

Report to:	Resilient Communities Scrutiny Committee
Relevant Officer:	Karen Smith, Director of Adult Services
Date of Meeting:	2 July 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 to take place.

2.0 Recommendation(s):

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(s):

3.1 For Members of 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 "Safeguard and Protect the most Vulnerable"

5.0 Background Information

5.1 Adult Social Care

5.1.1 The Law relating to Adult Social Care changed significantly with the Care Act 2014. This is subject to phased implementation, from April 2015 through to April 2016. The initial phase has focussed on practice in relation to assessments and care planning and deferred payments. The proposed changes from April 2016 relate primarily to financial changes, the

most significant being the creation of Care Accounts and the cap in relation to the costs of care.

- 5.1.2 Adult Social Care has undertaken a number of pieces of work to ensure Care Act compliance. A dedicated project officer has been instrumental in ensuring a coherent approach to the changes needed has been adopted. Extensive training programmes have been delivered to a range of staff, both within the Authority and including some partner agencies. Documentation, guidance, factsheets, standard letters and IT systems have been either written or amended to incorporate the changes. Ongoing training is being delivered to try and ensure there is consistency in the approach to the legislative changes. Preparation for the next phase of implementation is underway, with consideration of how to manage the complex financial changes that accompany this.
- 5.1.3 A consultation period in relation to potential changes to the charging arrangements is planned. This will involve respite care costs, carers' personal budgets and the ceiling on contributions to a care package.
- 5.1.4 New work is still being allocated on a prioritised basis and a concerted effort to address outstanding reviews is underway. These are being impacted on by a number of vacancies which have been recruited to but staff not yet in post. Based on two months figures for service user and carer assessments there appears to be a rise in demand, but there is not enough data yet to understand if this is a seasonal variation, or indicative of an increase which will be sustained. Further pressures on staff arise from the dramatic rise in requests for best interest assessments as part of the Deprivation of Liberty Safeguards and their subsequent authorisation by the authority acting as Supervisory Body.
- 5.1.5 We have managed to reduce slightly the numbers of delayed discharges from the Hospital attributable to Adult Social Care in the last year. The numbers admitted to long stay residential care remain at similar levels, although the new teams that are in development, the extensive care service, the extra supported discharge team and enhanced primary care service, led by the NHS, may impact on this. There continues to be a strong demand for domiciliary care services, which we are monitoring to assess trends and consider how to manage.
- 5.1.6 There is a redesign of community mental health services in progress. Lancashire Care Foundation Trust are presently in a consultation period with their staff, although there is as yet no agreed service model.

5.2 Safeguarding

- 5.2.1 The Care Act 2014 (enacted April 1st 2015) provides the context of Adult Safeguarding from April 2015.
- 5.2.2 Safeguarding Adult Boards become the statutory responsibility of the Local Authority and the Act lays down the responsibilities of partner agencies. Clinical Commissioning groups, Police and the Council are now deemed to be the statutory partners for the Board with a duty to co-operate through resources and information sharing. Boards are also encouraged

to work alongside all other agencies and local partnerships however for the benefit of the adult population served by the local authority.

5.2.3 Safeguarding means protecting an adult's right to live in safety, free from abuse and neglect and with a focus on prevention, timely and appropriate responses if harm occurs and for the protection from future harm for those adults who may be at risk.

5.2.4 It is about people and organisations working together to prevent and stop both the risks and experience of abuse or neglect, while at the same time making sure that the adult's wellbeing is promoted. The desired outcomes for the individual are a key consideration.

5.2.5 The approach to be taken now places more of an emphasis on making safeguarding 'personal' and as far as is practicable individuals are required to be central to the decision making and to the actions taken. This includes, where appropriate, having regard to their views, wishes, feelings and beliefs in deciding on any action – be that short term or for longer periods of ongoing assessment. Where an individual has significant difficulty engaging with the work this may require the support of an advocate instructed by the local authority.

5.2.6 The following six principles apply to all sectors and settings in safeguarding those adults at risk of harm in order to promote an individual's wellbeing:

Empowerment – People being supported and encouraged to make their own decisions

Prevention – It is better to take action before harm occurs.

Proportionality – The least intrusive response appropriate to the risk presented.

Protection – Support and representation for those in greatest need.

Partnership – Local solutions through services working with their communities.

Communities have a part to play in preventing, detecting and reporting neglect and abuse.

Accountability – Accountability and transparency in delivering safeguarding.

5.2.7 An adult at risk is someone who:

- is aged 18 or over;
- has needs for care and support (whether or not the local authority is or may be meeting any of those needs) and;
- as a result of those care and support needs is unable to protect themselves from either;
- the risk of, or
- experiencing abuse or neglect.

5.2.8 An adult at risk would include therefore be an adult who is unable to protect themselves as a result of their care and support needs, and for example:

- Is an older person who is frail due to ill health, physical disability or cognitive impairment
- Someone who has a learning disability
- Someone who has a physical disability and/or a sensory impairment
- Has mental health needs including dementia or a personality disorder
- Has a long term illness / condition
- Misuses substances / alcohol

- Is a carer such as a family member or friend who provides personal assistance and care to adults and is subject to abuse
- Lacks the mental capacity to make particular decisions and is in need of care and support.

5.2.9 Abuse may be intentional or unintentional and consist of:

- a single or repeated acts;
- an act of commission or omission;
- multiple acts, for example, an adult at risk may be neglected and also being financially abused;
- a pattern which involves more than one person

5.2.10 In deciding what action to take or what protection measures to put in place, consideration must be given not only to the immediate impact and risk to the person, but also to the risk of future longer-term harm, significant harm which may have been avoided (for example incorrect medication given which did not harm the person in this circumstance but had the potential to cause significant harm if not identified).

5.2.11 The Council encourages individuals, organisations and its partner agencies to report circumstances where an adult may be at risk of harm. When a concern or 'alert' is raised with the Council there are then a number of specified options available to the local authority, to its partner organisations and to the individual when a safeguarding lead / manager determines what subsequent actions must be taken.

5.2.12 The options available are to decide if the issue is:

1. 'Not safeguarding' (the concerns are deemed not to have had significant impact on the individual and/or to have caused significant harm and can be dealt with via other means)
2. An incident only (an issue resulting in some level of harm may have occurred but is either unlikely to re-occur or has not caused significant harm to the degree where further or multi-agency investigation processes are necessary and resolution for the individual can be reached).
3. Safeguarding procedures (the issue is felt to be more complex / a repeated pattern/ involve multiple acts / involve more than one person etc and to require further single or multi agency enquiries to reach a decision). One alert may also involve allegations of more than one type of harm (eg physical abuse *and* neglect)

5.2.13 Of the cases that do proceed into further enquiry there are a number of further potential outcomes based on the balance of probabilities:

1. The allegations are not substantiated in any part
2. Allegations may be inconclusive (where there insufficient evidence to make a decision)

3. The allegations are partially substantiated (eg some elements may be but others not)
4. Allegations may be fully substantiated
5. Allegations may be ceased at the individual request

5.2.14 In 2014/15, Blackpool Council received 623 alerts (cases). Each case is treated as one 'alert' but may involve more than one person if the alert involves a care home provider for example. For this reason the number of individuals involved may exceed the number of alerts reported

Of those 623 alerts (cases):

- 100 were 'Not Safeguarding'
- 231 were deemed to be incidents only
- 292 were processed through the safeguarding investigation / enquiry stages

Of the 292 that were investigated further:

- 28 were partially substantiated
- 57 were fully substantiated
- The remainder were inconclusive, unsubstantiated or ceased at the request of the individual

5.2.15 Although a relatively small percentage of the original alert figure was deemed to have been substantiated at some level, a great deal of work is being undertaken to address those issues.

5.2.16 The weight of alerts - and therefore the majority of substantiated cases - are found in provider or commissioned services. Processes to address these issues are carried out by a range of mechanisms; a process of contract monitoring and performance management , the involvement of the Care Quality Commission in strategy (planning) and reporting (outcome) meetings in their role as the regulator, a multi-agency Risk Summit approach, regular social care review processes and - where necessary - contractual sanctions.

5.2.17 A number of operational managers are involved in weekly performance monitoring meetings and who also attend safeguarding leads meetings.

5.2.18 Statistical analysis of the work carried out is undertaken on a weekly basis by specialist workers. Statistics indicate individuals are being made safe quickly and the timeliness of subsequent work towards resolution has improved significantly over the last year.

5.2.19 There are times however that the work of other agencies such as the police may or must take priority in criminal enquiries. This impacts on best practice timescales.

5.3 Safeguarding Adults Board

- 5.3.1 In April 2015 the Blackpool Safeguarding Board launched a new and Care Act compliant multi-agency policy and protocol agreed by all partners that includes an information sharing protocol. Appointment of a new Board manager and Independent Chair are currently in progress.
- 5.3.2 The Adult Board is moving towards closer working with the Children's Board to maximise impact in families and communities. The Board also hosts sub groups for training and for quality assurance and performance monitoring in order that it can receive reassurance about the safeguarding approaches of partner agencies.
- 5.3.3 Meetings are well attended by representatives at a senior decision making level from a wide range of agencies from public, private and the voluntary sectors. From April 2015 there will be an push to recruit individual service users and carers to the membership of Board's sub groups.

5.4 Policies, processes and quality assurance

- 5.4.1 Electronic recording systems were revised in April 2014 to facilitate effective progress through the system. Since that time a small team of specialists have been supporting practitioners to use the system. Bespoke training and development approaches have been provided; the staff team have worked in partnership with operational staff and the Business Information and Commissioning and Contracts team. This work has been shown to bring about both better communication and data for both local and national reporting purposes. There is work still to be done however.
- 5.4.2 A case audit process incorporating audit of safeguarding work is also now in place and the professional and managerial supervision framework requires attention to safeguarding case work.

5.5 Provider Services

- 5.5.1 All in-house provider services are focussing on safely implementing the Council's budget decisions, together with ensuring safe delivery of care, compliant with all relevant regulatory standards (for example the Care Quality Commission standards).
- 5.5.2 Focus has also been on ensuring staff have all the relevant mandatory training and that this is refreshed on a regular enough basis.

5.6 Commissioning

- 5.6.1 Care at home is commissioned for Adults to support them with their care needs at home and to enable them to remain independent in their own home for as long as possible. These services are regulated by CQC.

5.6.2 **Types of care at home:**

- Generic care at home providing support to the frail elderly, people with a physical disability and people with mental health conditions. This type of support is delivered in a person's own home.
- Learning disability care at home which is usually provided in a Supported Living environment. This type of service provision consists of background hours, one to one support and sleep in arrangements.
- Extra care housing schemes for people over the age of 55 years, of which there are two. Back ground care, emergency response to care needs and on-going care is provided, with a nightly sleep in arrangement.

Number of commissioned hours:

- Generic care at home - approximately **11382** per week
- Learning disability - approximately **9355** per week

Fees paid by the Council:

- Generic care at home - £11.35 per hour
- Learning disability - £12.50 per hour
- Sleep in rate - £28 -£42 per night

Provider information:

The Council has contracts with 8 providers for generic care at home: **Carewatch, Comfort Call, Cherish, Homecare for You, Guardian, I-care, Napier, Safehands, Sevacare**. These services were retendered in February this year.

The Council has contracts with 8 providers for learning disability care at home: **Cherish, Guardian, Creative Support, UBU, United Response, Autism Initiatives, Fylde Community Link, Oaklea, Ormerod**.

Care in the Extra Care Housing Schemes is provided by Sevacare. This contract is currently out to tender due to be completed by November 2015

Performance:

Currently there is one provider which is on enhanced monitoring.
No suspensions.

There is evidence of lagging supply in the market relative to demand due to lack of availability of staff.

Identified areas to be addressed in the future:

- The Council's aspiration that all contracted providers pay the living wage – the Supporting Cabinet Secretary has tasked the Cabinet Assistant with a project to scope the issues, understand the options available and the resources required to move forward.
- Sleep-in payments to staff which meet the National Minimum Wage (NMW). Case law confirms that sleep-ins are covered by the NMW regulations. Not that the sleep-ins have to be paid at the NMW level, but that, overall, total pay for total hours worked must be at least the NMW. This is an employer responsibility but the Council has a responsibility under the Care Act in ensuring the price it pays for care is sufficient for a viable provider business.
- The Care Act 2014 obligations for Councils when commissioning services, to assure themselves and have evidence that contract terms, conditions and fee levels for care and support services are appropriate to provide the delivery of the agreed care packages with agreed quality of care. This should support and promote the wellbeing of people who receive care and support, and allow for the service provider ability to meet statutory obligations to pay at least the national minimum wage and provide effective training and development of staff.
- With the reduction of in-house Blue Light Service we need to work with providers to increase their capacity to pick up packages more quickly to support hospital discharge and/or emergencies and to improve capacity for more intensive, two carer packages.
- Providers' staff recruitment and retention issues.
- Ensuring external market capacity in Learning Disability Services to implement 'Winterbourne' - people with more complex needs to be supported in the community.

Regulated Residential Services:-

Contracted Residential providers	80
Contracted Residential providers suspended to new placements	2
Contracted Residential providers on a regime of enhanced monitoring	5
Contracted Residential providers currently without a Registered Manager	7
Contracted providers currently not compliant with CQC Regulations	9

5.7 **Business Support and Resources**

Direct Payments

5.7.1 The Direct Payments Team supports adult and children's service users who wish to make

their own arrangements to meet their eligible care needs. There are 408 service users currently taking a Direct Payment (of which 319 adults and 89 children), equating to an increase of approximately 6 per cent over the last 12 months. In 2014/15, 17.8 per cent of adult service users in receipt of long-term support for whom self-directed support was appropriate arranged their care with a Direct Payment. During 2015/16, Adult Services intends to continue the drive to increase the number of service users taking up a Direct Payment, and is reviewing the rates paid to recipients.

- 5.7.2 The team also provides a service to the Clinical Commissioning Group to deliver the newly introduced Personal Health Budgets on their behalf. After a successful pilot with Continuing Health Care patients, this arrangement has now been put on a permanent footing in order that the scheme can be extended to further groups of patients.

Client Finances

- 5.7.3 The Client Finances Team provides support to service users who lack the mental capacity to manage their own finances, and who do not have family or friends able to do this for them. This can involve acting as court-appointed Deputy to manage financial affairs where service users have savings, or acting as Appointee under the direction of the Department for Work and Pensions to manage the benefits of service users in order to enable them appropriate access to finances on a day-to-day basis.
- 5.7.4 The team currently looks after the finances of 14 service users under deputyship arrangements, and acts as the appointee for a further 140 people. They help to safeguard approximately £1.4 million of monies for people who otherwise might be vulnerable to financial abuse or money problems.

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