

Report to:	RESILIENT COMMUNITIES SCRUTINY COMMITTEE
Relevant Officer:	Karen Smith, Director of Adult Services
Relevant Cabinet:	Councillor Graham Cain/Councillor Eddie Collett
Date of Meeting:	5 November 2015

ADULT SERVICES OVERVIEW REPORT

1.0 Purpose of the report:

- 1.1 To allow effective Scrutiny of the work undertaken by Adult Services on a day to day basis.

2.0 Recommendation:

- 2.1 For Members of the Scrutiny Committee to note the contents of this Report and identify any further information and actions required, where relevant.

3.0 Reasons for recommendation:

- 3.1 For Members of Scrutiny Committee to be fully informed as to the day to day work of the Adult Services Directorate.

- 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:

Not applicable.

4.0 Council Priority:

- 4.1 The relevant Council Priority is "Safeguard and Protect the most Vulnerable"

5.0 Background Information

5.1 Business Support and Resources

At its meeting of the 17th September 2015, the Scrutiny Committee received the Annual Customer Relations Feedback Reports for Children's and Adults Services. A question was raised regarding how the services encourage feedback from service users, and the following paragraphs therefore set out examples of the measures that are taken in order to ensure that people who use our services and their families know how to let us have their views.

The Council's website contains a page dedicated to Social Services Complaints. This incorporates details of how to make a complaint and provides access to the online complaint facility, feedback forms to download and contact details, as well as recent feedback reports. The significant majority of complaints are received into the team via email or the online form, either directly from complainants or by referral from social care staff.

As well as publicly available information on how to give feedback, adult service users receive feedback forms at various stages of their journey through the social care system, for example when they receive their care plan or review letter, when they receive details about their contribution to care charges, or as they leave following a respite stay. Service user forums supported by Empowerment are another key way that people can share their views with us, as are parent and carer forums. Suggestion boxes are located in the Council's residential settings and social events encourage service users to come together.

5.2 Adult Social Care Key Performance Indicators – Quarters 1 and 2 Summary

The Adult Social Care Performance Report provides data from a number of Adult Social Care Outcomes Framework measures, together with some regionally determined measures. A compilation of the data is published that shows how performance varies quarter by quarter and offers regional and national comparator data where available. Measures reported quarterly are a subset of the full ASCOF since many ASCOF measures are only reported annually.

Measures available quarterly cover:-

- The proportion of people receiving direct payments and those who have a personal budget.
- Measures relating to the employment and accommodation arrangements for those with learning disabilities and those in contact with mental health services.
- Permanent admissions to social care or nursing care for adults under 64 and

over 65.

- The number of delayed transfers from Hospital due to any cause and those for which social services are responsible.
- The outcomes of short term services that do not lead to further requests for service.
- The number of carers receiving a carer specific service per 10,000 population.
- The number of safeguarding referrals per 100,000 population
- The proportion of service users receiving community based services
- The proportion of service users with a completed review
- The number of Social Care complaints per 100,000 population

Quarterly data for Quarter 2 will be circulated through the Chairman as soon as validated.

5.3 Overview of the position with Deprivation of Liberty Applications and Safeguarding Cases

Deprivation of Liberty Applications

Since April 2015 the Council has received 405 in total. Of these, 35 applications were for those who were funded by other Authorities but living in Blackpool. These applications are forwarded onwards to the funding authority as appropriate.

Deprivations authorised since April 2015 stands at 240 of the 370 remaining with an additional 54 individuals currently in the process of being assessed. Of those authorised, 83 were “re-authorisations” of existing authorisations as are about half of those still in the queue.

With Blackpool a rolling total shows that there are currently 278 individuals who are subject to an authorisation of their Deprivation of Liberty. The figures are of course only a snapshot in time with Deprivations being authorised or ceased on a daily basis. For example, 76 of the applications received this financial year were ceased.

The “ceased” cases include applications that have been terminated during the assessment process; for example where a review has been declined on legal grounds or where a mental capacity assessment has determined that an individual has capacity to consent to their care and treatment and to authorise the Deprivation would therefore be illegal or where the restrictions do not meet the threshold.

Other cessations may have been due to factors such as change of accommodation or the death of the individual concerned.

5.4 Safeguarding Overview

The total alerts for Quarters 1 and 2 is 336, a pro rata reduction of 20% if extrapolated for the whole year (672 compared with 842 last year). This relates to 367 individuals. Of those concluded so far, the decision split is broadly similar to last year, with 43 Not Safeguarding (12.7%), 155 (46%) Incident Only and 132 (42.2%) Procedures.

Age differentiation is consistent with previous year. 72.5% of alerts concerning those aged over 65, but down from 84.5%. Over 85's are still high in that group and up 1%. Gender differentiation persists at roughly 60/40 women to men (57.7%). Ethnicity is slightly more diverse with 83.3% being White British. 12.8% is not known.

Primary Support Reasons were recorded as PD 137 (37.3%), Memory and Cognition 67 (18.25%), MH 43 (11.7%), LD 22 (6%).

Care Homes and Care Homes with Nursing remain the most prevalent location 120 (44%). Own home is now close behind with 118 (32%) with an increase in Hospital alerts 65 (17.7%).

Types of abuse. Physical abuse is currently the highest prevalence (30.8%), neglect and Acts of Omission is next (30.3%), Financial Abuse is at (13%) with a significant reduction in institutional abuse, now called Organisational Abuse (0.95%) down from 13.5%, Substance Abuse and Self Neglect are lower in the order of prevalence from sexual abuse. From Quarters 3 and 4 we will be collecting data on Modern Slavery and Adult Sexual Exploitation.

Source of Risk has now been broadened in definitional terms. 313 sources of risk. Family is the highest so far at 88, with 72 Private Sector Social Care Support including home care staff. Unknown people or strangers increased to 34, and there were 22 primary and secondary health care staff members who were the source of risk.

46 cases were discontinued at the strategy meeting phase, leaving 86 ongoing cases. Of the 132 alerts referred in in Quarters 1 and 2, 7 were ceased at the person's request, 9 were inconclusive, 5 were not substantiated, 5 were partly substantiated, 6 were substantiated, totalling 32 outcomes. Of all the cases that concluded in Quarters 1 and 2, that went the full course to reporting meeting, 1 ceased at own request, 14 were inconclusive, 16 were not substantiated, 9 were partly substantiated and 11 were substantiated.

With care homes and own homes as the most prevalent location the outcome findings for partly substantiated and substantiated cases that went to reporting meeting stage, the outcomes were as follows:-

Care Homes – Neglect/Acts of Omission

Substantiated – 1

Partly substantiated – 3

Financial

Substantiated – 2

Physical

Substantiated – 1

Institutional/Psychological/Discriminatory

Substantiated – 1 for each

This is for named individuals and does not include provider alerts for the whole care home. Hence the number is small.

Own Homes – Neglect

Substantiated – 2

Partly Substantiated – 1

Financial

Substantiated - 1

Partly substantiated – 3

Physical

Partly substantiated – 1

Psychological

Substantiated – 1

Partly substantiated - 2

5.5 **Use of the Post-Alert Threshold Document**

The Care and Support Statutory Guidance to the Care Act 2014 states that:-

One of the key aims of adult safeguarding is to safeguard adults in a way that supports them in making choices and having control about how they want to live. Additionally organisations should always promote the adult’s wellbeing in their safeguarding arrangements. People have complex lives and being safe is often only one of the things they want for themselves. Professionals should work with the adult to establish what being safe means to them and how this can best be achieved.

In April 2015, a post alert threshold document was created to support professional

thinking around the pathway that allegations of harm should take.

By making safeguarding “personal”, consideration of the most effective way to “safeguard” adults who are at risk of harm (or who are alleged to have been harmed) is often a complex procedure. Those complexities arise where adults must be viewed in the context of the whole of their life – as far as is possible.

Factors to consider in the decision making process include the following (the list is not exhaustive). The weight of the factors in each circumstance will influence the decision.

- Whether the harm is a criminal offence
- The significance of the harm to that individual
- The person’s own wishes and their mental capacity to make decisions about the risk of harm or the harm caused.
- The person’s own decisions about whether they wish to continue to live with a degree of risk.
- The person’s social and/or other support networks
- If the person is “befriended”
- The context in which they live
- Whether the harm is a one off incident or part of a pattern
- If there is known of previous concerns about the alleged perpetrator of the harm.
- If the alleged perpetrator of the harm has their own care and support needs
- Whether the alleged perpetrator themselves is an adult at risk of harm.

The benefits of the post-alert threshold document are that by clarifying the issues to consider, it is a tool to support thinking and professional judgment where required.

5.6 Does the information submitted include any exempt information? No

List of Appendices:

None

6.0 Legal considerations:

6.1 Some of the areas of current and future work will require consideration of legal issues, options and potential impacts.

7.0 Human Resources considerations:

7.1 None

8.0 Equalities considerations:

8.1 None

9.0 Financial considerations:

9.1 Some of the areas of current and future work will require consideration of financial issues, options and potential impacts.

10.0 Risk management considerations:

10.1 There are some risks in the current system. These are being addressed by current or planned work.

11.0 Ethical considerations:

11.1 None

12.0 Internal/ External Consultation undertaken:

12.1 None

13.0 Background papers:

13.1 None attached.