

Report to:	RESILIENT COMMUNITIES SCRUTINY COMMITTEE
Relevant Officer:	Karen Smith, Deputy Director of People
Date of Meeting	17 March 2016

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 services.

2.0 Recommendation:

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

3.0 Reasons for recommendation:

- 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

4.0 Council Priority:

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

5.0 Background Information

5.1 Regulated Services

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

- 5.1.1 Since the last report, the CQC has published 10 inspection reports for Blackpool, with the total published now 50.
- 5.1.2 Of these, there has been another positive shift overall with an increase from 75% of homes rated 'Good' to 82%. There has also been an increase in the number of homes which are ranked as 'Requires Improvement' from 7 to 8 in the area, but this represents a reduction from 17.5% to 16% of the 50 homes.
- 5.1.3 Blackpool currently 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 continue 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.

	Blackpool Number	Blackpool %	National Number	National %
Outstanding	0	0.00%	17	1.27%
Good	41	82.00%	842	62.93%
Requires Improvement	8	16.00%	384	28.70%
Inadequate	1	2.00%	95	7.10%
	50	100.00%	1338	100.00%

- 5.1.4 The number of homes currently rated as 'Inadequate' has fallen from 3 to 1. This home is currently suspended to new placements whilst improvement work is undertaken. In addition to this home we have another suspended home which is under a contract termination notice.
- 5.1.5 We have 5 providers currently on an Enhanced Monitoring regime.

CQC Care at Home Inspection Outcomes update.

- 5.1.6 A total of 5 out of 16 contracted Care at Home agencies have been inspected under the new regime. All have been rated 'Good'.

5.1.7 There are currently no Care at Home providers suspended to new packages of care or under an enhanced monitoring regime. Adult Services are however, looking at the performance of two Care at Home agencies with a view to supporting them to improve. Our findings and decisions will be shared with the CQC.

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

Deprivation of Liberty Applications

5.2.1 The figure for Deprivation of Liberty Safeguards (DoLS) for 2015/16 is currently at an average of 65 applications a month. This indicates an upward trend during the last quarter where the figure stood at an average of 55 per month. The average figure fluctuates over time due to new applications, cessations of authorisations due to changes in circumstances and the number of completed assessments but over time shows a consistently upward trend.

5.2.2 In support of residential care and nursing home providers the Deprivation of Liberty officers have recently hosted out-of-hours 'drop in' advice sessions in community localities. This may also have impacted on the rise in numbers. At the current rate the anticipated total numbers of applications for the year stands at 800. This figure represents a significant increase from 2014/15 year end where the total number received was 437.

5.2.3 The number of individuals for whom the Council holds responsibility and who are currently subject to a DoL authorisation is 380.

5.3 Safeguarding Overview

Safeguarding alert figures for 2014/15 totalled 624. Alert figures for 2015/16 (as at 17/02/2016) totalled 608. Comparison across the two years is as follows:

Start Yr	Q1	Q2	Q3	Q4
2014/15	160	147	176	141
2015/16	145	190	172	101 (thus far)

5.4 Case closure rates

During 2015/16 the 'closed' cases below include a number of cases 'rolled over' from 2014/15 and from quarter to quarter in 2015/16.

Comparing the total closure rates by quarter, the figures are as follows:

Q1	Q2	Q3	Q4
147	184	179	111 (thus far)

- 5.4.1 By case closure type, the data shows that the number of cases deemed to be 'Not safeguarding' appear to be consistent whilst those 'Requiring further enquiry' have fallen slightly.
- 5.4.2 The number of cases deemed to be 'incident only' has risen and which is in part due to the number of alerts generated by staff from 'The Harbour'; the Lancashire Care Foundation Trust facility who progress the issues separately.
- 5.4.3 Work is currently being undertaken with the Safeguarding lead for Lancashire Care Foundation Trust to explore the outcomes of those cases to enable the Safeguarding Adults Board to be reassured that the safeguarding issues at the Harbour are being addressed to ensure that that their patients are as safe as possible.

5.5 Safeguarding Adults Board

- 5.5.1 The Safeguarding Adults Board has made further progress on its journey to work more closely with the Children's Safeguarding Board. For example much of the training provided is now accessible to both Adult and Children's agencies. An illustration of this is joint work on what is currently known as 'The Toxic Trio' (Domestic Violence, Mental Illness and Substance Misuse).
- 5.5.2 Although they remain separate entities in order to maintain a specific focus in each area where required the Boards now have a joint independent Chair. There are also joint groups for finance, training and business management.

5.6 Update on Delayed Transfers of Care

- 5.6.1 Following on from the last report, the following information has been provided by the Business Information Team.
- 5.6.2 There has been a significant amount of media attention on the extent to which social care has delayed the discharge of people from hospital beds recently but the evidence is that in Blackpool there have been major changes in the amount of delays that can be attributed to Adult Social Care. The chart at 5.6.4 below shows how the percentage of delays due to the NHS alone and to Social care or social care and the NHS together have altered during the past 5 years. The chart demonstrates how Blackpool has performed in December over the last three years. As is plain, Blackpool was worse than the average for delays due to social care in 2013 but has massively changed this so that by 2015 delays in Blackpool that were attributed to social care were well below the national average.
- 5.6.3 Looking at how Blackpool ranks amongst all other English local authorities over the 2013 to 2015 period (December snapshot) it's clear how much improvement has been made:
- 5.6.4 In 2013 Blackpool ranked 142/151 in England but this had improved to 37/151 in

2015. Similar improvements were made when looking at regional rankings and the table below shows the ranks.

	Year percentage of delays due to Social Care or both Social Care and NHS	Rank of local authorities in England (out of 151)	Rank of local authorities in the North West (out of 23)
Dec 2013	71.43	142	23
Dec 2014	45.45	111	17
Dec 2015	18.75	37	5

5.6.5 It does seem that all the work done in Blackpool has made a real difference and, while we could still do better, we have made massive strides in the last three years.

5.7 Intermediate Care

Blackpool Council and Blackpool Teaching Hospitals Trust are working together with the support of the Blackpool CCG to deliver a new way of working for Intermediate Care in Blackpool from April 2016. Supporting people who have had a rapid deterioration in health, such as a stroke or fracture after a fall, the Intermediate Care service brings health and social care together to help people leave hospital (or remain at home, avoiding hospital) and regain their independence as soon as possible. The new model, which will be a combination of short term residential support and increased community provision has a strong focus on helping people to do as much for themselves as possible, improving and maintaining their health and wellbeing at home and engaging with their local community. The new service will be therapy led, with Occupational Therapists and Physiotherapists a huge part of planning the pathway for people as they improve in confidence and ability. The “hub” for the new service which will be delivered across Blackpool will be the Assessment and Rehabilitation Centre (ARC) on Clifton Avenue in Blackpool. As well as providing bed based care, the ARC will serve as a place for staff working in the Intermediate Care support services to come together, share ideas, experience and work to secure the best outcome for every patient.

5.8 Charging for the Money Management Service

5.8.1 The Client Finances Team currently supports approximately 170 vulnerable adults with the management of their finances. Some adults lack the mental capacity to manage their finances as a result of illness, such as dementia, a learning disability or a mental health issue. Increasingly the team are asked to provide support in situations of financial abuse, where a vulnerable adult or young person is exploited by friends, family and other members of the community.

5.8.2 In these situations the Council can apply to the Department of Work and Pensions (DWP) to act as appointee for a person. This arrangement with the DWP allows the Council to receive any benefits the person is entitled to and to spend those benefits

on daily living costs such as paying bills and buying food.

- 5.8.3 In addition to demonstrating a clear commitment to safeguarding vulnerable adults from financial abuse, there are wider benefits in this arrangement to both the Council and the individual:
- a. The avoidance of debt including the regular payment of charges due to the local authority i.e. contributions towards the cost of care, rent and/or council tax.
 - b. Individuals are supported to remain independent and maintain a stable home environment where bills are paid regularly and money is provided for shopping and leisure activities
 - c. Financial plans are drawn up with the help of care providers and social workers, resulting in the individual being able to accrue savings which can then be used for ad-hoc purchases such as holidays, new furniture, the purchase of additional care services etc aimed at improving quality of life.
- 5.8.4 Regular daily work includes managing over **£1.4M** of clients' money with the associated banking administration, dealing with requests for additional funds, liaising with the DWP regarding changes in circumstances, liaising with Social Care Benefits Team regarding financial assessments and paying client contributions, paying bills, dealing with post, updating records and answering telephone queries.
- 5.8.5 In order to help achieve the long term financial sustainability of the team, there will be a charge of £5 per week for the provision of the money management service (where the Local Authority acts as appointee) from 1st April 2016. The flat rate charge of £5 per week will be subject to the following considerations :
- a. Those people receiving aftercare services provided under section 117 of the Mental Health Act 1983 will be exempt from the charge.
 - b. Where the application of the charge is likely to result in financial hardship for the person, an appeal will be considered by the Debt Decision Group.
 - c. Other payments due to the Council should not be compromised as a result of the charge for the provision of money management.
 - d. The Looked After Children (LAC) Team will commission and fund the service as appropriate for young people. This will help ensure that the service is appropriately targeted, reviewed periodically, and that someone from the LAC team is working with the young person to develop more resilience in managing money independently, assuming that mental capacity is not the primary issue. Once the person reaches adulthood and is no longer the responsibility the LAC team, they will be subject to the same considerations as any other adult.

5.9 Respite Service

- 5.9.1 Following the closure of Hoyle at Mansfield respite service on 31 January 2016, a respite pilot has now commenced in partnership with two private residential care homes, Hollins Bank and Elmsdene Care Home. Elmsdene is situated on Dean Street

in South Shore and is owned by Sheridan Care. The home specialises in residential care for older adults with Dementia. Hollins Bank is situated on Lytham Road in South Shore and provides residential care for older adults, older adults with physical disabilities and those with sensory impairments. Both providers have formally signed up to the pilot and two respite beds have been commissioned in each home which are bookable in advance.

5.9.2 Whilst carers are able to explore other residential respite options or alternative methods of respite including Shared Lives, the pilot has been established in direct response to the feedback received from carers about the inability to make advanced bookings for respite in the private sector and of short notice cancellations.

5.9.3 The pilot is in the very early stages having commenced on 1st February 2016 however preliminary monitoring has shown that of the 55 active services users that had previously used Hoyle@Mansfield, 21 are now accessing other provision as detailed in the table below.

5.9.4 The pilot will be reviewed on a monthly basis starting in late March 2016.

Provider	Client Group(s)	Notable points	No of registered places	Vacancies as at 24.02.16
Coopers Way Respite Service	Learning Disability with complex health needs and general needs	Coopers Way has broadened its access criteria to include general needs to make provision for learning disabled adults that previously accessed the Council's Hoyle@Mansfield Service. Of the five learning disability service users that previously accessed Hoyle@ Mansfield, three have successfully transitioned to Coopers Way and are accessing respite. Transition is underway for the two remaining service users.	5	0
Hollins Bank Care Home	Older People, Physical Disability	Six service users that previously accessed the Hoyle@Mansfield Service have now booked respite with this provider; of these two have booked respite for the full year.	44	3
Elmsdene Care Home	Dementia	One service users has booked respite with this provider. At the time of writing this update three carers had visited the service but bookings were not confirmed.	33	3

Other respite provision being accessed by services users who had previously used Hoyle@Mansfield				
Provider	Client Group(s)	Notable points	No of registered places	Vacancies as at 24.02.16
Belgravia	Older People, Physical Disabilities Mental Health, Learning Disability, Under and Over 65s	Two service users have booked respite with this provider	15	2
Princess Alexandra Care Home for the Blind	Older People, Mental Health, Dementia, Physical Disabilities Sensory, Stroke	Two service users have booked respite with this provider	40	3
Amber Banks	Older People, Mental Health, Dementia, Physical Disabilities	One service user has booked respite with this provider	46	9
Haddon Court	Dementia	One service user has booked respite with this provider	33	3
Langdales Care Home	Older People	One service user has booked respite with this provider	24	0
Rosehaven Care Home	Older People	One service user has booked respite with this provider	24	3
Highcroft Care Home	Older People Mental Health	One service user has booked respite with this provider	31	3
Napier Lodge Care Home	Dementia Mental Health, Older People, Physical Disabilities Younger Adults	One service user has booked respite with this provider	15	0

5.10 Review of Care at Home and Residential Care Fee Rates 2016/17

5.10.1 A review of the fee rates paid to care at home and residential care providers has taken place against a background of:

- the introduction of the National Living Wage in April 2016, which will see the hourly rate for workers aged 25 years and over increase to £7.20,
- the ongoing requirement to enrol employees aged 22 or over and earning over £10,000 in a pension scheme
- employment case law and changes to the requirements for the payment of sleep-in shifts.

5.10.2 Alongside the financial issues the Council must be mindful of its legal requirements under the Care Act 2014. These requirements in relation to market shaping and commissioning include:

- A duty not to undertake any actions which may threaten the sustainability of the market as a whole, for example, by setting fee levels below an amount which is not sustainable for providers in the long-term.
- Allowing for providers to meet statutory obligations to pay at least the national minimum wage and provide effective training and development of staff.

5.10.3 Consultation with providers to quantify the impact of the introduction of the national living wage, the pension enrolment requirement and the implications of employment case law with regard to sleep-in rates has been undertaken over several months. Using information directly from providers and costing models which have been developed locally and nationally, the following fee rates for 2016/17 have been proposed and will be effective from 1st April 2016.

Care at Home Fee Rates			
	Current Rate 2015/16 £	New Rate 2016/17 £	Increase £
Generic Rate (per hour)	11.35	12.55	10.6%
Learning Disability Rate (per hour)	12.50	13.00	4%
Sleep-in Rate (per hour)	Approx. 4.50 (currently fixed rate per night t)	8.00	78%

5.10.4 When considering residential fee rates, the opportunity has been taken to achieve a number of long-standing objectives:

- To simplify the current fee framework by reducing the number of fee rates and move towards a more consolidated fee structure by no longer applying the

Quality Banding Scheme.

- Fee rates for adults aged 18-64 with a Learning Disability, a Physical Disability or a Mental Health issue will be aligned and merge with the rate for older adults' standard residential care.
- A more consistent basis for funding the additional care needs of people with complex and challenging conditions has been developed.

Residential Fee Rates			
Current Classification	2015/16 £ Per week	2016/17 £ Per Week	New Classification
18-64 Rates			
Adults with a Learning Disability	389.06	403.48	Standard Rate
Adults with Mental Health issues	354.06		
Adults with a Physical/Sensory Disability	411.81		
65 + Rates			
High Band			
Standard Rate	364.70	403.48	Standard Rate
Higher Rate	418.74	441.70	Higher Rate
Medium Band			
Standard Rate	354.76	403.48	Standard Rate
Higher Rate	401.80	441.70	Higher Rate
Low Band			
Standard Rate	343.77	403.48	Standard Rate
Higher Rate	378.56	441.70	Higher Rate
Basic Band			
Standard Rate	333.20	403.48	Standard Rate
Higher Rate	366.66	441.70	Higher Rate
Non-Accredited			
Standard Rate	289.80	403.48	Standard Rate
Higher Rate	319.83	441.70	Higher Rate

Notes: The contracted standard residential rate for Adults with a Learning Disability, Adults with Mental Health issues and Adults with a Physical/Sensory Disability will be supplemented by an additional payment where further one to one support is

required as assessed by the social worker. This additional payment will be based on the social worker's assessment of need for additional hours paid at the applicable care at home rate.

- 5.10.5 The new rates will apply from 1st April 2016, in order to allow providers to meet their statutory requirements and encourage the development of the care and support workforce. There is still a commitment to support providers to pay the Joseph Rowntree Foundation Living Wage in the longer term.

A request was made to providers to start a dialogue on the following issues:

- In residential care top-ups are only charged for enhanced accommodation or facilities not care
- No call cramming in the care at home sector ie too many calls too close together
- Pay the minimum wage/ national living wage for all hours worked
- Only use zero hours arrangements for 'bank' staff / for staff who genuinely want casual hours
- Use of I pool for mandatory training areas
- Staff attend appropriate training during normal working hours
- All time at work is paid time
- Pay for first three days of sickness
- Rest days are not used as an alternative to sick days, except by agreement
- Consistency of carer wherever practicable
- Essential equipment provided at no cost to staff
- Staff have the opportunity to share best practice with colleagues
- There is a clear way for staff to raise concerns about the people in their care and these are responded to appropriately
- Help to deliver a positive message about pay rates and the industry

6.0 List of Appendices:

6.1 None.

7.0 Legal considerations:

7.1 None.

8.0 Human Resources considerations:

8.1 None.

9.0 Equalities considerations:

9.1 None.

10.0 Financial considerations:

10.1 None.

11.0 Risk management considerations:

11.1 None.

12.0 Ethical considerations:

12.1 None.

13.0 Internal/ External Consultation undertaken:

13.1 None.

14.0 Background papers:

14.1 None.