a moderate risk.

	packages, respite, domiciliary care, direct payments and residential/nursing care are all affected and requests continue to be agreed in only the most urgent and critical circumstances. However, the requirement to meet assessed need resulted in approximately nineteen new nursing care packages, twenty-five new domiciliary care packages, seventeen new residential care packages and twenty-four new supported living placements this year. While there was no overspend in the care management budget at the end of the year, this was only achieved because of cost pressures funding given to the Service Area by the HSCB which, while very welcome, was non- recurrent. Of the new nursing home packages purchased this year, 74% were at regional rate and 26% above regional rate. Of new residential placements, 18% were at regional rate and 82% above regional rate. For supported living placements where there are no regional rates, 63% were at or below the regional residential rate and 37 % above. The complexity of need in Learning Disability continues to cause severe cost pressures. Efforts to provide services in a manner that meets the policy direction of	The Service Area continues to use a standardised tool to support decision making about assessing need. The Service Area continues to make representation to the HSC Board about cost pressures. Information on unmet need is collated and analysed. The Service Area seeks to scrutinise costs presented by independent sector organisations as closely as possible and to keep all such funding arrangements under review.	

	individualised, person centred, home based care are often resource intensive and therefore expensive. The Service Area is finding it increasingly difficult to source residential or nursing placements at the standard regional rate. A number of LD providers who previously had done so instigated significant price increases this year so we anticipate seeing the percentage rate of placements above regional rates rise year-on-year from here on as new admissions are made. We are also seeing an increasing trend for higher third party payments which can place significant pressures on families. The lack of regional commissioning agreements regarding high cost cases remains very problematic. In addition, the Service Area has experienced great demand this year for increase in payments for independent sectors to meet the costs of new living wage, night time working and pension requirements.		
	The Service Area has a growing need to provide a range of services to those with forensic histories particularly as more of these service users are being resettled	.The Service Area greatly welcomes the funding recently provided by the Board to develop forensic services and is presently	This area is on the Service Area's risk register and is categorised as a moderate risk.

	from Muckamore Abbey Hospital. These service users have complex needs often presenting with co-morbid drug and alcohol addiction or mental illness. The Service Area struggles to find accommodation and support services willing to accept service users with these difficulties. The Service Area also needs significant extra treatment provision for these service users in community services.	working on implementing the plans outlined in the IPT. The Service Area provides considerable support to providers who do offer placements to this group of service users. The Service Area continues to use the PQC guidance to manage the risk these service users may present to themselves or others.	
	The Service Area continues to experience increasing pressure in making its contribution to the Trust-wide ASW Daytime Rota. The number of ASWs on the rota has reduced which has resulted in increased workload for those remaining. This difficulty is being experienced in all Service Areas. A lack of acute admission beds in the Belfast Trust area has compounded these difficulties. ASWs are experiencing long delays in accessing beds and are often having to travel to Craigavon, Omagh and Derry to access one. This is causing significant distress for	The Trust has completed a comprehensive review of our current model of ASW provision and is in the process of considering its recommendations.	This area is being considered under the ASW review.

	service users and carers and significant operational difficulties for ASWs who are experiencing long working hours and difficulties with negotiating travel and escort arrangements with the PSNI and the ambulance service.		

3.8	**Key Social Work Workforce issues, including recruitment, retention, flexible working arrangements, workforce continuity etc. Information provided should include level and type of vacancies and any vacancy control systems in place.**
	The Service Area continues to have a relatively stable social work workforce and does not experience any retention difficulties. Demand for any temporary or permanent vacancies that have arisen has been high. A very experienced social work lead at Operations Manager level retired at the end of March 2016 and three more experienced social work practitioners will also retire in the coming year. The Service Area has two unfilled social work posts at present, the Operations Manager post created by a retirement and a Band 6 post which has been appointed but not taken up as yet. The new HRPTS and BSO recruitment systems have created significant delays at times in progressing appointments. Flexible working arrangements including part-time hours, flexi-hours and term time working are made available where possible. The Service Area has one social worker currently on the Regional ASW Programme.
3.9	**Trusts should provide a copy of their charging policies and provide explanation of what aspects of service provision you apply this to?**
	Residential and Nursing Homes Charging – The Trust operates in accordance with the DHSSPS Charging for Residential Accommodation Guide **(CRAG)** April 2015 to determine charges. The Trust is now working with providers in a number of schemes to establish a detailed breakdown of costs and charges following the Departmental guidance on service users who choose to pay as tenants for additional support services; " HSC Service Users in Supported Housing Accommodation – Guidance." The Service Area's financial support policy continues to allow for service users to make contributions to staff costs in some limited areas such as holiday travel, holiday accommodation and social activity costs. However, the Service Area remains aware that there is varying practice across Trusts and non-Trust service providers and as noted in previous reports would welcome regional guidance on what is appropriate in this regard. The Service Area continues to receive requests for support with both voids and start-up costs from housing and care providers. This issue is potentially destabilising for these important services and does cause

	significant financial pressures. However, the Trust does not have the financial capacity to cover these costs nor would it feel that this is necessarily the responsibility of Trusts. Again, the Service Area would welcome regional guidance about the role Trusts should play in such circumstances.
3.10	**Social Workers who work within Designated Hospitals Give an account of how these duties are fulfilled by Social Workers working in these designated hospitals**
	Muckamore Abbey Hospital continues to have a small core social work team, comprising of one senior social worker, two social workers and one Band 7 acting as Designated Officer under adult safeguarding arrangements. One of the established social workers in the MAH team continues to provide a service 2.5 days a week in the Iveagh Centre. The previous temporary replacement social worker who had covered the 2.5 days within the hospital left her post and a replacement is in the process of being recruited. The team provides a service to hospital patients from all Trusts. Social work forms a core part of the hospital's services. Social workers are core members of the multi-disciplinary teams on the following wards: Cranfield Men; Cranfield Women; Cranfield ICU; Killead; Donegore; and Sixmile Assessment and Treatment where they actively participate in the assessment and treatment of patients. They also have a key role in discharge and resettlement planning. Liaison with relatives and carers and assessment of home situations is an important part of the hospital social work function. Liaison, co-ordination and communication with community social work colleagues across the region are also key areas. Other wards may request a social work service in individual cases. The Muckamore Social Work Team represents Belfast Trust as the detaining authority at Mental Health Review Tribunals on a regular basis and team members are skilled and experienced practitioners in this regard. While community social workers from both Belfast and other Trusts will sometimes provide the social work evidence to Tribunals, where the patient is best known to the hospital team they will provide this. For the period from April2015 to March2016 social workers from the team have completed seven out of nine tribunals for Belfast Trust patients, two for Northern Trust patients and two for South Eastern Trust patients. In total there were thirteen MHRT hearings in Muckamore Abbey Hospital. There was also one child in the Iveagh Centre whose community social worker undertook the hearing which was not held on the adult hospital site. There were additionally two Belfast Trust patients in Muckamore Abbey Hospital whose tribunal hearings were undertaken by Belfast Trust staff completing the

	Approved Social Work Course as part of a core course requirement. Hospital social work staff provided support and guidance on both occasions. The social work service at Muckamore leads the work on safeguarding, providing advice, support and guidance to other hospital staff. There is one Band 7 lead designated officer. The postholder processes the majority of the hospital's adult safeguarding referrals. The Senior Social Worker is also Designated Officer and covers for periods of sickness or annual leave. The social workers in the team are trained to act as investigating officers. All social work staff are trained to Joint Protocol and pre interview assessment level. Adult safeguarding work forms a very significant part of the team's workload. The social work team has a continued role in the implementation of the Promoting Quality Care guidance. The team has particular skills and experience in risk assessment and management and provides a mentorship service for other staff undertaking this work. In a related function, the social work team link with PPANI, MARAC, the PPU, Gateway services and community adult protection services about hospital patient risk management issues. The Senior Social Worker and the lead Designated Officer report to the hospital's management committee on matters relating to adult safeguarding.
3.11	**Provide a summary of actions undertaken to adopt a Human Rights based approach in your work with service users and carers.**
	The Service Area remains committed to incorporating human rights considerations into all aspects of its work. All staff are supported to attend mandatory human rights awareness training and more advanced training as appropriate. Training in other relevant topics also considers human rights issues. Specific prompts and guidance on the relevant human rights considerations are provided in the policy, procedures and tools for; i) Adult Safeguarding Procedures ii) Capacity, Consent and Best Interests Issues iii) Guardianship Decisions iv) Admission for Assessment Decisions v) Mental Health Review Tribunal Reports vi) Risk Assessment and Risk Management vii) Restrictive practice and physical intervention processes. viii) Care Plans Human rights considerations are paramount in considering deprivation

	of liberty issues and in any court applications. The Service Area has a value base that encourages respect and dignity for each individual, promotes equal citizenship and equal access to services and supports the empowerment of service users. All of these themes promote a human rights culture in the Service Area. This value base can be seen in Service Area initiatives such as user fora, user consultation, user led training at induction and the provision of accessible information. Human rights considerations are well embedded in everyday practice and all staff are encouraged to bring a human rights focus to all aspects of their work.

HUMAN RIGHTS

3.12	Identify any challenges encountered in the balancing of Rights.	3.13 What action have you taken to manage this challenge?	3.14 What additional actions (if any) do you propose to manage any ongoing challenges?
1.	The use of compulsory powers under the Mental Health (NI) Order 1986 continues to require careful balancing of the human rights issues involved. These generally involve a conflict between an individual or societal right to protection versus an individual's right to self-determination, to liberty and to a private and family life.	Staff training in human rights. Staff updates on legislative developments. ASW refresher and re-approval training. The provision of ASW fora to support good practice. The provision of guidance and support on incorporating human rights considerations into all aspects of practice. The use of tools to prompt human rights considerations. Feedback to consultation processes by the Service Area on new legislation which will have a rights-based approach. The provision of accessible information to service users about their rights. The provision of advocacy services.	All on-going.
2.	As noted in previous reports, the Service Area remains concerned about the lack of consistency in Mental Health Review Tribunal judgements around the definition of severe mental handicap and severe mental impairment. This issue creates potential human rights concerns in relation to Article 6, Right to a Fair Trial.	The Service Area awaits the introduction of the new capacity legislation which should address this issue. Provision of advocacy services.	All on-going.

3.	The Mental Health Review Tribunal system is such that those who seek an independent review of an admission for assessment under the Mental Health (NI) Order 1986 are generally unable to obtain this within the timeframe of the assessment period. This again creates potential human rights concerns in relation to Article 6, Right to a Fair Trial.	The Service Area attempts to be as accommodating as possible in arranging early Tribunal dates but this remains a major difficulty. Even meeting the current six- week timeframe can be challenging.	All on-going.
4.	Adult safeguarding work raises many human rights' balancing issues. Again these generally involve someone's right to protection versus a right to self-determination. It can also involve complex risk management decisions which need to balance an individual victim's protection or societal protection with an individual perpetrator's right to privacy and protection. The duty of Trust staff to consult with the PSNI under Joint Protocol arrangements about any alleged or suspected criminal act, even without the consent of the alleged victim, raises significant human rights' challenges. However, the new Joint Protocol when implemented will improve this situation considerably.	Staff training on human rights. Staff training on data protection. Staff training on adult safeguarding issues. The provision of support groups for investigating officers and designated officers to promote good practice. The use of adult safeguarding tools which prompt consideration of human rights issues. The provision of advocacy services.	All on-going,
5.	The implementation of the Promoting Quality Care guidance on risk assessment	Staff training on human rights. Staff training on data protection.	All on-going.

	and risk management also creates human rights' balancing challenges. These again involve the right to protection versus the right to self-determination and the complexities of information sharing decisions.	Staff training on the Promoting Quality Care guidance. Staff training on capacity and consent issues. Service user training on capacity and consent issues. The use of risk assessment and management tools which prompt consideration of human rights issues. The provision of advocacy services. Staff updates on legislative developments. Legal advice sought on individual cases	
	As previously noted in 3.4 and 3.5 (6), the lack of clarity in relation to the definition of a deprivation of liberty and the necessary actions and safeguards needed in response to any deprivation causes a significant human rights challenge and is a matter of considerable concern for the Service Area.	Issue has been raised with the DHSSPS and the HSCB. The Service Area considers deprivation of liberty issues in care planning and attempts to ensure that decisions about people's care avoid situations which could be construed as deprivations of liberty where possible and, if unavoidable, kept to a minimum and reviewed for on-going necessity regularly.	All on-going

3.15	**Identify key achievements or awards within the Trust that specifically support the delivery and quality of your delegated statutory functions.**

The Trust was very pleased to have achieved IIP bronze accreditation this year in recognition of its investment in and commitment to its workforce.

The Service Area has completed a major task in creating a carers' database which holds the details of approx. 1200 carers involved with our service users. By improving our information sources, we will be able to better plan for services to carers.

The database has already been used in a major outreach exercise to all the carers on it, asking them to let us know their preferences about future involvement with the Trust. The response rate has been very good at 220 written responses. .

Sixty-eight carers have responded saying they would be interested in joining a formal carers' reference group which the Service Area is now progressing to set up.

The Service Area continues to welcome the significant amount of carers' funding it has received over the last two years including an additional recurrent £50 000 for direct payments for carers and a non-recurrent £62 000. This funding has allowed us to support carers with :

1. individual grants for short breaks
2. Complementary therapies
3. Direct payments for carers
4. Activity programmes for carers as a means of short break provision
5. Carers' group activities and social events

The Service Area has developed a sensory care pathway to include guidelines for assessment, diagnosis, training and care for service users who have sensory integration needs. A training programme has been completed and the new service is operational.

The Service Area feels that it has made good progress in implementing its community infrastructure development plan. This year has seen the integration of psychology into community teams and the addition of behaviour support practitioners in these teams. It has also seen full staffing of the Intensive Support Service including an extended hours service pilot which has been running since February 2016. The service is available Mon – Fri, 5pm – 8pm currently. To date, the indicators are that the availability of planned interventions outside hours has been very helpful but there has been no demand as yet for unplanned interventions. The Service Area is about to carry out a more detailed analysis to see if there were any crisis situations occurring within those hours where the service was not used.

	The Service Area has made progress with introducing a self-directed support model of care. While there are still some concerns about the nature of some of the processes and the potential funding implications, the Service Area is committed to the principles of more service user choice and control over services they receive. The Service Area has an action plan in place which will see all new referrals for domiciliary care follow the new process from July 2016, then all new referrals for non-residential short breaks by October 2016 and non-statutory day services by December 2016.
3.16	**SUMMARY**
	This year has seen a further period of increasing demand and restricted finances. This report outlines the complexity of work the Service Area undertakes, the level of need that is present and the risks it manages. The level of assessed need in the Service Area and the continued demand for cost savings remains a persistent pressure. Caseload numbers have risen this year again by 50 cases, a trend which the Service Area has seen over the last 5-6 years although it had stabilised last year. However, the Service Area remains of the belief that, within the resources available to it, its service provision is generally effective at delivering a good quality services to people with a learning disability. The Service Area also believes that, despite the acknowledged difficulties with data collation and assurance, its organisational and governance arrangements are largely compliant with statutory responsibilities. The Service Area is looking forward to consolidating the community infrastructure developments that have been put in place. The Service Area is also continuing with modernisation of its day services and residential and supported living services. The Service Area believes that it has a strong value base which is committed to person centred models of care which respect service users and carers.

LEARNING DISABILITY SERVICE AREA
DATA RETURN 1

1 GENERAL PROVISIONS			
		<65	65+
1.1	**How many adults were referred for assessment of social work / social care need during the year?** * (*age breakdown currently unavailable, figures includes 103 Muckamore Abbey Hospital referrals*)	**181***	**0**
1.2	**Of those reported at 1.1 how many adults commenced receipt of social care services during the period?**	**181**	**0**
1.3	**How many adults are in receipt of social care services at 31st March?** (*1.3a – The Service Area has integrated teams which would make it difficult to identify who receives social work support only. Also many of those at 1.4 receive social work support as well as care packages*.**)**	**1700**	**164**
1.3a	**How many adults are in receipt of social work support only at 31st March (not reported at 1.4)?**	**Not available ***	**Not available ***
1.4	**How many care packages are in place on 31st March in the following categories:**		
	xiii. Residential Home Care	**99**	**29**
	xiv. Nursing Home Care	**108**	**68**
	xv. Domiciliary Care Managed	**68**	**10**
	xvi. Domiciliary Non Care Managed	**106**	**25**
	xvii. Supported Living	**224**	**40**
	xviii. Permanent Adult Family Placement	**16**	**0**
1.4a	**For all those listed above in 1.4 provide assurance that the Care Management process is being applied in accordance with the DHSSPS Care Management HSC ECCU/1/2010 Circular.** ***Narrative –*** see response to 1.4b below.		
1.4b	**Please describe how Care Management process is being managed in this programme with particular reference to decision making levels, review and care planning, highlighting any particular difficulties being experienced and how they are being addressed.** ***Narrative.*** The Circular is operational in relation to all commissioned services in 1.4. Trust provided services follow different procedures but within the same framework of assessment, care planning, service provision and review. The Service Area does not use NISAT as this has not been introduced for learning disability. However, it does make use of its own document "About You" which is a person centred, accessible document based on the NISAT.		

	However, the Service Area uses other standardised care management tools which support the implementation of the guidance. The Service Area assesses need against criteria based on the guidance. The Service Area runs a service request panel where all new applications for care managed services are considered. Authorisation for standard costs can be given at Operations Manager level with high cost cases being scrutinised at Service Manager level. Responsibility for assessment, care planning and service provision lies with professionally qualified community team members. Reviews can take place at either assistant care management level or care manager level depending on the complexity of cases. The Service Area is experiencing some difficulties with high volumes of care management work and is about to undertake a review of demand and capacity in relation to this.		
1.4c	**Please articulate how the views of service users, their carers and families are included in the decision making process, review and care planning.** Service users and carers, as appropriate, actively participate in assessment, care planning and reviews. This is achieved through regular communication, provision of information, sharing documents and invitations to meetings.		
1.5	**Number of adults provided with respite during the period**	*PMSI return*	*PMSI return*
1.6	**Number of adults known to the Programme of Care in receipt of Centre based Day Care**		
	- **Statutory sector**	**518**	**48**
	- **Independent sector** -	**60**	**3**
1.6a	**Number of adults known to the Programme of Care in receipt of Day Opportunities** *(figure of 229 relates to service users availing of services commissioned or partially commissioned by the Trust with independent sector organisations*)	**104** **377***	**3** **0**

1.7	**Of those at 1.6 how many are EMI / dementia** Statutory sector *8 under 65, 3 over Independent sector *These figures are based on reports from day care staff about people they believe to have dementia*	 **8** **0**	 **3** **0**
1.8	**Unmet need (this is currently under review)**		
1.8a	**Please report on Social Care waiting list pressures**; In addition to the delayed discharge population, resettlement and leaving care populations there are fifteen community clients waiting on suitable accommodation options for whom no potential suitable options have been identified. There are fifty-seven people waiting for short breaks, of whom fifty-four are waiting for activity based forms of short breaks provision.		
1.8b	**Please identify possible new service innovations that are currently supported by non-recurrent funding.** The Service Area used non recurrent carers' funding this year to support a number of innovative pilot initiatives for carers which were very well received. This support for carers could be sustained if the funding were recurrent. The Service Area would like to see the funding for existing DES project staff made permanent which would allow us to stabilise the programme. The Service Area believed that it had obtained additional funding this year for more DES staff as Belfast Trust had less funding than other Trusts and had employed someone on a temporary basis. The additional Band 7 has allowed significant extra activity to take place including a range of health promotion activities and health screening for service users who use GP practices who have not signed up to the programme. In March 2016 the Service Area realised that it had not in fact received this additional funding and, while it has made a renewed bid for this at the time of writing, has not received a response.		
1.9	**How many of this Programme of Care clients are in HSC Trust funded care placements outside Northern Ireland?**	**1**	
1.10	**Complaints – Please describe any service change or improvement implemented or intended as a result of complaint investigations.**	*Board return*	*Board return*

	Learning from complaints has included the need for; ➢ Better preparedness when changing services in order to minimise the impact on the service user. ➢ Communication with all services users well in advance of changes to prepare them for what it will mean for services to them ➢ Inform families of changes in a timely manner. ➢ Communication quickly and directly with patient after a complaint is raised.		

LEARNING DISABILITY SERVICE AREA

DATA RETURN 1- HOSPITAL

1b GENERAL PROVISIONS - HOSPITAL				
		<18	**18-65**	**65+**
1.1 *	**How many adults or children were referred to Hospital Social Workers for assessment during the period?**	**13**	**102**	**1**
1.2	**Of those reported at 1.1 how many assessments of need were undertaken during the period?**	**13**	**102**	**1**
1.3	**How many adults or children are on Hospital Social Workers caseloads at 31st March?**	**6**	**84**	**1**

LEARNING DISABILITY SERVICE AREA
DATA RETURN 2

2 CHRONICALLY SICK AND DISABLED PERSONS (NI) ACT 1978			
		>65	**65+**
2.1	**Details of patients less than 65 in hospital for long term (>3months) care who are being treated in hospital ward for over 65**	**n/a**	
2.2	**Number of adults known to the Programme of Care who are:**		
	Blind	**23**	*****
	Partially sighted	**40**	*****
2.3	**Number of adults known to the Programme of Care who are:**		
	Deaf with speech	**10**	*****
	Deaf without speech	**15**	*****
	Hard of hearing	**27**	*****
2.4	**Number of adults known to the Programme of Care who are:**		
	Deaf/Blind	**7**	

*Age breakdown not available.

LEARNING DISABILITY SERVICE AREA
DATA RETURN 3

3 DISABLED PERSONS (NI) ACT 1989 ***Note: 'disabled people' includes individuals with physical disability, sensory impairment, learning disability***		
3.1	**Number of referrals to Physical/Learning/Sensory Disability during the reporting period.**	**181**
	Number of Disabled people known as at 31st March.	**1864**
3.2	**Number of assessments of need carried out during year end 31st March. (***Refers to assessment of need of new referrals only. Assessments of need with existing clients in response to requests for services and changing circumstances are carried out regularly but are not counted as a separate caseload activity)*	**181**
3.3	**Types of need that could not be met: (This is now collected at 1.8)**	
3.4	**Number of assessments undertaken of disabled children ceasing full time education undertaken** *(figure is no of children transitioning to adult services from children's disability services)*	**33**

LEARNING DISABILITY SERVICE AREA
DATA RETURN 4

4 HEALTH AND PERSONAL SOCIAL SERVICES (NI) ORDER 1972;		
Article15, Article 36 [as amended by Registered Homes (NI) Order 1992]		
4.1	**Number of Article 15 (HPSS Order) Payments**	**90**
	Total expenditure for the above payments	**£14,629.80**
4.2	**Number of TRUST FUNDED people in residential care**	**127**
4.3	**Number of TRUST FUNDED people in nursing care**	**176**
4.4	**How many of those at 4.3 received only the £100 nursing care allowance?**	**2**
4.5	**How many occasions in-year has the Trust been called upon to support Emergency Support Centres (ESC)?**	**5**

4.5 – Figures supplied by PH & D services

LEARNING DISABILITY SERVICE AREA
DATA RETURN 5

5 CARERS AND DIRECT PAYMENTS ACT 2002

		16-17	18-64	65 +
5.1	**Number of adult carers offered individual carers assessments during the period. ***	**Not Avail.**	**220**	**Not Avail**
5.2	**Number of adult individual carers assessments undertaken during the period. ***	**Not Avail.**	**186**	**Not Avail**
5.3	**Of the total at 5.2 in how many of the assessments were the carers, caring for disabled children?**	**Not Avail.**	**0**	**Not Avail**
5.4	**Number of adult carers receiving a service @ 31st March ***	**Not Avail.**	**961**	**145**
5.5	**Number of young carers offered individual carers assessments during the period.**		**0**	
5.6	**Number of young carers assessments undertaken during the period.**		**0**	
5.7	**Number of young carers receiving a service @ 31st March**		**0**	
5.8	(a) Number of requests for direct payments during the period 1st April – 31st March (b) Number of new approvals for direct payments during the period 1st April – 31st March 2016 (c) Number of adults receiving direct payments @ 31st March		**38** **38** **34**	
5.9	**Number of children receiving direct payments @ 31st March**		**0**	
5.9.a	**Of those at 5.8 how many of these payments are in respect of another person?**		**32**	
5.10	**Number of carers receiving direct payments @ 31st March**		**48**	
5.11	**Number of one off Carers Grants made in-year.**		**229**	

Note: sections 5.8, 5.9 and 5.10 are to be reported as mutually exclusive.

Commentary

5.1, 5.2 – These figures include assessments and re-assessments. Age breakdown unavailable.

LEARNING DISABILITY SERVICE AREA

DATA RETURN 6

THIS RETURN IS NOW SUSPENDED AS INFORMATION REQUESTED IS PROVIDED IN ADULT SAFEGUARDING REPORTS

DATA RETURN 7

THIS RETURN IS NOW SUSPENDED AS INFORMATION REQUESTED IS PROVIDED AT YEAR END 31ST DECEMBER

DATA RETURN 8

CORPORATE RETURN SUBMITTED BY SOCIAL SERVICES LEARNING AND DEVELOPMENT SERVICE

PLEASE ENSURE A SEPARATE RETURN IS COMPLETED FOR EACH PROGRAMME

DATA RETURN 9
LEARNING DISABILITY SERVICE AREA

9 The Mental Health (NI) Order 1986
Article 4 (4) (b) Article 5 (1) Article 5 (6) Article 18(5) Article 18(6) Article 115

Admission for Assessment Process Article 4 and 5		TRUST ASW	RESWS ASW
9.1	**Total Number of Assessments made by ASWs under the MHO**	**8**	
9.1.a	**Of these how many resulted in an application being made by an ASW under (Article 5.1b)**	**7**	
9.1.b	**How many assessments required the input of a second ASW (Article 5.4a)**	**0**	
	Comment on any trends or issues in respect of requests for ASW assessment or ASW applications		
9.1.c	**Number of applications made by the nearest relative (Article 5.1.a)**	**0**	
	Comment on any trends or issues in respect of Nearest Relative applications for admissions		
9.1.d	**Can the Trust provide assurance that they are meeting their duties under Article 117.1 to take all practical steps to inform the nearest relative at least 7 days prior to discharge.**	Yes, relatives are routinely involved in all discharge planning processes.	
Use of Doctors Holding Powers (Article 7)			
9.2	~~Total Number of Form 5s/5as completed)~~ NB Form 5a is no longer used **How many times did a hospital doctor use holding powers?**	**2**	
9.2a	**Of these, how many resulted in an application being made?**	**2**	
	Comment on any trends or issues on the use of holding powers		
ASW Applicant reports			
9.3	**Number of ASW applicant reports completed ***	**16**	
9.3.a	**How many of these were completed within 5 working days**	**16**	
	Please provide an explanation for any ASW Reports that were not completed within the requisite timescale, and what remedial action was taken.		
Social Circumstances Reports (Article 5.6)			
9.4	**Total number of Social Circumstances reports completed.** *This should equate to number given at 9.1c. If it does not please provide an explanation.*	**0**	

9.4.a	**Number of completed reports which were completed within 14 days**	
	Please provide an explanation for any Social Circumstances Reports that were not completed within the requisite timescale, and / or any discrepancy between the number of Nearest Relative applications accepted and the number of Social Circumstances Reports completed, and what remedial action was taken.	**N/A**

Mental Health Review Tribunal

9.5 **Number of ~~referrals~~ applications to MHRT in relation to detained patients**

Requested by	Number MHRT requested	MHRT Hearings completed	Number of patients re-graded > 6weeks before hearing	Number of patients re-graded < 6 weeks before hearing	Number unexpectedly discharged by MRHT
Trust	**6 (3)**	**5 (3)**	**1 (0)**	**0 (0)**	**0**
Patient	**4 (0)**	**3 (0)**	**0(0)**	**0 (0)**	**0**
Nearest Relative	**0 (0)**	**0 (0)**	**0 (0)**	**0 (0)**	**0**
Other DOJ	**0 (1)**	**0(0)**	**0 (0)**	**0 (0)**	**0**
Total	**14**	**11**	**1**	**0**	**0**

Comment on any trends or issues in respect of Mental health Review tribunals

Belfast Trust figures first, other Trusts in brackets are 2 Northern Trust and 1 South Eastern Trust.

DOJ referral is South Eastern Trust.

One patient deferred and one adjourned also.

9.5.a	~~Number of MHRT hearings~~	
9.5.b	~~Number of patients regraded by timescales:~~	
	~~a. < 6 weeks before MHRT hearing~~	
	~~b. > 6 weeks before MHRT hearing~~	

Guardianships (Article 18)

9.6	**Number of Guardianships in place in Trust at period end**	**3**
9.6.a	**New applications for Guardianship during period (Article 19(1))**	**1**
9.6.b	**How many of these were transfers from detention (Article 28 (5) (b))**	**0**
9.6.c	**How many were Guardianship Orders made by Court (Article 44)**	**0**
9.6.d	**Number of new Guardianships accepted during the period (Article 22 (1))**	**1**

9.6.e	**Number of Guardianships renewed during the reporting period (Article 23)**	**3**
9.6.f	**Number of Guardianships accepted by a nominated other person**	**0**
9.6.g	**Number of MHR hearings in respect of people in Guardianship**	

Requested by	Number MHRT requested	MHRT Hearings completed	Number of patients re-graded > 6weeks before hearing	Number of patients re-graded < 6 weeks before hearing	Number unexpectedly discharged by MRHT
Trust	**0**	**0**	**0**	**0**	**0**
Patient	**0**	**0**	**0**	**0**	**0**
Nearest Relative	**0**	**0**	**0**	**0**	**0**
Other	**0**	**0**	**0**	**0**	**0**
Total	**0**	**0**	**0**	**0**	**0**

9.6.h	**Total number of Discharges from Guardianship during the reporting period (Article 24)**	

Discharges as a result of an agreed multi-disciplinary care plan	**1**
Lapsed	**1**
Discharged by MHRT	
Discharged by Nearest Relative	
Total	**2**

	Comment on any trends or issues in respect of Guardianship	

Approved Social Worker (ASW) Register		
9.7	**Number of newly appointed Approved Social Workers during period**	**1**
9.7.a	**Number of Approved Social Workers removed during period**	**0**
9.7.b	**Number of Approved Social Workers at period end (who have fulfilled requirements consistent with quality standards)**	**6**

CORPORATE COMMENTARY

There has been a steady decrease in the number of ASWs available to participate in the Trust's Day Time Rota over the past number of years. There are concerns that the Trust, under the present arrangements, will not have capacity to meet the statutory requirement set out in Article 115 of the Mental Health (NI) Order 1986 (the Order) in respect of the availability of ASWs to discharge the range of statutory functions as specified in the Order.

While four social workers from the Trust are currently participating in the Regional ASW Training Programme and hopefully will be assessed as competent, they will not be available for appointment by the Trust until October 2016 and will then be required to undertake a period of "shadowed practice" before they can operate as autonomous practitioners. Therefore this could result in them not being on the Daytime Rota until January 2017.

The potential addition of these four social workers will not fully offset the number of ASWs lost through retirement/those who have moved to other posts/other Trusts/ RESWS. Of the cohort of twenty-eight, one has already indicated that, due to demands of work as a Team Leader, they will be withdrawing and another has indicated they will be retiring in June 2016.

The Trust has twenty-eight ASW trained staff currently on the Daytime Rota. Training of additional ASW staff has been identified as a priority within the Service Area. Nominations for the 2016/17 Regional ASW Training Programme are presently being collated.

Additional ASW duties include Guardianship-related functions and inputs into MHRT cases in light of their knowledge, skills and experience in this area. ASWs also provide a consultation role to those teams/services which do not have ASWs or social workers. Service Area ASWs participate in refresher training throughout the year and re-approval training every three years.

Due to the pressures of the ASW rota the 'floater' has been replaced as a third member on the ASW rota. This is because it is a regular occurrence that all three ASWs on the Rota on a daily basis are called out to assess patients. On a regular basis there can be multiple ASW assessments requested on the same day.

It is now a regular occurrence that ASWs on the Daytime Rota have to wait substantial lengths of time for the ambulance and PSNI to support the conveyance of service users to hospital in those circumstances in which significant risks to the service user or others are extant. These situations are exacerbated by difficulties in accessing beds in the Trust's area. This results in ASWs having to accompany those requiring admissions to hospital to units across the region. Such episodes can significantly impact on the ASWs' ability to fulfil the requirements of their core posts.

An inter-agency group involving representatives from the PSNI, the NI Ambulance Service and Trust's Unscheduled Care, GP Out of Hours and ASW

	Services has been established to address interface matters relating to their respective responsibilities and pathway processes pertaining to assessments for admission under the Order. The Trust has completed a review of ASW activity. The Review highlighted a number of key organisational, logistical and professional issues impacting on the delivery of the ASW Daytime Rota including: the diminution over a number of years of the complement of designated social work posts in the Mental Health Service Area; the increase in demands on available social work resources of the exponential increase in adult safeguarding activity and, in particular, the projected and current impact to date of the Revised Adult Safeguarding Policy determination that social work will be the lead profession in safeguarding service delivery; the increasing complexity of ASW-related activities; the impact of the difficulties of out- of -Trust admissions; the difficulties associated with interfaces across the PSNI, Ambulance Service, Unscheduled Care and ASWs in respect of assessments for admission; the need to develop a robust workforce planning approach to social work requirements in Mental Health (including ASWs) incorporating the implications of the Mental Capacity legislation; and the resourcing of and supports for staff engaged in the Regional ASW Training Programme. The Review's proposal for the establishment of a hybrid ASW core team to address the immediate pressures on service delivery and to ensure the Trust's capacity to discharge its statutory functions has been agreed and is currently being actioned. The Principal Social Worker (PSW) in Mental Health with operational responsibility for the co-ordination of the Rota works closely with the Regional ASW Group in relation to the review of documentation to ensure a consistent approach across the region. In addition, the PSW has also revised local ASW documentation relating to alternative care planning for patients who have been assessed as not requiring detention for assessment under the Order. Breakaway training has also been scheduled for June 2016 for all ASWs on the Daytime Rota. In-house bespoke training has also been completed on the Regional Interagency Protocol in February 2016. ASWs have been appraised of the PSNII risk assessment process for thresholding and prioritising referrals and have been advised of the importance of providing clear and factual information in respect of assessed risks when requesting PSNI assistance. The PSW has reviewed as a priority the provision of reflective practice supervision sessions for ASW staff. These are now "up and running" and take place on a 6-8 weekly basis. The PSW has also re-launched the ASW Forum which meets twice a year. Attendance at the ASW Forum alternates with the reflective practice groups and attendance is mandatory (i.e. 75% attendance). The Trust will continue to review and develop supports to its ASW workforce. The Regional Audit of Assessments for Admission under the Mental Health (NI) Order 1986 was launched in March 2016. The Report will contribute to an

	ongoing Trust focus on improving ASW organisational and service delivery arrangements and the management of internal and external interfaces. Trust senior management are reviewing a number of interface issues across the RESWS and the Daytime Rota. The Trust has robust administration structures in place to monitor ASW numbers, accreditation and re-accreditation arrangements	
9.8	**Do any of the returns for detention and Guardianship in this section relate to an individual who was under 18 years old? If so please provide detailed explanation for each and every instance including their age and relevant powers used.** N/A	
9.9*	**How many times during the reporting period has the Trust notified the Office of Care and Protection under Article 107?** Please see commentary at 3.4.	**7**
	See above.	
The Mental Health Order (NI) 1986 as amended by The Criminal Justice (NI) Order 1996.SArticle 50A (6). **Schedule 2A Supervision and Treatment Orders.**		
9.10	**Number of supervision and treatment orders, (where a Trust social worker is the supervising officer) in force at the 31st March**	**1**
9.11	**Of the Total shown at 9.10 how many have their treatment required as:**	
	Treatment as an in-patient	
	Treatment as an out patient	**1**
	Treatment by a specified medical practitioner.	
9.12	**Of the total shown at 9.10 how many include requirements as to the residence of the supervised person (excluding in-patients)**	**1**
9.13	**Of the total shown at 9.10 how many of these supervision and treatment orders were *made* during the reporting period.**	**0**

Belfast Health and Social Care Trust

caring supporting improving together

BELFAST HEALTH & SOCIAL CARE TRUST

REGIONAL REPORTING TEMPLATE FOR DELEGATED STATUTORY FUNCTIONS

For Year end 31 March 2017

REPORTING TEMPLATE INDEX

SECTION 1 – INTRODUCTION

- to be completed by Executive Director of Social Work

SECTION 2 – EXECUTIVE SUMMARY

- to be completed by Executive Director of Social Work (inc signature & date)

SECTION 3 – GENERAL NARRATIVE & DATA

- to be completed for each Programme of Care by the Social Work Leads for that Programme
- the data returns 1-6 & 8-9 for each programme should follow the narrative
- all Programmes must complete an individual Data Return 1-6 & 8-9 inclusive
- Data Return 9 (Mental Health) can be compiled by the ASW Lead but should have a separate data set for each Programme
- Data Return 10 is only to be completed by the Family & Child Care Programme (this is for the 6-month period 1st October – 31st March)
- Data Return 11 replaces the Training Accountability Report
- please ensure complete reporting of all Data Returns **(nil returns or non-applicable should be reported)**

DATA RETURNS

1 General Provisions (Returns 2-9 below relate to specific statutory duties, the data returned therein constitutes a sub-set of this return)
2 Chronically Sick and Disabled Persons
3 Disabled Persons (NI) Act 1989
4 Health and Personal Social Services Order
5 Carers and Direct Payments Act 2002
6 (Safeguarding Adults)
7 (Social Work Teams and Caseloads)
8 Assessed Year in Employment
9 Mental Health
10 Family and Child Care specific returns (CC3/02)
11 Training Accountability Report

CONTENTS SHEET

1. Introduction

This Report provides an overview of the Trust's discharge of its statutory functions in respect of services delivered by the social work and social care workforce (the social care workforce) during the reporting period I October 2016-31 March 2017. It addresses the assurance arrangements underpinning the delivery of these services across the individual Service Areas, outlines levels of compliance with the standards specified in the Scheme for the Delegation of Statutory Functions (Revised April 2010) (the Scheme for Delegation) and identifies on-going and future challenges in the provision of such services.

The Trust, as a corporate entity, is responsible in law for the discharge of statutory social care functions delegated to it by virtue of authorisations made under the Health and Personal Social Services (Northern Ireland) Order 1994. The Trust is accountable to the Health and Social Care Board (HSCB) for the discharge of such functions and is obliged to establish sound organisational and related assurance arrangements to ensure their effective discharge.

The following themes underpin the delivery of statutory services:

- Promoting and supporting the service user's engagement as fully as possible in the planning for and reviewing of arrangements for their care.
- Empowering service users to exercise as much autonomy as possible in their choices and decision-making about their life circumstances.
- Supporting parents/carers/and other key individuals in their caring roles through the provision of flexible, individualised supports and access to support networks.
- Working in partnership with voluntary, community, independent and statutory organisations to build resilience and capacity across communities to develop safe, inclusive and supportive localities.
- Provision of high quality, evidence informed services which deliver positive outcomes for individuals, families and communities.
- Proportionate exercise of statutory authority to secure the safety and welfare of children and adults who are vulnerable to abuse/exploitation/ neglect/marginalisation.
- A focus on improvement, quality and safety in the delivery of services.
- The recruitment, retention and development of a skilled and committed workforce through a culture of continuous learning and the pursuit of excellence.

The Scheme for Delegation provides the overarching assurance framework for the discharge of statutory social care functions. It outlines:

- The powers and duties which are delegated to the Trust.
- The principles and values which underpin the delivery of statutory services.
- The policies, circulars and guidance to which the Trust must adhere in the discharge of such functions.

- The organisational assurance arrangements in respect of same.

The Scheme for Delegation requires the Trust to produce an annual report addressing how it has discharged those statutory functions pertaining to social care service delivery.

The Trust's exercise of these functions, in particular those relating to the protection and care of children and vulnerable adults and restrictions of personal liberty, give rise to significant levels of public and media interest and scrutiny.

The Executive Director of Social Work is professionally accountable for and is required to report to the Trust Board on the discharge of statutory social care functions. An unbroken line of professional accountability runs virtually from the individual practitioner through the Service Area professional and line management structures to the Executive Director of Social Work and onto the Trust Board.

This Report has been prepared using the HSCB regional template and is sub-divided into the following sections:

SECTION 1: An introduction to the Report.

SECTION 2: An overview of the Trust's performance in relation to the discharge of its statutory functions across the respective Service Areas by the Executive Director of Social Work.

SECTION 3: Individual Service Area reports, each of which addresses a range of key themes including: a review of the Service Area's engagement with external regulatory agencies with regard to the discharge of statutory social care functions; challenges with regard to the delivery of statutory social care services; workforce issues; and areas of emerging significance.

The individual Service Area reports include a number of information returns prescribed by the HSCB relating to statutory social care service delivery.

APPENDICES:

BHSCT Assessed Year in Employment (Social Workers) Annual Overview Report.

BHSCT Social Services Workforce Learning and Development Accountability Report

The Belfast Local Adult Safeguarding Panel (LASP) Report 2016-2017

I would like to take this opportunity to recognise the role and contributions of Trust staff across all professions and Directorates in the discharge of statutory functions.

The discharge of statutory functions is complex, demanding, challenging, highly skilled and rewarding work. I would wish to express my appreciation of the professionalism and dedication of the Trust's social care workforce in this regard.

Cecil Worthington
Executive Director of Social Work/Director of Childrens Community Services/ Director (Acting) of Adult Social and Primary Care

May 2017

EXECUTIVE SUMMARY

2 GENERAL

2.1 Statement of Controls Assurance

(Brief statement is sufficient, however any gaps / breaches in terms of compliance should be highlighted and the action taken to resolve these) Reference to RQIA should be included.
Reference to NISCC and the Trust's mechanisms for monitoring registration status should be included.

The Trust has achieved satisfactory compliance with the requirements specified in the Scheme for Delegation.

The individual Service Area returns provide detailed commentaries on the levels of compliance, areas of difficulty, achievements and emerging trends in relation to the delivery of statutory services.

In the context of a particularly challenging operational and budgetary environment characterised by significant resource and capacity pressures, enhanced levels of public expectation, related scrutiny and a continuous drive for innovation and service improvement, the Trust has continued to prioritise the safe discharge of its statutory social care functions.

The Trust has co-operated fully with the Regulation and Quality Improvement Authority (RQIA) in the discharge of its functions.

The Trust is compliant with NISCC's Code of Practice for Employers. With regard to the registration of the workforce, the Trust has robust organisational arrangements in place to monitor and assure compliance with registration requirements. The Trust is engaged in regular formal and informal contacts with NISCC.

The registration of social care staff (those staff who are not professionally qualified) during the reporting period has presented significant organisational and logistical challenges. As at 31 March 2017, the Trust had achieved substantial levels of compliance with NISCC registration across all sectors of its social care staff.

2.2 Accountability arrangements from frontline staff to Executive Director on Trust Board with responsibility for professional social work.

This must include confirmation that all Social Work staff receive formal and regular professional supervision from a professionally qualified social worker who can function in this supervisory role. Please state when this is not the Social Work Line Manager.

The Executive Director of Social Work is professionally accountable for the discharge of statutory functions by the social care workforce and related assurance arrangements with regard to same across all Service Areas. These arrangements are underpinned by an unbroken line of professional accountability from the individual practitioner through the Service Area professional and line management structures to the Executive Director of Social Work and onto the Trust Board.

The Trust's social care workforce is operationally and professionally managed within two Directorates-Adult Social and Primary Care and Childrens Community Services. Throughout the reporting period the Trust's Executive Director of Social Work discharged two substantive roles as Director of Childrens Community Services and Acting Director of Adult Social and Primary Care Services.

The Co-Director of Social Work and Social Care Governance has supported the postholder in the discharge of his responsibilities as Executive Director of Social Work.

The Associate Directors of Social Work have a key organisational role in providing assurance with regard to the discharge of statutory functions. They have responsibility and are accountable for

- The professional leadership of the social care workforce within their respective Service Areas.
- The provision of expert advice within their Service Areas on the discharge of statutory functions and professional issues pertaining to the social care workforce.
- Ensuring organisational and assurance arrangements are in place within their Service Areas to facilitate the discharge, monitoring and reporting on the discharge of statutory functions.
- The completion of the individual Service Area Annual and Interim Statutory Functions Reports.
- Ensuring that arrangements are in place within the Service Area to monitor compliance with NISCC workforce regulatory requirements.

The Trust's Adult Social Services Professional Social Work Supervision Policy (January 2014) and the Regional Supervision Policy Standards and Criteria (Revised November 2013) provide the framework for the delivery of professional social work supervision to social work staff in adult and children's services. The Trust's Supervision Policy and Procedures for Social Care Staff in Adult Services October 2011outlines the processes and standards informing supervision delivery to social care staff.

Compliance with supervision standards is monitored on an ongoing basis through Service Area and Trust-wide audit processes.

Trust-wide audits of Adult and Childrens Services' compliance with supervision requirements were held during the reporting period. Both set of audit returns

evidenced satisfactory compliance. Areas for improvement and development were highlighted in the respective Directorate Individual Service Area returns.

A Trust-wide professional social work supervision monthly exception reporting system monitors compliance with the frequency of supervision delivery.

Under the auspices of the Regional Social Work Strategy, a Draft Regional Adult Social Work Supervision Framework has been developed. The Draft Framework seeks to establish regionally agreed standards for the delivery of social work supervision in adult services. The securing of a sufficient base of designated operational management and professional social work posts at Band 7 and above is of particular significance in integrated service structures to facilitate the delivery of professional social work supervision.

2.3 Executive Director of Social Work's General Statement of Controls Assurance setting out the Trust's performance in-year against the Discharge of Statutory Functions.

(Narrative should be specific. Trusts should take the opportunity to append their Adult Safeguarding Report).

Within the individual Service Areas, the Trust has sought to consolidate and develop monitoring and assurance mechanisms in relation to its discharge of statutory functions. These are detailed in the individual Service Area reports.

The Trust's Assurance Framework outlines the overarching corporate mechanisms and related processes which provide assurance as to the effectiveness of the systems in place to meet the Trust's objectives and to deliver appropriate outcomes.

The Executive Director of Social Work:

- Provides professional leadership to the Trust's social care workforce.
- Provides expert advice to the Trust Board on all matters pertaining to the discharge of statutory functions.
- Is accountable for the assurance of all issues pertaining to the social care workforce's compliance with professional and regulatory standards.
- Is accountable for ensuring that appropriate arrangements are in place to discharge the Trust's statutory social care functions and for the assurance of same.
- Is required to report directly to the Trust Board on the discharge of these functions. The Annual Statutory Functions and six-monthly Corporate Parenting Reports are presented to Trust Board for consideration and approval.
- The Executive Director of Social Work is responsible for the completion of a quarterly update report to the Assurance Committee on the work of the Social Care Steering Group (Associate Directors of Social Work) and the Adults and Childrens Safeguarding Committees respectively.

The Trust has established a Social Care Committee. The Committee Chair is Ms Anne O'Reilly, Non-Executive Director. The other two members of the Committee are also Non-Executive Directors Ms Miriam Karp and Dr Martin Bradley. The Committee is a sub-committee of the Trust's Assurance Committee. It is authorised by the Trust Board to review the Annual and Interim Statutory Functions Reports, the six-monthly Corporate Parenting Reports and miscellaneous other reports pertaining to the discharge of statutory functions prior to their presentation to Trust Board.

The Social Care Steering Group (membership of which is made up of the Associate Directors of Social Work Group) is a sub-committee of the Trust's Assurance Committee with responsibility for the monitoring of and reporting to the Assurance Committee on the discharge of statutory functions.

The Trust has established a Children's Safeguarding Committee which has responsibility for providing assurance to the Trust Board that appropriate and effective Trust-wide arrangements are in place to facilitate the discharge of its statutory responsibilities to safeguard the welfare of its childhood population. Membership of the Committee is drawn from senior operational and professional staff from each of the Trust's Directorates and is chaired by the Executive Director of Social Work.

The Trust has established an Adult Safeguarding Committee which mirrors the remit and structures outlined in respect of the Children's Safeguarding Committee from an adult safeguarding perspective. In the context of the dissemination of the Revised Regional Adult Safeguarding Policy, the Adult Safeguarding Committee will have a substantial focus on assuring the implementation of and compliance with the Regional Policy.

Each Service Area has its local Risk Register which informs the populating of the Directorate and Trust's Corporate Risk Registers and Principal Risks Document respectively.

The Trust's Risk Management Framework outlines the organisational arrangements underpinning the identification/assessment, ongoing management and review of risks and the related Trust Risk Register structures and processes. Individual Service Area Registers capture and codify key risks at operational service delivery levels. The Service Area Registers populate the Directorate Risk Register which details those risks which are of sufficient organisational significance and weight as to warrant their uploading onto the Directorate Register. The Corporate Principal Risk Register is in turn populated by the "red" risks listed on the Directorate Register.

The Principal Risks Register is formally reviewed by the Assurance Committee on a quarterly basis. The Directorate and Service Area Risk Registers are reviewed at the Adults and Childrens Directorates respective Governance meetings.

Risks emanating from the discharge of the Trust's statutory functions are uploaded and managed onto the respective Risk Register structures as appropriate.

2.4 Summary of areas where the Trust has not adequately discharged Delegated Statutory Functions.

Trust should where appropriate include brief descriptions and cross references when the matters being reported are dealt with in detail in other sections of this report. Where such cross-referencing is not appropriate the failure to discharge any statutory function must be reported in this section.

This has been a challenging year for the Trust as a consequence of: the overarching financial context; the levels and complexity of need; volume of demands for services across all settings; enhanced public expectations; the scale and pace of organisational change; ongoing difficulties associated with the regional recruitment pathway; the intensity of public scrutiny; and the breadth of organisational accountability.

The Trust has prioritised:

- Safe and qualitative service delivery.
- The embedding of a culture and underpinning values which promote excellence, innovation and continuous learning as reflected in its investment in its workforce's knowledge and skills base.
- Partnerships with local communities and voluntary, private and statutory agencies.
- Community capacity building and the creation of social enterprise initiatives within localities.
- Commitment to meaningful service user and carer engagement.

The following is an overview of a number of areas which have generated particular challenges in relation to the discharge of statutory functions over the reporting period. The individual Service Area Reports provide detailed commentaries on the issues as they relate to their respective service delivery responsibilities.

DEPRIVATION OF LIBERTY:
The Trust's Legal Adviser had previously commented on the Trust's need to review and prioritise all those situations in which service delivery arrangements had given rise to a deprivation of a service user's liberty and had recommended that, on the basis of prioritisation of the nature and extent of the deprivation, the Trust should engage with the Courts to progress applications for Declaratory Judgements in relation to all such deprivations.

During the reporting period, a number of Service Areas initiated proceedings to secure a Declaratory Judgement in a number of case situations where exceptional circumstances were extant. While Declaratory Judgements

endorsing the Trust's perspective were secured, it is clear that such a process offers only an interim solution which, if prolonged, will be highly litigious and resource intensive in terms of both the Trust and the Court's resources.

The Trust has previously affirmed its view that a comprehensive statutory framework is required to facilitate the delivery of proportionate, rights centred practice to inform the delivery of care to those individuals who lack or have inhibited capacity. The Trust was disappointed to learn of the re-scheduling of the projected timeline for the implementation of the Mental Capacity legislation.

REVISED REGIONAL ADULT SAFEGUARDING POLICY:

The implementation of the Regional Policy has significantly enhanced the scope and service delivery responsibilities of the Trust in relation to adult safeguarding. While the Trust is fully supportive of the thrust and aims of the Policy, the lack of the necessary resources to support implementation will impact on the Trust's capacity to progress its operationalising. In particular, the Trust would highlight its view of the need for a significant investment in professional adult social work service delivery capacity in light of the prescribed responsibilities of Band 7 social work staff.

ASW DAYTIME ROTA

The Mental Health Service Area Report provides a detailed commentary on the current challenges the Trust is encountering in the delivery of the ASW Daytime Rota.

These include:

- The diminution over a number of years of the complement of designated social work posts in the Mental Health Service Area.
- The increase in demands on available social work resources of the exponential increase in adult safeguarding activity and the projected and current impact to date of the Revised Adult Safeguarding Policy determination that social work will be the lead profession in safeguarding service delivery.
- The increasing complexity of ASW-related activities.
- The difficulties of out- of-Trust admissions for assessment; and operational interfaces across the PSNI, and NIAS.
- The pressing need to develop a robust workforce planning approach to social work requirements in Adult Services (including ASWs) incorporating the implications of the pending Mental Capacity legislation; and the resourcing of and supports for staff engaged in the Regional ASW Training Programme.

PLACEMENT CAPACITY IN CHILDRENS SERVICES

Pressures with regard to accessing secure placements in childrens services and the wider placement availability across residential and fostering services in the context of the growing complexity of needs of children and young people presently within the looked after system and who require care placements are areas of significant concern for the Trust.

PROCUREMENT

The procurement of domiciliary, day opportunities and residential provision from independent sector providers (incorporating quality issues/availability of more specialised services to meet identified service user needs).

WORKFORCE
The need to develop designated professional social work capacity across adult services to meet the statutory responsibilities related to adult protection and safeguarding, ASW functions and the development of an appropriately resourced social care service delivery infrastructure to respond the growing volume and complexity of need across community services.

CLARIFICATION OF INTERFACE WITH RQIA IN RELATION TO ADULT SAFEGUARDING MATTERS IN REGULATED SERVICES
The need to clarify RQIA's statutory responsibilities in relation to adult safeguarding matters in regulated service settings.

The individual Service Area Reports detail a number of other areas including:

- The ongoing position in respect of Supported Living funding availability.

- Ongoing challenges in relation to the implementation of the PARIS system within childrens social care services and the optimising of PARIS functionality in Adult Services. The Trust believes that there is a pressing need to develop substantially information management capacity, infrastructure and expertise across the social care sector to meet current and future information needs. In the Trust's view, investment in digital solutions is central to the sector's innovation and improvement agenda.

- The complexity and volume of service demands across all service settings with attendant pressures on the workforce to threshold available capacity and resources to ensure compliance with statutory obligations.

2.5 Progress report on Actions taken to improve performance, including financial implications. This section should make specific reference to last year's report (sect 2.4), actions arising and progress made.

Statutory Functions Action Plans:
The HSCB, in consultation with the Trust, has established a schedule of meetings and related action planning and review processes to address performance with regard to the discharge of statutory functions. Progress on the action plans emanating from the Annual and Interim Statutory Functions Reports is addressed in the individual Service Area Reports.

2.6 Highlight which, if any, of the areas require further improvement and if they have been included in the Trust's Corporate Risk Register.

The individual reports provide a synopsis of risks listed on Risk Registers.

The following risk pertaining to the discharge of statutory functions is listed on the Trust's Principal Risks Register:

There is a risk that the Trust cannot quality assure and provide accurate reporting returns for social work and social care activity relating to the discharge of Statutory Functions.

This risk relates to the recommendation of an Internal Audit into the collation of information returns to the Commissioner in relation to the discharge of statutory functions.

The following provides an update on the Trust's actions to address the Audit recommendation:
The regional nature of PARIS implementation across children's social care services and the current volume of mandatory reporting requirements necessitates the regional standardisation of business and related data inputting processes.

The ongoing development of software and its subsequent testing have been and continue to present substantial logistical and resource demands and have resulted in a number of delays and re-scheduling of implementation.

In light of ongoing delays in the availability of software, the projected date for implementation of children's social care services on PARIS has been re-scheduled on a number of occasions during the current reporting period. This situation has been compounded by the difficulties in retaining a core ICT resource base to support PARIS implementation and challenges associated with the "going live" of the ECR platform to facilitate cross-Trust searches and access to Child Protection and Looked After Children Registers.

Substantial work has taken place to prepare for the migration of SOSCARE data onto the ECR platform and its subsequent uploading onto the PARIS system when ready. This work is ongoing with a particular focus on data cleansing. The delivery of training to the workforce is a crucial dimension of the implementation process. This will present a significant logistical challenge to free up the workforce while retaining service continuity.

The revised projected timeline for Children's implementation is October 2017.

Significant difficulties with regard to PARIS reporting functionality in Adult Services have presented substantial challenges across all Service Areas. There is a pressing need to address this matter both in the context of statutory functions and wider Directorate reporting requirements.

It has been agreed that a Community Services Information Group chaired by the Corporate Information Service will take forward the following:

- The prioritisation of key PARIS information reporting requirements to meet current and future planning and performance management returns for community services.

- The development and oversight of the implementation of a programme of work to deliver against these priorities. This will include building confidence in PARIS as a reliable and efficient reporting tool.
- Ensuring requirements for high data quality are understood and promoting standards for system use.
- Identifying training required for staff to support self-sufficiency in reporting.
- Identifying resources required to improve input quality and reporting efficiency from PARIS
- Reviewing mechanisms to reduce reporting of community information via manual sources.

There is a pressing need to identify the necessary infrastructure and related resources and expertise to support the PARIS system and to develop information management and analytics capacity across both adults and childrens social care.

2.7 Set out the systems, processes, audits and evaluations undertaken internally or externally identifying emerging trends and issues which shape the Directors conclusion about Trust performance.

This should include a summary (more detailed information should be provided within the relevant sections of this report) of Audits, Service Improvement evaluations etc., conducted by the Trust or by others, including Recommendations and progress.

Details of audits are listed in individual Service Area reports.

- RQIA independent reviews and inspections of regulated facilities. RQIA and the Mental Health Review Tribunal's statutory duties to scrutinise the Trust's discharge of its statutory functions under the Mental Health (NI) Order 1986.
- External and internal performance management and accountability arrangements facilitate scrutiny of the Trust's performance in respect of the provision of statutory services.
- The Trust's Serious Adverse Incidents Reporting and Children's Services Untoward Events arrangements afford a process for Departmental and HSCB monitoring and related learning from significant events.
- The Trust's arrangements for the investigation and management of complaints and the Trust's interface with the Office of the Commissioner for Complaints.
- The Trust's discharge of its statutory duties to co-operate with the SBNI-in particular its responsibilities with regard to Case Management Reviews (CMRs) and related childrens safeguarding inquiries.
- The Trust's engagement with the NI Adult Safeguarding Partnership and its discharge of its responsibilities in relation to Case Management reviews and related adult safeguarding inquiries.

CONCLUSION:

The financial context has presented substantial challenges to all Service Areas during the reporting period. 2017-2018 will prove, in all likelihood, to be more demanding. While the Trust will continue to prioritise the discharge of its statutory functions, the scale of the financial challenges, complexity and volume of demands across Service Areas will inevitably give rise to further service delivery pressures.

The Service Areas are progressing innovation and improvement initiatives with a view to maximising service delivery performance and outcomes while ensuring the provision of safe and qualitative service delivery.

The Older Peoples Services Workforce Review is an ambitious strategic service improvement project which seeks to re-profile the key contribution of social work and social care to service delivery to older people. It is predicated on a commitment to professional excellence- services which are evidence informed, outcomes and person centred, rights-based promoting the social dimension to wellbeing.

The Workforce Review captures and mirrors the focus on innovation and improvement, which is reflected across all Service Areas and referenced in the achievements outlined in the respective Service Area Reports, highlighting the importance of locality, identity, inclusion, engagement, partnerships, community capacity and resilience.

The development of the Trust's Collective Leadership structures will afford opportunities to strengthen the profile of community services and their pivotal contribution to the realisation of the Trust's vision.

The Trust would wish to acknowledge the importance of the Regional Social Work Strategy in facilitating a "re-energising" of the profession. It has articulated a coherent vision for the future of social work, which positions the profession at the centre of the modernisation and improvement of health and social care service delivery. In the development of the Trust's Collective Leadership model and related structures, the particular service delivery topography and importance of the community dimension

The maintenance of vulnerable adults and children with complex health and social care needs within their own communities with enhanced levels of risk will require a sustained investment in community infrastructure and capacity. Strong partnerships with statutory, voluntary, community and private sector organisations will be pivotal to optimising available resources and capacity to deliver improved outcomes for service users.

The social work and social care workforce with their multi-professional colleagues, will have a key role in the delivery of integrated person centred care, and the development of healthy and inclusive communities while discharging their statutory functions to safeguard the welfare of vulnerable children and adults.

3. GENERAL NARRATIVE

LEARNING DISABILITIES SERVICE AREA

3.1	Named Officer responsible for professional Social Work

The person's role and responsibilities and their direct line of accountability to the Director of Social Work should be explained.

Trusts must provide assurance that the prescribed audit of the application of this scheme has been carried out by the lead Social Worker.

Ms Aine Morrison continues as Associate Director of Social Work in Learning Disability, a post she has held since 1.7.13. Mrs Mairead Mitchell, Acting Head of Learning Disability Services, has assured the Service Area report which meets the requirements of the prescribed audit process in respect of the discharge of statutory functions.

The Associate Director of Social Work has responsibility for professional issues pertaining to the social work and social care workforce within the Service Area. She is accountable to the Executive Director of Social Work for the assurance of organisational arrangements underpinning the discharge of statutory functions related to the delivery of social care services within the Service Area.

The Associate Director of Social Work is responsible for:

- Professional leadership of the social work and social care workforce within the Service Area.
- The establishment of structures within the Service Area to monitor and report on the discharge of statutory functions.
- The provision of specialist advice to the Service Area on professional issues pertaining to the social care workforce and social care service delivery, including the discharge of statutory functions.
- The collation and assurance of the Service Area interim and annual statutory functions' reports.
- The promotion and profiling of the social work and social care workforce's role in securing the Trust's strategic objectives and key service delivery priorities.
- Ensuring that arrangements are in place within the Service Area to facilitate the social care workforce's learning and development opportunities.
- Ensuring that arrangements are in place within the Service Area to monitor compliance with NISCC registration requirements.

An unbroken line of accountability for the discharge of statutory functions by the social care workforce runs from the individual practitioner through the Service Area line management and professional structures to the

	Executive Director of Social Work. Information Mapping for DSF - the LD Service Group as part of the audit of information flows for the DSF return undertook an information mapping exercise to document information sources for each data return category and item.

3.2	**Supervision arrangements for social workers**
	Trusts must make reference to: Assessed Year in Employment (AYE) and compliance and Caseload weighting arrangements. The Service Area continues to work to the Belfast Trust Adult Social Work Supervision Policy which covers both line management and professional supervision arrangements. The Policy provides for line management supervision for social workers at least every six weeks and, where the line manager is not a social worker, additional professional supervision on a quarterly basis. All supervisory staff have received training on this Policy. Supervisory staff also complete the Trust's professional supervision course. A team leader vacancy has created some difficulties in meeting these standards in one of the multi – disciplinary teams. This difficulty was managed by continuing with individual supervision but with reduced frequency and by ensuring arrangements were in place to cover immediate case management issues and access to professional supports on request. This team leader post has recently been filled. Long term sick leave by one team leader has led to alternative arrangements having to be made for that team also. The Service Area has also been without an Operations Manager for a period of months. This has led to difficulties with supervision of one team leader and to issues around the facilitation of workshops for social workers. However, this vacancy has now been filled and a Learning Disability Social Work Forum will be resumed in the coming months. Learning Disability social workers also continue to attend Approved Social Work Fora, Designated Adult Protection Officer /Investigating Officer Support Fora and Achieving Best Evidence Support Fora as appropriate. These are highly valued sessions which ensure staff have access to support in these complex areas of practice and are kept appraised of developments in these fields. The Service Area has recently begun to hold its own DAPO/IO Forum to give practitioners the opportunity to discuss issues re adult protection work. This has proved to be extremely useful with the transfer to the new Adult Protection Policy giving practitioners the opportunity to keep up to date with research and to explore practice issues within a supportive setting.

	The Service Area also intends to run its own ASW practice forum to allow newly qualified ASWs and more experienced practitioners to share practice learning. In relation to supervision of AYE staff, the Service Area is compliant with the Revised Guidance for Registrants and Their Employers, NISCC July 2010. AYE social workers are facilitated to attend the Trust's AYE Forum. The Service Area has had no AYE staff this year.

3.3	**Report on processes, audits, reviews, research and evaluations undertaken during the year, that measure performance against delegated statutory functions, identifying emerging trends and issues (may include cross references to other sections to this report).**
	The Service Area's Short Breaks Review is drawing to a close. Principles on how short break provision should be delivered have been consulted upon and we are moving towards action planning and implementation. The Service Area is about to complete a review of its Intensive Support Service. Initial analysis shows that the Service is generally well evaluated by service users, carers and staff although some work is needed to improve systems and communication. Increased emphasis on the importance of pre and post intervention measures is also needed. Perhaps of most significance is the lack of demand for unplanned extended hours provision. The Service Area is likely to conclude that this service is not required. The Service Area is also about to conclude a review of its Care Management Service. Initial analysis in this review is indicating significant pressures on the care management workforce relating to increased caseloads, the complexity of cases, particularly resettlement and delayed discharge cases, and increased monitoring and regulatory requirements. The Service Area is likely to conclude that increased capacity is necessary. A Service Area internal audit of compliance with adult placements regulations in its Adult Family Placement Scheme in April 2016 showed good compliance. Service Area internal procedures require team leaders to carry out random file audits during each supervision session with team members. Operations Managers are required to carry out quarterly audits of the standard of these file audits. Operations Managers are also required to carry out a monthly audit of the quality of supervision provided by team leaders. As detailed in 3.2, staff absence and vacancies at management level have caused difficulties in meeting some of these internal Service Area standards.

	The Service Area complies with Trust procedures on supervision exception reporting which ensures that any difficulties in providing supervision are highlighted to senior management and action plans agreed at that level. A wide variety of statistics are gathered on a monthly basis from the four community teams. These include statistics on case numbers, adult safeguarding activity, Mental Health Order activity, carers' assessments, direct payments and unmet need. These are monitored at Operations Manager level for compliance with requirements and for emerging issues and trends. The Service Area performed very well in an internal audit of compliance with supervision standards which took place in November 2016. In November 2016, the HSC Board reviewed 120 Service Area files for the purposes of LDSF data. The Service Area has generally performed well in relation to LDSF standards but improvements are required in relation to the offering of carers' assessments and the recording of carer satisfaction. The Service Area has implemented a system of monitored targets for community teams in order to improve performance in the offering of carers' assessments and is considering ways of evidencing carer satisfaction. The Service Area participated in the regional RQIA Review of Adult Community Learning Disability Services Phase 2 and is now working on implementing the recommendations. The Service Area has implemented the RQIA's December 2016 recommendations on Guardianship following its review of service user experiences of guardianship The Service Area has just participated in an RQIA review of emergency mental health services. A report has not been published as yet. Service Information Dashboard - the comprehensive monthly review of the Learning Disability Service Area completed using a senior management team information dashboard. This reviews governance indicators, resource utilisation and clinical measures. These include incidents, complaints and compliments monitoring, absence rates, bank and agency utilisation as well as admission and discharge rates, bed occupancy and daily bed state availability monitoring.

3.4	**Report on the Programme of Care's interfaces with other statutory agencies including for example: NISCC; RQIA; PHA (in relation to social care)** **Trusts should include references to Judicial Reviews or other significant Court Judgements that directly impact on the discharge of statutory functions.**
	All social work and social care staff in the Service Area who are required to do so are registered with the NISCC. This is monitored via supervision arrangements in line with the Trust's Registration and Verification Policy. The Trust also maintains a central register and monitors the registration status of all relevant staff through this. Social workers are supported to meet the NISCC's on-going professional development requirements. The Trust's Personal Contribution Framework process allows for each social worker to have a Personal Contribution and Personal Development Plan. The Service Area also provides induction for all new staff which meets the NISCC's induction standards. This includes a two-day Learning Disability-specific induction course developed and run by the Service Area with the direct input of service users and carers. The Service Area carries out a number of functions under The Mental Health (NI) Order 1986 and meets the requirements of the RQIA and the Mental Health Review Tribunal in relation to these. These include the provision of the necessary paperwork, reports and notifications for admissions for assessment, Guardianship and Mental Health Review Tribunals. The Service Area's day care facilities, residential and supported living services are all registered with the RQIA and subject to on-going inspection and monitoring. The Service Area notifies the RQIA of any untoward incidents as per their reporting requirements. The Service Area liaises with RQIA on adult safeguarding issues as they arise in relation to any registered facility. The Service Area has contributed as appropriate to MARAC and PPANI processes. The Service Area liaises with the PSNI as per the Joint Protocol arrangements where appropriate. The Service Area continues to work with the OCP as required but

	remains, as reported in previous years, concerned about the changes in OCP practice about their willingness to manage service users' affairs. The Service Area and the Trust continue to work in partnership with the Housing Executive in relation to the Supporting People programme. However, planning and budgetary uncertainty in the Housing Executive has caused significant difficulties recently where discussion about future schemes has halted altogether and plans for existing schemes have been postponed. As discussed elsewhere in this report, the Service Area has an ongoing need for supported housing to meet need particularly for those service users with complex needs and this situation is having a significant impact on service delivery. The Service Area sought a Declaratory Judgement from the High Court this year in relation to a service user with profound disabilities who requires a locked door in his adult family placement home to keep him safe. The service user is also subject to Guardianship because his natural family object to the placement with the Adult Family Placement Scheme. The Service Area took this course of action following a Mental Health Review Tribunal suggestion that the Trust seek a Declaratory Judgement in relation to the aspects of his care plan that involved a deprivation of liberty as the Tribunal could only rule on the grounds for Guardianship. The Service Area, the Official Solicitor and the Trust's legal advisors all believed the issues to be straightforward. The justification for the deprivation of liberty was seemingly straightforward and the placement clearly in the service user's best interests. However, the process of achieving a Declaratory Judgement was lengthy and complex, requiring the submission of substantial Trust evidence, detailed legal submissions and several court hearings. This experience has highlighted the difficulties that would be encountered where the Trust to follow this course in every situation where there was deemed to be a deprivation of liberty. In a second case of a service user subject to Guardianship, the Mental Health Review Tribunal advised that it believed that the care plan amounted to a deprivation of liberty and that the Trust should seek a Declaratory Judgement. The Service Area's legal advisors believed that the care plan did not amount to a deprivation of liberty, rather that the conditions of Guardianship were being used in a supportive and advisory fashion to provide guidance and helpful structure. The legal advisors felt that the absence of any use of locked doors or forcible return were important factors in making this determination. The Service Area informed the MHRT of this view, stating that it was not our intention to seek a Declaratory Judgement. The MHRT accepted this and proceeded to uphold the Guardianship Order.

3.5	Summary of difficulties or issues in regard to the ability to discharge Delegated Statutory Functions	3.6 Provide a progress report and emerging learning in relation to remedial action to improve performance including financial implications	3.7 Indicate if the issue is included on your Trust Risk Register and at what level
	Recruiting/retention of psychology staff. Psychology staff are a key part of the Service Area's community treatment infrastructure. However, the Service Area is experiencing major difficulties with the recruitment and retention of these staff. The Service Area has not had a Consultant Clinical Psychologist in post since last April and recruitment to date has been unsuccessful. We have also been unable to recruit to Band 8A and Band 7 maternity vacancies. The Service Area currently requires a Consultant Psychologist, a Band 8B psychologist, a Band 8B Forensic Psychologist maternity cover, a Band 8A psychologist maternity cover and a Band 7 psychologist. Attempts to employ agency staff have also been unsuccessful. The lack of a Consultant is particularly problematic as this post is the clinical and management lead for the Service Area's Intensive Support Service and its Psychological Therapies Service. The staffing difficulties have had and will	Recruitment processes continue. Current approaches include the use of a specialist recruitment agency and widespread advertisement. Contingency arrangements have been made and temporary clinical and management supervision arrangements are in place.	This issue is not on the Risk Register but is being managed closely by senior psychology and Service Area staff with contingency arrangements in place.

	continue to have a significant impact on service provision. Contingency plans have required a scaling back in the services offered with priority being given to eligibility assessments and high risk situations. The Service Area is not currently able to offer autism or dementia assessments and a significant number of service users will not have access to psychological therapies without lengthy waits.		
	The internal Care Management Review is showing significant workload capacity issues. The resettlement of hospital patients who often have extremely challenging behaviours or complex health needs has added significantly to the complexity of the caseload. Increased regulatory and monitoring requirements for those in care managed placements have also added to the workload. The Service Area has also been working with a significant number of new providers and new services. Care management staff have had to have considerable input in to the development of these new services to ensure that the appropriate staff, care, accommodation and contracts will all be in place to meet the needs of service users. Care management staff are also required	The internal Care Management Review is likely to indicate a need for increased care management staffing which will create a cost pressure.	This issue is not on the Risk Register. Further action will be decided on completion of the review.

	to provide significant amounts of data.		
	The HSC Board continues to be updated on the ongoing difficulties the Service Area has encountered in achieving the PTL resettlement target for this year. In 2016/2017 three PTL patients have been resettled. One of these patients had returned to hospital from a previous placement which did not meet his needs. The remaining ten patients all have identified placements. Those moving to specialist private nursing provision have been delayed due to recruitment issues with the provider. The Service Area hopes that these will be resolved by July 2017 to enable the placements to proceed. A provider has now been nominated for the Dympna House supported living scheme and this service is due to open in October 2017.	The Service Area will continue to work with the HSCB in achieving the retraction plan for the hospital. The Service Area believes that the community infrastructure funding which the Board has made available has strengthened the services available to support these placements.	This issue is on the Service Area Risk Register and is categorised as a Medium Risk.
	During 2016/2017, three delayed discharge patients commenced their placements although one of these patients has subsequently returned to the hospital as the provider was unable to manage the level of care and support required. The Service Area has identified placements for eleven further delayed	The Service Area has been working proactively with a number of providers to plan for the discharge of a number of complex delayed discharge patients. This has included the development of two specialist nursing providers as well as further residential care options.	This issue is on the Service Area Risk Register and is categorised as a Medium Risk.

	discharge patients which it hopes will have occurred by September 2017. Lack of placement availability continues to be a major barrier to achieving discharge targets. Approximately twelve admissions per year across all the Trusts become delayed discharge patients.	The Service Area strives to achieve discharge as soon as possible for patients. Discharge planning commences from the point of admission to try and prevent further delayed discharges. The Service Area's accommodation planning group continues to plan for all delayed discharge patients and this group of service users are given high priority for any vacancies that arise.	
	The Service Area continues to struggle to make admission beds available. In this reporting period there were 119 admissions which required existing patients to sleep out in other wards. This has required the use of the low secure forensic ward or putting up beds in resettlement wards. On two occasions this year patients have been admitted to Lakeview in the Western Trust because of the lack of beds in Muckamore. This situation has also led to a number of planned discharges being delayed.	As above, the Service Area continues to try to place delayed discharge patients in the community. Community treatment options have been strengthened in order to prevent admission where possible.	This issue is not on the Risk Register but is monitored closely at senior management level.
	The Service Area remains significantly concerned about deprivation of liberty safeguards for those who lack capacity. The Service Area continues to feel that the	The Trust has made the Department and the HSC Board aware of the difficulties it perceives in the guidance and with the current lack of clarity from the Courts.	This issue is on the Trust's Risk Register and is categorised as a High Risk.

	Departmental guidance of 14/12/10 on the issue does not give definitive advice about how to act in the legislative vacuum that currently exists. Given the impossibility of seeking a Declaratory Judgement in every case where this a deprivation of liberty, the Service Area would suggest a pragmatic approach where Declaratory Judgements are only applied for where the service user is actively resisting the placement or a carer/relative is objecting. In all other cases, the Service Area would suggest that good practice guidelines in relation to best interests decision-making and restrictive practices are followed.		
	The Service Area is concerned about the forthcoming budgetary cut by the Department of Communities to the Supporting People budget. A significant number of supported living providers have already approached the Trust to ask for the shortfall to be made up by the Trust. The Service Area recognises the need for budget controls in all areas of government spending but believes that, in this case, the decision is simply transferring a cost pressure to another Government Department. Similarly, the Service Area is having to replace Supporting People funding in any	The Trust has highlighted this issue to the HSC Board and the Housing Executive as both a cost pressure and a policy gap.	This issue is not on the Risk Register but has been highlighted as a cost pressure to the Trust.

	new schemes or extensions to existing schemes as the Supporting People funding stream has dried up. The Service Area finds itself having to provide funding for housing support needs because, if it did not do so, service users with an assessed need for housing would be unable to access it.		
	The Service Area has a growing need to provide a range of services to those with forensic histories, particularly as more of these service users are being resettled from Muckamore Abbey Hospital. These service users have complex needs often presenting with co-morbid drug and alcohol addiction or mental illness. The Service Area struggles to find accommodation and support services willing to accept service users with these difficulties. The Service Area remains concerned about the lack of forensic consultant psychiatry availability.	The Service Area greatly welcomes the funding recently provided by the HSC Board to develop forensic services and is making progress on implementing the plans outlined in the IPT. The Service Area provides considerable support to providers who do offer placements to this group of service users. The Service Area is liaising with other Trusts to see if any joint funding and working arrangements could address the lack of forensic consultant psychiatry.	The issue of the potential failure to meet assessed need is on the Risk Register and is classified as a Medium Risk.

	The Service Area is experiencing increasing difficulties in providing domiciliary care packages to service users who have been assessed as needing these. This is because of the lack of capacity of independent sector providers to meet demand. This is particularly the case if a service is required at peak times but is increasingly no longer confined to this. The Service Area is also experiencing an increased reluctance on the part of service providers to take on smaller packages of care which may not be needed seven days a week.	The Service Area hopes that the current Trust procurement of domiciliary care exercise will address these issues. Service Area staff actively promote SDS and the use of direct payments as potential solutions to this difficulty. Care management staff regularly scope all agencies for availability.	The issue of the potential failure to meet assessed need is on the Risk Register and is classified as a medium risk.
	Recruitment, retention and workload capacity of ASWs remains a major difficulty. The number of ASWs on the Daytime Rota has reduced which has resulted in increased workload for those remaining. This difficulty is being experienced in all Service Areas. A lack of acute admission beds in the Belfast Trust area has compounded these difficulties. ASWs are experiencing long delays in accessing beds and are often having to travel to Craigavon, Omagh and Derry to access one. This is causing significant distress for service users and carers and significant operational difficulties for ASWs	The Trust is endeavouring to recruit additional ASWs on an agency basis to support the Daytime Rota. Additional social workers have also been recruited in mental health services to reduce the workload of those staff participating in the Rota.	

	who are experiencing long working hours and difficulties with negotiating travel and escort arrangements with the PSNI and the Ambulance Service. The Service Area has 8 ASWs contributing to the Trust rota which puts significant pressure on the Service Area's resources. The Service Area continues to have difficulty in sourcing appropriate accommodation options for a range of different complex needs including autism, challenging behaviour and complex health care needs. The Service Area is very dependent on independent sector providers choosing to make provision available. Options are very limited, there is rarely any choice and services are often in a situation where a less than ideal option is the only one. This lack of choice and availability also means that the Service Area is in a poor position to negotiate with providers about the cost of their services. The Service Area believes that a regional strategic approach to the planning and commissioning of future accommodation services would be extremely helpful. The Service Area also believes that increased direct Trust provision for those with more challenging needs could provide greater		

	scope and choice. The Service Area is of the view that there is a need for community accommodation provision for those with severe challenging behaviour which provides a better qualified and more skilled workforce than current models which are staffed predominantly by lower paid social care staff.		

3.8	**Key Social Work Workforce issues, including recruitment, retention, flexible working arrangements, workforce continuity etc. Information provided should include level and type of vacancies and any vacancy control systems in place.**
	The Service Area continues to have a relatively stable social work workforce and does not experience any retention difficulties. Demand for any temporary or permanent vacancies that have arisen has been high. The Service Area has two unfilled social work posts at present, one created by the promotion of a team member to a team leader post and one a maternity cover post. Both are in the recruitment process. Flexible working arrangements including part-time hours, flexi-hours and term time working are made available where possible.

3.9	**Trusts should provide a copy of their charging policies and provide explanation of what aspects of service provision you apply this to?**
	Residential and Nursing Homes Charging – The Trust operates in accordance with the DHSSPS Charging for Residential Accommodation Guide **(CRAG)** April 2015 to determine charges. The Trust is continuing to work with providers in a number of schemes to establish a detailed breakdown of costs and charges following the Departmental guidance on service users who choose to pay as tenants for additional support services; "HSC Service Users in Supported Housing Accommodation – Guidance." This exercise is showing that significant numbers of service users are currently contributing towards essential care contrary to the guidance. In order to rectify this, the Service Area is having to make re- imbursement for charges made since the introduction of the guidance thus creating a cost pressure of approximately £250,000. In addition, the Service Area estimates that there will be a recurrent annual cost of £250,000 to make up for the loss of service user contributions to the cost of supported living packages. The Service Area's Financial Support Policy continues to allow for service users to make contributions to staff costs in some limited areas such as holiday travel, holiday accommodation and social activity costs. However, the Service Area remains aware that there is varying practice across Trusts and non-Trust service providers and, as noted in previous reports, would welcome regional guidance on what is appropriate in this regard.

	The Service Area continues to receive requests for support with both voids and start-up costs from housing and care providers. This issue is potentially destabilising for these important services and does cause significant financial pressure. However, the Trust does not have the financial capacity to cover these costs nor would it feel that this is necessarily the responsibility of Trusts. Again, the Service Area would welcome regional guidance about the role Trusts should play in such circumstances.

3.10	**Social Workers that work within designated hospitals? Give an account of how these duties are fulfilled by Social Workers working in these designated hospitals**
	. The Service Area continues to provide social work support to inpatients at Muckamore Abbey Hospital. The team is made up of one senior social worker, one Band 7 Senior Practitioner in Social Work who acts as a DAPO under the Adult Protection Policy and two Band 6 social workers. One of these social workers continues to provide a service 2.5 days a week to the Children and Young Peoples ward at the Iveagh Centre. The team provides a service to hospital patients from all Trusts. Social work forms a core part of the hospital's services. Social workers are core members of the multi-disciplinary teams on the following wards: Cranfield Male Acute admissions; Killead Women Acute Admissions; Donegore; and Sixmile Assessment and Treatment where they actively participate in the assessment and treatment of patients. They also have a key role in discharge and resettlement planning. Liaison with relatives and carers and assessment of home situations is an important part of the hospital social work function. Liaison, co-ordination and communication with community social work colleagues across the region are also key areas. Other wards may request a social work service in individual cases. The Muckamore Social Work Team represents Belfast Trust as the detaining authority at Mental Health Review Tribunals on a regular basis and team members are skilled and experienced practitioners in this regard. While community social workers from both Belfast and other Trusts will sometimes provide the social work evidence to Tribunals, where the patient is best known to the hospital team, they will provide this. For the period from April 2015 to March 2016 social workers from the team have completed seven out of nine Tribunals for Belfast Trust patients, two for Northern Trust patients and two for South Eastern

	Trust patients. In total there were thirteen MHRT hearings in Muckamore Abbey Hospital. There was also one child in the Iveagh Centre whose community social worker undertook the hearing which was not held on the adult hospital site. There were additionally two Belfast Trust patients in Muckamore Abbey Hospital whose Tribunal Hearings were undertaken by Belfast Trust staff completing the Approved Social Work Course as part of a core course requirement. Hospital social work staff provided support and guidance on both occasions. The social work service at Muckamore leads the work on safeguarding, providing advice, support and guidance to other hospital staff. There is one Band 7 Lead DAPO. She processes the hospital's adult safeguarding referrals. The Senior Social Worker is also a DAPO and covers for periods of sickness or annual leave. The social workers in the team are trained to act as investigating officers. All social work staff are trained to Joint Protocol and pre- interview assessment level. Adult safeguarding work forms a very significant part of the team's workload. The introduction of the Adult Protection Policy has led to increased liaison with ward managers regarding their role in screening referrals. This policy was introduced on April 1 and ward managers are receiving additional support from the DAPO re screening of referrals involving clients only. All referrals regarding staff still are referred to the DAPO. The social work team has a continued role in the implementation of the Promoting Quality Care guidance. The team has particular skills and experience in risk assessment and management and provides a mentorship service for other staff undertaking this work. In a related function, the social work team link with PPANI, MARAC, the PPU, Gateway services and community adult protection services about hospital patient risk management issues.

3.11	**Provide a summary of actions undertaken to adopt a Human Rights based approach in your work with service users and carers.**
	The Service Area remains committed to incorporating human rights considerations into all aspects of its work. All staff are supported to attend mandatory human rights awareness training and more advanced training as appropriate. Training in other relevant topics also considers human rights issues. Specific prompts and guidance on the relevant human rights considerations are provided in the policy, procedures and tools for: i) Adult Safeguarding Procedures ii) Capacity, Consent and Best Interests Issues iii) Guardianship Decisions iv) Admission for Assessment Decisions v) Mental Health Review Tribunal Reports vi) Risk Assessment and Risk Management vii) Restrictive practice and physical intervention processes. viii) Care Plans Human rights considerations are paramount in considering deprivation of liberty issues and in any Court applications. The Service Area continues to have a value base that encourages respect and dignity for each individual, promotes equal citizenship and equal access to services and supports the empowerment of service users. All of these themes promote a human rights culture in the Service Area. This value base can be seen in Service Area initiatives such as user fora, user consultation, user led training at induction and the provision of accessible information. Human rights considerations are well embedded in everyday practice and staff are encouraged to bring a human rights focus to all aspects of their work.

HUMAN RIGHTS

3.12	Identify any challenges encountered in the balancing of Rights.	3.13 What action have you taken to manage this challenge?	3.14 What additional actions (if any) do you propose to manage any on-going challenges?
1.	The use of compulsory powers under the Mental Health (NI) Order 1986 continues to require careful balancing of the human rights issues involved. These generally involve a conflict between an individual or societal right to protection versus an individual's right to self-determination, to liberty and to a private and family life.	Staff training in human rights. Staff updates on legislative developments. ASW refresher and re-approval training. The provision of ASW fora to support good practice. The provision of guidance and support on incorporating human rights considerations into all aspects of practice. The use of tools to prompt human rights considerations. Feedback to consultation processes by the Service Area on new legislation which will have a rights-based approach. The provision of accessible information to service users about their rights. The provision of advocacy services.	All on-going.
2.	As noted in previous reports, the Service Area remains concerned about the lack of consistency in Mental Health Review Tribunal judgements around the definition of severe mental handicap and severe mental impairment. This issue creates potential human rights concerns in relation to Article 6, Right to a Fair Trial.	The Service Area awaits the introduction of the new capacity legislation which should address this issue. Provision of advocacy services.	All on-going.

3.	The Mental Health Review Tribunal system is such that those who seek an independent review of an admission for assessment under the Mental Health (NI) Order 1986 are generally unable to obtain this within the timeframe of the assessment period. This again creates potential human rights concerns in relation to Article 6, Right to a Fair Trial.	The Service Area attempts to be as accommodating as possible in arranging early Tribunal dates but this remains a major difficulty. Even meeting the current 6-week timeframe can be challenging.	All on-going.
4.	Adult safeguarding work raises many human rights' balancing issues. Again these generally involve someone's right to protection versus a right to self-determination. It can also involve complex risk management decisions which need to balance an individual victim's protection or societal protection with an individual perpetrator's right to privacy and protection.	Staff training on human rights. Staff training on data protection. Staff training on adult safeguarding issues. The provision of support groups for Investigating Officers and Designated Officers to promote good practice. The use of adult safeguarding tools which prompt consideration of human rights issues. The provision of advocacy services.	All on-going,
5.	The implementation of the Promoting Quality Care guidance on risk assessment and risk management also creates human rights' balancing challenges. These again involve the right to protection versus the right to self-determination and the complexities of information sharing decisions.	Staff training on human rights. Staff training on data protection. Staff training on the Promoting Quality Care guidance. Staff training on capacity and consent issues. Service user training on capacity and consent issues. The use of risk assessment and management tools which prompt	All on-going.

		consideration of human rights issues. The provision of advocacy services. Staff updates on legislative developments. Legal advice is sought on individual cases	
6.	As previously noted in 3.4 and 3.5 (6), the lack of options to authorise a deprivation of liberty causes a significant human rights challenge and is a matter of considerable concern for the Service Area.	The issue has been raised with the DHSSPS and the HSC Board. The Service Area considers deprivation of liberty issues in care planning and attempts to ensure that decisions about people's care avoid situations which might involve a deprivation of liberty where possible and, if unavoidable, are kept to a minimum and reviewed for on-going necessity regularly.	All on-going

3.15	**Identify key achievements or awards within the Trust that specifically support the delivery and quality of your delegated statutory functions.**
	The Service Area continues to make progress with introducing a self-directed support model of care. All appropriate staff have been trained and internal Service Area processes for all new care packages use a SDS approach. While there are still some concerns about the nature of some of the processes and the potential funding implications, the Service Area is committed to the principles of more service user choice and control over services they receive. The Service Area has established a planning and implementation forum for day services in partnership with carers and also with service user representation. The meetings to date have been very positive and the Service Area is hopeful that this will be a good example of co-production in action. The Service Area has used non-recurrent day opportunities funding to develop a significant number of taster opportunities in arts, crafts and horticulture. It has also invested in personal development, training for work and independence programmes for individuals which will support them to take up day opportunities. These additional activities have provided a significantly enhanced range of day service opportunities and have been greatly welcomed by service users, carers and staff. The Service Area would be keen to continue with these programmes but would require recurrent funding to do so. Social work staff continue to be supported to develop their professional practice. One social worker completed the regional adult safeguarding course this year, two social workers completed one module of the course and one social worker is currently undertaking the course. One social worker received a Post Graduate Diploma in Applied Social Studies from QUB and she also completed the NISCC Specialist Award. One social worker completed the ASW course. Introduction of Adult Protection Policy- the service has trained new Band 6 social workers and community nurses in the new Adult Protection Policy. Existing DAPOs and IOs have attended workshops to upskill them for the new policy Staff have also undergone training in the regional Personal Relationships for People with a Learning Disability Policy and will roll this training out to other staff members. The Service Area does have some concerns that the first level training is rather basic. A member of Service Area staff was shortlisted for the individual award

	in this year's Regional Social Work Awards. Benchmarking - the Trust's Learning Disability Service Area has also joined the national NHS Benchmarking Service: please see http://www.nhsbenchmarking.nhs.uk/index.php This will allow the Trust to benchmark its services across a wide range of indicators against a significant number of Trusts in England, Wales and Scotland. The indicators include clinical outcomes, staffing complement, caseload weighting, HR, finance and a range of other information. 1. The nursing skill mix of the % qualified and support staff in BHSCT is higher than the national average. 2. Spend on bank agency staff is lower than the national average. 3. Community team caseloads are at national average levels 4. Staff satisfaction scores for BHSCT staff of 79% are slightly above the national average of 75%.
3.16	**SUMMARY**
	PLEASE SUMMARISE IN BULLET POINTS. ➢ The Service Area believes that it has a strong value base which is committed to person centred models of care. ➢ The Service Area believes that within the resources available to it, its service provision is generally effective at delivering a good quality service to people with a learning disability ➢ The Service Area also believes that despite the acknowledged difficulties with data collation and assurance, its organisational and governance arrangements largely achieve reasonable compliance with statutory responsibilities. ➢ However, good quality service provision is significantly affected by the lack of availability of some services. As highlighted in the body of the report, the two most significant gaps in provision are accommodation options for people with complex needs and the lack of domiciliary care availability. Day Care options for those with complex needs, particularly challenging behaviours are also challenging to provide. ➢ The issues relating to legal authority for deprivations of liberty continue to cause major uncertainty. ➢ ASW issues in relation to recruitment, retention and the complexity of current admission processes present major challenges for the Service Area.

LEARNING DISABILITY SERVICE AREA

DATA RETURNS

1. General Provisions (including Hospital Social Work)
2. Chronically Sick and Disabled Persons
3. Disabled Persons (NI) Act 1989
4. Health and Personal Social Services Order
5. Carers and Direct Payments Act 2002
6. Safeguarding Adults
7. Social Work Teams and Caseloads
8. Assessed Year in Employment
9. Mental Health
10. Training Accountability Report

LEARNING DISABILITY SERVICE AREA
DATA RETURN 1

1 GENERAL PROVISIONS			
		<65	65+
1.1	How many adults were referred for assessment of social work or social care need during the period? **Includes 109<65 and 1>65 referrals to the sw team in MAH**	**169**	**2**
1.2	Of those reported at 1.1 how many adults commenced receipt of social work or social care services during the period?	**169**	**2**
1.3	How many adults are in receipt of social work or social care services at 31st March?	**1463**	**198**
1.3a	How many adults are in receipt of social work support only at 31st March (not reported at 1.4**)? Age bands not available for this. 91 cases have CLDN involvement only**.	**1680**	
1.4	How many care packages are in place on 31st March in the following categories:		
	xix. Residential Home Care	**99**	**25**
	xx. Nursing Home Care	**104**	**62**
	xxi. Domiciliary Care Managed	**42**	**11**
	xxii. Domiciliary Non Care Managed. **Age band not available for this category.**	**138**	
	xxiii. Supported Living	**224**	**41**
	xxiv. Permanent Adult Family Placement	**16**	**0**
1.4a	For all those listed above in 1.4 provide assurance that the Care Management process is being applied in accordance with the DHSSPS Care Management HSC ECCU/1/2010 Circular. ***Narrative: See 1.4b below.***		
1.4b	Please describe how the Care Management process is being managed in this programme with particular reference to decision making levels, review and care planning, highlighting any particular difficulties being experienced and how they are being addressed. ***Narrative.*** The Circular is operational in relation to all commissioned services in 1.4. Trust provided services follow different procedures but within the same framework of assessment, care planning, service provision and review. The Service Area does not use NISAT as this has not been introduced for learning disability. However, it does make use of its own document "About You" which is a person centred, accessible document which is based on the NISAT.		

	However, the Service Area uses other standardised care management tools which support the implementation of the guidance. The Service Area assesses need against criteria based on the guidance. The Service Area runs a service request panel where all new applications for care managed services are considered. Authorisation for standard costs can be given at Operations Manager level with high cost cases being scrutinised at Service Manager level. Responsibility for assessment, care planning and service provision lies with professionally qualified community team members. Reviews can take place at either assistant care management level or care manager level depending on the complexity of cases. As discussed earlier in the report, the Service Area is experiencing difficulties with high volumes of care management work.		
1.4c	Please articulate how the views of service users, their carers and families are included in the decision making process, review and care planning. ***Narrative*** Service users and carers, as appropriate, actively participate in assessment, care planning and reviews. This is achieved through regular communication, provision of information, sharing documents and invitations to meetings. The Service Area has just begun a service improvement project aimed at introducing one holistic, person-centred review to cover all services that a person receives.		
1.5	Number of adults provided with respite during the period	*PMSI return*	*PMSI return*
1.6	Number of adults known to the Programme of Care in receipt of Centre based Day Care		
	- Statutory sector	**529**	**50**
	- Independent sector	**49**	**0**
1.6a	Number of adults known to the Programme of Care in receipt of Day Opportunities **Top figures refer to Trust provided day opportunities.** **Bottom figures refer to day opportunities fully or partially funded by the Trust with independent sector organisations.**	**108** **292**	**7** **0**

1.7	Of those at 1.6 how many are EMI / dementia		
	- Statutory sector **These figures are based on day services' staff assessment of who they believe to have dementia.**	**17**	**2**
	- Independent sector **These figures are based on day services' staff assessment of who they believe to have dementia.**	**0**	**1**
1.8	Unmet need (this is currently under review)	X	X
1.8a	Please report on Social Care waiting list pressures **Narrative** The Service Area does not keep formal waiting lists but we are actively looking for accommodation options for 31 people whom we have not been able to place to date. Capacity issues in relation to short breaks provision continue. While the vast majority of service users will be offered some form of short breaks, it is often not the type or location of service they would prefer and the Service Area experiences frequent request for more provision in some particular services.	**28**	**3**
1.8b	Please identify possible new service innovations that are currently supported by non-recurrent funding ***Narrative*** The Service Area has been able to fund a wide range of alternative day opportunities using non recurrent HSC Board provided funding and non-recurrent end of year monies. These opportunities have included, football, dance, music, arts, cookery and gardening as well as a range of independence skills projects. These opportunities have proved very successful and the Trust would wish to continue with these and other similar projects.		
1.9	How many of this Programme of Care clients are in HSC Trust funded social care placements outside Northern Ireland?	**2**	**0**
1.10	Complaints – Please describe any service change or improvement implemented or intended as a result of complaint investigations. There has been learning for staff from two complaints about ensuring that communication with families is continuous and ongoing in relation to assessment, care and treatment to ensure the best outcome for the patient.	~~*Board return*~~	~~*Board return*~~

Data for 1.5, 1.8 and 1.10 will be sourced by Board officers from existing returns.

LEARNING DISABILITY SERVICE AREA
DATA RETURN 1 – HOSPITAL

1 GENERAL PROVISIONS - HOSPITAL				
		<18	18-65	65+
1.1	How many adults or children were referred to Hospital Social Workers for assessment during the period?	**13**	**96**	**1**
1.2	Of those reported at 1.1 how many assessments of need were undertaken during the period?	**13**	**96**	**1**
1.3	How many adults or children are on Hospital Social Workers caseloads at 31st March?	**8**	**88**	**0**

Age is at date of referral for 1.1 and 1.2
Age at 31st March for 1.3

LEARNING DISABILITY SERVICE AREA
DATA RETURN 2

2 CHRONICALLY SICK AND DISABLED PERSONS (NI) ACT 1978;			
		<65	65+
2.1	Details of patients less than 65 in hospital for long term (>3months) care who are being treated in hospital ward for over 65	X	X
2.2	Number of adults known to the Programme of Care who are:		
	Blind	**27**	**N/A**
	Partially sighted	**36**	**N/A**
2.3	Number of adults known to the Programme of Care who are:		
	Deaf with speech	**10**	**N/A**
	Deaf without speech	**15**	**N/A**
	Hard of hearing	**29**	**N/A**
2.4	Number of adults known to the Programme of Care who are:		
	Deaf Blind	**3**	**N/A**
	Age bands not available for this section		

LEARNING DISABILITY SERVICE AREA
DATA RETURN 3

3 DISABLED PERSONS (NI) ACT 1989 *Note: 'disabled people' includes individuals with physical disability, sensory impairment, learning disability*		
3.1	Number of referrals to Physical/Learning/Sensory Disability during the reporting period.	**169**
	Number of Disabled people known as at 31st March.	**1771**
3.2	Number of assessments of need carried out during period end 31st March. **Figure refers to assessments of need carried out at point of referral only. Data not available for other assessments.**	**169**
3.3	This is intentionally blank	
	Narrative	
3.4	Number of assessments undertaken of disabled children ceasing full time education. **Figures refer to the number of children transitioning to adult services from children's disability services.**	**19**

LEARNING DISABILITY SERVICE AREA
DATA RETURN 4

4 HEALTH AND PERSONAL SOCIAL SERVICES (NI) ORDER 1972;
Article15, Article 36 [as amended by Registered Homes (NI) Order 1992]

4.1	Number of Article 15 (HPSS Order) Payments	**37**
	Total expenditure for the above payments	**£11,143.58**
4.2	Number of TRUST FUNDED people in residential care	**124**
4.3	Number of TRUST FUNDED people in nursing care	**166**
4.4	How many of those at 4.3 received only the £100 nursing care allowance?	**2**
4.5	How many occasions in-year has the Trust been called upon to support Emergency Support Centres (ESC)? **Figures supplied by PH&D services.**	**2**

LEARNING DISABILITY SERVICE AREA
DATA RETURN 5

5 CARERS AND DIRECT PAYMENTS ACT 2002

		16-17	18-64	65+
5.1	Number of adult carers offered individual carers assessments during the period**. These figures include assessments and reassessments. Age breakdown not available.**	**N/A**	**221**	**N/A**
5.2	Number of adult individual carers assessments undertaken during the period. **These figures include assessments and reassessments. Age breakdown not available.**	**N/A**	**175**	**N/A**
5.3	Of the total at 5.2 in how many of the assessments were the carers, caring for disabled children?	**N/A**	**0**	**N/A**
5.4	Number of adult carers receiving a service @ 31st March	**N/A**	**961**	**164**
5.5	Number of young carers offered individual carers assessments during the period.		**0**	
5.6	Number of young carers assessments undertaken during the period.		**0**	
5.7	Number of young carers receiving a service @ 31st March		**0**	
5.8	(a) Number of requests for direct payments during the period 1st April – 31st March		**36**	
	(b) Number of new approvals for direct payments during the period 1st April – 31st March		**36**	
	(c) Number of adults receiving direct payments @ 31st March		**0**	
5.9	Number of children receiving direct payments @ 31st March		**0**	
5.9.a	Of those at 5.8 how many of these payments are in respect of another person? **46 of the 116 direct payments in place are made via SPOs**		**46**	
5.10	Number of carers receiving direct payments @ 31st March		**70**	
5.11	Number of one off Carers Grants made in-year.		**275**	

Note: sections 5.8, 5.9 and 5.10 are to be reported as mutually exclusive.

Commentary

The learning disability service continues to offer one off carer's grants. These are used for a variety of things which carer's tell us help them in the caring role. These include funding for breaks away, purchase of items for the home and in one case was used to help a carer and her daughter move from a domestic abuse situation

LEARNING DISABILITY SERVICE AREA
DATA RETURN 9

9 The Mental Health (NI) Order 1986
Article 4 (4) (b) Article 5 (1) Article 5 (6) Article 18(5) Article 18(6) Article 115

Admission for Assessment Process Article 4 and 5		TRUST ASW	RESWS ASW
9.1	Total Number of Assessments made by ASWs under the MHO	**10**	**4**
9.1.a	Of these how many resulted in an application being made by an ASW under (Article 5.1b)	10	**4**
9.1.b	How many assessments required the input of a second ASW (Article 5.4a)	0	0
	Requests for second ASW inputs have remained low both in the context of the Service Area and a Trust-wide level.		
9.1.c	Number of applications made by the nearest relative (Article 5.1.a)	**0**	
	Comment on any trends or issues in respect of Nearest Relative applications for admissions		
9.1.d	Can the Trust provide assurance that they are meeting their duties under Article 117.1 to take all practical steps to inform the nearest relative at least 7 days prior to discharge.	**Yes, relatives are routinely involved in all discharge planning processes.**	

Use of Doctors Holding Powers (Article 7)		
9.2	How many times did a hospital doctor use holding powers?	**10**
9.2a	Of these, how many resulted in an application being made?	**10**
	The use of Doctor's holding powers is reflective of the number of clients who agree to a voluntary admission but then decide to leave against medical advice. The power continues to be used appropriately and in all learning disability cases resulted in an application for admission being made.	
ASW Applicant reports		
9.3	Number of ASW applicant reports completed	**14**
9.3.a	How many of these were completed within 5 working days	**14**
	Please provide an explanation for any ASW Reports that were not completed within the requisite timescale, and what remedial action was taken.	
Social Circumstances Reports (Article 5.6)		
9.4	Total number of Social Circumstances reports completed. *This should equate to number given at 9.1c. If it does not please provide an explanation.*	**0**
9.4.a	Number of completed reports which were completed within 14 days	**N/A**

	Please provide an explanation for any Social Circumstances Reports that were not completed within the requisite timescale, and / or any discrepancy between the number of Nearest Relative applications accepted and the number of Social Circumstances Reports completed, and what remedial action was taken.	

Mental Health Review Tribunal

9.5 Number of ~~referrals~~ applications to MHRT in relation to detained patients

Requested by	Number MHRT requested	MHRT Hearings completed	Number of patients re-graded > 6weeks before hearing	Number of patients re-graded < 6 weeks before hearing	Number unexpectedly discharged by MRHT
Trust	**8**	**8**	**0**	**0**	**0**
Patient	**4**	**3**	**0**	**1**	**0**
Nearest Relative	**0**	**0**	**0**	**0**	**0**
Other	**2**	**2**	**0**	**0**	**0**
Total	**14**	**13**	**0**	**1**	**0**

The vast majority of the Tribunals in learning disability service are as a result of a mandatory request by the Trust.

9.5.a	This is intentionally blank	
Guardianships (Article 18)		
9.6	Number of Guardianships in place in Trust at period end	**3**
9.6.a	New applications for Guardianship during period (Article 19(1))	**0**
9.6.b	How many of these were transfers from detention (Article 28 (5) (b))	**0**
9.6.c	How many were Guardianship Orders made by Court (Article 44)	**0**
9.6.d	Number of new Guardianships accepted during the period (Article 22 (1))	**0**
9.6.e	Number of Guardianships renewed during the reporting period (Article 23)	**3**
9.6.f	Number of Guardianships accepted by a nominated other person	**0**

9.6.g Number of MHR hearings in respect of people in Guardianship

Requested by	Number MHRT requested	MHRT Hearings completed	Number of patients re-graded > 6weeks before hearing	Number of patients re-graded < 6 weeks before hearing	Number unexpectedly discharged by MRHT
Trust	3	3	0	0	0
Patient	0	0	0	0	0
Nearest Relative	0	0	0	0	0

	Other	0	0	0	0	0
	Total	3	3	0	0	0

9.6.h	Total number of Discharges from Guardianship during the reporting period (Article 24)	
	Discharges as a result of an agreed multi-disciplinary care plan	**0**
	Lapsed	**0**
	Discharged by MHRT	**0**
	Discharged by Nearest Relative	**0**
	Total	**0**
	Comment on any trends or issues in respect of Guardianship	

Approved Social Worker (ASW) Register		
9.7	Number of newly appointed Approved Social Workers during period	**1**
9.7.a	Number of Approved Social Workers removed during period **One ASW retired.**	**1**
9.7.b	Number of Approved Social Workers at period end (who have fulfilled requirements consistent with quality standards)	**8**
	Commentary *Please give assurance that the number of authorised ASW, and ASWs in training is adequate to enable the Trust to continue to discharge its statutory duties* **Please see commentary at 3.5.**	
9.8	Do any of the returns for detention and Guardianship in this section relate to an individual who was under 18 years old? If so please provide detailed explanation for each and every instance including their age and relevant powers used. **No.**	
9.9*	How many times during the reporting period has the Trust notified the Office of Care and Protection under Article 107?	**0**
	Issues or trends relating to notifications to the office of care and protection and on-going management of such arrangements ***See commentary at 3.4.***	

The Mental Health Order (NI) 1986 as amended by The Criminal Justice (NI) Order 1996.SArticle 50A(6). **Schedule 2A Supervision and Treatment Orders.**		
9.10	Number of supervision and treatment orders, (where a Trust social worker is the supervising officer) in force at the 31st March	**2**
9.11	Of the Total shown at 9.10 how many have their treatment required as:	
	Treatment as an in-patient	**0**
	Treatment as an out patient	**2**
	Treatment by a specified medical practitioner.	**0**
9.12	Of the total shown at 9.10 how many include requirements as to the residence of the supervised person (excluding in-patients)	**0**
9.13	Of the total shown at 9.10 how many of these supervision and treatment orders were **made** during the reporting period.	**1**
	Commentary *(include any difficulties associated with such orders, obtaining treatment or liaison with specified medical practitioners, access to the supervised person while an in-patient)* **The Trust's experience of these orders is that providing the necessary supervision and treatment can be extremely costly.**	