

CHESHIRE EAST COUNCIL

CABINET

Date of Meeting:	7 January 2013
Report of:	Cheshire East Safeguarding Adults Board
Subject/Title:	Personalisation, Quality and Safety for Vulnerable Adults in Cheshire East: a review of the coherence and effectiveness of current arrangements.
Portfolio Holder:	Cllr Janet Clowes

1.0 Report Summary

This report has been prepared by the LSAB (Local Safeguarding Adult Board) in response to the Notice of Motion introduced by Councillors Fletcher and Jones

- 1.1 The report's primary focus is on the Council's arrangements for Adult Protection and Commissioning but it also describes the complementary roles and responsibilities of the Care Quality Commission (CQC). It goes on to explain Personalisation as it becomes the central highway in the delivery of community care and how, within this Adult Social Care is seeking to ensure that personal safety is not compromised and that the advantages of having greater influence over more individualised support arrangements do not lead to significant additional risk.
- 1.2 The report concludes with commentary on the coherence, strengths and weaknesses of current arrangements in ensuring quality of care and the safety of vulnerable adults and makes recommendations

2.0 Decision Requested

- 2.1 That Cabinet receive the report on the Personalisation, Quality and Safety for Vulnerable Adults in Cheshire East: a review of the coherence and effectiveness of current arrangements
- 2.2 That Cabinet note the current position in relation to the recommendations made in the report.

3.0 Reasons for Recommendations

The following will provide Cabinet with an initial position and response to the recommendations set out in the report.

- 3.1 The Council should actively promote, as a matter of priority, evidence based commissioning and safeguarding of the kind that is beginning to emerge within Adult Social Care and encourage shared learning and competence building across all its departments.
- 3.2 The Council together with the Health and Wellbeing Board and the various strategic partnerships in Cheshire East should expect that publically funded local providers in all sectors become more outcome focused so that the public can be confident that local services for vulnerable adults are offering reliable, good quality person centred services that are efficient and effective.
- 3.3 The LSAB and the LSCB should set a positive example by setting strategic objectives with outcomes that can be measured and against which their effectiveness can be judged.
- 3.4 The LSAB should ensure that the work of its IIQA sub-committee on the analysis of the scale and nature of abuse, the performance review of Adult Protection practice and the development of valid outcome measures becomes one of the most important strands of the Board's work programme for 2012/13 and 2013/14.
- 3.5 The Board should expect that reports from partners such as those which are currently prepared annually describing the Safeguarding "landscape" in each agency will provide more quantitative information on performance and outcomes. More specifically CQC should also be expected, periodically to provide accounts of progress made in driving up standards across the local health and social services it inspects.
- 3.6 Adult Social Care should prepare a summary for the Board of the findings from the reflective reviews that it has under taken over the last 18 months following concerns about the health and safety of groups of vulnerable adults. The lessons being learned from similar reviews in the NHS and the independent and third sectors findings should also be requested on a regular basis.
- 3.7 The recent Adult Protection case audit review should be complemented by a wider "whole system" open learning event bringing together safeguarding practitioners from ASC's Individual and Strategic Commissioning divisions, providers from all sectors, CQC and community representatives to develop a rich picture of the realities of the system which this report describes as coherent and develop an action plan for its improvement.
- 3.8 We believe that a study should be commissioned to assess the viewpoints of and a cross section of service users and practitioners about the quality, safety and effectiveness of the services they receive. This would include

those with individual budgets, those waiting for this to be agreed and those whose arrangements are not likely to change in the short-term.

3.9 The resourcing of and Adult Safeguarding requires active monitoring and review in the light of increasing population demand and expectations.

3.10 The Board's new statutory status and responsibilities means that it will need to raise its public profile. This will need the active support of the Council and its members.

4.0 Wards Affected

4.1 All

5.0 Local Ward Members

5.1 All

6.0 Policy Implications

6.1 The recent Care and Support White Paper outlines the government's vision for personalisation.

6.2 Personalisation is leading to significant change in how services are purchased, increasingly through individuals directly whether through personal funds or if eligible through the allocated resources of Social Care or Health Services. It is anticipated that this approach could be applied to both Residential and Nursing Care.

7.0 Financial Implications (Authorised by the Borough Treasurer)

7.1 That the Council's Medium Term Financial Strategy (MTFS) informs any strategic proposals taken forward by Cabinet and their Officers. The development of the MTFS for 2013/14 and beyond will incorporate any financial implications arising from the above recommendations, once they have been fully quantified.

8.0 Legal Implications (Authorised by the Borough Solicitor)

8.1 The personalisation agenda moves away from the traditional commissioning model where the Council enters into contracts with Service Providers for the benefit of Service Users. When individuals enter into contracts directly the Council loses the ability to monitor and review performance. It is possible for the Council to maintain an element of control over the service delivery if it chooses to procure and then sign post service users to approve/selected providers. This way the terms of the contracts can be pre agreed.

8.2 Reference is made to Partnerships with other agencies. Partnership agreements should be signed. Monitoring provisions and reporting need to be agreed at the outset.

- 8.3 The drive to improve the quality of service provision, to increase awareness of safeguarding concerns, to respond to those concerns and monitor those responses will be challenging in the current economic climate where there is considerable pressure on the Council, its partner agencies and providers alike, to achieve efficiencies where ever possible. Robust partnership agreements and will enable these conflicting pressures to be shared equally between all agencies and ensure closer working going forward.
- 8.4 The new Health and Social Care Act 2012 sees the creation of the new national and local health watch and the new statutory health and wellbeing boards which will assist in the quality monitoring of services to adults and the safeguarding of vulnerable service users.

Local Healthwatch

- A local Healthwatch will be an independent organisation, able to employ its own staff and involve volunteers, so it can become the influential and effective voice of the public. It will have to keep accounts and make its annual reports available to the public.
- The Local Healthwatch will enable people to share their views and concerns about their local health and social care services. It will provide people with information about their choices and what to do when things go wrong.
- Local Healthwatch will provide authoritative, evidence-based feedback to organisations responsible for commissioning or delivering local health and social care services.
- Local Healthwatch will be funded by local authorities and held to account by them for their ability to operate effectively and be value for money and will be able to alert Healthwatch England to concerns about specific care providers.

Health Watch England

- Healthwatch England will be a national body that enables the collective views of the people who use NHS and social care services to influence national policy, advice and guidance. It will be a statutory committee of the Care Quality Commission (CQC) with a Chair who will be a non-executive director of the CQC. It will have its own identity within the CQC, but be able to use the CQC's expertise and infrastructure. Healthwatch England will be funded as part of the Department of Health's grant in aid to the CQC.
- Healthwatch England will provide leadership, guidance and support to local Healthwatch organisations.
- Healthwatch England will provide advice to the Secretary of State; NHS Commissioning Board, Monitor and the English local authorities and they must have regard to that advice.

- Healthwatch England will be able to escalate concerns about health and social care services raised by local Healthwatch to the CQC.
- There will be a requirement for the CQC to respond to advice from Healthwatch England.
- Healthwatch England will have a strong principle of continuous dialogue with local Healthwatch, keeping communication lines open and transparent. This will facilitate Healthwatch England's responsibility to provide national leadership and support.
- The Secretary of State for Health will be required to consult Healthwatch England on the mandate for the NHS Commissioning Board.
- Healthwatch England will be required to make an annual report to Parliament.

8.5 Further if the new Health and Social Care Bill becomes an Act, which is thought will happen sometime in 2015. This will put Adult safeguarding boards on a statutory footing and consolidate existing adult social care legislation into a single act enabling further standardising the provision of adult social care across England (Wales).

9.0 Risk Management

9.1 The inherent risks within this document would be if the actions outlined are not completed or the action plan lacks political will and motivation to drive safeguarding.

9.2 The risk management of the actions contained within the report will be integrated into the work/business plan of the LSAB. The LSAB will analyse and evaluate these risks on a continuing basis.

10.0 Background and Options

The background papers relating to this report can be inspected by contacting the report writer:

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