



**Walsall Council**

## **Local Account for 2016/17**

# Contents

Foreword.....	3
Introduction .....	4
Walsall: Population and Deprivation .....	4
Walsall Population and Workforce Facts and Figures 2017 .....	7
Adult Social Care Outcomes Framework .....	10
How Does Walsall Spend its Money?.....	11
Independence, Choice and Control.....	13
Prevention.....	14
Assistive Technology .....	16
Services for Older People.....	19
Living with Dementia .....	21
Disability Services.....	22
Supported Living .....	23
Autism .....	26
Sensory Services.....	27
Adult Mental Health Services .....	29
Carers Services .....	30
Complaints and compliments .....	31
Adult Safeguarding.....	32
Priorities for 2017/18.....	34

# Foreword

## **FOREWORD BY COUNCILLOR COUGHLAN, PORTFOLIO HOLDER**

This Local Account covers a period of change and austerity as the Adult Social Care service resolved structural, budget and other issues in 2016/17. As Walsall Council has to save £86 million over the next 4 years, we will have even less money to deliver Adult Social Care, but I want to reassure the people of Walsall we will still be meeting their assessed social care needs. Changes in how we deliver services are inevitable. We will fully consult on all proposed changes as we want to hear what local people have to say. We want service users, Carers and the public to help us shape Adult Social Care so we will be financially sustainable for the future, whilst still meeting the needs of our disabled and vulnerable residents.

## **INTRODUCTION FROM PAULA FURNIVAL, EXECUTIVE DIRECTOR, ADULT SOCIAL CARE**

This is the fifth Local Account of Adult Social Care to be published by Walsall Council. It provides a summary of the wide range of support and care that Walsall Council provides itself, or commissions through independent and private providers. This Local Account covers the previous year 2016/17, when there continued to be sustained pressure from demand and from limited financial resources.

Notwithstanding these pressures, there are considerable achievements in meeting local residents' essential needs, and with good levels of satisfaction feedback by service users and their Carers. These achievements are in part attributable to the committed and stable Adult Social Care workforce in the Council, and the positive relationships the Council has with partners such as the NHS Trusts, the Walsall Clinical Commissioning Group, housing and voluntary organisations.

There are areas for improvement highlighted in this Local Account which have informed the priorities for the current year, 2017/18. These priorities are outlined and will be reported upon in the next Local Account. Further changes to deliver upon Council priorities and new legislation are inevitable – we need to engage with local people on how best to deliver sustainable Adult Social Care.

Comments, feedback and suggestions on how to improve the reporting of the Council's performance in Adult Social Care based on this Local Account are welcome.

# Introduction

The Local Account 2016/17 is the Annual Report for Walsall Council's Adult Social Care Directorate. Its message is simple; it tells you, our citizens and customers, about what we have done on your behalf in the last 12 months. Some of the detail in this report has come from direct feedback from you; whether it is from organised consultation exercises or just from direct communication. This document will inform you about our delivery and it will highlight our priorities for 2017/18.

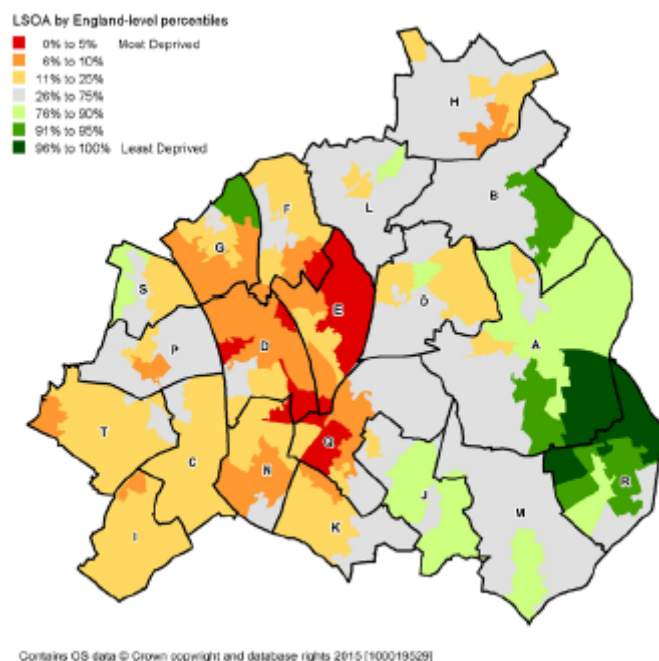
This document is set out in easy to read sections. It highlights the different services we provide to each group of vulnerable adults within our communities. It begins with our preventative services and explains how we have supported service users, Carers and families. It shows how we have safeguarded people and also shows how we have developed many initiatives with our partners to ensure the people of Walsall get the best outcomes for themselves.

One of the biggest challenges for Local Authorities is the onset of new legislation. The Care Act and Children and Families Act both came into force in 2014, and have changed the way in which we deliver Adult Social Care. A lot of our time and energy in 2016/17 went into getting the infrastructure right for the future.

## Walsall: Population and Deprivation

Walsall's overall population is predicted to increase over the next 10 years by 5.1% from 270,900 in 2012 to 284,700 in 2022. In addition to this, Walsall's older population (those aged 65 and above) is also predicted to increase by 13.8%, with the number of people 85 years and older increasing from 47,200 in 2012 to 53,700 in 2022. Planning to meet the needs of a growing number of older people must be incorporated within key strategic priorities in Walsall.

Walsall also has a culturally-mixed population. People of Indian, Pakistani and Bangladeshi background form the largest minority ethnic groups in Walsall. The number of Non-UK Born residents in Walsall has increased by 3.7% (or 9,859 people) between the 2001 and 2011 censuses. Walsall now has a small Eastern European population who make up about 1% of the area residents (2,681 people in total). Access and the appropriate provision of services depend upon a well-informed understanding of the specific needs of these different communities.



The Indices of Multiple Deprivation 2015 (IMD) is a Lower Level Super Output Area (LSOA) measure of deprivation and is made up of seven domain indices: income, employment, health and disability, education skills and training, barriers to housing and services, living environment and crime. Developed by the Department for Communities and Local Government (DCLG), it is a nationally-recognised measure across England and Wales. The indices are based on the concept that deprivation consists of more than just poverty; so while poverty is related to not having enough money to live on, deprivation refers to a much broader lack of resources and opportunities.

In 2015, Walsall ranked as the 33<sup>rd</sup> most deprived of the 326 Local Authorities in England. This is a slight improvement since the last data release in 2010, where Walsall ranked 30<sup>th</sup> out of 326. The borough fares particularly badly in terms of income and employment deprivation and performs the worst on the education, skills and training deprivation domain, with an average score that ranks it as the 12<sup>th</sup> most deprived local authority in England.

Within Walsall, there is considerable variation in the levels of deprivation experienced in neighbourhoods across the borough. Figure 1 shows deprivation relative to England overall, highlighting the most deprived and least deprived LSOAs in the borough in 2015.

There are pockets of extreme deprivation in some areas and a fifth of neighbourhoods (34 out of 167 LSOAs) are amongst the most deprived 10% in England. However, this is an improvement from 2010 when 41 LSOAs were highly deprived, and similar to 2007 when there were 33. These highly deprived LSOAs are located primarily in Blakenall, Birchills Leamore, Pleck, St Matthew’s and Bloxwich East and West wards. Darlaston and South Willenhall also have very widespread multiple deprivation.

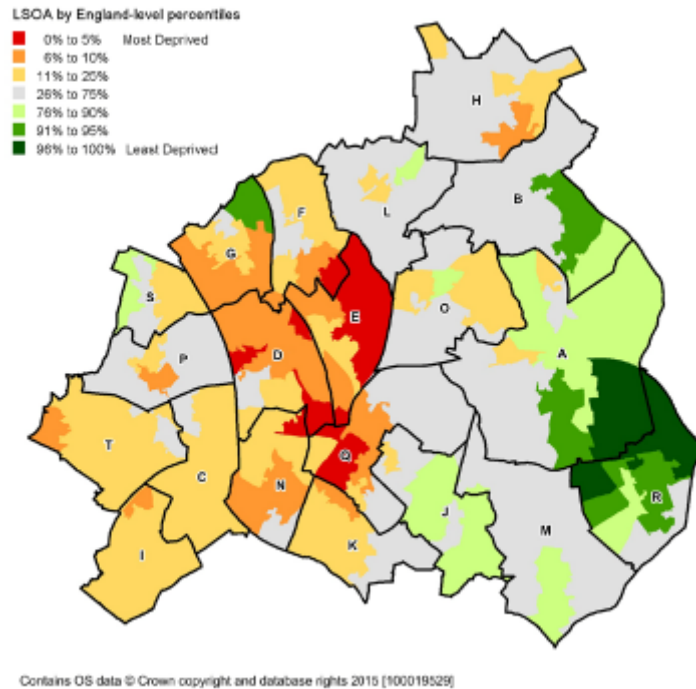


Figure 1 IMD 2015 by England-level percentiles

Using the DCLG’s method to calculate deprivation scores by ward, ranked for Walsall, these scores show that Blakenall remains the most deprived ward overall, while Streetly is the least deprived.

Ward	2015 Rank	Average IMD Score	England Decile	2010 Rank	Map Key
Blakenall	1	52.9	1	1	E
Birchills Leamore	2	48.1	1	2	D
Pleck	3	44.0	2	3	N
Bloxwich East	4	41.4	2	4	F
Darlaston South	5	39.9	2	5	I
St Matthew's	6	38.9	2	8	Q
Bentley & Darlaston North	7	38.3	2	7	C
Palfrey	8	37.6	2	6	K
Willenhall South	9	37.4	2	9	T
Bloxwich West	10	35.0	2	10	G
Brownhills	11	26.7	4	11	H
Short Heath	12	24.5	4	13	P
Willenhall North	13	23.8	4	14	S
Rushall-Shelfield	14	23.5	4	12	O
Aldridge North & Walsall Wood	15	17.8	5	15	B
Pelsall	16	17.4	5	16	L
Aldridge Central & South	17	13.9	6	17	A
Paddock	18	13.8	7	18	J
Pheasey Park Farm	19	11.6	7	19	M
Streetly	20	5.5	10	20	R

# Walsall Population and Workforce Facts and Figures 2017

Walsall Council Adult Social Care directly supported 3,592 customers in 2016/17

61% are FEMALE 39% are MALE  
63% have a Physical Disability  
10% have a Mental Health diagnosis  
19% have a learning disability  
0.02% have been treated for substance misuse

28.1% are 18-64  
12% are 65-74  
24.3% are 75-84  
35.6% are over 85

## Employment Monitoring Summary 2016-2017 Adults Social Care

The demographics of the population in Walsall are as follows;

	Census 2011 Walsall Working Age Residents (age 16-74)	Walsall Council	Adults Social Care
<b>Male/Female split</b>	49% Male 51% Female	30.83% Male 69.17% Female	16.92% Male 83.08% Female
<b>Minority Ethnic</b>	23%	18.82%	19.96%
<b>Disabilities</b>	10% (different definition)	3.82%	6.27%

Adults Social Care headcount has reduced year on year, from 584 in 2015/16 to 526 in 2016/17, which is a reduction of 11.02% since 31 March 2016.

Detailed below are some points for consideration regarding the profile of the workforce:

## **Gender**

The % of female workers in Walsall Council has consistently remained higher than the % of male workers (69.17%). The % also remains high within ASC (83.08%) showing an underrepresentation in male workers (16.92%). There has been an increase in the female workforce of the Council 0.78% which would mean a slight decrease in the male workforce across the council.

In ASC the % split of all males classed as part time workers (12.36%), this is an increase of 1.75% on last year's figure (10.61%), females classed as part time workers (44.85%) is higher in proportion in comparison to the council workforce and has remained static since the same time 12 months ago.

- **Pay by Gender**

The % of female workers remains fairly stable in comparison to the same period 12 months ago in that % fluctuates as below;

- Grade 5 and below, 87.59% an increase from 85.15% in 2015/16
- Grade 6-9, 80% an increase from 77.14% in 2015/16
- Grade 10-13, 70.97% an increase from 66.67% in 2015/16
- Grade 14 and above, 50% remain static 50% in 2015/16

## **Minority Ethnic**

The % of minority ethnic workers within ASC has slightly increased from 15/16 (19.35%) to 19.96% in 16/17. 2.85% of staff have chosen not to state their background which is an increase from 2.23%. A further 0.57% preferred not to state their ethnic group which is a slight increase from 0.51% in the same period 12 months ago.

The total ME workforce for the council has increased from 18.46% in 15/16 to 18.82% in 16/17.

- **Pay by Minority Ethnic**

The highest proportion of employees from a minority ethnic group across the council by grade banding remains within the Grades 6-9 banding (23.14%) followed by Grades 10-13 banding (20.12%). This does reflect within ASC for 6-9 grades but the second highest banding is within Grade 14 and above. The proportion of minority ethnic employees is as follows;

- Grade 5 and below is 13.10% which is a decrease from last year's 13.33% headcount.
- Grade 6-9 is 30.77% which is an increase from last year's 30.48% headcount.
- Grade 10-13 is 16.13% which is an increase from last year's 11.11% headcount.



- Grade 14 and above is 20% which is an increase from last year's 12.5% headcount. This is moving in right direction.

### **Disability**

The % of workers within ASC who have a disability has reduced from 7.71% to 6.27%; however this remains the highest within the Council. It is important to emphasise that 7.22% employees have chosen not to state whether they have a disability or not, which is lower than last year by 7.53%.

3.82% of the total workforce in the council have declared a disability; compared to 4.4% in 15/16.

### **Disability and Pay**

The data shows the following % of workers with a disability in different pay bands in comparison to last year;

- Grade G5 and below – 5.86% a decrease from 6.97% last year
- Grade G6-G9 – 7.18% a decrease from 9.05% last year
- Grade 10-13 – 6.45% a decrease from 8.33% last year
- G14 and above – 0% remains static 0% last year.

### **Age**

In Adult Social Care the % of under 25 employees has increased from 1.03% to 1.14% from the same period 12 months ago.

The highest proportion of employees are in the age bracket 50-54 (22.62%) followed by (17.87%) in the age bracket 45-49. Over 65's have increased from 0.86% to 1.33%.

### **Pay by Age**

Whilst recruiting and retaining young people remains an issue the direction of travel remains positive and any work on apprenticeships in the future will be productive.

### **Religion & Sexual Orientation**

There is a continued reluctance from the workforce to disclose their religion or belief and their sexual orientation.

37.07% of staff within ASC have stated their religion, 1.71% prefer not to say and 61.22% not stated. This appears to be the highest proportion across each directorate within the council. In comparison to last year this is a slight improvement as 35.27% of staff stated their religion; this is an increase of almost 2%

In terms of sexual orientation 46.74 % of all council employees have chosen to state their sexual orientation, which is a slight increase from 44.37 % in the same period last year. Lack of reporting still remains an issue for the council as a whole in that 22.05% of staff prefer

not to say has increased by 0.59% although the % of employees who have chosen not to disclose information has decreased by 2.96%.

In terms of sexual orientation within the Adult Social Care directorate employees that have stated prefer not to say has decreased by 0.47% compared to the % at the same time last year. There has been a decrease (2.89%) of employees not stated their sexual orientation compared to the % at the same time last year.

### **Disciplinary & Grievance Cases**

*Please note: This information is not broken down by Directorate*

The number of grievance cases has reduced by 28.5% from 7 new cases in 15/16 to 5 new cases in 16/17. It is worth noting however, that the grievances submitted were 1 (25-29), 1 (40-44), 2 (50-54) and 1 (55-59), 2 from ME workers, 3 from White British and none were from disabled employees, although 1 had no disability disclosure.

The number of disciplinary cases has reduced by 12% from 25 new cases in 15/16 to 22 new cases in 16/17. 59.09% of new disciplinary cases involved White British employees; this is a decrease from 72% in 15/16 by 12.91%.

### **Recruitment**

Recruitment monitoring data shows that 44% of all applications received by Adult Social Care are minority ethnic applications received by the Council were in ASC. 49% of all shortlisted applicants within Adult Social Care were minority ethnic shortlisted which is proportionate with the demographics of the local population. 33% of all appointed candidates were minority ethnic candidates. This is an increase from the same period 12 months ago.

6% of applicants classified themselves as having a disability. 4% of all shortlisted candidates classified themselves as having a disability and 0% appointed. This is a reduction compared to the same period of 12 months ago.

The data indicates that the ASC are able to attract young people (16-18 age band) to apply for jobs. 11% 19-25 year olds applied for jobs in ASC. Of all those shortlisted 10% were 25 years old or under and of all those appointed 17% were 25 years old or under.

## **Adult Social Care Outcomes Framework**

The Adult Social Care Outcomes Framework helps you to look at how well your Local Authority is performing (against key Adult Social Care measures) in comparison with neighbouring authorities or authorities with similar populations.

The Framework was announced in 2011 and during subsequent years all Local Authorities have been benchmarked and measured against their key performance areas. 2016/17 will be the fifth full measurement year.

Walsall performed really well in some areas during 2016/17. Permanent admissions to residential care, for younger adults, (below 65) was the second lowest regionally and older adults (65 and over) were one of the lowest in the local comparator group.

The total proportion of older people (65 and over), who are still home 91 days after leaving hospital to go into rehabilitation/reablement services has continued to improve.

Walsall along with all Local Authorities has found it challenging to manage delayed transfers of care; however, Walsall is still the third lowest in the regional group.

Walsall is the leading Local Authority in the regional group for the proportion of younger adults with a Learning Disability living in their own home or with their parents; this has remained stable at 85%. This trend was reflected across younger adults needing mental health support which had an out turn of 90.8%.

Following a survey of Adult Social Care service users, 80% of people felt safe and secure compared to a regional minimum of 79% and a maximum of 93%.

The proportion of people with a Personal Budget has increased from 91.35% to 97.33% and is progressing steadily towards the target of 100%. In addition to this, 31.42% are now in receipt of a direct payment, reflecting that more people are choosing to be in control of the care and support they receive.

Overall Walsall continues to do some things really well compared to the local group. This will further improve throughout 2017/18.

## How Does Walsall Spend its Money?

The council is facing a challenging financial outlook with savings of £85m required over the 4 year period 2016/17 to 2019/20. This is on top of reductions to grant funding over the last 5 years. During year 1 and year 2 of the previous 5 year period, Adult Social Care contributed a significant sum (circa 50%) of the overall savings implemented, being the highest net spender in the council (representing 35.78% of the Council's Net service expenditure). Whilst continuing to contribute savings in the other 3 years, these were somewhat protected, with 25% of the council's savings being found within Adult Social Care.

We have spent:

- £5.2 million on universal preventive services such as community alarms, carers, safeguarding, tele-health/equipment and services provided by voluntary organisations

- £2.9 million on In-house services which include intermediate care, day care, respite care and employment support
- £10.6 million on Assessment and Care Management and their support and business services
- £61.8 million on commissioned services from the private and voluntary sector to meet people’s longer-term needs
- £10.0 million income has been collected from customers via their contributions to the cost of their services

Council gross budgeted spend and Adult Social Care budgeted spend

<b>Year</b>	<b>Council budgeted gross expenditure £m</b>	<b>Adult Social Care budgeted gross expenditure £m</b>
<b>2012/13</b>	663.35	108.20
<b>2013/14</b>	627.23	104.31
<b>2014/15</b>	633.90	102.53
<b>2015/16</b>	643.22	97.80
<b>2016/17</b>	617.88	103.82

Adult Social Care budgeted spend over the last 5 years

<b>Area</b>	<b>2012/13 £m</b>	<b>2013/14 £m</b>	<b>2014/15 £m</b>	<b>2015/16 £m</b>	<b>2016/17 £m</b>
Older People	64.17	53.84	51.48	50.32	52.90
Physical Disabilities	6.71	7.29	8.11	6.72	8.57
Learning Disabilities	29.61	31.49	32.63	31.60	33.14
Mental Health	7.71	11.69	10.31	9.16	9.21
<b>TOTAL</b>	<b>108.20</b>	<b>104.31</b>	<b>102.53</b>	<b>97.80</b>	<b>103.82</b>

## Savings and efficiencies

Due to the global economic crisis and the impact of public austerity, the council has less money to spend in Adult Social Care. Between 2012/13 and 2016/17, a total of £27.182m savings were achieved by Adult Social Care: £7.155m for 2012/13; £3.338m for 2013/14, £6.691m for 2014/15, £4.424m for 2015/16 and £5.575m in 2016/17.

Over the next 3 years (2017/18 to 2019/20) the council will have to achieve further savings to meet the 2016/17 to 2019/20 period target of £85m. Adult Social Care will work with Cabinet and corporate colleagues to meet the Council's priorities within agreed resources. In the coming months a draft budget will be developed for discussion by Cabinet and consulted with the public.

## Investment

Whilst there have been a significant level of savings within the Adult Social Care budget, there has been an increase in the approved budget to allow for inflation (contractual) and service cost pressures totalling £16.402m over the 5 years 2012/13 to 2016/17.

Year	£m
2012/13	2.802
2013/14	1.437
2014/15	2.643
2015/16	0.561
2016/17	8.959
<b>Total</b>	<b>16.402</b>

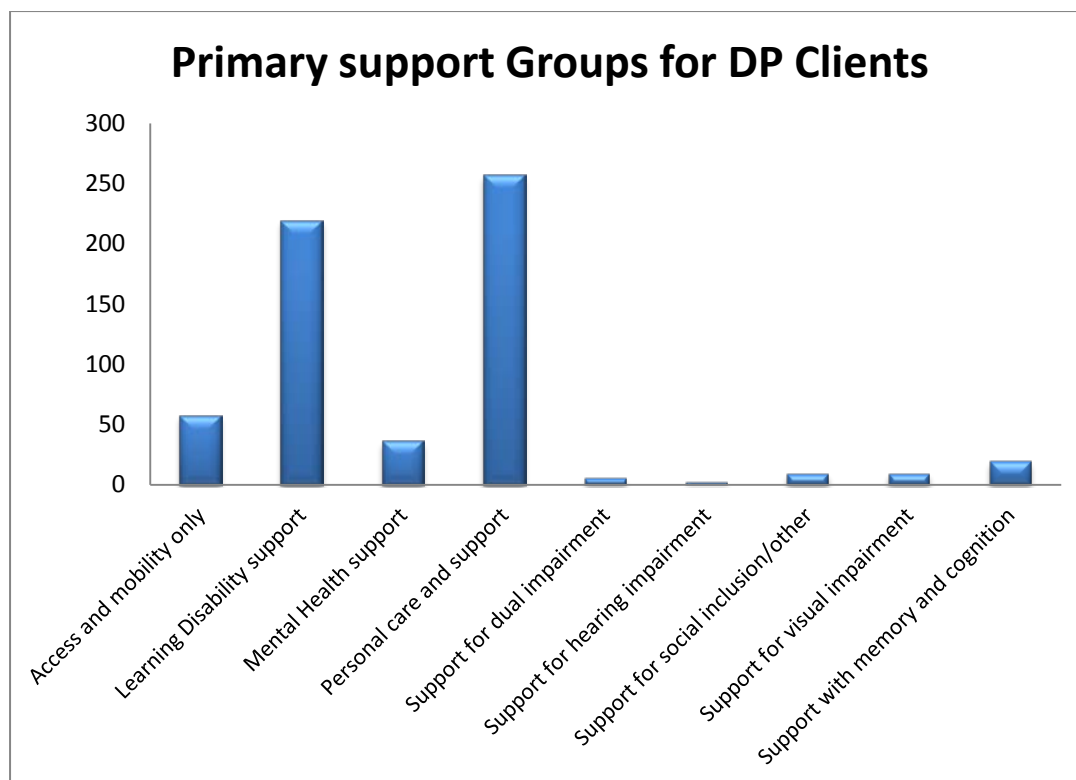
# Independence, Choice and Control

## Take-up of Personal Budgets and Direct Payments

For people that are eligible for community based Adult Social Care funded services 97% of those people are in receipt of a personal budget, 31% of people are receiving a direct payment.

Direct payments (DP) give people greater choice and control with how their needs are met. The majority of people in Walsall receiving a direct payment chose to employ their own personal assistants to support them. A range of direct payments support organisations provide various levels of support so as to ensure that people are able to manage their direct payment.

The breakdown of primary support groups for DP service users is as follows:-



Between 1<sup>st</sup> April 2016 and 31<sup>st</sup> March 2017, 90 Carers received a one off direct payment to support them in their caring role. The Carers assessment process is designed to support Carers in different aspects of their lives, and to help ease some of the extra pressures arising from their caring role.

## Prevention

Prevention Services are at the heart of the Adult Social Care offer to people with disabilities and their Carers.

A range of preventive services has been developed in the community, the following service developments reflect the highlights of the prevention work Walsall Council has invested in over the last 12 months.

## Walsall Disability Hub

The Disability Hub is a base where organisations come together to provide support, advice and information to people with a range of disabilities, autism and their Carers. The Hub also provides a venue for third sector organisations to meet with people they support and to hold events. The Disability Hub also has a personal care suite which enables people out in the community and using the Hub to meet their personal care needs in a purpose built accessible space. In 2016/17, the Hub was contacted (by email, telephone, and visit) an average of 1,400 times per quarter.

## **Befriending Services**

Befriending is a way of helping people who may be living alone and are isolated to have company, and be more connected to their local community resources. The focus is on supporting people to achieve the outcomes that they identify without necessarily accessing Adult Social Care services. Two befriending services were established to provide support to younger adults with physical disabilities and sensory impairments (PDSI) and autism with the aim of helping reduce their isolation, maximise their independence and to improve their opportunities to access local community resources and build up networks of support. On average, 28 people in PDSI and 31 in autism were supported each quarter.

## **Advocacy**

Walsall provides issue-based, short-term advocacy. An advocate supports an individual to represent those individuals' interests to address a specific issue or situation. It will exist for the time the issue takes to resolve.

Advocacy services were provided to people with a learning disability, parents with a learning Disability, people with physical disabilities and sensory impairments and Older People. In 2016/17 the total supported for the year was Older Adults 120, LD/Autism 95 and PD 35.

## **Integrated Community Equipment Service (ICES)**

ICES provides equipment to support people with disabilities or mobility issues to remain as independent as possible within their homes. The service also supports children and adults who are undergoing reablement which is about regaining or maintaining their abilities, such as after a stroke or a brain injury.

This service is jointly funded by Adult Social Care and Walsall Clinical Commissioning Group and is delivered by a local NHS Provider. It loans a wide range of equipment to people living in the community who may have long-term or short-term care and support needs. Equipment can range from a mobility aid such as a walking frame to a specialist bed and pressure relieving mattress. In 2016/17, the service supplied 34,063 items of equipment.

## **Walsall Community Living Directory**

Walsall staff, residents and partners can now find out about what's going on in their local community, at the touch of a button by accessing Walsall Community Living Directory. Walsall's Community Living Directory is an easy to use comprehensive website available online at [www.wcld.co.uk/](http://www.wcld.co.uk/)

Individuals can search information about money matters, help to live at home, housing advice, things to do, staying safe, caring for someone, health and wellbeing, getting about and education, training and employment.

The site will include a product showroom where people can view aids and equipment to help them live independently as well as a personal assistant network to search individuals they could employ to help them with their daily living needs. Individuals will also be able to refer themselves to help and support electronically through the website. The directory provides links to a host of local and national organisations including: NHS Choose Well, NHS 111, Government Money Advice Service, Age UK, Carers UK and many more.

In addition, children and families with special educational needs (SEN) will be able to access a range of information and advice through the directory as the SEN local offer will also be available through the website.

## **Assistive Technology**

Assistive technology is the collective term any item, piece of equipment, software program, or product system that is used to increase, maintain, or improve the ability and independence of people with a range of needs including older people, physical disabilities, learning disabilities, sensory impairments and dementia. Assistive Technology can be a range of equipment from high tech computer systems, communication boards or software to more low level items such as medication dispensers, door sensors, temperature monitors, epilepsy monitors and personal alarm systems. The market for Assistive Technology continues to grow to meet the demand from people for both simple and complex items that can support them to achieve their goals such as living independently, managing their medication, accessing college, maintaining a job and accessing leisure activities. Carers also benefit from Assistive Technology as it enables them to support and care for people by using technology to support them such as fall alerts, GPS tracking devices and medication management systems. Adult Social Care continues to update the Walsall Community Living Directory and provide information, guidance and signpost people who wish to purchase Assistive Technology independently.

## **Community Alarms**

A Community Alarm can reduce the need for ongoing care and support by providing people with telephone support and advice at the first point of contact.

The ability of people to resolve issues and receive support and reassurance at the first point of contact keeps people safe in their own home and prevents situations deteriorating.

The Community Alarm Service is a response service operating 24 hours, 7 days per week, and deals with around 20,000 calls per month.

## **Initial Response**

The Initial Response Team delivers a telephone based contact service for all citizens of the borough who may have social care needs. The service deals with situations promptly by



providing people with support to meet their individual circumstances. The team deals with approximately 4,000 calls a month

## Telecare and other Equipment

**The Telecare Installation Service** is an in house provider of installation, troubleshooting and collection visits for Community Alarms and Sensory equipment recipients. We purchase and manage Community Alarms and some sensory service assistive technology equipment. This includes a cleaning and refurbishment service for returned equipment to re-use it in place of buying brand new stock. We save hundreds of thousands of pounds worth of tax payers' money a year, helping maintain the service in a time of financial pressure.

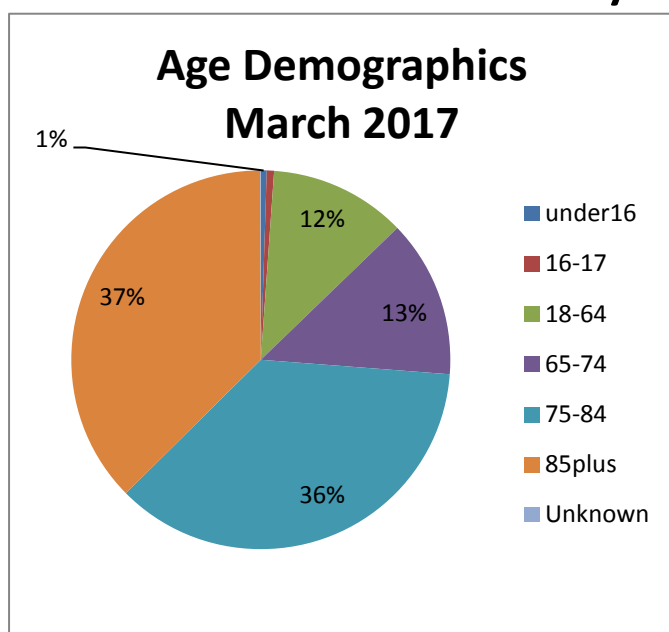
### Priorities in 2017/18

To review the existing arrangements for all services that prescribe, purchase, install and supply equipment; these services include daily living equipment, sensory equipment and telecare (assistive technology). The intention is to streamline the services to ensure that the Local Authority and Walsall Clinical Commissioning Group are making best use of resources to meet the needs of the people of Walsall.

## Telehealth

The Telehealth service ceased at the end of this financial year, with all equipment returned and mothballed in storage.

## Installation and Recycling of Equipment



The successful introduction of the stock management system last year means that new data continues to be captured that can tell us more about the Telecare Installation Service.

The majority of our customers are over 65, making up 86% of the people receiving equipment.

By the end of 2016/17 there were a total of 4988 customers on record as having equipment in use. There will be other customers previous to the ELMS 2 stock system that are not on this record.

These figures do tell us that an average of 277 people a month received equipment from the installation team during 2016/17

for a total of 3326 people receiving equipment over the year.

In February 2015 responsibility for arranging the technicians' appointments was moved away from the team. In concert with a 25% reduction in installation technicians, this impaired the installation service's ability to meet its installation targets. Since then the need for a return to the previous level of installation technicians was identified and by the end of 2016/17 new staff had been introduced to the team and are being trained. We expect to see these efforts pay off early in 2017/18 as in March 2017 we've already seen a halving of customers waiting 16+ days compared to the previous month.

Despite these challenges, the work rate remains high at 4029 jobs completed. In March 2017 29.6% of all jobs were being completed within five working days. As of the close of the 2016/17 financial year, the average waiting time has dropped to ten working days, compared to a twelve day average wait in 2015/16.

In 2016/17 improvements to the Telecare equipment refurbishment program have been hampered by the removal of one member of the team to another area of the Council. This left the team struggling to cope with the work load. As was the case with the installation technicians above, the build up of work identified the need to return the team to the previous staffing level and the new member of the team helped stabilise productivity towards the end of the year. The result is £247,089.80 worth of suitable Telecare equipment prepared for re-use, a drop in the monthly average from £26,037.90 to £20,590.82.

	Equipment Spend	Equipment Refurbished	Visits Completed	Equipment Issued to customers
2016/17	£323,785.9	£247,089.80	4,029	£625,927.35
2015-16	£274,660.70	£312,454.77	4,077	£762,520.79
2014-15	£234,155.84	£243,265.62	4,228	N/A
2013-14	£303,186.40	£98,183.20	3,820	N/A
July 2012-13	£306,423.00	£0.00	2,008	N/A

Refurbished equipment made up 41.35% of issues, which is a drop on last year which was at 46.32%.

Spend rose as refurbishment dropped, another factor pushing up spend this year is the gradual replacement of obsolete falls detectors and lifeline units with newer models.

The refurbishment of Telecare equipment remains vital to the sustainability of the service when facing continuing downward pressure upon local authority budgets going forwards.

## Disabled Facilities Grants

The Disabled Facilities Grant (DFG) helps with the costs of adapting homes for disabled people e.g. a stair lift, disabled toilet or other housing adaptations, to help them remain at home. Improvements to the service have meant that more DFGs have been approved, a rise from 135 in 2009/10 to 488 in 2016/17. Major procurement work has seen average DFG

costs reduce dramatically. For example, a 47% reduction in stair lift costs from 2008/09 to 2016/17. Work with social housing providers has helped create newly adapted homes and share the cost of adaptations to existing properties.

## Services for Older People

### Community Intermediate Care (Reablement Service)

#### *A User survey indicates*

1,281 people surveyed of which 1,265 people recorded an outcome of fully satisfied, 53 people were partially satisfied and 5 people were not satisfied.

- The Council has continued to invest in developing a hospital Discharge Home to Assess pathway to compliment reablement services and facilitate more timely discharge from hospital. This resulted in reducing the Medically Fit For Discharge list by 33%. The introduction of the Community Based Services contract in February 2017 facilitated access to more domiciliary care capacity helping the Discharge Home to Assess Pathway expand by 60%. The outcome of this is that of all delayed hospital discharges that Adult Social Care are responsible for were only 11.25%, whereas 12 months ago this figure was 63%
- Timely introduction into the service at the point of hospital discharge where 100% of referrals are assessed within 24hrs and 98% discharged within 24 hrs.
- The service provides an average of 1,700 hours of direct support per week. Of the people who have used the service in 2016/17, 81% of people were still at home 91 days after a spell in hospital.

### Hollybank House (Bed Based Intermediate Care)

Holly Bank House has 21 rehabilitation beds and supports those people who require rehabilitation. The team design and deliver a rehabilitation programme, together with the individual, to improve agreed outcomes. The average length of stay is 25 days, within which time most people achieve outcomes in relation to mobilising safely, dressing and undressing, walking, losing weight and cooking. This means they can then return home with little or no ongoing care needs.

The service is multi agency, and includes Occupational Therapists, Physiotherapists, Community Psychiatric Nurses, District Nurses and Social Workers. This ensures the most appropriate support is given to individuals who need the service. The Service also works very closely with the Stroke team and a number of beds are usually in use for stroke patients who benefit significantly from the synergy between the two teams.

During 2016/17 there were 6 people admitted from home, avoiding unnecessary hospital admission and 237 people admitted directly from hospital, which facilitated timely discharge. A total of 245 people benefitted from the service during the year.

***User survey indicate 90% of users rate the service highly***

### **Transitional Beds – Discharge to Assess.**

This is a bed based service which facilitates more timely discharge from hospital. The service comprises 40 beds procured from the independent nursing home market across 5 sites. The Adult Social Care support team comprises Social Workers, Therapists, Nursing Matrons and a Manager Coordinator. The team supports a wide range of complex cases which otherwise would be delaying discharge from the hospital acute setting. The service has a length of stay of 30 days currently. The service is currently in transition with a planned reduction in numbers due to an overreliance on bed based services. Capacity will be replaced by increased capacity in the Discharge Home to Assess pathway.

**User survey indicate 90% of users rate the service highly**

## **Integrated Health and Social Care Teams (Place based Model)**

Following the redesign/restructure of the Community Matrons/District Nurses service and the alignment of GP practices in 2014, the council committed a cohort of existing Adult Social Care staff to work directly with the community based health colleagues in the West Locality CCG cluster.

This new way of working has been very successful in contributing to a reduction of hospital admissions and improving referral/assessment times by occupational therapists and social workers providing screening services at GP meetings. In 2016 the integrated approach was extended to include the other Localities. Social Care practitioners continued to attend weekly multi disciplinary meetings, met with GP's to provide advice and information and attended joint visits to individual homes with district nurses and community matrons.

Skills and knowledge exchange is embedded along with the sharing of "good practice" ways of working and joint continuing professional development sessions.

In 2016 we reviewed the resources required in order to have dedicated social workers in the other localities to support joint working with our health colleagues for individuals with a long term condition and to also support our health colleagues in responding to urgent referrals to avoid hospital admission.

Many individuals have benefitted from the integrated locality approach with many reporting they feel more in control of their lives, achieved outcomes they wanted and have maintained or in some instances improved their quality of life, whilst remaining in a community setting.

# Living with Dementia

## Diagnosis

The dementia diagnosis rate became more of a challenge when the prevalence of dementia in Walsall was increased following the national introduction of a new methodology. Six neighbouring clinical commissioning groups had their prevalence reduced but Walsall's was increased. This means that more people are believed to have dementia. However, the Memory Assessment Service carries out their first assessment within four weeks of referral from GPs when the national challenge is six weeks. People can therefore be diagnosed more quickly and start to receive support. The dementia diagnosis rate in Walsall is increasing and is now 68% at 31<sup>st</sup> March 2017

## Support & planning for the future

The Personal Assistants for Dementia offer to work with every person when first diagnosed with dementia in Walsall for up to three months. This is irrespective if diagnosed by learning disability services, mental health services, in the hospital or by Walsall GPs. The Personal Assistants will provide information, support and signposting to other forms of longer term support such as dementia cafés.

Dementia Support Workers: Care Improvement & End of Life have now started to work in the community as well as supporting care homes to improve their dementia care and end of life care. The service has received both national and international attention and has been featured in case studies and presented at national and international conferences.

## Dementia Friendly Communities Programme

The Dementia Friendly Communities Programme has continued and more business and organisations have worked to become dementia friendly. Funding has been secured to continue with this approach next year. BBC Midlands Today featured the Walsall approach.

## Training

Walsall Council continues to offer four training modules related to dementia. The training is open to anyone working in dementia and is free of charge. Professionals from a variety of organisations support the training delivery.

## Service Transformation

Older people mental health services which include dementia will be transforming over the next 12 months to support 7 day working in community services and the specialist hospital

liaison service at the Manor. There will be integration with district nurses and social workers and an improved crisis response to try and prevent hospital admissions. Fewer hospital beds will be needed because more care will be delivered in the community. The day hospital will move into the community to work more closely with the voluntary sector.

## **Disability Services**

### **Shared Lives Scheme**

The 'Shared Lives Scheme' provides long term, respite and day/evening support for people with complex care needs in a homely environment where people are treated as family members. In 2013/2014 the scheme was expanded to ensure that children who are fostered are supported better with their transition to Adult services. Service users experience their care and support within a homely family and community orientated environment, rather than a medical model, changing their experience of care and support. This year 6 Carer households were approved, increasing the total available to 42.

The Shared Lives scheme workers assess new Carers as well as supporting and monitoring existing Carers and placements. They follow a robust matching process which contributes to the success of the placements. For children approaching their 18<sup>th</sup> birthday, scheme workers liaise with children's fostering services, workers from the Transition and Leaving Care team and the adult social workers to ensure the transition from childhood support to adulthood support is planned and structured, ensuring the person feels comfortable and reassured. There were three young people successfully supported with their transition to Adult Social Care in 2016/17.

Carers provide between 1 and 3 placements at any one time, depending on their home circumstances or the compatibility of the people that they support. Because of all these differences in people and their life/home situation, a wide variety of placements are offered.

In total, there are 57 Carers and 42 households approved to provide support. 20 Carer households provided day support and/or overnight respite support.

The scheme also provides support for people who have additional needs due to complex, health or mental health issues, for example:

- Supporting 2 people who have medical needs such as gastric feeding, and severe and multiple disabilities, demonstrating the positive impact of how people were supported to stay at home independently
- Supporting 3 people with Autism
- Supporting 1 person with mental health needs
- Supporting 2 people with dual Mental Health and learning disability needs

# Supported Living

The proportion of adults with a learning disability who live in their own home or with their family has decreased to 84.96 % compared to 86.08% in 2015/16.

During 2016/17 we:

- Continued to support people to remain as independent as possible within the least restrictive environment. Individuals are supported to manage their tenancy whilst being supported to remain as independent as possible.
- Multiple new housing solutions have been and are planned to be built within the borough for people with learning disabilities
- Under delegated authority on behalf of Walsall CCG, Walsall Council supported the delivery of the NHSE Transforming Care programme. Individuals have been supported to transition from secure and CCG commissioned hospital provision to community placements.
- Walsall Council manages a preferred framework of community providers which are commissioned to support people with a range of co-morbidities locally in the borough.

Examples of the services and support provided:

- Through the Care Treatment Review process, the Council has supported a number of people to avoid hospital admission through increased support and intervention within the community.
- Walsall Council has supported a large cohort of people to step down to bespoke community provision from assessment and treatment hospitals
- A number of new housing developments are being built across the borough to support people transitioning between services

## Floating Support

These schemes are delivered by four organisations delivering the service across Walsall.

In 2016/17 these schemes supported 155 individuals per week. It provides low level support, promotes social inclusion, and provides support that sustains independent living and a programme of reablement focussing on skills for daily living.

Longer term support services for people with complex needs are:

- Accompanying patients home following hospital discharge
- Shopping (basic essentials)
- Making telephone calls on behalf of the patient
- Dealing with accumulated post
- Collecting pension /benefits/ prescriptions

- Light housework
- Light food preparation
- Signposting to other specialist agencies within the voluntary sector
- Advice on home aids and adaptations, and help to access them
- Referrals for Telecare /Telehealth equipment
- Support in accessing GP appointments other appointments where appropriate
- Arrange for medication to be transferred into dosset boxes
- Emotional and other practical support when required
- Short term advocacy
- Short term loan of medical equipment

### **Summer Scheme**

The Summer Scheme is a preventative service aimed at providing respite to family and carers and activities to people with a Learning Disability, during the summer break to which colleges are closed for up to 10 weeks and as a consequence leaves many people with a learning disability living in Walsall with no alternative service provision and family / cares with no or limited respite provision. The provision operates Monday to Friday for 4 consecutive weeks and has a daily capacity of 55 persons per day. Participants have to meet the terms of the criteria and are operated in a manner in which meets all local authority codes of practice, policies and procedures.

#### **The key aims of the Summer Scheme 2016 were:**

1. Develop a programme of activities to run over four consecutive weeks
2. Enable individuals to engage with others and develop new friendships
3. To ensure that all activities are accessible and inclusive
4. To provide respite to Family and Carers
5. Develop new opportunities and interests
6. To build confidence and self esteem
7. Develop links to community involvement and inclusion
8. Provide opportunities to increase skills and learning developments
9. Develop skills/opportunities to employment pathways

#### **Respite to parents / carers 2016**

There are sixty three service-users currently registered on the database as Summer-Schemers. Due to the flexible nature of the programme, not all of those registered attends on a daily basis. Daily attendance can vary due to external factors but there is an average daily attendance of fifty or more Summer-Schemers.

In total the scheme supported 54 Adults for 20 days which amounted to approximately 54 participants x 36 hours (hours spent at scheme per individual) per week is 1,944 hours of respite care.

They also adapted the times the scheme was available to accommodate carers who worked.

#### **The number of carers families supported in 2016**

There were 63 service-users registered on the Summer Scheme; around 10 of which are residing in supported living, one is currently independent and 52 live with parents and/or are being supported by carers.



**Activities on 2016 programme:**

Badminton  
Volleyball  
Table Tennis  
Zumba  
Karoke  
Arts & Craft

**The following were delivered by sub-contracted staff:**

Travelling Pantomime  
Steps to work workshop  
CV Workshop  
Health Workshop  
First Aid Workshop  
Dance Workshops  
Floristry Workshop

**Volunteers:**

The Summer Scheme will provide opportunities to develop skills and learning developments by offering a workplace to enhance their pathway to gainful employment. Volunteering on the Summer Scheme helps to develop and enhance social and employment skills while gaining valuable career related work experience.

- 4 volunteers gained full time employment
- 1 volunteer to gain bank support learning hours
- 2 volunteers to gain work based experience
- 2 volunteers gained valuable experience for university

**Community Projects**

Community projects aims to develop links to community involvement and inclusion.

The scheme developed opportunities to engage in activities with other groups across our borough. It developed links with community members/providers across the borough. The scheme ran two community projects which enabled participants to engage with the wider community, but to also provide outcomes in which the whole community benefited. This included:

**Greenacres Allotments**

Assisting at Goscote Greenacres, that is a community orientated garden that helps local people to grow organic food items, the Summer Schemers *supported staff and volunteers to clean paths and plant sensory plants in planters.*

**St Giles hospice garden**

Supporting a community garden area St Giles hospice providing sensory plants and chimes to create a peaceful and lovely place to sit.

**Summer scheme participants spent one day per week on community projects, 4 days over the four weeks (24 hours).**

### **Safe Places Initiative**

As part of the Safe Places initiative, Adult Social Care is working in partnership with statutory agencies, businesses and local communities to help improve safety in their local areas. This includes identifying “safe place” venues across the town centre. The scheme has wider benefits for the whole council but a particular outcome is the reduction of crime and antisocial behaviour, particularly incidents that are targeted as a result of a disability.

Walsall Safe Places has now been running as a 1yr pilot within our Town Centre since July 2014. During this time we have set up a network of ‘Safe Places’ through the support of the Safe Places project steering group the scheme is currently operating across all 6 ward areas.

Current achievements include:

- Setting up of 5 registration hubs across the town centre. These include the First Stop Shop, Walsall College, ILC, Hub (Lichfield Street) and AGE UK
- Registration of 73 local businesses as Safe Places
- Recruitment of 3 Safe Places Champions to provide promotional support of scheme and ongoing support to registered businesses

## **Autism**

Following Council Savings decisions, two Prevention Services remain within the local authority specialising solely in Autism.

The Walsall Autism Befriending Service continues to match befrienders to adults on the autistic spectrum and along with support groups and volunteer training has continued to ensure individuals do not go onto an assessed care package, Carers do not require additional support and with the skills and confidence gained are integrated into their communities of choice. The service was a finalist in the 2017 National Learning Disability and Autism awards.

The learning from the Autism Breakthrough pilot will be used to commission a new Community Intervention Service to break down barriers, increase awareness and support individuals to access mainstream services and community activities in a flexible holistic way. This service should be commissioned to commence in April 2018.

The Complex Needs Housing Support Service pilot has been successful and this includes Autism. Individuals are supported within tenancies and within families to prevent family breakdown or loss of tenancy. The service was a finalist in the 2017 National Learning Disability and Autism awards.

Following a decision by Walsall CCG to end joint arrangements, the Diagnostic services for Autism Spectrum Disorder and Attention deficit hyperactivity disorder now sit with the CCG. Local Authority Commissioners have advised and supported CCG Commissioners to have a service delivery improvement plan based upon the ‘Green Light Toolkit’ within the local Health Trust Contract to improve access to Mental Health services for adults on the autistic spectrum.

Autism is incorporated within a new Adult Social Care Advocacy Contract that commenced in June 2017 and a new Engagement and Empowerment Service will be commissioned to commence in April 2018 which will include Autism within its remit.

## **Sensory Services**

### **Sensory Support**

The Care Act reinforced that the core purpose of adult care and support is to help people to achieve the outcomes that matter to them in their life.

Within the Care Act, the Local Authority has general responsibilities relating to well-being promotion, prevention, providing information and advice, and shaping the market for care and support services. The Care Act is clear that local authorities must continue to keep a register of people who are severely sight impaired and sight impaired and support health, social care and third sector organisations to work in partnership to meet the needs of the local population.

Support to people with sensory loss / impairments including Deaf, Deafblind and visually impaired people must be based on reablement, supporting people to remain as independent as possible and providing information, guidance and signposting.

The Council's Sensory Team of Support Workers and Rehabilitation Officers/Facilitators provide:

### **Deaf and Deafblind community support**

The service supported 67 Deaf and Deafblind people to live independently in the community and carried out 717 assessments where there was an identified sensory impairment need in 2016/17. Of these 26 were provided with a piece of equipment. Support was also given via a piece of equipment to 42 people with a visual impairment.

All of these have been seen by sensory support staff through this face to face service, which is important for people with sensory needs who struggle to access support through telephone and email use.

We offer a community support service as a preventative service to people with Sensory/Deaf support needs – where it identified that mainstream services are difficult to access due to their communication needs. The service also raises awareness about the needs of people with sensory impairments/Deaf needs thereby improving access to services including: public services such as social care, community, health, as well as benefits/welfare rights, housing, education etc.

The new assessment sensory team supported 9 referrals and 58 simple services for replacement equipment in 2016/17.

### **Mobility and Activities of Daily Living (ADL)**

During 2016/17:

Visual Impaired/Sensory Loss assessments were carried out and ADL training for people who have a visual impairment continued. The programme for adults and children supported

people and included kitchen skills, home and cash management, personal grooming and leisure activities.

In 2016/17:

People received formal mobility training, helping them to mobilise safely and independently both indoors and outdoors by using a long cane or other low vision aid. It also included training to incorporate independent travel on buses and trains.

## **Communication, Equipment and Low Vision Therapy**

In 2016/17 specialist equipment was issued to meet the needs of Deaf, Deafblind and Hearing Impaired People. This was to enable them to remain as independent as possible. People with a sight loss were also provided low vision aids such as magnifiers, task lamps and writing frames to enable them to make the best use of their remaining (functional) vision.

### **Hearing Impaired/Deaf & Deafblind Equipment**

- 5 Door alerts to keep people safe in their own home.
- 52 Sensory Telecare Equipment – (door alert, phone alert, smoke alarm, pagers, vibrating pads)
- 60 Specialist telephones to help keep people safe
- 59 Personal/TV listening devices (including Headphones stethoscope, neck loops) to enable people to access information
- 10 Baby alarms/clocks
- Flash Receiver X 4
- Telephone Transmitter 50
- Smoke Alarm 2
- Push Button Trans 14
- Pager Charger 52
- Vibrating Pad 49
- Bellman Pager 55

### **Visual Impaired Equipment**

- 18 Liquid Level indicators to help people be independent
- 18 Task Lamps to help people with reading print
- 12 Mono - mouse or similar aids e.g. Magnifiers to help people to access printed material where a lamp wasn't sufficient
- 31 canes/sticks to people to access the local community (usually following mobility training programme)

### **Information, Advice and Signposting**

- 233 referred on/advice and information/signposting to other services
- 3 referred on to the Fire Service for appropriate smoke alarms
- 21 referred to a Housing Provider
- 14 referred to Community Alarms

## **Informal Emotional**

The Rehabilitation Officers within the Sensory Team provide informal emotional support for sight impaired service users giving them an understanding of their sight loss, strategies to enable them to undertake the same daily living activity but in an alternative way and advice on equipment and aids that can help them with their sensory loss. They support the family to avoid crisis if the service user does not learn skills that can maintain their independence at an earlier stage.

## **Commissioned Services**

The Third Sector within Walsall provides considerable support to those in the community with sight and hearing impairments

A Registration, Information and Liaison Service and an Eye Clinic Liaison Officer are commissioned from a local visual impairment charity. These services provide a wide range of support to those living with sight loss including supporting people who are newly diagnosed to understand the benefits of registration. The services also provide information, support and guidance including information and contact with both local and national visual impairment charities.

In 2016/17, the priorities were to continue to monitor the effectiveness and outcomes delivered by all of these services. A procurement exercise was completed and a new Empowerment, Engagement and Decision making service was established to ensure there is engagement of local people with sensory loss in the development and review of services and market shaping.

## **Adult Mental Health Services**

During 2016/17 more people with mental health needs were supported to have more flexible choice and control over the way their individual needs are met, through utilising a personal budget.

In 2016/17, 141 people with mental illness had personal budgets approved to support their needs. More people are benefitting from personalised support arrangements whilst also maintaining their own tenancy in the community and avoiding rehabilitation units, residential care or nursing homes (where possible). Last year we supported 86 service users to move in to supported living accommodation. This supported living environment is continuing to grow with more providers offering bespoke packages of support across Walsall.

## **Crisis Care Concordat**

In 2016/17 Walsall Council and Walsall CCG brought a range of partners together, including; WM Police, ambulance and fire services to work alongside local providers to tackle issues in

dealing with mental health crisis. This group has developed an action plan to help improve access to services and ensure that those who need support receive it appropriately and timely.

The street triage car is an example of a new service commissioned across the Black Country with partners (Police, Ambulance and Mental Health Trusts) to provide a response to a mental health crisis. This service has reduced hospital admissions, detentions in police cells and improved outcomes for those suffering mental ill health. This is estimated to have prevented over 70 admissions to Section 136 suite detentions during the year.

## **Carers Services**

### **Carers Assessments**

Walsall has developed its new Carers assessment in line with the Care Act 2014. The Carers one off payment scheme has been replaced with the use of replacement care built into the cared for persons support plan and/or a Carer's individual budget to meet eligible needs. Social Workers signpost Carers to a range of community resources to meet identified needs and prevent or delay needs developing, to enable them to continue their caring role.

### **Carers and the Care Act**

Over the course of 2016/17, within the context of a wider Learning and development plan, all Adult Social Care staff were provided with access to a modular e-learning programme regarding Care Act new duties, with support for Carers embedded throughout. This included a number of guided sessions for some front line staff where access to e-learning was a potential issue.

### **Young Carers**

Walsall Children's and Adult Social Care services continue with a Memorandum of Understanding giving a commitment to working together locally, adopting a whole system, whole council, whole family approach. This approach coordinates services and support around the person and their family and considers the impact of the care needs of an adult on their family, including children.

There is provision for an assessment of need for support for all young Carers under the age of 18 on request from themselves or their parent or on the identification of need.

This assessment will be available regardless of who they care for, what type of care they provide or how often they provide it. The essence of the Young Carer's assessment is to determine if the caring by the young person impacts or impedes any of their own welfare and development.

Young Carers support is provided through the Youth Service after an assessment has been completed following a referral to the Early Help Service. This will determine if a support package or signposting to other external support is required. A key worker, if required, would be made available.

The assessment and planned support will be reviewed on a regular basis to measure any changing needs. In the event that additional vulnerabilities are identified which cannot be

supported through the Early Help response, a referral to the Multi-agency Screening Hub (MASH) will be made to determine if a more complex level of intervention is necessary (i.e. Child in Need).

## Complaints and compliments

During 2016/2017 a total of 103 complaints were received which is slightly lower than the 116 received in 2015-2016.

The number of compliments received was 115, which is significantly lower than the 167 received in 2015-2016. Service Users and or their representatives took the time to acknowledge that they were pleased with the service they had received.

During the last year, meetings have been held with senior managers to review the present process used to investigate and respond to customer complaints. As a result of these meetings improvements have been made to the process. These include the Assurance Team providing a draft response template to assist the investigating officer, ensuring all relevant points of the complaint and the complaint legislation requirements are covered in the final response.

Greater effort has been made by Adult Social Care staff in responding to the 76 pre complaints and concerns that were raised by customers in avoiding these escalating to the complaints process.

It is acknowledged that customer feedback is a valuable tool in shaping future services and improving existing services. Some examples of learning identified by managers as a result of investigating complaints are:

- Changes to the duty rota have been made to ensure designated staff covering duty so as to increase ownership of calls and provide a consistent approach to callers
- A Review of financial processes currently used in charging and payments team has been undertaken and looking at staffing levels to achieve a more accurate method of billing
- Work has been undertaken to review and update the current information available in respect to our 'Paying to live in a Care Home' leaflet and a briefing note has also been circulated to all staff and attached to our council website

Here are a few extracts from the compliments sent to the Council by people and their families who have used the service.

- Service user conveyed her sincere gratitude for the peace of mind and security that her Lifeline afforded her. She says the comfort it gave her in the knowledge that in the event that she felt unwell and she hadn't seen anyone for days she could alert someone at the push of a button. She could not praise the service enough, saying that she rated it 11 out of 10.

- Wife of service user expressed her appreciation for the efficiency and professional way the Social Worker arranged for her husband's care
- I received incredible care from the staff of the stroke team whilst I was in Holly Bank. I owe a great deal to all those who looked after me.

All compliments are recorded, acknowledged and communicated to both the staff they relate to and their line managers.

More details can be found in the annual report published in late autumn 2017.

# Adult Safeguarding

## Walsall Adult Safeguarding Partnership Board

The Walsall Safeguarding Adults Partnership Board (WSAPB) has worked during this time to ensure that it is able to comply with its statutory responsibilities under the Care Act from April 2015. The membership of the Board is drawn from statutory, independent, voluntary and community sector organisations.

The Board's vision is that 'adults with care and support needs, their families and Carers, wider community and all professionals understand that Walsall is a place where:

- Abuse or neglect is not tolerated
- Everyone works together to prevent abuse or neglect
- Everyone works to ensure that adults are safeguarded when abuse is suspected or witnessed
- People who are victims of crime are supported to get justice through the Courts or other civil routes'.

To achieve the above vision the Board has assisted with the development of the Regional Adult Safeguarding: Multi Agency Policy and procedures for the protection of adults with care and support needs. The purpose is to ensure that it was updated to ensure compliance with the new legislation. The Board also continued to develop links with the Walsall Children Safeguarding Board. This has included the recent appointment of an Independent Joint Chair.

In 2016/17 the Board has responded to the Deprivation of Liberties Safeguards which ensures that people with care and support needs are not deprived of their liberties and that the least restrictive options are always considered wherever possible.

The board membership has also worked effectively to seek to improve the quality of care for service users in the local area and to further develop partnership learning.



To assist these aims the Board has developed a Terms of Reference and a Business Plan to ensure that shared resources are used effectively. An annual Safeguarding Adults report (2016/17) is also being produced and published following agreement at the Council's Health and Social Services Scrutiny Board. Further work is being undertaken in regard to the development of the WSAPB website and to ensure that the Service User voice is heard at the Safeguarding Adults Board.

## **Adult Safeguarding Unit**

The Safeguarding Adult Unit (ASU) continues to support the Walsall Safeguarding Adults Partnership Board to achieve its objectives; examples of this include providing safeguarding practitioners to develop, embed and support a robust screening function of safeguarding concerns within our Initial Assessment Team, developing working partnerships and continuing to provide support and advice to staff under taking Safeguarding Adults activity.

All safeguarding work is carried out in accordance with the Safeguarding Adults: multi agency policy and procedures for the West Midlands. This helps to ensure a consistent and co-ordinated approach between neighbouring authorities in the West Midlands, supports benchmarking and sharing of good practice.

During 2016/17, the ASU have supported Locality Teams to undertake a total of 9 complex multiple concern investigations (enquiries). These are undertaken where a number of safeguarding concerns have been raised that are linked to one service or provider and it becomes a concern about multiple people rather than about one individual. These investigations involve joint working with partners, for example in Health, Police, Care Quality Commission, Mental Health Services, and Integrated Commissioning. The ASU co-ordinates and organises the joint working and this enables a broad and thorough investigation (enquiry) into the issues and concerns and a shared agreement about the actions required to ensure that service users with care and support needs are supported and issues of abuse and poor practice are addressed.

The ASU have also assisted with the commissioning of Safeguarding Adults training resources for multi disciplinary team members.

During 2016/17 there have been 1,808 Safeguarding Adults concerns raised, and 380 Section 42 enquires and 20 non-Section 42 Safeguarding Adults enquires completed. This compares in 2015/16 to 1,589 alerts and 295 investigations. It is important to continue to raise awareness in regard to Safeguarding Adults and when people are aware of when to refer to the Local Authority.

# Priorities for 2017/18

The Corporate Plan and the Medium Term Financial Strategy (MTFS) are the key components of the Council's policy framework. The Corporate Plan sets out our vision, our values and our priorities. The MTFS sets out our medium term view of resources and how these will be used to deliver the Corporate Plan. The Corporate Plan and MTFS are developed in an integrated way to ensure that there is a golden thread running through the Council's approach, priorities and allocation of resources.

The current priorities are set out in the 2017-2020 Corporate Plan area as follows:

- Lifelong Health, Wealth and Happiness
- Safe, Resilient and Prospering Communities
- Sustainable Change and Improvement for All

The process of arriving at our priorities was influenced by the following :

- Reviewing progress made against the purpose and priorities of the previous plan
- Using hard and soft data and intelligence from many sources and direct engagement and consultation with our customers and our residents.
- Interpreting the information provided in the 2016 Joint Strategic Needs Assessment
- Alignment of the development of plan and priorities with the 4 year budget setting process, ensuring that our key areas of focus as an organisation reflect the challenges of the current financial situation and what we are really able to deliver and achieve
- Impact of national policy changes – such as welfare and benefits reforms
- Walsall's role in the region including the developing West Midlands Combined Authority
- Awareness of the emerging transformation plan for how the council will change the way it delivers its services in the future as part of an integrated approach to planning
- Mapping of strategic priorities from across partners and partnership performance boards, which inform the **Walsall Plan**

Walsall Council is itself a key partner in the delivery of the Walsall Plan. By working across the council and with partners to share information we are able to inform our priorities with good intelligence. Routinely monitoring the business and undertaking key themed strategic assessments as necessary helps inform the ongoing refresh of our Joint Strategic Needs Assessment. The 2016 JSNA provides a detailed picture of the borough from a cross-themed health and wellbeing perspective. In addition, our more detailed economic assessment was refreshed in 2015 and the Annual Crime & Community Safety Assessment was finalized early 2016.

A number of strategies, based on these needs assessments, are already in place across the Partnership in Walsall. The cross cutting themes identified within partnership and organisational strategies have been used to identify three overarching priorities for The Walsall Plan where value can be added by working together in partnership; these priorities align with those of the Corporate Plan.

1. Increasing economic prosperity through increased growth
2. Maximising people's health, wellbeing and safety
3. Creating healthy and sustainable places and communities

Reducing inequalities is a core action within and underlying each of these priorities, which aligns closely with the Corporate Plan's purpose of 'Reducing inequalities and maximizing potential'.

The Walsall Plan identifies a number of key target groups in order to reduce inequalities and the Council has a significant role to play in the service it delivers to these groups in partnership.

- Looked after children
- NEETs
- Teenage parents
- Families on the edge of care
- Individuals challenged by addictions
- Individuals with mental health disorders
- Offenders and ex-offenders
- Carers – children and adults
- Children and adults with disabilities (including learning disabilities)
- People with long term conditions
- People with complex needs including co-morbidities and frailty
- People lacking cohesive social networks

## **The key priorities for Adult Social Care next year are as follows:**

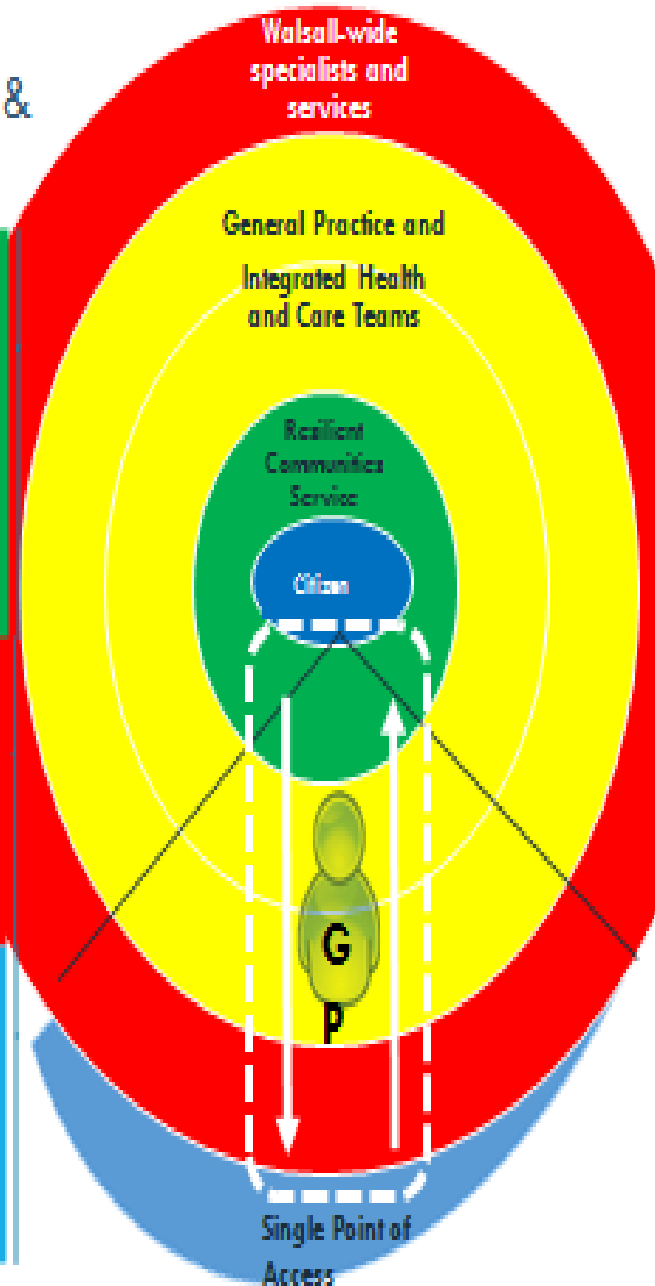
Walsall Adult Social Care in Partnership with NHS Commissioning and Provider colleagues across Walsall under the banner of 'Walsall Together' is committed to working towards a more integrated model of Health and Social Care delivery. The model, as shown below describes the vision for integrated delivery across four levels of care and support:

## Walsall Model of Integrated Health & Social Care

A sustainable community based early intervention and prevention approach to supporting communities and individuals to have the best chances in life - to live independently and to have active, prosperous and healthy lives.

Accessible, high quality care, with local hospital teams working as part of a network of specialist care

A single, tiered customer/professional access, care coordination and care navigation point for all health, care, and prevention services in Walsall.



An integrated health and social care adults physical and mental health intermediate care model where discharge home to assess and home based admission avoidance is the default approach, focussed on setting patient-centred goals

A place-based approach to the delivery of integrated health and care services, bringing together GPs, community nursing, social care, mental health and the voluntary sector to provide accessible, high quality co-ordinated care in people's homes and communities.

General Practice has a central role to play in helping people to manage their conditions better in the community. In particular, improving outcomes through a more joined up and personalised approach. The contribution that primary care will be asked to make to the transformation of health and care services is central to the clinical vision and models of care that are being developed locally.

01/08/2017

1. Resilient Communities – support in communities to keep people well and independent.
2. Access – Advice, information and support for people approaching care & support services
3. Integrated Health & Care Teams (Locality Teams) – Co-ordinated care and support for people with continuing health and care needs, particularly long-term conditions.
4. Specialist care (Inc. Intermediate Care) – Support for people in need of urgent and emergency support to prevent hospital admission or facilitate discharge.

The Adult Social Care Directorate will spend a net £63m on the provision of social care in 2017/18. As detailed above, the directorate will need to make efficiencies in how it spends that budget over the next 3 years and therefore the ASC Commissioning Priorities reflect those areas where we believe we could achieve better value for money or where we believe we can improve the quality of services to achieve better outcomes. The top six priorities for commissioning in 2017/18 are:

1. Ensuring value for money in Complex Care Commissioning, this will include targeted reviews of provider unit costs and levels of allocated care and the introduction of the Joint Funding protocol to ensure distribution of cost between the council and CCG is appropriate.
2. Introduce new contracts for Community Based Services and Residential/Nursing Care
3. Commission a new model of Intermediate Care
4. Commissioning a new model for equipment, assistive technology, community alarms and response services.
5. Commissioning support to the Adult Social Care Resource Allocation Panel to pick up issues in relation to provider charges and identify gaps in provision
6. Review, de-commissioning and re-commissioning activity in-line with the ASC savings targets

A summary of Walsall Adult Social Care commissioning intentions for 2017/18 are as follows; this will be supported by a commissioning work plan, which is currently under development.

#### *Personalisation and Independence*

- a. We will use personal budgets to ensure that people requiring longer term care can take as much control over their lives as their needs allow. We will review our approach to Direct Payments to include the possible development of Individual Service Funds.
- b. We will continue to develop the Walsall Directory of Services, supporting the move towards self-directed support.
- c. We will review advocacy provision across all our adult social care services, in order to be able to offer a more cohesive and efficient service from 2017
- d. We will review and recommission an offer in relation to equipment, assistive technology and community alarms (fitting and response)

#### *Integration*

- a. We will participate fully with Health partners in the delivery of Integrated Health & Care Teams
- b. We will work with NHS Commissioners and Providers to develop a model of Integrated Intermediate Care and work with the independent and voluntary sectors to deliver the new model
- c. As part of the new model of Intermediate Care, we will review our bed based rehabilitation and reablement provision
- d. We will review the use and effectiveness of our current 'Discharge to Assess' provision
- e. We will review aftercare services provided to those who have had a stroke.

#### *Domiciliary Care and Day Services*

1. We will implement the new contracts for Community Based Services (CBS) across all client groups
2. We will continue to implement and further develop Electronic Call Monitoring via CM2000 across community based provision, that we commission
3. We will work with Supported Living providers to ensure that contracts are fit for purpose
4. We will conduct a market gap analysis following the full implementation of the CBS contracts and follow this with a Market Position Statement
5. We will reconfigure our internal Day Opportunities provision

#### *Accommodation*

1. We will continue to work jointly with health partners in delivering the Learning Disability Transforming Care Programme, which enables people to live independently rather than hospital or institutional settings.
2. We will work with providers who develop efficient and effective supported living options to offer care and support in the community, wherever feasible, in order to meet someone's needs.
3. We will expand our Shared Lives model of care to offer support to a wider range of people, including Mental Health clients and look to increase the shared lives provision in Walsall
4. We will ensure sufficient supply of residential and nursing home care provision, to include services for people with dementia and challenging behaviour

## **Mosaic**

Mosaic for Adult Social Care will provide a unified system across all elements of our business into a single system. There will be increased functionality to underpin the development of a complete Adult Social Care record. As part of the implementation programme, phase 1 is case management system which was implemented in 2016. Later Phases will see the implementation of the financial module; this will include transactional processing, system interfacing into payment systems and call monitoring systems. There will be an increased automation of processes, thus reducing manual input and increase streamlining and efficiency alongside improved financial reporting.

To support implementation an extensive training programme has been developed. The ultimate success of Mosaic implementation lies in system usage with timely and accurate recording across all business streams.

## **You're Views (Feedback)**

We would welcome your feedback on this Local Account and any other information you would like to share with us. Please e-mail us at [hedda.nevett@walsall.gov.uk](mailto:hedda.nevett@walsall.gov.uk)