



GPs at the Deep End

Pioneer Scheme Day-release programme

Wednesday 13th September 2017

Horselethill Road, Glasgow

Adult Support and Protection in the Deep End

With Maggie Hart, Service Manager, Glasgow City HSCP

Legislation

- *Community care act (2002)* introduced free personal care for older people, regardless of income or whether they live at home or in residential care and created rights for informal or unpaid carers, with the intention of providing adequate support services to ensure the continuation of care-giving in the community
- *Self-directed support legislation (2013)* introduced eligibility criteria to target need with limited resources and allows people to choose how their support is provided to them by giving them as much ongoing control as they want over the individual budget spent on their support.
- Most legislation duties come from council level as these pre-dated HSCPs, though some parts are delivered via HSCP.

Funding History in NHSGGC

Money for social care was tied up in learning disability buildings/hospitals (e.g. Lennox Castle) so there were a lot of closures to meet new need (not much money from government). Renting out or selling the spaces of these buildings released money and allowed increased input from the voluntary sector. E.g. Sense Scotland day centre, Fair Deal (parents group)

Vulnerable adults

- Many factors contribute to a person's vulnerability e.g. poverty, illness, disability, addiction
- Not every person with a disability or illness is vulnerable just as not every vulnerable person has a disability
- Newer risks are being identified as vulnerability to radicalisation, FGM, forced marriage, and trafficking. There has therefore been an increase in legislation to improve safeguards
- A focus on risk can be more helpful in deciding with whom, when and how to intervene

Assessing need for supports (community care assessment)

Eligibility criteria key areas:

1. Personal care
2. Social relationships
3. Employment/training or meaningful activities (voluntary)
4. Running and maintaining a home
5. Staying safe (this part of assessment is used to direct the budget)
6. Risks to others
7. Parenting e.g. MS/MND

Support resources:

- Personal skills and attributes
- Informal support networks
- Practical aids and adaptations including assistive technology
- Community supports and services e.g. sports centres
- Purchased services
 - Home care or one to one support
 - Day services and employment/educational opportunities
 - Accommodation with support (on call/sleepover/waken)
 - Residential/nursing home

Social Care Direct is the first point of contact. Following assessment, patients are divided into:

- Low level need/risk: signposted to other services or community activities (e.g. community connectors inclusion officers for MH/LD, help develop “soft skills”)
- Moderate need/risk

Carers centre – low level, softer, longer term input and advice

Carers team for more complex cases

Informal support and unpaid carers

- Estimated 10% of a practice population are carers
- Estimated value of carer hours in UK is ~£132 billion
- Impact on carer wellbeing is significant and they report:
 - 86% anxiety depression
 - 70% back or shoulder pain
 - 34% exhaustion
 - 54% isolation

There are no emergency respite beds in NHS GGC. Nursing homes are privately run and so economically not worth it as could be empty or cancelled. The local authority has closed most of their own beds with over 65s with dementia entitled to up to 14 days respite per year, if built into care plan. There are LD respite only units within Glasgow where a patient can spend up to 28 days per year but if crisis then only luck if bed available, can be placed anywhere across Scotland short term. There is however crisis home care support available via the carers team for up to 6 weeks to facilitate an assessment of need.

Safeguarding adults at risk

The 3-point test of adults at risk are adults (>16 years) who

1. Are unable to safeguard their own well-being, property, rights or other interests
2. Are at risk of harm *and*
3. Because they are affected by disability, mental disorder or physical or mental infirmity are more vulnerable to being harmed than other adults who are not so affected

Most ASP referrals are from police (50%), then neighbours (20%) and care providers (15%). 3% of referrals come from primary care. This legislation is for people who are deemed to have capacity and can therefore stop the process at any time.

There is Scottish Government guidance on involvement of GPs in Multi-Agency Protection Arrangements: <http://www.gov.scot/Topics/Health/Support-Social-Care/Adult-Support-Protection/Resources/GPGuidance>

Duties and principles

Information must be given if asked from a GP under section 5, but can be in the form of a brief summary/letter rather than full report unless the case is going to court. Another member of the primary care team can also provide information by attending the case conference.

Resources and information

Carers information line 0141 353 6504

- Mon- Fri 9am – 5pm
- For use by staff/patients/carers
- info@glasgowcarersinformation.org.uk

NHSGGC Public health resource directory – PHRD

- For leaflets/posters/cards
- www.phrd.scot.nhs.uk

Carers UK report

<https://www.carersuk.org/for-professionals/policy/policy-library/in-sickness-and-in-health>

The Advocacy project, Cumbrae House, 15 Carlton Court, Glasgow, G5 9JP

<http://www.theadvocacyproject.org.uk/contact/>

- By phone on **0141 420 0961**
- By email at enquiry@theadvocacyproject.org.uk