Report to:	**RESILIENT COMMUNITIES SCRUTINY COMMITTEE**
Relevant Officer:	Karen Smith, Director of Adult Services
Date of Meeting	9 March 2017

ADULT SERVICES OVERVIEW 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/action required.

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 **Vitaline**

5.1.1 In Quarter 3, Vitaline answered just under 70,000 calls in the call centre, 99% in under one minute. The call centre now receives, on average, a new call every two

minutes. The team support 3026 service users who have a unit which has been commissioned by health and social care and a further 493 who purchase the service directly. The majority of these are at the Silver level, where Vitaline will provide a mobile response for the person when required. The team have attended 1399 falls from April to December of 2016, lifting people and helping them remain at home successfully 97.6% of the time.

5.1.2 Case study:

Mr D is a 70 year old gentleman living independently in his own home with the use of telecare equipment consisting of fall pendant and bed sensor. Mr D is an unstable diabetic and has epilepsy. He receives daily calls from Vitaline for medication reminder. Mr D has no next of kin and relies on Vitaline for any emergency, advice or reassurance. During the last three months Vitaline received 125 incoming calls. On one of these occasions the operator received no response from a generated pendant call just after midnight. A mobile responder was dispatched to ascertain Mr D's welfare where on arrival Mr D was collapsed and unresponsive on the floor. Emergency services were called who established dangerously low sugar levels and Mr D was taken to hospital. Without the Vitaline service it is highly likely that Mr D could have died after being left all night.

5.2 **The Phoenix Service (Mental Health Crisis Service):**

5.2.1 The Phoenix Service offers a residential placement to people with mental health needs who require additional support at times of crisis to help them manage their continued recovery and maintain mental health and wellbeing.

5.2.2 People can access the service for between one night and 14 nights typically, although this is dependent upon their need at the point of referral. The purpose of a short placement at the Phoenix is to enable the person the time they require, in a low stimulus and therapeutic environment, to take back some control of their period of poor mental health with a focus on them returning home in the least amount of time as possible.

5.2.3 The Phoenix is not an alternative to hospital, however supporting people who experience particular mental crisis has a positive preventative outcome and can typically mitigate further deterioration in a person's mental health and this can prevent an in-patient hospital admission.

5.2.4 The Phoenix also offers Respite (Crisis Prevention) to a small group of people whose mental health needs cannot be met by typical residential homes as specialist support is required.

5.2.5 Referrals are made to the Phoenix from a number of sources including the Mental Health Crisis Team, Accident and Emergency Mental Health Liaison Team, Community Mental Health Teams, Adult Social Care and the Police with support from the Mental Health Crisis Team.

5.2.6 In Quarter 3 of 2016/2017 the Phoenix received 86 referrals for mental health crisis or respite crisis prevention.

5.2.7 The service delivered 396 bed nights of provision during Quarter 3 which equates to an occupancy rate of 108% (based on four beds). The service is commissioned to provide four beds per night, however there is capacity built in to provision to expand and contract capacity in response to demand up to a maximum of six beds per night. The average length of placement at the Phoenix across Quarter 3 was four nights. The service delivered between four and six beds per night for 77% of the quarter with the remainder of provision being delivered between one and three beds per night.

Case Study:

5.2.8 The case study below illustrates the positive outcomes for the person receiving support from the Phoenix and demonstrates both the preventative and demand reduction impact of this type of provision.

B is a young woman who was originally born outside of the UK (army child) and made Blackpool her permanent residence 2003/2004.

B was first diagnosed with mental ill health in 2014 when she was referred to the Phoenix by the crisis team due to the way she was presenting and she was also struggling to cope in her home setting as well as experiencing some relationship difficulties. The initial referral was for three days but this was extended to five days due to the positive impact the placement was having on B's recovery.

B was referred into the service again in late 2016 by crisis team due to similar reasons as the previous referral although evidence of self-harming was also present on this occasion which required additional support by the Phoenix team during the placement.

Due to the nature of the service it was able to offer a safe environment enabling B to get the rest and recuperation she needed and as a result her overall mental health and well-being improved. B's interaction and conversations with the staff team also enabled her to look at the challenges she was facing with more of a positive outlook going into the future.

B's personal statement taken from the discharge questionnaire:

I found both my stays at the Phoenix beneficial; the team offered me a lot of support in the form of listening and giving me information on where I could find the support I needed to move on.

The team at the Phoenix and especially the manager was the first service that I felt that I was getting the help that I really needed; I felt that I was finally being listened to and my views and concerns were taken seriously.

What I found most useful was that even after I was discharged there was still support available for me; I was able to pop in and have a brew if I was feeling a little low and always left feeling more positive.

It was the fact that the team actually believed in me and encouraged me to follow the path I wanted to; that gave me the confidence to actually do it – I did not want to get into care work before I spent time at the Phoenix Service, but it was watching how the whole staff team worked in supporting others which inspired me.

The job I have now is the first proper job I have had since I left school and I now feel that there are real career prospects available to me now that I have gained and am gaining qualifications to help me achieve this.

I have not had to use any services recently and I am now free of medication for my mental health and only have to take medication for my physical health needs.

The future looks bright for me and I would like to thank the Phoenix team and the council for providing such a service, because without it I might not be in the position I am now.

5.3 **January 2017 Review Update Report**

5.3.1 Adult social care in Blackpool has struggled to ensure at least annual reviews across all teams, as indeed is the case across most, if not all, local authorities. A risk based approach, based on the notion that outstanding assessments are inherently more risky than known commissioned care packages, had been followed. However, the 2014 Care Act stipulates the need for a statutory review of all service users in receipt of adult social care at least annually. The recruitment of extra staff to address this backlog of reviews was started in late 2016.

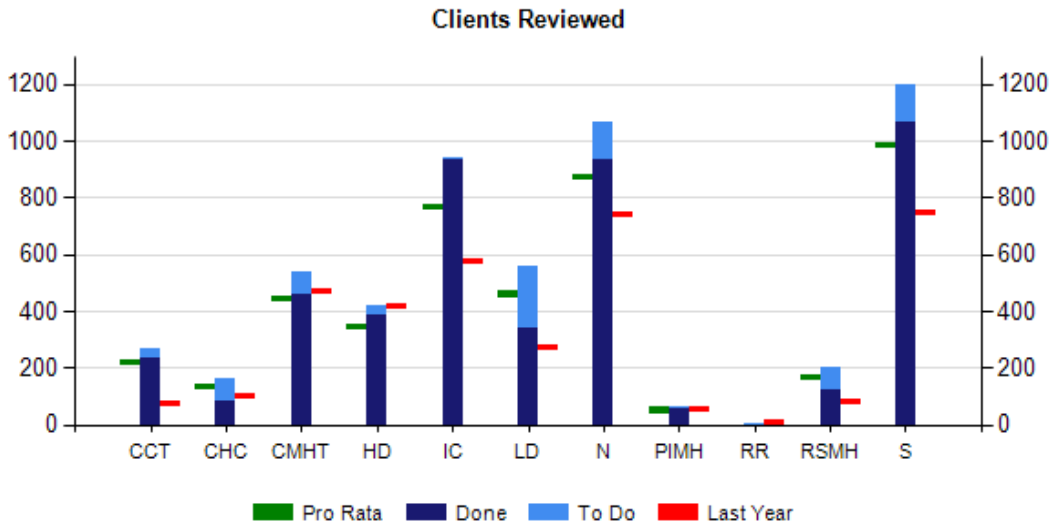
5.3.2 Consequently, intensive work to reduce this outstanding review queue is now underway across Adult Social Care. The capacity created by the appointments has allowed for a significant impact to be made on the outstanding reviews as evidenced below. The majority of the new staff that were recruited were in post from November onwards.

Review statistics

	Dec-16		Jan-17	
	Number of overdue reviews Total	Number (more than 8 weeks old) due prior to Nov	Number of overdue reviews Total	Number (more than 8 weeks old) due prior to Dec
Community Mental Health Team Older Adults (CMHTOA)	110	49	105	52
Complex Care Treatment Team (CCTT)	35	16	27	20
Hospital Discharge Team (HDT)	18	4	17	7
Initial Contact Team (ICT)	31	4	35	3
Learning Disability	245	219	205	181
North	142	59	70	26
Primary Intermediate Mental Health Team (PIMHT)	3	2	5	2
Recovery	70	62	61	56
South	117	62	86	13
**CHC	110		117	
Totals	881	477	728	360

**CHC (Continuing Health Care) Not counted towards our statutory returns as no social care funding

5.3.3 The Chart below shows the position as of the 26 January 2017, from the management reports available to all managers.



5.3.4 As can be seen, in almost all areas there has been a significant improvement over the position last year. The main exception to this is in the Community Mental Health Team, but is due to a change of recording systems where this is monitored, from the health system, Extra Contractual Referral (ECR), to the local authority system and Frameworki. The transfer of records from one system to another does take time but will give a more accurate picture of the actual position and will not be reliant on a Health partner agency providing the information needed to monitor the actual position.

5.3.5 Each team is now providing monthly reports in relation to outstanding reviews, (i.e. overdue – where the service user has not been reviewed in the last 12 months), and they have an action plan to reduce these to zero by the end of November 2017. The management reports available to Team Managers enables them to keep this under close scrutiny in real time. It must be remembered that this reflects a dynamic environment. In the event of significant unanticipated pieces of work arising, this will impact on the ability of relevant team(s) to meet their monthly target in managing overdue reviews. However, the monthly monitoring reports will allow for some flexing to try and manage this, and will also demonstrate if there are any particular viability issues which threaten the end date, later this year.

5.3.6 The plan going forward is to deal with the backlog of reviews. Once achieved the staffing resource, together with the management information, should be adequate, as things stand in terms of demand and legislative requirements, to limit the

likelihood of a similar position arising. A further report in terms of progress achieved will be provided in September 2017.

Does the information submitted include any exempt information? No

List of Appendices:
None

6.0 Legal considerations:

6.1 None

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