

Adult Social Care and Communities Scrutiny Committee Induction

Report from the Executive Director of Adult Social Care and Public Health

22nd June 2021 – Adult Social Care Report

Strategic Direction

We support approximately 25,000 people who have a disability, are vulnerable, or live with an age-related disorder, as well as commissioning services aimed at addressing social care and health inequalities, promoting health and well being.

Despite the additional pressure and restrictive nature of the Pandemic, our strategic ambition continues to be to support people to live independently. This reflects the national policy framework created by Think Local Act Personal, which built on the direction set by “Putting People First” with its focus on community support and involvement, early intervention, prevention and reablement services. This has also been reinforced by the detailed guidance released in support of the Care Act 2014.

The Care Act 2014 (and its Statutory Guidance) consolidated and modernised the framework of care and support law; it set out new duties for local authorities and partners, and new rights for service users and carers. The new statutory principle of individual wellbeing underpins the Act, and is intended as the driving force behind care and support. Local authorities (and their partners in health, housing, welfare and employment services) must now take steps to prevent, reduce or delay the need for care and support for all local people.

The Act includes a statutory requirement for local authorities to collaborate, cooperate and integrate with other public authorities e.g. health and housing. It also requires seamless transitions for young people moving to adult social care services.

The Act also places a duty on local authorities to ensure that information and advice on care and support is available to all and when they need it. Independent advocacy must also be arranged if a person would otherwise be unable to participate in, or understand, the care and support system. It is also the local authorities’ role to ensure diversity and quality in the market of care providers so that there are enough high-quality services for people to choose from. Local authorities must also step in to ensure that no vulnerable person is left without the care they need if their service closes due to business failure.

The act also set out a new statutory safeguarding framework to protect adults from neglect and abuse and the creation of Safeguarding Adults Boards (SAB - see below). Whilst anybody, including a carer, who appears to need care or support is entitled to an assessment, regardless of financial contact with the council, which must focus on outcomes important to the individual. Any needs currently being met by a carer should still be included in the assessment. The local authority must then apply a national eligibility threshold to determine whether the individual has eligible needs.

As part of this, and for those people who have ongoing needs, we want to ensure we put each individual service user in control of their care and support, offering choice, providing

professional advice and enabling their voice to be heard, with the ultimate aim of improving outcomes for people.

Figure 1 - Adult Social Care Vision



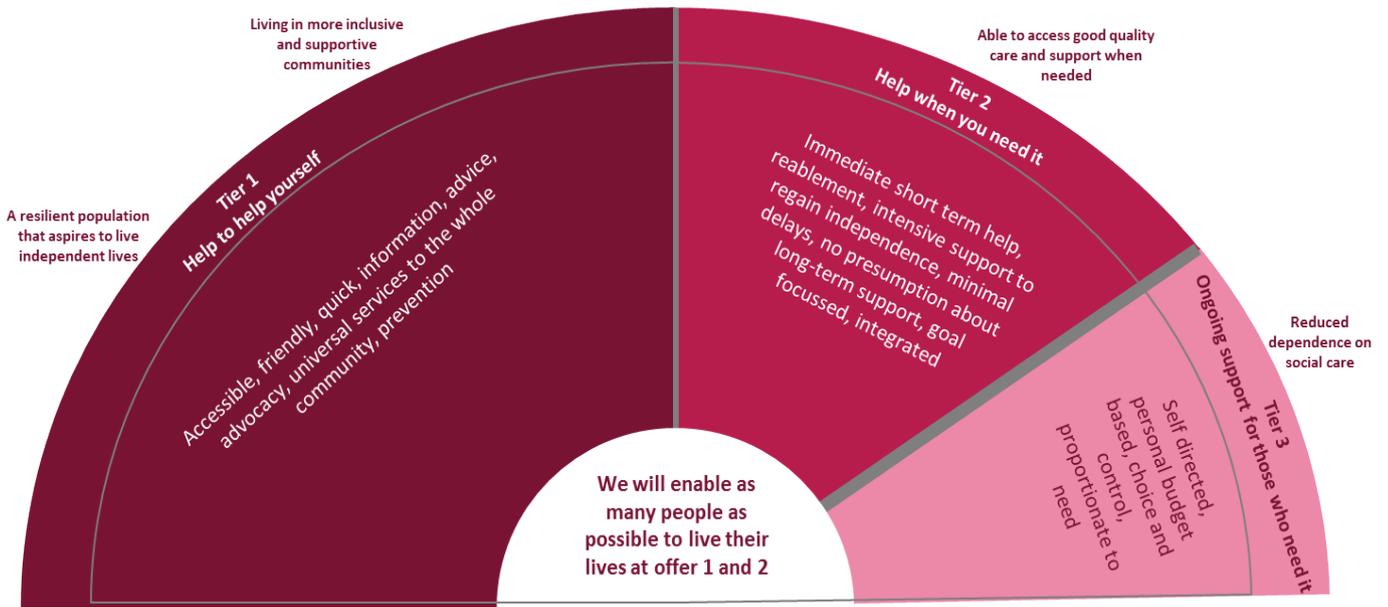
Demographic changes indicate a rising demand for support from people with increasingly complex needs that requires us to better manage and respond to demand. This will involve a range of partnerships, many of which will be new relationships with communities. Whilst it will be challenging financially, it will result in investment in local communities and will provide opportunities to work with community and voluntary sector agencies in new ways and ensure we are sensitive to the communities in which many of our service users live.

We are reducing reliance on institutional care, creating innovative alternatives and encouraging the use of universal services, whilst recognising that there will always be a place for specialists too. We are also addressing the wider responsibilities in the Act for carers and for all people with care needs and not just those we support. We are also continuing to promote an ethos of early intervention and prevention as an integral element to our intentions. The resultant three tier “offer” is as shown in Figure 2 (see over):

In line with the strategic direction set out above, we have a series of projects targeted at living within our means and adjusting to meeting demand differently. Most of these are designed around the implementation of national policy and good practice – expanding on the model of reablement, working in multidisciplinary teams whilst increasing our investment in the management of the social care function, avoiding crisis, commissioning differently, listening to our service users and improving the customer journey. We also continue to look at our processes.

The scale and pace of change continues at an unprecedented level and will create transitional issues as we all adjust to working in a different way. Communicating our intentions and listening to the voice of those we serve will be central to our thinking and will assist us to ensure all voices are heard and concerns and questions are actively addressed. All activities will be subject to community impact assessments and specific consultation will be undertaken where appropriate with stakeholders. We will actively pursue opportunities to engage with service users and their carers to continue to build confidence in those partnerships.

Figure 2 - Adult Social Care Offer



At the heart of this work is culture change, based on a three tier conversation at the frontline in adult services that gives us a simple structure to help focus on helping people to help themselves as figure 3:

Operations

There are eight main teams across the County. Six cover a different locality – Stroud, Gloucester, Cheltenham, Forest, Cotswolds and Tewkesbury. There is also a team

Figure 3 - Three tiers: three conversations



supporting discharges from both Acute Hospitals; Gloucester Royal, and Cheltenham General. The final team is one that supports all Adults with a Learning Disability.

Based within the Learning Disablement Team although supporting all younger adults with a disability is the Enablement team. This team covers a wide range of activities, to support people usually in their own homes; these include help to improve daily living skills and routines, access the local community, support with correspondence and paperwork.

In addition to there is a small Countywide team supporting people with a Sensory loss. The Sensory Team provide a service to visually impaired, Deaf and Hard of Hearing individuals. Rehabilitation officers with Visually Impaired people provide specialist rehabilitation training, in all aspects of daily life, to individuals with a sight loss to maximise their independence. The team also provide specialist assessments to Deafblind people and equipment to Deaf people, when assessed as a need.

The eight main teams are led by an Integrated Social Care Manager, supported by a leadership team comprising of a Deputy and both Social Work and Social Care leads. The team is a mixture of qualified and unqualified social care staff, an Occupational Therapist and has enablement team input.

Following the role out of the Three Conversation model, each team is split into small hubs, with a leader. The hubs comprise of 4 to 6 members of staff with mixed roles. Each hub will meet twice a week, to review the people they are seeing, share ideas, manage risks, encourage creativity, and support decision making. This model allows staff to feel very supported in their work, encourages them to think “out of the box” and shares ideas for problem solving.

Figure 4 – Fieldwork Hubs



Through the increased networking and engagement with Community resources we are able to support more people in their own homes to be as independent as possible and live the life they want to live. We have supported more people to manage without a dependence on formal support – and encourage their engagement in the local resources.

Commissioning

Although the focus in this document is on Adult Social Care, most of our commissioning work is carried out jointly with the Gloucestershire Clinical Commissioning Group (GCCG) and many of the intentions referred to reflect joint priorities. During 2021/22 and beyond the Council will also work with GCCG and other local Health partners on the developments needed to take full advantage of Gloucestershire's Integrated Care System (ICS) status.

Integrated Commissioning is made up of several interlinking hubs which, together, cover a huge breadth of activity across the ICS. The social care element provides for every level of need, from support in your own home and community to accommodation based care within a specialised service, for every kind of person whether their needs are associated with physical disability, learning disability, mental health or arising with age. The Health element covers community health services which range from supporting people to manage complex conditions at home to enabling people to return home after a hospital stay and includes children's services as well as adults.

Within the service there are specialist teams to deal with specific areas of commissioning such as the Integrated Brokerage Team which arranges every individual package of care whether needs are long term and ongoing or short term such as reablement or respite. There are also the Transforming Care Team which focuses on reducing long term institutional placements of people with complex needs and the Carers Team which works with our commissioned provider of Carers Services and our operational teams to understand to and respond to the needs of carers in the county.

The functions of the Integrated Commissioning includes Market management and shaping; analysing and understanding the local health and social care market and working with providers across the statutory, private and voluntary sectors to ensure there is a broad and diverse range of good quality provision of services available to meet the needs of our population.

Integrated Commissioning is also responsible for ensure a joined up approach to the procurement of Adult and community based Health and Social Care Services across the county. Current procurement processes in train include the development of a new bed based care contract, the re-procurement of our Advocacy contract and ongoing recruitment of providers to the Domiciliary and Community Care Frameworks. In all instances ensuring that we secure value for money, giving due consideration to all relevant factors including social value, risk, quality and price.

Post contract award, quality assurance and contract management also sits in Integrated Commissioning; performance managing services and ensuring delivery of contracted services and compliance with regulatory requirements.

Another main area of activity relates to stakeholder engagement. The Commissioning Hubs lead on developing and managing relationships with staff, providers, citizens, service users and carers using engagement, consultation and co-production.

Examples of ongoing engagement cover both provider organisations such as the Gloucestershire Care Providers Association (GCPA) and Partnership Boards covering Carers and Disabilities. However, the overall aim is to ensure that stakeholder representation is engaged throughout the cycle of commissioning, from planning to

procurement through to provision and then onwards with regards to continual performance improvement and review.

The final main area of activity is the development of strategies to deliver on organisational objectives, either through the provision of effective Health and Social Care Services for Adults or through wider partnership activity. We are currently updating our Autism Strategy and developing a Community Services strategy to cover domiciliary care, supported living and the wider community offer. As part of this we also devise, manage and update policies and procedures, ensuring the adoption of best practice methodology, rules, standards and thresholds and disseminate these to staff across relevant organisations.

Safeguarding

Safeguarding means protecting an adult's right to live in safety, free from abuse and neglect. 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 including, where appropriate, having regard to their views, wishes, feelings and beliefs in deciding on any action.

The Care Act 2014 set out the Local Authority's responsibility for protecting adults with care and support needs from abuse or neglect for the first time in primary legislation. Local Authorities must make enquiries, or cause another agency to do so, whenever abuse or neglect is suspected in relation to an adult and the local authority thinks it necessary to enable it to decide what (if any) action is needed to help and protect the adult. This function cannot be delegated.

Adult Safeguarding Duties

The adult safeguarding duties under section 42 of the Care Act 2014 apply to an adult, aged 18 or over, who:

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

Adults who may be the focus of safeguarding range from those whose decision-making capacity is severely impaired, to adults with no underlying cognitive impairment but whose physical situation, or a brief period of illness, has temporarily affected their ability to protect their own interests. The nature of the harm involved can also range from violent physical and psychological abuse through various forms of personal, financial or organisational abuse or neglect, to a failure to provide timely access to key services. Abuse or neglect of adults at risk can also take place in a wide variety of contexts.

The GCC Safeguarding Adults team is responsible for making decisions on all concerns raised with the Council about whether or not the concern should proceed to a section 42 enquiry.

Gloucestershire Safeguarding Adults Board (GSAB)

The Care Act 2014 put Safeguarding Adults Boards (SAB) on a statutory footing, requiring each local authority to set up a SAB. The main objective of a SAB is to assure itself that local safeguarding arrangements, and partners, act to help and protect adults in its area who meet the criteria set out in section 42 of the Care Act.

The Board has an Independent Chair, Paul Yeatman, and there are three statutory SAB members: Gloucestershire County Council, Gloucestershire Constabulary and Gloucestershire Clinical Commissioning Group (GCCG). In addition to these members, a large number of local agencies are represented from the statutory and voluntary sectors.

GSAB has three core duties under the Care Act:

- it must publish a strategic plan for each financial year that sets how it will meet its main objective and what the members will do to achieve this. The plan must be developed with local community involvement, and the SAB must consult the local Healthwatch organisation. The plan should be evidence based and make use of all available evidence and intelligence from partners to form and develop its plan;
- it must publish an annual report detailing what the SAB has done during the year to achieve its main objective and implement its strategic plan, and what each member has done to implement the strategy as well as detailing the findings of any safeguarding adults reviews and subsequent action (this report is sent to the Adults Scrutiny Committee);
- it must conduct any safeguarding adults review in accordance with Section 44 of the Act.

Safeguarding Adult Reviews (SARs)

SABs must arrange a SAR when an adult with care and support needs in its area dies as a result of abuse or neglect, whether known or suspected, and there is concern that partner agencies could have worked more effectively to protect the adult.

SABs must also arrange a SAR if an adult in its area has not died, but the SAB knows or suspects that the adult has experienced serious abuse or neglect. SABs are free to arrange for a SAR in any other situations involving an adult in its area with needs for care and support.

Current challenges

Current challenges for GSAB include how to safeguard people with complex needs who are at high risk of serious harm through abuse, neglect and self-neglect and are reluctant to engage with services, often as a result of childhood trauma and abuse (Adverse Childhood Experiences - ACEs). Three SARs are currently underway in relation to complex individuals and this issue will form an important part of GSAB's strategic plan, which is currently being reviewed.

Adult Single Programme

Given the scale and its transformational nature as referred to in this document, Adult Social Care change is overseen through a consolidated programme with a small dedicated

team reporting to the Deputy Director. The programme is run on a cluster basis as shown in Figure 5

Figure 5 – Adult Single Programme



Adult Social Care Contacts

Sarah Scott – Executive Director of Adult Social Care and Public Health
Sarah.L.Scott@Gloucestershire.gov.uk
01452 328497

Kim Forey – Director of Integration CCG/GCC
KimForey@nhs.net
0300 4211628

Dawn Porter - Director: Adult Social Care Operations
Dawn.PORTER@gloucestershire.gov.uk
01452 328325

Mark Branton - Deputy Director: Adult Social Care
Mark.Branton@gloucestershire.gov.uk
01452 328483