

REPORT TITLE	Adult Social Care Corporate Risks
REPORT OF	Graham Hodgkinson, Director of Care and Health, Wirral Health and Care Commissioning

REPORT SUMMARY

Three key areas of risk related to the provision of Adult Care and Health have been identified as Corporate risks to the Council as a whole. These are shown in Appendix 1 in full. Each area of risk has a number of mitigations in place to help reduce the level of risk that the Council is exposed to.

This report aims to support a more detailed in-depth exploration via Audit and Risk Management Committee of the identified risks and mitigations, in order to seek assurance that the risks are being appropriately managed.

Key duties have been set out in relation to the context for Adult Care and Health services, the report then addresses each of the three areas of risk.

This report does not include any specific recommendations or actions as it describes mitigations already in place or being progressed to reduce Corporate risk.

RECOMMENDATION/S

Committee notes the contents of this report and the specific actions and mitigations already in place to reduce corporate risks.

SUPPORTING INFORMATION

1.0 REASON/S FOR RECOMMENDATION/S

1.1 N/A.

2.0 OTHER OPTIONS CONSIDERED

2.1 N/A.

3.0 BACKGROUND INFORMATION

What is Adult Social Care

- 3.1 Adult Social Care services are in place in order to ensure that the Council can meet its statutory duties to protect and support people that are vulnerable provided to ensure that people that need support get it in the right place and at the right time.
- 3.2 The Council has specific duties to ensure that people's needs are assessed in a timely manner. Following assessment, appropriate services are put in place to effectively support the person. A range of services must be in place to meet the needs of the local population and the market must be managed; the Council has duties to prevent market failure.
- 3.3 Adult Social Care must, in effect, provide personal and practical support to help people live their lives and to maintain their independence and dignity. There is a shared duty between the Government, local Councils and providers of services to make sure that people who need care and support have the choice, flexibility and control to live their lives.
- 3.4 There is a national level of care and support needs that all councils consider when they assess what help they can give. To qualify for support:
- Needs must arise from or are related to a physical or mental impairment or illness
 - As a result of those needs, the person is unable to achieve two or more outcomes in the areas listed below
 - As a result, there is, or is likely to be a significant impact on their wellbeing
- 3.5 The areas include:
- eating, drinking and preparing meals
 - personal care
 - being appropriately clothed
 - being able to make use of the home safely
 - running and maintaining the home
 - developing and maintaining family and other personal relationships
 - accessing and engaging in work, training, education or volunteering
 - making use of necessary facilities or services in the local community including public transport and recreational facilities
 - carrying out any caring responsibilities for a child

- 3.6 **See Corporate Risk No. 2** (details in Appendix 1): Failure to improve the quality of health and care services through integrated commissioning and delivery arrangements, could lead to demand continuing to increase, leaving the Council exposed to increased financial pressures in relation to meeting social care assessed need.
- 3.7 Although Care and Health systems have been organised separately due to national structures and legislation, many people experience both types of services when they need extra help and support, due to long-term illness or increasing old age and frailty.
- 3.8 Integrated care is about joining up the range of different Health and Social Care services so that people experience their support one seamless service, with their needs placed at the centre. People with long-term conditions require regular support, and the services should be easier to access as well as helping people to be as independent as they can be.
- 3.9 The approach we have taken is to ensure that people receive the right care, in the right place, at the right time. Bringing together all the different parts of the Health and Social Care system to provide better communication and information sharing, whilst reducing duplication and confusion for individuals, carers and staff.
- 3.10 20,000 people receive support from Social Care in Wirral each year; all of them go to the NHS for support as well. It is clear from listening to people's views that they do not want to go to the NHS for one part of their care, and the Council for the other. They want to experience more joined-up care.
- 3.11 The Council has a duty to integrate services wherever possible and to ensure that they are in the best shape to deliver care and support in the most effective way possible. There is no single blueprint that sets out how to integrate or a specific plan to follow nationally. Arrangements differ considerably across different Local Authorities and NHS areas.
- 3.12 Wirral undertook an in-depth transformation process to ascertain the best ways to integrate. This process involved the development of detailed business cases, the review of a range of options and presentation of those options and plans through formal Cabinet decision making processes.
- 3.13 It was agreed that joining up services and budgets would certainly help to keep the NHS more sustainable, and stronger locally. It would also help the Council to manage an under pressure Social Care resource.
- 3.14 The Section 75 Partnership Agreement enables integrated teams carry out all statutory assessment and support planning duties on behalf of the Council. These arrangements are closely performance and quality managed to ensure that people receive timely and appropriate assessment and support services.

- 3.15 In most cases services are now commissioned jointly between NHS and Social Care. The Better Care Fund, now valued at £58M, comprises of a set of services aimed to enable people to get back on their feet after illness and to maximise their independent living skills. It also supports some of the core costs of Social Care. This group of services is constantly reviewed and revised to offer the best support that we can purchase within the resources available. During this last year domiciliary care was re-commissioned in order to improve response times and the service capacity. It should be noted that demand for this type of support continues to grow and is currently running at a 16% increase over the last year which is impacting upon the budget overall.
- 3.16 **See Corporate Risk No. 9** (details in Appendix 1): Insufficient time and resource for preventative and upstream activity mean that outcomes for vulnerable people do not improve, resulting in demand for reactive services not reducing, or increasing.
- 3.17 Upstream activity relates to what can be put in place to enable people to keep as healthy and well as they can in order to continue to live independently without the need for intervention from public services.
- 3.18 It is recognised that the Council and Health partners could work much more closely with local communities and the voluntary sector to develop a much-improved localised response.
- 3.19 Care and Health have been working closely with Public Health and Primary Care to respond more locally at community level through neighbourhood working. It is widely acknowledged that collaboration through place-based delivery models offers the best opportunity for organisations to tackle the growing challenges that they are faced with. Similarly, for residents using services, they are often engaged with multiple organisations as well as various 'departments' within an organisation, who may or may not be working together or holistically. There are opportunities therefore for improving outcomes for people, creating sustainable services and enhanced customer experience through place-based service delivery transformation.
- 3.20 Voluntary sector services for low level interventions with people have included Community Connectors and Promoting Independence and care workers. They have provided evidence of how those interventions can significantly reduce demand for formalised Care and Health services. They do however require sustainable funding.
- 3.21 The neighbourhood programme is a place-based service delivery model integrating services to support residents to live the lives they want to and to support communities to help each other. To do this we have a programme to:
- Integrate local services responsive to local need.
 - Build services on assets of the community and intervene early in an emerging problem.
 - Embed person-centred approaches within the context of family and community.
 - Deliver services within the community, close to home from a flexible asset base.
 - Connect residents to the assets of the community, including community groups and the private sector.

- 3.22 Clearly, a key challenge is moving from this; being a Care and Health initiative and broadening out to whole Council and public sector partners.
- 3.23 **See Corporate Risk No. 11** (details in Appendix 1): The Council and its partners do not effectively manage their relevant safeguarding risks, leading to a safeguarding incident, resulting in harm to individuals and/or families, potential legal challenge, resident dissatisfaction and public scrutiny.
- 3.24 Wirral Council is part of an adults safeguarding partnership that runs on behalf of Liverpool City Region Authorities, CCGs, Probation, and Merseyside Police. Partners contribute to the cost of running the Merseyside Safeguarding Adult Board (MSAB), which is administered on behalf of them by Wirral staff.
- 3.25 The Board was constituted in order to offer comparison and research into what best practice looks like. Rather than for Wirral to work alone on safeguarding arrangements, understanding activity but not necessarily what good looks like. This was of course duplicated across a number of Authorities.
- 3.26 The Board is now well established and takes the strategic lead across Merseyside for adult safeguarding. Annual reports have shown the work of the Board in detail. It has improved relationships and has offered clear comparison in relation to performance and quality standards.
- 3.27 Good examples of this work include the ability to understand the findings of Safeguarding Adult Reviews and to learn from them. Performance data identified that Wirral was receiving far more initial enquiries than other area, and that a smaller percentage of these became full safeguarding investigations. This has allowed comparison and best practice review of arrangements for receiving safeguarding and other enquiries in Wirral.
- 3.28 The Board is about to enter into a Peer Review, run through the Local Government Association.
- 3.29 It is anticipated that the review will focus on the following questions;

Part One – How well has the MSAB met its original Aims and Achievements?

1. What activities has the Board undertaken to be assured that people are safe?
2. What value has the Board added?
3. How has the Board influenced the sharing of good practice and consistency across areas?
4. Are Board members challenged in the implementation of decisions made by the Board?
5. How do the voices of service users and front-line practitioners inform strategic decision making and the work of the Board?

Part Two – Benefits and Challenges / Local v Combined

1. How does the MSAB work for its partners? What are the Benefits and Challenges?
2. How do Board members balance the independent responsibilities of their agency roles and their role as a Board member?
3. How is the work of the Board communicated by Board members to local areas and used to influence local practice? And how are local issues highlighted to the Board?

- 3.30 The outcome of the Peer Review and any associated recommendations will be reported into each Local Authority.

4.0 FINANCIAL IMPLICATIONS

- 4.1 The Council currently spends a little over £150M on Adult Social Care Services. This cost is reduced down to around £100M, after income is taken into account. Adult Social Care spending is volatile as the cost to the Council is demand led.
- 4.2 If a person has more than £23,250 in savings and capital, they have to pay the full cost of any support required. For people with less than £23,250 in savings or capital, they are financially assessed to contribute towards the cost of their support.
- 4.3 Social care is therefore demand rather than budget led this does lead to budget volatility based on the statutory requirement to assess and meet people's needs. Cost and risk of Adult Social Care is therefore of central importance to the Council as it has the potential to impact across the whole Council.

5.0 LEGAL IMPLICATIONS

- 5.1 No new implications.

6.0 RESOURCE IMPLICATIONS: STAFFING, ICT AND ASSETS

- 6.1 Almost all our statutory Social Care services are now delivered through formal partnership with our key NHS providers in Wirral. This includes all our Social Workers for adults and for children with disabilities. They were transferred to the NHS to work in fully integrated teams with Nurse and Therapy colleagues. Staff however, retained their Council terms and conditions, including their pension rights.

7.0 RELEVANT RISKS

- 7.1 Risks identified within the Corporate risk register for Adult Care and Health are covered within this report; mitigations are to be explored through ARMC.

8.0 ENGAGEMENT/CONSULTATION

- 8.1 N/A. All appropriate matters in relation to policy and social care service structure have been consulted on as appropriate. A scrutiny workshop review of Integrated arrangements and proposed arrangements for 2020 was held on 30 October 2019.

9.0 EQUALITY IMPLICATIONS

- 9.1 N/A. No specific proposal.

10.0 ENVIRONMENT AND CLIMATE IMPLICATIONS

- 10.1 The content and/or recommendations contained within this report are expected to have no impact on emissions of CO2.

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APPENDICES

Appendix 1 - Detail extracted from Corporate Risk Register

REFERENCE MATERIAL

Corporate Risk Register.

SUBJECT HISTORY (last 3 years)

Council Meeting	Date