Cabinet Committee of Performance Improvement
Meeting to be held on 18th April 2018

Report of the Director of Adult Services

Electoral Division affected:
All

Adult Services – Prioritising and Managing Assessment Activity
(Appendix 'A' refers)

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Executive Summary

At the February meeting of the Cabinet Committee on Performance Improvement, questions were raised about entry CR21 on the Quarter 4 Corporate Risk and Opportunity Register. This particular risk concerns the challenge of influencing demand for adult social care services in the context of rising public and service user expectations. One aspect of this highlighted by the Cabinet Committee was the waiting times for assessments and reviews by social work and occupational therapy staff.

This report highlights the tools and approaches available currently in use by the County Council in managing this risk, and in particular how social work and occupational therapy assessments are prioritised and managed in some key areas.

Recommendation

The Cabinet Committee on Performance Improvement is recommended to note the mitigations in place for managing this Corporate Risk relating to Adult Services demand.

Background and Advice

Many public services are facing challenges of managing rising demand and public expectations in the context of a difficult financial climate. Adult Social Care is of course no exception to this position, and considerable national political and media interest has been concentrated on this issue over recent years, often linked to the arguably even more high profile challenges faced by the NHS. Lancashire County Council is operating in this same context, and its Adult Services faces similar challenges to those of other upper tier councils in England.

Lancashire County Council

There are several broad approaches to managing excess or increasing demand across adult social care.

Firstly, for any given social care activity or service, the overall capacity can be increased in order to ensure all the individuals needing a response or help can receive it in a timely way and within reasonable timescale. This may need to be resourced with additional budget and/or staffing but this of course may not be affordable or feasible even in the short term. In the medium and longer term, it is probably financially unsustainable for local authorities to simply spend more and more on expanding its adult social care services.

However, a second approach is by increasing productivity and organisational efficiency, particularly in relation to processes such as assessment and reviews. This might be achieved by changing the skill mix of the workforce, upskilling or multi-skilling frontline staff, eliminating duplication, and reducing unnecessary bureaucratic process. It also means improving the decision making skills of staff so they get decisions right first time and achieve the best and affordable outcomes possible for the individual. Through approaches to building community capacity and supporting carers and families councils also seek to promote less reliance on long term publicly funded services. Much of this has been the focus of the work undertaken within the 'Passport to Independence' programme.

Thirdly, eligibility for services can be reviewed and tightened (or sometimes redrawn). This can determine whether someone has a statutory right to a social care service based on legislation such as the Care Act. However, recent legislation, including the Care Act, severely limits the scope and flexibility of individual councils to flex or develop their own eligibility criteria.

Of course, decisions that individuals are not eligible for social care may often result in pressures on other public services such as the NHS, Police or Housing. At the same time, these other partner agencies (including the Department for Works and Pensions are also often tightening their eligibility criteria in response to their own financial pressures or legislation. In combination, this can result in heightened risks for some individuals of receiving no response from public services at all despite what may appear to be quite significant and complex needs. Individual cases of this kind are often a source of understandable concern to elected members of all parties and to local Members of Parliament.

Fourthly, expenditure on delivering public services can be loaded towards those that are more successful in maximising people's independence and reducing long term reliance on publicly funded services. This more preventative approach is a vital part of the agenda not only for adult social care but also public health. Where it is easier to see the immediate and shorter benefits, for example in the success of reablement services, the business case is clear. Where the benefits are much longer term, the current financial climate can make it difficult to maintain such investment at scale over significant years.

Fifth, some social care services can be charged for, and by increasing prices or the contribution collected from individuals some downward influence on demand can be observed. However this is an unintentional product of such increases and certain

not an explicit policy aim. Legislation sets out the basis for councils to charge or provide social care services for free. There is only limited further room for change on this front, particularly following recent County Council decisions regarding its fees and charging policy for next year.

All of the above approaches are in evidence to some extent in most councils in managing their adult social care services and certainly that is true of the County Council.

However even with these approaches all in places frequently people wait longer than we would wish for some key services and especially for assessments. All councils have to put in place arrangements for managing these and use various means to screen and prioritise those individuals in the greatest need. Such screening or prioritisation tools are often specific to the service area in question, and for example the County Council has developed one to help manage the very high volume of requests for Deprivation of Liberties Safeguards assessments.

At the last Cabinet Committee however, particular concerns were expressed explicitly about the waiting times for assessments and reviews regarding:

- Safeguarding
- Hospital Discharge
- Occupational therapy

Each is covered below, and further follow up questions will of course be answered at the meeting itself.

<u>Safeguarding</u>

In the Multi Agency Safeguarding Hub there are currently 10 permanent staff plus four temporary staff working to reduce waiting times and eliminate backlogs of work. There is one vacancy out to advert. It is at the Multi Agency Safeguarding Hub where screening of Safeguarding referrals occur. The co-location of staff from the police, probation and NHS alongside Social Care helps communication and coordination, and reduces duplication. Particularly in relation to advice on falls, medication errors, pressure ulcers, and domestic abuse this colocation makes a huge difference to efficiency and effectiveness of decision making.

In the County Council's local adult safeguarding teams there are 28 social workers and four social care support officers. In addition to this we have six agency staff, two per area (north, central and east) which have been agreed on a temporary basis, again to ensure elimination of backlogs and reduction of waiting times. There are no substantive vacancies. Interagency working in this context is typically more challenging and time consuming, with the council's safeguarding social work staff often carrying the greater share of responsibility and risk whilst they try to engage the right colleagues from other agencies at a local level.

The view as to what is a 'safeguarding case' and what speed of response is required is made by the Multi Agency Safeguarding Hub. The criteria they use is based on four categories as follows

Priority 1 - To be allocated immediately as an urgent response is required

- Risk to life or where immediate action is required to ensure the safety and well-being of the service user.

Priority 2 - To be allocated within 24 hours

- Considerable concerns in regards to either the practice of the provider or an escalating situation for the service user that brings their safety into question.
- There would be no clear Safeguarding plan in place to address the situation of both managing the risks around the person alleged to have caused harm or to protect the service user from harm.
- If it is a clear significant safeguarding issue that has not been reported by the provider themselves then there may be a wider concern into the processes and protocols of the agency to ensure service user safety.
- Any significant injury that has occurred where it cannot be ruled out that this issue has arisen from abuse or neglect.
- To include all alerts where an individual is in hospital to ensure safe hospital discharge and prevent delay.

Priority 3 - To be allocated within a 2 week period

- Action is required by Multi Agency Safeguarding Hub to progress an enquiry.
- A consideration of risk would have to be taken into account and deemed that there is no immediate risk.
- However, for example, an internal enquiry may be taking place, and Multi Agency Safeguarding Hub would need to contribute to progress the enquiry.
- Any service provider on Quality Improvement Plan should be at the lower level of concern.
- Any significant distress to a service user or their carer should also be a minimum for this category.

Priority 4 - To be allocated within a 4 to 6 week period

- There is just reason for the concern being sent to Multi Agency Safeguarding Hub.
- An interim protection plan would be in place.
- We may not need to be the lead agency and it would be clear from the concern that another professional or care provider would be already working towards taking action to address the issues.

Weekly situation reports are provided to the Head of Safeguarding and Patient Safety on the number of people waiting for safeguarding responses and the latest figures for these can be shared at the meeting itself. Generally, the response times

are showing major improvement over the last few months, due to improved management grip and additional temporary staffing. However, there are at times significant weekly fluctuations due to routine staff absences and or unusual surges of new referrals.

Governance and oversight of adults safeguarding activity, quality and performance is provided through two important channels. Firstly, there is the Lancashire Safeguarding Adults Board, led by Jane Booth as the independent chair. Secondly there are quarterly reports presented and discussed at specifically focussed safeguarding meetings between the Leader of the Council, lead Cabinet Members, the Chief Executive, and the Executive Director of Adult Services and Health and Wellbeing.

Hospital Discharge

Substantial additional resources from the improved Better Care Fund and significant redesign of the system for managing hospital discharge has been underway for several months in Lancashire.

Strong and well established interagency governance is in place through the

- five Accident and Emergency Boards covering Lancashire, led by NHS bodies
- the Lancashire and South Cumbria Urgent and Emergency Care Network
- Lancashire Health and Wellbeing Board
- Lancashire County Council Health Scrutiny

Separately or in parallel these bodies have all helped to ensure greater priority is given to system redesign, improved capability and increased resources are in place to drive performance improvement. Links to some of the reports provided to Council committees demonstrating this are provided at the end of this report.

Overall, the picture has been one of gradual but sustained improvement in reducing delayed transfers of care over the last six months or so, but with some short periods where problems become escalated particularly during flu outbreaks or severe weather.

National and local statistics are published on the 9th of each month and at the meeting itself the latest figures will be available for sharing with Cabinet Committee on Performance Improvement if so wished.

Occupational therapy

Requests for occupational therapy assessments have always formed a large proportion of new referrals to councils for adult social care. Historically, the county council has been relatively under resourced in terms of the employment of its own occupational therapists. However, over the last year new posts have been established and recruitment has occurred which has resulted in a doubling of the overall complement of the occupational therapy workforce to 40 qualified Occupational Therapists and further recruitment campaign aiming to recruit nine newly qualified therapists will enhance the career pathway for staff wishing to work

for the local authority. In addition to these qualified posts, there has been a major increase of posts of Social Care Support Officers working in this field.

The NHS also employs Occupational Therapists too, in hospital settings but also in the community. Through joint protocols and the Section 75 partnership agreement between the county council and various NHS bodies a great deal has been done to maximise the impact of the combined workforce and reduce duplication of process. However there is probably further scope for improvement in joint working in some parts of the county.

In terms of waiting times this is best considered in two broad categories – reablement and community.

Reablement

10 of the 40 established Occupational Therapists posts are specifically focussed on leading the reablement service. However there are currently Occupational Therapists vacancies in the reablement service which are proving difficult to recruit to, with central Lancashire particularly struggling in terms of numbers. This is to a considerable extent mitigated by the establishment of 39 Social Care Support Officers working in reablement, all which have been fully recruited to from a mix of redeployment and new recruitment. Some additional social work capacity has also been deployed into the teams, but the lack of Occupational Therapists is still creating significant operational challenges for this vital service.

Our internal operating guidance is based on the principle that all individuals have the same priority in reablement and should be seen within 72 hours. At times of backlog, however service users requiring a 'moving and handling' assessment (particularly where two carers may otherwise be deployed) and those requiring the highest input in hours from the provider (and therefore the most dependent) are prioritised for review of reablement plans/potential equipment needs.

However currently initial visits are typically taking five to seven days to arrange across all localities. This is due to volume of referrals and the speed of flow outstripping staffing capacity.

To give some idea of the scale the current numbers of service users receiving reablement are:

- Central – 108
- North – 150
- East - 144

Follow up visits and assessments to check on the achievement of reablement goals is typically taking longer than desirable. There is a challenge across the county in regards of waiting times for NHS therapy assessments of two to three weeks. This is a particular issue in the north of the county and is extending the length of time that people are remaining on reablement whilst awaiting therapy assessment.

Community – Equipment

Staffing levels in community occupational therapy teams are not yet up to the full establishment with six vacancies still to be filled across the county.

However, the volumes of new referrals are high and there is a legacy of long waiting times for some occupational therapy assessments, which the additional staffing occupational therapy resources are slowly but steadily reducing as their impact is felt as more posts have been filled. Current occupational therapy waiting lists have about 1350 adults recorded as needing an occupational therapy assessment with the greater numbers waiting in central, but this does represent a significant reduction since January 2018 when the numbers of people waiting were above 1850.

This also means average waiting times have come down considerably. Comparing the last two years 'Occupational Therapy Average times' for assessment times give days from initial request to assessment completed. Overall this has come down from 114 in 2016/17 to 90 days in 2017/18, but there is some significant variation by area. Nevertheless, the trend continues to be improving across the county and in the places where the waiting times were at their longest.

Referrals for community assessments are prioritised according to a decision making framework which is set out at Appendix 'A'. This means that those in greatest need and risk are seen much more quickly and that is important to note. However, where the risk is much lower waiting times as a consequence can take much longer.

Consultations

N/A

Implications:

This item has the following implications, as indicated:

Risk management

Financial

The mitigation factors for prioritising and managing assessment activity detailed within the report in terms of current approved staffing levels, prevention activity and the approach to charging for services are built into the 2018/19 budget.

List of Background Papers

Paper	Date	Contact/Tel
Delayed Transfers of Care, item 4, Health Scrutiny	23 January 2018	http://council.lancashire.gov.uk/mgAi.aspx?ID=55027

Better Care Fund Performance and Finance update, item 9, Health and Wellbeing Board	20 March 2018	http://council.lancashire.gov.uk/mgAi.aspx?ID=55952

Reason for inclusion in Part II, if appropriate

N/A