

<b>Report to:</b>	<b>RESILIENT COMMUNITIES SCRUTINY COMMITTEE</b>
<b>Relevant Officer:</b>	Karen Smith, Deputy Director of People
<b>Date of Meeting</b>	14 July 2016

## ADULT SERVICES REPORT

### 1.0 Purpose of the report:

1.1 To inform the Committee of the work undertaken by Adult Services on a day to day basis in order to allow effective scrutiny of services.

### 2.0 Recommendation(s):

2.1 To consider the contents of the report and identify any further information and action required, where relevant.

### 3.0 Reasons for recommendation(s):

3.1 To ensure services are effectively scrutinised.

3.2a Is the recommendation contrary to a plan or strategy adopted or approved by the Council? No

3.2b Is the recommendation in accordance with the Council's approved budget? Yes

3.3 Other alternative options to be considered:

None.

### 4.0 Council Priority:

4.1 The relevant Council Priority is 'Communities: Creating stronger communities and increasing resilience'.

## **5.0 Background Information**

### **5.1 Adult Care and Support – Care Quality Commission (CQC) Inspection Outcome for Shared Lives**

The Council's In House Shared Lives Service (includes Supported Lodgings) received a Care Quality Commission (CQC) Inspection on 5 May 2016. The inspection report has now been received and confirms that the service achieved a GOOD in all five domains:

#### **5.1.1 Highlighted areas - Safe:**

- Carers had received safeguarding training and knew how to recognise and respond to abuse correctly.
- Risks associated to people's needs had been assessed and risk plans were reviewed.
- Recruitment procedures the service had in place were safe.
- People were protected against the risks associated with unsafe use and management of medicines. This was because medicines were managed safely.

#### **5.1.2 Highlighted areas - effective:**

- People were supported by carers who were sufficiently skilled and experienced to support them.
- People received support to make choices about different aspects of their lives.
- The service and carers were aware of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguard (DoLS). They had knowledge and the process to follow.

#### **5.1.3 Highlighted areas - caring:**

- People were able to make decisions for themselves and be involved in planning their own care.
- People told us their carers supported them appropriately and were kind, caring and respectful. People's individual needs were known by carers who provided care and support in a way that respected their individual wishes and preferences.
- Information about independent advocacy services were available for people should they have required this support.
- People's privacy and dignity was respected.
- Comment from someone using the service "I am treated so well I am happy. I have come on so much thanks to my carers".

#### 5.1.4 **Highlighted areas - responsive:**

- People participated in a range of activities that reflected their personal interests.
- People's care plans had been developed with them to identify what support they required and how they would like this to be provided.
- The service had arrangements in place to deal with people's concerns and complaints.
- Comment from someone using the service "Since living with my carer I have learned how to use public transport on my own. I have become independent and this has helped me so much."

#### 5.1.5 **Highlighted areas – well-led:**

- Systems and procedures were in place to monitor and assess the quality of service people received.
- The service had clear lines of responsibility and accountability. Carers understood their role and were committed to providing a good standard of support for people in their care.
- A range of audits were in place to monitor the health, safety and welfare of people who used the service. Quality assurance was checked upon and action was taken to make improvements, where applicable.
- Comment from someone using the service "We meet with our Shared Lives officer every five to six weeks to check everything is ok and going well. They are very supportive, the management structure is excellent, they are always available by phone if there is a problem."

### 5.2 **Adult Social Care**

5.2.1 Activity and demand continue to increase in adult social care, with marked increases in supported living spend, care at home and direct payments. The information on the following page demonstrates the changes as a snapshot over the comparable levels at the same time last year, and is trend indicative of the increasing pressure on Adult Social Care in the context of changes following the Care Act enactment in 2015, together with other system and organisational changes. The chart below identifies specific areas of change over the last twelve months. Some caution must be exercised as these are snapshots at particular points in time, but the trend is evident.

The increase in client count (ie the number of people receiving a package of care), creates extra demand in terms of assessments and reviews for staff.

	<u>Client Count</u>	<u>Weekly Purchased Hours</u>	<u>Difference</u>
<b>Supported Living:</b>			(Hours)
31.4.15	160	12,642	
31.4.16	171	20,680	+ 8,037
<b>Direct Payments:</b>			
31.4.15	287	577	
31.4.16	310	624	+ 47
<b>Care at Home:</b>			
31.4.15	1044	13,177	
31.4.16	1120	14,270	+1,093

### 5.3 **Deprivation of Liberties Safeguards**

5.3.1 In 2015/2016 and from the 571 Deprivation of Liberty (DoL) applications received and processed, a total of 490 individuals were at some time in the year subject to a DoL. This represents an increase of 132% in volume from the previous year and highlights the increase in workload.

5.3.2 This figure breaks down by gender to 171 males and 319 females. The age of individuals at the time their DoL is authorised breaks down as follows:

	<b>18-64</b>	<b>65-74</b>	<b>75-84</b>	<b>85-94</b>	<b>95+</b>
<b>Males</b>	29	29	69	49	2
<b>Females</b>	18	31	93	148	34

5.3.3 There is a cyclical nature to the processing of DoLS which means that as an authorisation covering an individual approaches expiry then the applicant (a care home or care home with nursing) may submit a request to renew the DoL.

5.3.4 A DoL is normally authorised for a maximum of one year although they are commonly granted for much shorter periods. Obviously, the shorter the period then

the sooner the DoL will be eligible for renewal. Durations between six and seven months are the most common as demonstrated in the 2015/2016 table below (where month '0' represents existing durations of up to a month in cases that are due to expire).

Months	0	1	2	3	4	5	6	7	8	9	10	11	12	13
Authorisations	65	66	52	65	47	42	112	34	24	27	33	23	37	66

5.3.5 A DoL may also run its full course or be terminated early. Reasons why a DoL may end prematurely are death of the subject, change of circumstances such as the subject moving residence, or them no longer fulfilling one or more of the critical criteria such as eligibility or reasons due to their mental health or mental capacity. Of the 138 DoLS that ended prematurely in 2015/2016, two were due to the subject no longer meeting the mental capacity requirement (that is to say that upon review they were assessed as having regained capacity to make their own decisions), 40 were due to change in circumstances, and 96 were due to death of the subject. The coroner must also be informed in all cases where a person dies and is subject to a DoL.

#### 5.4 **Safeguarding Adults**

5.4.1 Since the enactment of the Care Act 2015, safeguarding enquiry cases must be categorised for national reporting purposes in terms of whether they are 'Section 42 enquiries' or 'non-Section 42 enquiries'.

5.4.2 The 'Section 42 enquiry' descriptor refers to whether the person who is the alleged victim of the harm has care and support needs - whether or not those needs are being met - and if a third party is involved in occasioning the harm.

5.4.3 'Non-Section 42 enquiries' are where the individual does not have identified care and support needs and if the harm does not involve a third party (for example in cases of self-neglect).

5.4.4 The process for making the enquiry in either case however should not impact on the experience of the alleged victim in achieving their desired outcomes as the Care Act states that the safeguarding enquiry must take a 'personalised' approach.

5.4.5 The service is now making strides towards that goal through more use of advocacy support and involving the individual and/or their family as far as is practicable. In 2015/2016, 790 concerns were referred to Adult Social Care for safeguarding consideration; 400 of those were referred further into the safeguarding enquiry process as 'Section 42' enquiries and a further four were deemed to be 'non-Section

42 enquiries’.

5.4.6 The total number of the cases that were concluded during the year (358) is a rolling figure. In 261 of the concluded cases the source of the alleged harm (or risk) was recorded as ‘social care support’, in 88 cases the source was ‘other’ known to the individual and in the remainder of cases (nine) the source was ‘other’ not known to the individual.

A more detailed report and further analysis of the figures can be available if required.

## 5.5 Advice and Information

- Following discussion with CLT and Members, funding for a new advice and information contract has been agreed for £25,000 per year for a three year contract. Commissioning is currently preparing tender documents and the opportunity will shortly be advertised.
- Discussions have taken place with Blackpool and Wyre and Fylde Clinical Commissioning Groups (CCGs) and NHS Vanguard funding has been identified to develop a new directory of community and voluntary activities to include health and social care information. The intention is to combine all existing websites into a new combined directory for Blackpool Wyre and Fylde. A workgroup with representation from the Council and CCGs is being formed to scope and progress this work.

## 5.6 Regulated Services

### Care Quality Commission (CQC) Residential Care Inspection Outcomes update.

5.6.1 The Council is contracted with 74 Residential Care and Nursing Homes and 58 of them have been inspected under the new CQC methodology.

	Blackpool	Blackpool	National Total	National Total
	Residential	Residential	Residential	Residential
	Number	%	Number	%
Outstanding	1	1.72%	70	0.60%
Good	47	81.03%	7779	67.02%
Requires Improvement	9	15.52%	3428	29.53%
Inadequate	1	1.72%	330	2.84%

National figures correct as at 01.06.2016, Blackpool figures correct as at 22.06.2016

- 5.6.2 Blackpool has a higher percentage than the national average at 'Good', and a lower percentage than the national average at 'Requires Improvement' and 'Inadequate'. The Contracts and Commissioning team continues to work very closely with the CQC where there are identified issues and work hand in hand to support improvements which benefit vulnerable residents wherever possible.
- 5.6.3 The inadequate home is currently suspended to new placements whilst improvement work is undertaken. The provider is working to an action plan, and is receiving support from the Contracts Team to make improvements. A CQC reinspection has taken place and the report is awaited.
- 5.6.4 Another home is also suspended due to concerns about quality of service. This home has been inspected by the CQC and it is expected that the home will be judged 'Inadequate'. The Council has given notice on the contract with the home and residents are being moved to new accommodation.
- 5.6.5 Four Care/Nursing Homes are currently subject to a regime of enhanced monitoring. One of these homes is currently rated as 'Requires Improvement'; the remainder are rated as 'Good'. These providers are each working to an action plan, and are receiving support from the Contracts Team to make improvements.

5.7 **CQC Care at Home Inspection Outcomes update.**

- 5.7.1 Nine contracted Care at Home agencies have been inspected under the new methodology. There are 8 left for the CQC to inspect.

	Blackpool	Blackpool	National Total	National Total
	Care at Home	Care at Home	Care at Home	Care at Home
	Number	%	Number	%
Outstanding	0	0.00%	30	0.91%
Good	8	88.89%	2501	75.60%
Requires Improvement	1	11.11%	720	21.77%
Inadequate	0	0.00%	57	1.72%
	9	100.00%	3308	100.00%

- 5.7.2 Blackpool has a higher percentage than the national average at 'Good', and a lower percentage than the national average at 'Requires Improvement' and 'Inadequate'.

The Contracts and Commissioning team continues to work very closely with CQC where there are identified issues and works hand in hand to support improvements which benefit vulnerable service users wherever possible.

- 5.7.3 Three Care at Home agencies are currently suspended to new packages of care. One of these agencies has been rated as 'Requires Improvement' by the CQC and the other two are rated as 'Good'. One of the agencies rated 'Good' has an ongoing staffing shortage that is being resolved, and the other has ongoing quality of service issues.
- 5.7.4 Each of these providers are working to an action plan, and are receiving support from the Contracts Team to make improvements.

## 5.8 **Care at Home**

- 5.8.1 New fee rates have been agreed for Generic and Learning Disability Care At Home Services. These reflect the true costs of care which have been calculated based on feedback from Providers. Providers are now paying the national minimum wage but not all are following the Council's suggestions on other terms and conditions including holiday pay, sick pay, enhanced rates for bank holidays and sleeping duty.
- 5.8.2 There are increased expectations around providing care for people with complex medication regimes, medication training, and the requirements of the CQC. A medicines management workshop has been held with Providers but further work is required to clarify whether medication only visits are the responsibility of the Council or the CCG.
- 5.8.3 The sector has difficulties in attracting good quality applicants for staffing vacancies. There are plans to address this via partnership recruitment events, joint publicity campaigns, and using events such as carer of the year awards to increase the profile of Care at Home as an employment choice. Support to work with providers has been discussed with economic development colleagues and this is being offered to the provider forum.
- 5.8.4 Alongside this, Providers need the ability to offer guaranteed hours to staff rather than zero hours contracts. The key issue is being able to offer flexible, childcare friendly hours. There is also scope for the Council to increase the efficiency of current provision by reducing the amount of travelling time between visits and considering the length of visits.
- 5.8.5 There are opportunities to give flexibility to Providers and address the issues above by moving towards outcome based commissioning combined with a neighbourhood or zoned approach to provision. There are plans in place for a mapping exercise and a time banding exercise to lay the foundations for this and initial discussions have



been held with Providers.

- 5.8.6 There is a shortage of affordable, good quality training within the sector locally. The Council has been providing some training via Organisational Workforce Development and Providers are being encouraged to pool resources to fund shared training, to set up a trainers' forum, and send their trainers on Council training.
- 5.8.7 Further pressures and issues to be addressed include:
- Improving current pickup rates of care packages.
  - The ability of Providers to pick up care packages at short notice.
  - The ability of the market to meet spikes in demand including hospital discharges.
  - Development of more detailed contingency plans around Provider failure.

## 5.9 Dementia

- 5.9.1 The Dementia Care Homes Officer has been invited to speak at the University of Salford on dementia and how "Let's Respect" is working in Blackpool for public, private and third sector care providers. Students will gain an understanding of the way Blackpool Council is having an impact on the development and commissioning of services by the authority, and how best practice is being shared through partnership working.
- 5.9.2 Blackpool Council, in partnership with Trinity Hospice submitted an academic e-poster to an international conference held in Sydney, Australia on 16 and 17 June 2016 about how Blackpool Council and Trinity are working in partnership to create a dementia friendly environment, and training Hospice staff, to ensure that people with dementia at the end of their lives can have a respectful, peaceful, and dignified death. Despite the submission not winning an award the submission was well received by the conference.
- 5.9.3 The Dementia Care Homes Officer has been supporting The Anchor Café project being led by Councillors. The project provides a bridge between Nibbles training café and working in industry. It is planned that Anchorholme Library will house a cafe with a dementia friendly environment and staff trained to support people with dementia. The café will be staffed by people with by Learning Disabilities and will provide training for those looking to work in the hospitality industry.

## 5.10 **Adult Social Care – 2015/16 year-end performance statistics**

- 5.10.1 A real difference can be seen in some key areas in relation to the impact of the work that is being carried out, in terms of social work team practice, work with providers from a quality and delivery point of view, and also from improvements in the

collation and reporting of information. There are also areas of work that still require specific attention, including reablement, intermediate care, and reviews. Some highlights from the year are set out below:

- The proportion of older people still at home 91 days after discharge from hospital into reablement fell marginally from 78.6% to 78.1%. Over the last two years, there has been an increase in the number of people who have been supported through intermediate care (residential rehabilitation and reablement at home) on discharge from hospital. This rise in numbers aims to support a wider range of people on discharge, including those who are given support to maximise their independence as far as it can be before a long-term care and support plan is designed with them. As more people receive reablement, inevitably more complex and challenging cases are accepted, so the fall in this measure is anticipated although not welcome.
- The proportion of service users with a completed review in the year fell from 54.8 in 2014/2015 to 48.7% in 2015/2016. The maximum potential achievement rate would only be approximately 75%, due to people ceasing services or dying prior to a review being undertaken. This continues to be an area of close scrutiny by Adult Services senior management. There was a significant increase in the number of assessments undertaken during the year, and the time taken to undertake assessments has increased as a result of the Care Act requirements, which came into effect on 1 April 2015. Both of these facts combined to reduce the capacity of the social care teams to undertake the annual reviews. The increased volumes have been acknowledged, and additional capacity is being put in place to address the situation.
- The proportion of people using Adult Social Care who receive Direct Payments has increased again, and is now at the highest reported rate of 20.5% (compared to 16.6% in 2014/2015).
- The proportion of adults with Learning Disabilities in paid employment is another indicator with a highest ever reported rate at 5.5% (compared to 4.4% last year and only 1.8% three years ago).
- The number of carers receiving a carers' specific service has seen a considerable increase to 62.9 per 10,000 population, and Blackpool is now ranked fourth amongst North West authorities. This is a direct result of changes brought about in the Care Act 2014, which promotes support to informal carers.
- The number of people admitted into residential care increased from last year, and Blackpool continues to be an outlier when compared to national and regional figures. This has been a topic of scrutiny by Adult Services, and the Service is

confident that through the robust process in place, no service user is placed in permanent residential care inappropriately.

- The indicator measuring total delayed transfers of care from hospital rose from 13.1 last year to 13.5 in 2015/2016. However, the delays purely attributable to social care fell for the fourth year running to 3.7, from a high in 2011/2012 of 6.5.

#### 5.10.2 **Annual Service User Survey**

The annual Adult Social Care Survey was conducted in February and March this year. This is a national questionnaire that asks a sample of service users a standard range of questions regarding their care. A total of 954 survey packs were included in the original mailshot, with the customary follow-up mailing of 662 packs to clients who had not responded after the first response deadline had passed.

- 5.10.3 In all, 348 completed surveys were returned, representing quite a reasonable response rate of 36% on which to base the results. The resulting figures for the Adult Social Care Outcomes Framework (ASCOF) measures are as follows, with the two previous years' results for comparison.

	<b>2013/14</b>	<b>2014/15</b>	<b>2015/16</b>
ASCOF (1A) Social care-related quality of life	19.0	19.2	<b>19.3</b>
ASCOF (1B) The proportion of people who use services who have control over their daily life	78%	79%	<b>78%</b>
ASCOF (1I1) The proportion of people who use services who reported that they had as much social contact as they would like	N/A	44%	<b>50%</b>
ASCOF (3A) Overall satisfaction of people who use service with their care and support	66%	68%	<b>68%</b>
ASCOF (3D1) The proportion of people who use services who find it easy to find information about services	76%	76%	<b>78%</b>
ASCOF (4A) The proportion of people who use services who feel safe	70%	71%	<b>70%</b>
ASCOF (4B) The proportion of people who use services who say that those services have made them feel safe and secure	80%	90%	<b>82%</b>

- 5.10.4 Overall the figures are not markedly different from last year, and three measures have improved slightly. Only the ASCOF 4B slipped back noticeably from a high last year of 90% to 82%, but this is still better than 2013/2014's figure of 80%. Follow-up work is being undertaken with any service users who state that they do not feel safe

in order to understand individual circumstances and take remedial action where appropriate. Further work is also being carried out this year to investigate reasons why some people have said that they do not find it easy to find information about services.

Does the information submitted include any exempt information?

No

**List of Appendices:**

None.

**6.0 Legal considerations:**

6.1 Contained within the body of the report.

**7.0 Human Resources considerations:**

7.1 None.

**8.0 Equalities considerations:**

8.1 None.

**9.0 Financial considerations:**

9.1 None.

**10.0 Risk management considerations:**

10.1 None.

**11.0 Ethical considerations:**

11.1 None.

**12.0 Internal/ External Consultation undertaken:**

12.1 None.

**13.0 Background Papers:**

13.1 None.