

Report to:	RESILIENT COMMUNITIES SCRUTINY COMMITTEE
Relevant Officer:	Karen Smith, Director of Adult Services
Relevant Cabinet Member:	Councillor Graham Cain
Date of Meeting	10 December 2015

ADULT SERVICES OVERVIEW REPORT

1.0 Purpose of the report:

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

2.0 Recommendation:

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

3.0 Reasons for recommendation:

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

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 Communities: Creating stronger communities and increasing resilience.

5.0 Background Information

5.1 Personal Health Budgets

As requested at the previous Committee meeting, the present position regarding the uptake of Personal Health Budgets in Blackpool is set out below.

Residents identified as eligible for Personal Health Budget: 94

Residents offered a Personal Health Budget: 94

Residents using a Personal Health Budget (PHB) during Quarter 2 2015: 13

Proportion of residents using PHBs in receipt of Continuing Health Care: 12%

There is a scoping exercise with local stakeholders to understand where Personal Health Budget would be beneficial which is currently in progress.

The Council and Blackpool Clinical Commissioning Group are progressing Personal Health Budgets through their wider agenda as part of the Clinical Commissioning Group 5 year plan. Consideration is being made to utilise reclaimed unspent Personal Health Budget funds to fund specific pilots for mental health and learning disability patients and those with long term conditions.

5.2 Shared Lives Short Break Project – Update:

What is the Shared Lives Service?

The Blackpool Shared Lives Service has specially recruited Carers who provide support within their own homes in the local community.

The aim of the service is to match Carers with individuals who need the support on offer. The service ensures that everyone has a say in the matching and placing of a person, and continued support is offered throughout the lifetime of the placement. People who use the service are welcomed as 'one of the family'.

The Shared Lives Service can be used for the following:

- **Short Breaks and Respite** – These are for a specified period of time ranging from an overnight stay to a week or longer period as part of a planned break
- **Emergency Placements** – These can be made quickly to respond to a

particular need such as a relationship breakdown, illness, bereavement or safeguarding issue. The aim is to ensure that the person has a safe place to stay whilst issues are dealt with.

- **Longer Term Care** – This is where the person moves in on a longer-terms basis and lives as a member of the Carer's family.
- **Daytime Short Breaks** – This is where the person spends times with the Carer on a regular basis on one or more days in the week.

Shared Lives Plus was awarded a Carer's Fund grant from the Cabinet Office to support further development of Shared Lives to support family carers. Following communications to all members, 12 services were identified as partner sites for this project and were awarded a small grant from the total grant award.

The aim of the project is to help Shared Lives services to reach more family carers, to support them in their caring role through offering short breaks and day support in Shared Lives for the family members they support. The learning from this project will be shared across the Shared Lives sector to support the growth and development of Shared Lives nationally, this also meets the criteria for unpaid carers under the Care Act.

Blackpool Shared Lives service submitted an expression of interest to Shared Lives plus and was selected to take part in the short breaks project with an aim to:

- Secure 10 additional short break arrangements in one year
- Recruit additional carers to offer diversity and more matching opportunities

Blackpool Council funded an additional Shared Lives Officer post for 12 months, this commenced on the 1 July 2015 and is likely to continue to match and respond to the increased demand for the service.

The project commenced in February 2015 and the service began to work on meeting the targets set, and by November 2015 the following had been achieved:

- 11 new short break arrangements
- 7 new day support arrangements

The Blackpool Shared Lives Team have planned and promoted recruitment events using various council and external locations. The service has been promoted at college events, conferences, GP surgeries, Dental surgeries, libraries, day care centres, Department for Work and Pension events and carers' events. A volunteer distributed leaflets and posters in Blackpool and existing carers were approached to recommend and promote the service to others.

Discussions with HR have taken place and those at risk of losing their jobs have been

made aware of the service and the opportunities available within shared lives for future occupation.

The service has been able to provide both emergency and planned short break placements, working to support people from age of 16 with a variety of different needs including mental health issues, dementia, learning disability, physical disability and social isolation.

An extension to the project has been granted to support an additional five short break arrangements/families. A total of £8,000 pounds has been granted from the fund to contribute to the delivery of the project.

Blackpool Shared Lives service has exceeded the original target of 10 new arrangements by 8, achieving the most arrangements of all 12 services involved in the project. This has been thanks to a concerted team effort that was only achieved thanks to the utilisation of the fantastic existing Shared Lives Carers who have provided the new arrangements.

5.3 Friends and Family Test

In response to a suggestion made at the Scrutiny Committee Meeting of the 10th September 2015, the Adult Service Department has been investigating the feasibility of using a methodology similar to the NHS Friends and Family Test to seek feedback from service users and their carers. The NHS test invites people to answer the question “How likely are you to recommend our service to friends and family if they needed similar care or treatment?” People can rank their answer from “extremely likely” to “extremely unlikely” and also have the opportunity to explain their ranking by adding comments. The Department is looking into how this could be incorporated into a “Trip Advisor” style of review and introduced into appropriate services in order that potential users of the services can benefit from the feedback of others. Information will be provided to Members as things develop.

5.4 Published Feedback

At the Scrutiny Committee Meeting on the 5th November 2015, the Director of Adult Services was asked to consider publishing a selection of feedback on the website. It can be confirmed that the Adult Services Annual Report from the Customer Relations Team contains a selection of compliments and lessons learnt from complaints. This is published on the Council’s website and can be found at

<https://www.blackpool.gov.uk/Residents/Health-and-social-care/Documents/Adult-Services-Annual-Customer-Feedback-Report-2014-15-31.07.15.pdf>

5.5 Training

On 23rd September the Contracts Team met with Care Quality Commission Regional Manager for a training session that covered Regulations, Inspection Methodology, Special Measures, Enforcement Policy, and Notifications.

Further training and awareness raising will be discussed with the Care Quality Commission Regional Manager at their quarterly meeting with the Director of Adult Services on 27th November. This will include training and awareness raising for Members and Council Staff to take place in the New Year.

Dementia Awareness Training for 6 Councillors is to be held on 27th November. This will cover what dementia is, what we are doing locally, and how we can make the community more dementia friendly.

All contracted Residential Care Homes have now had dementia training either from the Council's Dementia Care Homes Officer or from their own training provider. Over 75% of staff within these homes who have had our training have completed it. We are continuing to target the remaining 25%.

Of our six contracted Care at Home agencies only one is not engaging with training from the Council's Dementia Care Homes Officer. The remaining one is accessing training from another source.

Following a request from our Residential Care Provider Forum, dementia awareness training has been delivered to families of residents and volunteers working with Residential Care Providers.

Dementia awareness training provided for BCH Sheltered Housing staff and Care and Repair staff.

The Council's dementia work with Trinity Hospice has been submitted to an international dementia conference due to take place Sydney, Australia in 2016.

5.6 Dementia Tender Summary

Bury Council are leading a tender exercise (which has been commissioned on behalf of the North West Association of Directors of Adult Social Services Group), to produce a dementia perspectives report in 2016 for the region. A representative from the Contracts and Commissioning Team will represent Blackpool as part of a small team evaluating tender submissions.

The report will provide an overview of the work that is being undertaken to support people with dementia and their carers by statutory, voluntary and education sectors

across the North West region. It will highlight progress made and gaps in service development and provision; setting this work against national guidance and obtaining the views and experiences of people with dementia and their carers.

It is expected that the report will have the following benefits for the region: -

- It will give a comprehensive “state of the region” report in one place
- It will highlight good practice and enable the sharing of good practice
- It will not “criticise” or compare one area against another
- It will allow for the wider dissemination of plans and strategies and would encourage joint working across the wider regional area
- It will highlight the areas for improvement to inform future planning
- It will be of use in assisting the development of future commissioning intentions

Evaluation will take place in December with the 12-month contract awarded in January.

5.7 CQC Inspection Outcomes

	Blackpool Number	Blackpool %	National Number	Blackpool %
Outstanding	0	0.00%	16	1.45%
Good	24	70.59%	686	62.25%
Requires Improvement	9	26.47%	332	30.13%
Inadequate	1	2.94%	68	6.17%

The figures relate only to inspections carried out under the CQC’s new methodology. The Blackpool figures relate to care homes. The national figures relate to all regulated services not just care homes.

- Blackpool has a higher proportion of homes that are ‘Good’ than the national picture.
- Blackpool has a lower proportion of homes that are ‘Require Improvement’ than the national picture.
- Blackpool has a lower proportion of homes that are ‘Inadequate’ than the national picture.
- One provider is currently suspended to new care packages. This home has been rated as inadequate by the CQC.
- Nine Residential Care Providers listed by the CQC as requiring improvement.

- Five providers currently on an Enhanced Monitoring regime:
- In the last month two homes have been moved from Suspension to Enhanced Monitoring.

Safeguarding

5.8 Deprivation of Liberty Applications

- 5.8.1 Since April 2015, the Council has received 500 applications for the authorisation of a Deprivation of Liberty. This figure includes applications that have been forwarded on to other authorities where they are the funding body for the person who is the subject of the application.

Blackpool Council currently has 280 people subject to an authorised Deprivation of Liberty with approximately 10 of these placed outside of the area where Blackpool holds funding responsibility.

In addition to the 280 authorised applications there are approximately 45 cases subject to active assessment and processing by Adult Social Care services.

NOTE - The figures quoted will change on a daily basis due to incoming applications, cessations of authorisations due to changes in circumstances and the number of completed assessments but show an upward trend.

5.8.2 Safeguarding Overview

Safeguarding activity continues to be a significant area of work for Adult Social Care. Figures gathered from the 1st October 2015 show that the rate at which alerts were received by the Council since that date has risen slightly compared with the rate for Quarters 1 and 2. Any increase in safeguarding activity inevitably creates an additional workload - particularly for safeguarding leads (team managers and senior practitioners), Social Workers and for care providers where they may be party to the concern.

Where the wellbeing and safety of the individual or individuals alleged to have been harmed must be the primary concern of Adult Social Care, alerts can be dealt with via methods of intervention that may not require a formal safeguarding process. As can be seen by the split in the alert figure (below) much activity in Adult Social care is carried out in this type of work in addition to the formal safeguarding enquiry approach.

Of the 102 alerts received and closed since October 1st 2015, fewer than half have

been progressed into full and further enquiry, with half of cases deemed to be incidents only. Substantiated cases number 3; partly substantiated cases stand at 1 and not substantiated / inconclusive reaching 5. Thirty eight cases are ongoing.

Using either formal safeguarding approaches or other types of intervention, the best outcome for individuals can be achieved by taking a person-centered approach through Social Work, other professional intervention, work with contracted providers about the quality of care and by ensuring effective informal carer support. Individuals who are unable to participate in the process can be supported by an advocate appropriate to his or her needs.

Where there are a number of issues (see below) that may involve commissioned providers there is evidence generally of an increasing commitment to work collaboratively. The Head of Safeguarding now attends both residential and domiciliary care provider forums to deliver information, conduct workshops, give and receive feedback on issues of mutual concern and to engage in a partnership approach to delivering safe care to those adults who may be at risk of harm.

For example: focussed work is underway with the Council's contract monitoring team, domiciliary care providers and safeguarding leads to establish more effective communication pathways between the parties involved.

5.8.3 Additional safeguarding information requested by Scrutiny related to those cared for in their own home

The available analysis from the Quarter 1 and Quarter 2 safeguarding figures indicates that:

Although data requirements under new regulation from April 2015 makes individual types of carer more complex to identify, there were 72 alerts alleging that 'private sector support staff' were alleged to have caused harm. This category would include paid domiciliary care staff amongst that number. A further 88 alerts indicated that the person alleged to be posing the risk was a family member or relative / friend.

Paid care staff

The following additional information has been provided by the contract monitoring team and encompasses the outcomes of all concerns about paid domiciliary care providers since 1st January 2015. These concerns include (for example) errors in medication, late or missed visits, quality of care issues etc. The figures include any

complaint, concern or safeguarding issue. Of the 160 issues raised with the contract team about domiciliary care providers

13% were substantiated

5% were unsubstantiated

23% were logged as an incident

43% were logged for information

Two examples of the types of harm that were alleged in these cases are related to medication errors and to missed visits.

Of the 29 concerns in this area that include an aspect of medication, (either missed, late or errors) 18 were either logged as an Incident or were Substantiated.

Prevention is at the heart of addressing concerns of this nature. As an approach therefore, the Care at Home Providers have met to discuss the issues they are facing with medication. As a forum, they have resolved to meet with representatives from social worker teams, the hospital discharge team and health together with the Medication Management Pharmacist employed by the Council to try and clarify some of the terminology and agree a common way forward.

Missed visits which have the potential to place adults with care and support needs at risk of harm total 54. When a missed visit is raised as an issue, the contracts team will take a proactive approach and contact the provider to obtain information regarding the reason for the missed visit and what action the provider is taking to try and ensure this does not happen again.

The number of missed visits is noted on the Key Performance Indicators (KPIs) that the providers submit on a quarterly basis, and the information is reviewed at the 6 monthly Contract Review meetings.

Training for domiciliary care providers

Where effective safeguarding is underpinned by attention to 'prevention', a series of free full-day training events that incorporate aspects of dignity, respect, safeguarding and mental capacity (including supported decision making) have been delivered (on site) to domiciliary care agencies in 2015 by the Professional Leads team.

Sessions conducted to date have engaged both managers and staff at all levels. A sample of the feedback indicating how the learning will be implemented by those

staff is as follows:

- To treat the service user with respect and to not assume that they cannot participate
- Care appropriately - just don't give generic care
- Apply knowledge of how to treat individuals they come into contact with respect and dignity
- Focus on promoting Dignity, Respect and Safeguarding
- Think about how to record how they promote dignity and how to respect and safeguard and record this.

Based on their involvement in those sessions, domiciliary care agencies have then actively requested further expert input on risk management and care planning and dates have been scheduled.

Training on the process of safeguarding has also recently been delivered to agency managers at the Domiciliary Care Provider forum and similarly to carers and family forums and was well received.

The Dementia Officer employed by the Council is also delivering 'Lets Respect' (Dementia) training to Domiciliary Care Providers as required

Informal (non-paid) carers

The Care Act 2014 set out a new duty for a Local Authority to offer an assessment of the needs of informal (family or friend) carers where they are providing essential care to others with eligible care and support needs. Aside from providing information and advice, the carer's assessment identifies circumstances when a carer may be eligible to receive services in their own right.

Support for carers aims to maintain their caring role and their wellbeing. This preventative approach can minimise the issues that create carer breakdown which could result in harm to the cared for person - or indeed the carer him/herself.

Aside from Care Act Training on a legal footing, staff awareness of the duty and the importance of preserving carer wellbeing is delivered in a number of different ways; one of which is via a tiered approach to multi –disciplinary practitioners by

professional leads in partnership with the Carers Centre. To date, 49 assessors who will conduct the assessments have attended the Carer Level 3 briefing over 8 sessions.

Since April 2015, figures show that there were 464 completed carer assessments and 94 terminated carer assessments.

5.9 Budget and Equality Impact Assessment

A summary of the Adult savings by area is attached at Appendix 8 (a). All savings proposals have been subject to an equalities impact assessment.

Does the information submitted include any exempt information? No

List of Appendices:

Appendix 8 (a), Budget Savings Summary

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.