

REPORT TO: Health Policy and Performance Board
DATE: 10 March 2015
REPORTING OFFICER: Strategic Director, Communities
PORTFOLIO: Health & Wellbeing; Community Safety
SUBJECT: Safeguarding Adults update
WARD(S) Borough-wide

1.0 PURPOSE OF THE REPORT

1.1 To update the Board on key issues and the progression of the agenda for safeguarding 'vulnerable adults' (i.e. adults at risk of abuse) in Halton. This report outlines for the Board an analysis of financial abuse arising from the use of Direct Payments.

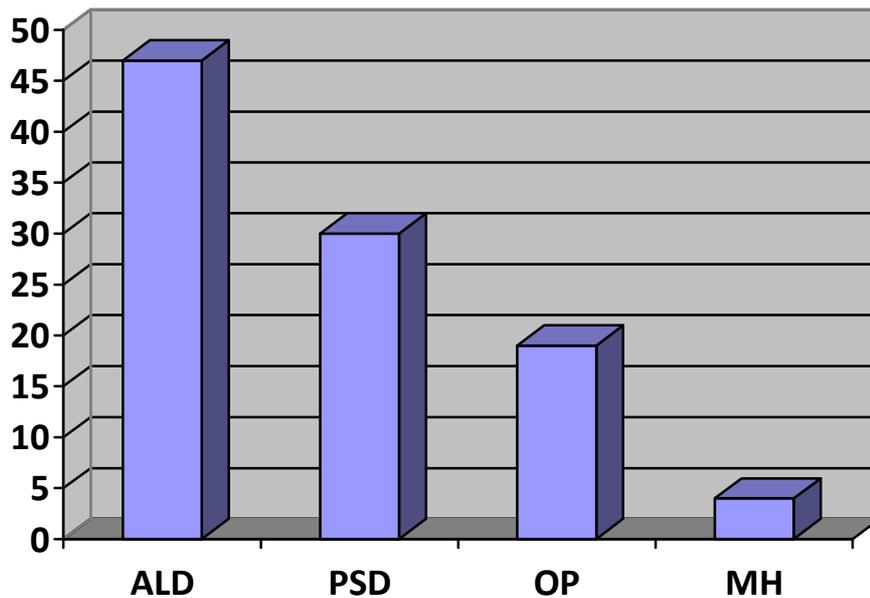
2.0 **RECOMMENDATION: That the Board note the contents of the report.**

3.0 BACKGROUND INFORMATION

3.1 One of the biggest shifts in social care over recent years has been the rise of 'personalisation' also known as 'self-directed support'. Instead of directly providing services, councils give cash payments directly to individuals to make their own care arrangements. The advantage of this is to increase individual's independence by giving people more choice, flexibility and control over the way services they receive are delivered. Direct payments are cash payments made in lieu, either fully or partly, of services from local authority social services.

3.2 As the personalisation agenda has grown it has expanded to include personal budgets, which are an allocation of funding given to users after a social service assessment of their needs. Users can either take their personal budget as a direct payment, leave councils with the responsibility to commission the services or they can have a combination of the two. Since October 2014 this has been further developed to include personal health budgets. This has been a duty placed on Councils since 2009 and is included in the Care Act 2014.

3.3 In Halton the numbers of people in receipt of a direct payment has increased from 311 in 2011/12 to 415 to date, representing an increase of 33%. In Halton there are more adults with learning disabilities receiving direct payments than any other client group. Of these people we have had no incidents of reports of financial abuse due to the use of direct payments.



3.4

There are stringent thorough procedures in place for all direct payment applications and subsequent payments are subject to monitoring by the Direct Payments Team (DPT) in accordance with CIPFA guidelines. Any discrepancies are thoroughly investigated. The whole process is also subject to internal audit review as part of the risk assessed audit plan.

The sums involved in direct payments can be significant. The main risks associated with direct payments are:

- Person controlling the direct payment account not using the money to pay for the care of the vulnerable adult;
- Family member gaining access to the direct payments account and misappropriating the money so that care costs could not be paid;
- False or exaggerated claims of care requirements which would include a person falsely claiming that they require care, using false identities or exaggerating the amount of the care that they require;
- Fraud perpetrated directly against the service user by someone managing their funds which would include misappropriation of funds made by way of direct payment to the service user, perhaps by a family member or other trusted person; and
- Fraud perpetrated by the provider of the care commissioned directly by the service user which might include under provision of services (e.g. not providing the hours of care contracted for), over-charging for services provided and duplicate invoicing to multiple invoices to local authorities.

3.5

The audit monitoring process in Halton is robust and limits the opportunity for fraud. Every person receiving a Direct Payment has a face to face audit monitoring visit twice yearly (in some instances this is quarterly). The benefit of these visits also allows the DP Officer to talk to the Client or Suitable Person managing the direct payment and to discuss in detail anything that causes concern to either party. If the

- 3.6 client feels that they need re-assessing or circumstances have changed, the DP Officer can then refer back to the Care Management Team accordingly.

DP clients need to keep detailed records, which are outlined in the Personal Budget/Personal Health Budget Agreement, including original invoices/receipts, original bank statements and each DP Officer receives detailed accounts including payroll information from each payroll company the client uses, to enable a detailed audit to be completed.

- 3.7 Part of the managed account audit monitoring process is to check invoices. Because the Client is not paying the invoice directly, the 3rd party Managed Account Provider is, there is a risk that hours of care provided could be inflated. Therefore to mitigate this risk, the DP Officer checks the hours against the support plan, and if the hours claimed exceed the hours in the support plan, this is thoroughly investigated with the agency/Personal Assistant and Care Management. Care Management Teams are aware of the stringent monitoring arrangements in place and regularly contact the DP Officers prior to reviewing a client's support plan to check that there are no issues from an audit perspective.

- 3.8 There is no single risk factor involved with financial abuse and when this type of abuse occurs it is extremely difficult to rectify. Preventative measures and public awareness are key factors to reducing this threat. Halton's Safeguarding Adults Board has recently requested a task and finish group be established with key partners to develop a toolkit to support staff in improving the safeguarding response to protect vulnerable people. The toolkit will cover preventative measures and guidance on how to signpost victims or potential victims to the appropriate support and advice.

- 3.9 The Safeguarding Unit is also working with the Marketing, Design and Communication department to refresh its safeguarding materials and devise a campaign for raising public awareness. Halton's Adult Safeguarding Board will continue to monitor the figures for financial abuse within Halton.

4.0 **POLICY IMPLICATIONS**

- 4.1 A review of all existing policies and procedures will be completed in light of the Social Care Act 2014.

5.0 **OTHER/FINANCIAL IMPLICATIONS**

- 5.1 None identified.

6.0 **IMPLICATIONS FOR THE COUNCIL'S PRIORITIES**

6.1 **Children & Young People in Halton**

The Safeguarding Adults Board (SAB) membership includes a Manager from the Children and Enterprise Directorate, as a link to the Local Safeguarding Children Board. Halton Safeguarding Children Board membership includes adult social care representation. Joint protocols exist between Council services for adults and children.

The SAB chair and sub-group chairs ensure a strong interface between, for example, Safeguarding Adults, Safeguarding Children, Domestic Abuse, Hate Crime, Community Safety, Personalisation, Mental Capacity & Deprivation of Liberty Safeguards.

6.2 **Employment, Learning & Skills in Halton**

None identified.

6.3 **A Healthy Halton**

The safeguarding of adults whose circumstances make them vulnerable to abuse is fundamental to their health and well-being. People are likely to be more vulnerable when they experience ill health.

6.4 **A Safer Halton**

The effectiveness of Safeguarding Adult arrangements is fundamental to making Halton a safe place of residence for adults whose circumstances make them vulnerable to abuse.

6.5 **Halton's Urban Renewal**

None identified.

7.0 **RISK ANALYSIS**

7.1 Failure to address a range of Safeguarding issues could expose individuals to abuse and leave the Council vulnerable to complaint, criticism and potential litigation.

8.0 **EQUALITY AND DIVERSITY ISSUES**

8.1 It is essential that the Council addresses issues of equality, in particular those regarding age, disability, gender, sexuality, race, culture and religious belief, when considering its safeguarding policies and plans. Policies and procedures relating to Safeguarding Adults are impact assessed with regard to equality.

9.0 **LIST OF BACKGROUND PAPERS UNDER SECTION 100D OF THE LOCAL GOVERNMENT ACT 1972**

9.1 None under the meaning of the Act.