

Audit and Standards Committee

8 September 2016

Adult Social Care Update

Recommendations

The Audit and Standards Committee consider and comment on:

1. The action taken to address current issues in Adult Social Care.
2. The training provided to staff and planned for the future.
3. The progress on the implementation of MOSAIC.

1.0 Key Issues

- 1.1 **Care Act:** Described by Government as the most significant reform of Adult Social Care legislation in 60 years; Warwickshire's successful implementation of the Care Act was achieved through a 'whole council' approach lead by a small implementation team based in the Social Care and Support (SCS) business unit that coordinated work-streams in existing projects and programmes across the People, Resources and Communities Groups and in Public Health. Implementation was monitored through the 'Care Act Oversight Group' that reported directly to Corporate Board and provided regular reports and representations to: Cabinet, Corporate Board, Health & Wellbeing Board, and the Adult Social Care, Health Overview and Scrutiny Committee.
- 1.2 Warwickshire County Council (WCC) and key partners were engaged in a number detailed impact assessment workshops that resulted in a comprehensive analysis of the impact of the Care Act, and provided a clear understanding of the actioned required to achieve full implementation.
 - 1.2.1 The detailed impact assessment included an Equalities Impact Assessment (EIA) to ensure our approach to Care Act Implementation did not disadvantage customers, carers or staff regardless of their protected characteristics.
 - 1.2.2 Co-production played a significant role in planning for the Implementation of the Care Act and included, staff, customers and carers being engaged through a number of workshops and roadshows supported by a numerous

organisations including Warwickshire Healthwatch, Community and Voluntary Action, the Race Equality Partnership and Age Uk Warwickshire.

- 1.3 Following the detailed impact assessment workshops, all areas of the council affected by the Care Act prepared detailed implementation plans that were agreed and monitored through the Care Act Oversight Group.
- 1.4 Social Care and Support delivered **Mandatory Care Act Training** through a comprehensive mandatory E-Learning package, Legal Training and a programme of one day training seminars.
- 1.5 Ongoing support to frontline staff is provided through a Care Act Champions development programme creating subject matter experts for:
 - Carers
 - Ordinary Residence and Continuity of Care
 - Personalised Assessment and Support Planning
 - Advocacy
 - Information and advice
 - Safeguarding Adults and Self Neglect
- 1.6 The impact of the Care Act is monitored monthly and has just been subject to an internal annual review. WCC also participates in a regular review by the Local Government Association (LGA), ADASS and the Department of Health where it has demonstrated good progress in all areas.
- 1.7 'Personalisation' a key principle of the Care Act was recently subject to an internal audit by the Risk and Assurance Team and SCS are developing an action plan to ensure full implementation of its findings.
- 1.8 The Care Act Team has been disbanded and all implementation activity is complete or been transferred to business as usual with oversight from existing governance structures.

- 2.0 **Deprivation of Liberty Safeguard (DOLS):** The Mental Capacity Act allows restraint and restrictions to be used but only if they are in a person's best interest. Extra safeguards are needed if the restrictions and restraints used will deprive a person of their liberty. These are called Deprivation of Liberty Safeguards [DoLS]. DoLS is the procedure prescribed in law when it is necessary to deprive of their liberty a resident or patient who lacks capacity to consent to their care and treatment in order to keep them safe from harm. There are timescales prescribed in law for how long the Local Authority has to undertake the assessments and grant authorisation, this is a maximum of 28 days. In March 2014 the Supreme Court handed down a judgement that provided clarification on the interpretation of a DoLS. The ruling lowered the threshold as to the circumstances that constitute a deprivation and as a consequence led to a substantial increase in the number of DoLS applications received by Councils. (The term application is used to describe the action of

referral into the DoLS service for assessment and authorisation of a deprivation in a care home or hospital).

2.1 ADASS information for **2013/14** reported that nationally there were **10,050** applications to local authorities, after the Supreme Court ruling, HSCIC data of 152 (from 166) council's report the number of applications to have risen to **113,300 for 14/15**, to **194,395 for 15/16**. The rate of applications continues to increase into 16/17.

2.2 Nationally, councils have been overwhelmed by the demand and have invested additional funds (including an additional national in-year allocation in 15/16) from the Department of Health. The DOH allocation for Warwickshire was £238,000. Furthermore to address the under capacity of the DoLS service the council has trained additional staff to undertake the statutory role of the Best Interest Assessor to manage the urgent applications. In order to meet the demand of the waiting list due to increased referrals from care homes,(as opposed to urgent applications), as a consequence of the lower threshold, a total of £266,400 was spent on procuring agency staff to undertake assessments on behalf of Warwickshire (610 assessments).

2.3 Warwickshire Statistics for DoLS Service

Background: 2015/16

- **1,978:** applications were received by the DoLS service. This equates to a 202% increase from the previous year
- **1,255:** applications have been scrutinised. This figure includes authorising a deprivation of liberty, reviews and non-deprivation (i.e. those not authorised following an assessment). Activity from 2015/16 will impact on activity in 2016/17 due to reviews of those who require a further period of deprivation (approx. 60 per week) in addition to new applications.
- **610:** of the applications were assessed through procurement of agency staff using the one off DOH funding.

Current status: 2016/17

- **789:** Residents in Warwickshire are subject to an authorised DoLS (figure in July 2016). A DoLS can be authorised for up to 12 months. The number of authorised DoLS in any one month will vary due to some people regaining capacity, lesser restrictive care plan or death.

2.4 In Warwickshire the forecast this year continues to increase with a waiting list of approximately 890 referrals, however this changes daily due to referrals

from care homes at an average rate of 30/40 cases per week. In addition urgent referrals from acute settings has also increased which impacts on the capacity of the Dols service to respond in a timely manner due to the limited provision of Best Interest Assessors [BIA's] that are employed by WCC to undertake the statutory role. The current capacity of the in house BIA resource is on average 26 referrals per week, The total predicted number of applications for **2016/17 is in excess of 2,500.**

- 2.5** The DoLS service continues to manage the waiting list in addition to urgent applications. However we are in breach of the statutory timescales for the cases on the waiting list that could result in a legal challenge. To reduce the risk to vulnerable customers, who may be deprived of their liberty in the absence of the appropriate legal safeguards, and WCC, the service continues to triage and prioritise all referrals received on a weekly basis using the ASASS priority screening tool.
- 2.6** The risk is further compounded by the failure to secure a further exemption to procure agency to undertake the statutory role of the BIA. The request was to approve the purchase of a further 680 assessments to address the waiting list, however this was declined. The advice given has instructed that we need to undertake formal procurement.

A significant overspend has been forecast on the DoLS cost centre. The financial burden in part has been met from the Adult Mental Health budgets (staffing costs), however the forecast (if we include reviews) is in excess of **£700,000.** (This includes the cost of the BIA and the medic fee).

The DoLS service have presented a paper highlighting the current position to the Adults Safeguarding Board and a further paper will be scheduled for GLT to seek advice regarding next steps including the financial position in meeting our statutory duties.

- 2.7** The People Group Leadership Team has requested a detailed paper explaining the impact of the Supreme Court ruling with proposals for WCC's long term response to the ongoing and increasing demands on the service.
- 2.8** The DOLS Service was recently subject to internal audit by the Risk and Assurance Team and SCS are currently developing an action plan to ensure full implementation of its recommendations.
- 2.9** Following the Supreme Court ruling SCS provided additional training, support and guidance to frontline staff and service providers.
- 2.10** In response to increased DOLS referrals SCS has trained additional DOLS assessors and authorisers.
- 2.11** The ADASS guidance has been implemented, the additional staff trained and a detailed paper is due to be considered by the People Group Leadership Team approximately November 2016.

- 3.0 Mosaic:** People Group are currently implementing 'Mosaic' a new case recording and workflow management system. Implementation is being led by a team based in the Professional Practice and Assurance (PPA) Business unit with dedicated resources from Children and Families, and Social Care and Support. Implementation governance is provided through the Customer Information Systems Project Review Board.
- 3.1** SCS are working closely with the Mosaic Implementation Team to build and test all SCS system requirements. SCS are members of the 'Change Advisory Board' that oversees systems development and testing and have a seat on the Customer Information Systems Project Review Board.
- 3.2** SCS are working with the Mosaic Implementation Team to develop E-Learning and revised practice guidance.
- 3.3** SCS are leading on the training and support of 100 Mosaic Champions who have played an integral role in systems development and testing and will provide essential support and training to staff immediately prior to and in the months following the implementation of the new system.
- 3.4** Implementation of Mosaic is being phased; currently Children and Families will switch over 7th -11th October 2016 and Social Care and Support is still to be confirmed. The training model being adopted by the Mosaic Team is known as 'just in time' and consequently the majority of training activity will take place in the month prior to the service switching over to the new system.
- 4.0 Case File Audit:** The Council's Risk and Assurance Team conducted an audit of the Adult Social Care case file audits during October 2015, concluding that 'controls provide 'moderate' assurance that risks are being managed.' Recommendations were made on improving compliance with the audit procedure, clarity on roles and responsibilities between Business Units; moderation arrangements and quarterly reports to Senior Management.
- 4.1** Case File Audit: SCS completed 168 case file audits between 1st April 2015 and 31st March 2016. 29 audits have been completed so far between 1st April 2016 and 30th June 2016. This compares to 99 audits between January and December 2014.
- 4.2** The PPA Business Unit is leading a Case File Audit Working Group is producing a single case file audit procedure (including moderation) in the People Group and overseeing the further development of audit tools for both Adult and Children's Social Care. It creates the potential to make case file audit easier to conduct, more consistent and will address the recommendations made in the separate internal audits of case file audits in Adult and Children's Social Care. Quarterly quality assurance reports to Senior Management in SCS now bring together audit findings and other sources of information on the quality of social care practice including Quality Assurance Panels and Back to the Floor reports.

4.3 Case file audits during 2015-16 have recorded evidence that customers are safe and in control of their care and support, their views and wishes recorded and they have been fully involved in their assessments, support plans and reviews. Importantly, customers' desired outcomes are clearly recorded. The case file audits found that in 86.3% of cases the customers file contained specific reference to the customer being safe. The case file audit tool asks if there is evidence that the customer is safe with the option to answer 'yes' or 'no'. An answer of 'no' is likely to mean that customer safety is not specifically mentioned in the customers record. The case file audit procedure states: "it is the responsibility of the person auditing the case to ensure that any immediate concerns are identified regarding an adult/child/young person's safety or wellbeing during the course of the audit. They must ensure that the allocated social care practitioner is made aware of these concerns as a matter of urgency and takes appropriate action." Additional assurance is provided by the Adult Social Care Outcomes Framework (ASCOF) measure 4B – the proportion of people who use services who say that those services have made them safe and secure. In Warwickshire this figure was 91.1% for 2015/16 making it a high performing Council and placing it in the top 25% of all English local authorities.

4.4 Case file audits identify three areas for improvement. They are:

(1) In comparison to customers, carers are 6.5% less likely to have their views recorded, 26.4% and 23.2% less likely with regard to their wishes and experience of services respectively. While this is an important finding given the essential roles played by carers to prevent, reduce and delay the need for care and support, the Care Act now requires Carers to be offered an assessment in their own right; in Warwickshire this has led to an 86% increase in carer's assessments and consequently it is more likely a carer's views are captured in a separate assessment and may not be visible to the current Case File Audit Tool. This issue will be addressed through the development of the revised Case File Audit Procedure and Tool.

(2) Whilst desired outcomes are recorded in 86.9% of cases, only 32.7% had timescales for achieving them and 50.7% had evidence of progress on outcomes (this is an improvement from Quarter 3 where it was 29% and 50% respectively). Ensuring that support plans are SMART (Specific, Measurable, Achievable, Realistic and Timely) will help staff, customers and carers to review the effectiveness those plans to achieve the best outcomes and use of resources. Specific Outcomes were introduced by the Care Act when staff were provided with initial training followed by support from the Care Act 'Personalised Assessment and Support Planning' Champions. WCC has now commissioned all its domiciliary care through a system of 'Outcome Based Commissioning', the recording system is being revised to support more effective recording and monitoring of specific outcomes and staff are being provided with additional training and revised support and guidance.

(3) 41% of customers had been offered a direct payment (this is an improvement from Quarter 3 where it was 40%). It is notable that SCS guidance on direct payments states: 'the general principal of direct payments

is that they must be offered to all eligible customers and potential customers, but may not be forced upon them.’ Therefore, this figure should be significantly higher. Currently the offer of a direct payment is captured by a non-mandatory tick box in the Care First Assessment document. Many customers and/or their carers decline the offer of a direct payment due to issues such as, capacity, frailty or a lack of confidence or desire to manage their own affairs. Unfortunately where this is the case, workers often fail to record the offer of a direct payment correctly. To address this, SCS are implementing revised guidance and making the tick box in the new Mosaic recording system a mandatory field which will prevent staff progressing with their assessment until the offer of a Direct Payment has been properly recorded.

- 4.5** The Case File Audit Working Group led by PPA will produce the single case file audit procedure in the People Group and oversee the further development of audit tools for both Adult and Children’s Social Care. PPA will continue to be responsible for overseeing the current audit process and the PDT will lead the development of the revised audit tools overseen by the Case File Audit Working Group. It will be a sustainable solution that provides information on the quality of Adult Social Care and will help celebrate success and drive improvements in practice.

Background papers

None

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