

Adult Social Care

Directors:

Jennie Pugh, Interim Director of Adult Social Care

**Stephen Gunther, Director Public Health, Policy and Strategy,
Business Intelligence, ASC Commissioning**

EXEC DIRECTORATE: Adult Social Care, Public Health and Hub



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Meet the Team - Adult Social Care, Public Health and Hub

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Care and Support Services

- Access Team, general care and support Service
- Occupational Therapy, Reablement and Sensory Support Services
- Locality Community Adult and Physically Frail Teams
- Children and Young Adults Team
- Community Learning Disability Team
- Community Mental Health Team
- Approved Mental Health Professionals (AMHP) Team

Safeguarding Arrangements

- Access, Information and Advice and Safeguarding Adults Service
- Deprivation of Liberty Safeguards
- Exploitation Support Services
- All Aged Disability Hub
- Safeguarding Adults Partnership Board
- Safeguarding Adults Reviews (SAR) Sub Committee
- Making Safeguarding Personal Quality Assurance and Quality Audit Framework

All-Age Independence and Wellbeing Hub

- Shared Lives (CQC Registered)
- Supported Employment
- Day Opportunities
- Respite (Replacement Care) Service
- Outreach/Enablement

Practice and Service Quality Arrangements

- Adult Social Care Continuous Improvement Programme
- Care Quality Commission (CQC) Readiness Programme
- Quality Assurance Framework
- Internal and Independent Quality Audit System
- Workforce Development Plan
- Assessed and Supported Year in Employment (ASYE) Programme
- Quality in Care Team
- Principal Social Worker
- Principal Occupational Therapist
- Annual Health Check
- Adults Social Care Outcomes Framework

- Healthcare Public Health including long term conditions, cardiovascular diseases and diabetes
- Determinants of health
- Health Inequalities
- Suicide Prevention and Mental and emotional wellbeing
- Healthy Lifestyles including Tobacco control & smoking cessation; physical activity; emotional wellbeing; Healthy weight; healthy eating
- Health Protection including local outbreak management; screening & immunisation; infection prevention and control; disease & injury prevention
- NHS Health Checks
- Health at Work
- Healthy Child Programme 0-19 including Reducing Infant Mortality; Breastfeeding & Smoking in Pregnancy
- Sexual Health: Screening; Contraception; Prevention Measures
- Substance Misuse: Prevention & Treatment
- Oral Health Interventions
- Health and Housing
- Policy & Strategy Unit (Part of Hub)
- Business Insights (Part of Hub)

- Procurement of medium to high value contracts
- Contract expiration strategy built from contracts register, governed through Commissioning Board
- Managing issues of supplier performance in collaboration with directorates
- Assessing formalising changes to contracts with advice and support
- Determining and designing alternative service models (internal and external focus)
- Implementing alternative service models in collaboration with directorates
- Assessing and responding to change in profile of need
- Building capacity in the market to meet population needs
- Purchasing through a structured category management approach
- Brokering a service in a standard manner

- Media Relations
- Crisis and Issues Management
- Development and delivery of marketing campaigns
- Video production
- Social Media Management
- Media Training
- Event Planning
- Internal Communications
- Communications counsel and advice
- Print & Design
- Public Consultations
- Resident Engagement
- Social media listening and analysis
- Media monitoring
- Income generation through online and offline advertising
- Statutory consultations and resident engagement surveys
- Management of the Council brand



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STRATEGIC CONTEXT WITHIN WHICH ASC OPERATES



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Walsall 2040

Thriving Borough with opportunities for play, leisure, culture, education, accessible health services, decent affordable housing, and access to good jobs. Dementia friendly borough. High quality care where people can live independently in communities.

Council Plan

"Residents to lead active, fulfilling, independent lives
Citizens maintain and improve their wellbeing,
enabling residents to be active, healthy and independent
Build community strengths to meet the needs of our residents
and supporting their wellbeing

CORPORATE PLAN

Caring community. People are supported as they age
Choice, control and flexibility so people can live well, age
well and die well. Ensuring excellent care provision centred around the
individual. People to remain in their communities as long as possible
through quality and timely support. Value Carers and their role

CURRENT ASC VISION We work with citizens and communities to promote health, wellbeing and independence, and if people need additional support, we work with partners to ensure that people can access high quality services which maximize independence and safety and respect their autonomy, dignity and diversity

ASC Strategic Context – National Drivers

There are key national legislative and policy drivers impacting ASC:

1. Statutory Duties associated with the Care Act 2014, Mental Capacity Act 2005, Mental Health Act 1983
2. Introduction of CQC Assurance Framework (1st April 2023)
3. The '[Build Back Better](#)' plan
4. Government Spending Reviews
5. The adult social care system reform white paper '[People at the Heart of Care](#)',
6. The integration white paper '[Joining up care for people, places and populations](#)'.

Focus at a national and regional level on:

- Workforce
- Technology
- Market sustainability

These new responsibilities did not come with associated increases in Government funding.

ASC Strategic Context – Financial Context

Each year, our DASS must make critical decisions about the budgets which attempt to balance the following key pressures:

- Meeting statutory requirements under the Care Act 2014, Mental Health Act 1983 and 2007 (Amended), other legislation
- The levels and types of support that individuals are eligible to receive
- The price that is paid to providers of care and support for adults 18+
- Sustainability of the provider market to deliver care and support
- The quality of provision in the Borough
- The legal requirement that LA's balance their budgets.
- Statutory duties to work in partnership with the NHS in Integrated Care Systems to integrate care delivery

ASC statutory duties include but are not limited to:

- Information and advice
- Prevention and wellbeing
- Assessment (carers and people using services)
- Personal Budgets/services sufficient to meet eligible needs
- Safeguarding
- Deprivation of Liberty Standards (DoLS) and the requirements of the Mental Capacity Act
- Market Sustainability (including National Living Wage, Fair Cost of Care)

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KEY FACTS ASC



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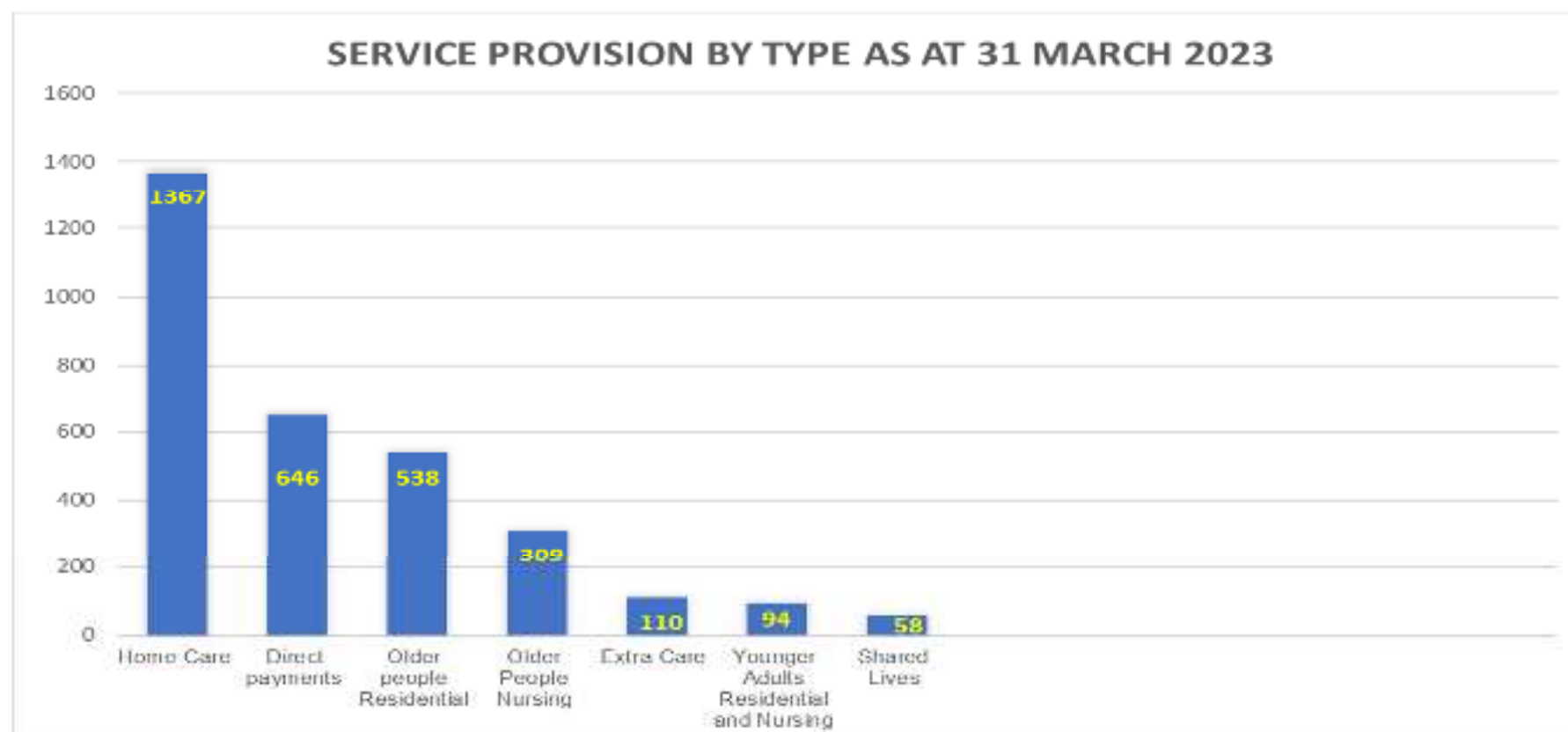
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Key Facts – ASC Existing Clients

- (Snapshot) 3,282 citizens in receipt of long-term ASC services (30/06/23).
- This represents 1.08% of the Walsall population (based on 2022 population estimate 287,000)



Key Facts – Longer-Term Health and Social Care Needs

Population projections between now and 2040 (17 years from now)

- Overall population growth of 32,900
- 12,700 more older people age 65+
- 16,300 more 18 - 64 year olds
- 1,118 more older people with dementia (65.7 per year)
- 415 more care home placements needed for over 65s (24.4 additional bed-based placements per year self-funding & LA)
- 3,736 more older people needing help with self-care at home (219.7 per year needing homecare self-funding and LA)
- 4325 more adults 18+ with life limiting conditions

Source ASC Needs Analysis 2023- ONS population projections

Key Facts - Projected demand (Market Sustainability Plan estimates already submitted to Govt)

- Increase in number of beds to be commissioned in 23/24 by 160 (low estimate) and 348 (high estimate) and in 24/25 by 152 (low) and 330 (high) estimates.
- Homecare to increase by 5.5% per annum
- Estimated increase in additional number of Supported Living placements needed 104 per annum in 23/24 and 24/25 (8.6 new placements a month).

Note: These estimates were submitted to Govt in March 2023 as high-level estimates. Budget week process, agreed demand projections between Finance and ASC and new ASC Commissioning Strategy to confirm numbers.

OVERVIEW OF CURRENT SERVICES



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Overview of ASC Operations (1)

Service Area	Brief description
Adult safeguarding intake	<ul style="list-style-type: none"> • Initial team of qualified social workers receive, risk assess, and responds to safeguarding concerns for adults in the borough • Team undertakes lateral checks and strategy discussions in partnership with other organisations and the individual where possible themselves • Determine whether the case needs to progress to a s42 enquiry which then progresses to ASC locality and specialist teams including ICS to undertake the safeguarding enquiries
Initial Intake / access/ ASC front door	<ul style="list-style-type: none"> • Unqualified workforce (IRO's) respond to incoming enquiries to ASC from citizens, professionals, carers and providers in the borough. • Offer information, advice and signposting at the point of contact • Take and process referrals for people requiring an assessment from ASC for care and support or equipment • Take safeguarding referrals to progress to qualified workers for discussion • Under review and to be mobilised to CXC July 2023
Emergency Duty Service	<ul style="list-style-type: none"> • To respond to all citizens outside of office hours who require the immediate support of ASC or children's social care which includes child protection and adult safeguarding

Overview of ASC Operations (2)

Service Area	Brief description
Adult Social Care operational teams cover 2 broad areas; localities and complex.	<p>Locality teams work with individuals 18yrs plus who predominantly have physical disabilities and dementia. In addition, the Visual Impairment Rehabilitation Officers work with individuals who have a visual impairment to maximise their independence and safety within their homes and community.</p> <p>Complex teams work with individuals whose predominant needs are due to a learning disability and/or mental health diagnosis. The service incorporates younger people through the transition process from Children's services into Adult Social Care and Mental Health Act assessments through the AMHP hub.</p> <p>All teams undertake their statutory responsibilities to assess and review in line with the Care Act and the Mental Health Act. Practitioners work with individuals in a strengths-based approach that focuses on their abilities, knowledge and social capital.</p> <p>There are a range of practitioners within each team; VI officers, mental health support workers, neighbourhood community officers and occupational therapy assistants who focus on prevention through signposting, aids and adaptations. Social Workers, Social Care Facilitators and Occupational Therapists focus on more complex cases where individuals have Care Act eligible needs and moving and handling needs. Qualified professionals also undertake safeguarding enquires.</p>



Overview of ASC Operations (3)

Service Area	Brief description
Workforce Development including leading and overseeing Learning and Development offer for ASC workforce	PSW statutory role in Care Act 2014 is to lead and oversee excellent social work practice. Works closely with Principal OT on:- <ul style="list-style-type: none"> • Recruitment & Retention • Workforce Wellbeing • Practice Development • Delivery of programme for students and newly qualified social workers & OTs • Quality assurance of practice • Advise on complex situations that may involve legal challenge.
Mental Capacity Act and Deprivation of Liberty Safeguards Team	<ul style="list-style-type: none"> • Prioritise and allocate all requests for DoLS assessments (statutory duty) • Undertake all DoLS reviews • Deliver BIA forum, MCA newsletter and practice development opportunities • Quality assure MCA and DoLS practice • Advise on complex situations that may involve legal challenge

Overview of ASC Commissioning

Service Area	Brief description
Operational commissioning	<p>Day to day commissioning and contracting work on key areas of ASC: homecare, bed-based care, supported living, other contracts such as advocacy, carers support. Examples of work: provider rate queries, schedules of work and specs, provider engagement, planning with NHS and other partners. Managing hand backs of package of care, issues re financial viability & identifying replacement provider, clarifying notice terms with providers, responding to FOIs & complaints/Cllr enquiries. Contract monitoring and performance monitoring.</p>
Operational quality assurance and compliance	<p>The Quality in Care Team is an integrated health and social care team that works with relevant stakeholders and partners to provide an integrated quality improvement, monitoring, and compliance service to assure that evidence based safe and good quality services are delivered.</p> <p>Although quality is everyone's business the Quality in Care Team is a dedicated resource which when quality concerns are identified can work closely with providers, to support them in enacting the necessary improvements.</p>
CIP focussed strategic commissioning	<p>The strategic / transformational / innovation arm of ASC commissioning through ASC CIP and Place Integrated Commissioning Committee. 7-8 workstreams in Project 6 CIP ASC commissioning including: Needs analysis, supply analysis, Commissioning Strategy, move to outcomes-based contracting, Single Commissioning Framework, large re-commissions and new pricing strategies (beds, homecare, supported living), use of Care Cube for benchmarked prices.</p>

Overview of Enabling Services

Service Area	Brief description
Social Care Systems	<ul style="list-style-type: none"> • Management, delivery and development of 1st; 2nd and 3rd line support services, underpinning both adults and children's social care statutory services
Brokerage	<ul style="list-style-type: none"> • Micro commissioning of care within the community where: crisis intervention is required; longer term care supporting a period of hospital intervention or reablement; a customer with as assessed need, or their advocate has chosen to receive their personal budget as a commissioned service; a self-funder has requested the Council commission their care; or a health funded service is commissioned
Commissioned Payments	<ul style="list-style-type: none"> • Process all payments for ASC commissioned services both contracted and Direct Payments • Act as the first point of resolution for provider payment queries • Implement all annual uplift and provider payment awards • Undertake as part of a time limited project payment audit activity to recover provider over payments and close the loop to avert ongoing payments being made
ASC PMO	<ul style="list-style-type: none"> • Provide programme and project management – working across the business areas and in reaching to other Directorate areas or outreaching to external arena – in order to ensure transparent approaches are taken; documented in line with wider council requirements and strong governance is adopted

Overview of Enabling Services

Service Area	Brief description
Financial Assessment and Charging Team (New Team – Interim Structure)	<ul style="list-style-type: none">• Responsible for the financial assessment and charging of individuals against the Councils contribution policy.



CURRENT ASC BUDGETS



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Budget Summary – Director Adult Social Care

Service Area	Expenditure £	Income £	Net Budget £
Partnerships, Demand, Intermediate Care	94.95m	(39.30m)	55.66m
Safeguarding	0.97m	-	0.97m
Resources/ Mental Health	4.87m	(0.38m)	4.49m
Access, Assessment & Care Management	5.22m	(0.80m)	4.41m
Safeguarding Mental Capacity Act	0.42m	(0.03m)	0.38m
TOTAL	106.43m	(40.51m)	65.91m

Table above shows the approved cash limit for each service (including all internal recharges).

Cash limits will change throughout the financial year. This arises most usually from: staff transfers between services, allocations of corporate savings and investments, service realignments, changes to pension and pay rates and changes in Central Support Service charges as those services pass their savings on to customers.

Budget Summary – Director, ASC Commissioning

Service Area	Expenditure £	Income £	Net Budget £
Strategy, Commissioning & Delivery	1.12m	(0.50m)	0.62m
Intelligence & Delivery	1.60m	(0.59m)	1.01m
Quality in Care, Complex Needs	13.03m	(2.58m)	10.45m
Corporate Procurement	0.87m	(0.04m)	0.83m
TOTAL	16.62m	(3.71m)	12.91m

Table above shows the approved cash limit for each service (including all internal recharges).

Cash limits will change throughout the financial year. This arises most usually from: staff transfers between services, allocations of corporate savings and investments, service realignments, pension and pay rate changes and changes in Central Support Service charges as those services pass their savings on to customers.

Overview of Major Contracts

Contract & Description	End Date	Extension	Value	Penalty
<i>Residential and Nursing Care</i>	<i>March 31st 2025</i>	<i>No more extensions after 2025</i>	<i>£27.7m (original contract)</i>	<i>TBC</i>
Community Based Services (Homecare)	March 31st 2025	No more extensions after 2025	£20.4m (original contract)	TBC
Supported Living	26th January 2024	1 year extension till 26/1/2025	14m (original contract)	TBC
Social Care System - Mosaic Options review to commence via ASC – CS DaT Business Partner	July 2024	Plus 1 year extension applied further year available July 2025	Circa £220k annually	Not applicable

Continuous Improvement Programme 2023/24

2023 - 2024															
Project No.	Project		Director	Lead	Original Full Benefit	2023 CP	Revised Full Benefit	Benefit Description	Delivered (Saves)	To be Delivered (Saves)	Planned Saving (Arises)	Shortfall (Cost)	One-Off Mitigating Actions	Ongoing Mitigating Actions	Progress / Outstanding Actions
1	Strength Based Practice and Readiness for Referral	Managing director on ASD paid services through collaboration	Jennie Pugh	Tina James	674,841	1,911,123	2,585,974	Older People's HC QOC - SpinaTrust	2,585,974	-	-	-	-	-	Over achievement and full year impact of the 2022/23 savings predominantly relating to review of existing client placements.
1	Strength Based Practice and Readiness for Referral	Develop and deliver additional support to Carers	Jennie Pugh	Past Miday	240,084	-	243,834	Carers Support	-	-	-	240,084	-	240,084	Carers saving absorbed into project 1 as carers spend is through the demand management budget. During covid work on carers strategy and considering how to support carers is unrealistic to achieve, but a carers lead and progression of the work is now in the CP 6 delivery plan. Also the ability to complete any carers intervention avoiding permanent placements is considered impossible to demonstrate. Mitigated by over achievement and full year impact of the 2022/23 savings predominantly relating to review of existing client placements. Change in delivery to be reported to Cabinet, and will be merged with project 1 line above.
3	Effective Transition Planning	Increase the number of Shared Lives placements to reduce the need for high cost Residential care	Jennie Pugh	Lee Fernando	118,277	-	118,277	Shared Lives	-	-	118,277	-	-	-	Shared Lives have been identified by project team, and delivery options to be tested (External rates for commissioned and external company to be used with finance to follow modelling).
5	Improved Systems and Processes	Improve Charging Policy & Process, Improved Finance Business Intelligence	Kerrie Alwood	Diana Williams	-	1,048,703	1,048,703	Effective processing of client contributions and charges	164,719	-	-	884,984	900,000	-	NFC account resource focusing on identify new financial assessment and management spend, and benefits maximisation - finance validation to be done once NFC have confirmed benefits have been awarded. BPA for income split to commence Jul 23 - client numbers to be provided by lead, and finance to validate once charges have been paid. Improvements in the finance assessment case capture processes and procedures should see reduced number of credit/invoice calls. Contributions and Charging policy paper expected to Cabinet in Autumn 2023. Over achievement and full year impact of the 2022/23 savings predominantly relating to review of existing client placements is being used to mitigate the delayed delivery of the senior care finance system.
5	Improved Systems and Processes	Controlling cost and maximising income generation through clear joint funding arrangements and tools	Kerrie Alwood	Susan Anderson Carr	498,000	1,767,276	2,212,276	LD Joint Funding Tool	-	-	-	2,212,276	-	-	£1.76m carried forward from 2022/23 for cohorts 1 to 5 above the STS amount, and £2.45m shortfall in new 2024 saving for cohort 4 under the Learning Disability Joint Funding arrangements. Letter has been sent to ICB regarding the joint funding arrangement dispute from 2020/21 invoking the formal dispute process as per STS agreement.
5	Improved Systems and Processes	Improve Charging Policy & Process, Improved Finance Business Intelligence	Kerrie Alwood	Susan Anderson Carr	498,000	-	498,000	R117/CHC Joint Funding Tool	498,000	-	-	-	-	-	N/A.
8	Strength Based Approach	Income generation review of grants (Section 75)	Stephen Gumbel	Mad RH & Tracy Simons	58,780	-	58,780	Section 75 Grant	-	-	-	58,780	-	-	Delivery plan in place - requires approval by ICB as part of STS agreement.
PH	N/A	Contract Efficiency	Stephen Gumbel	N/A	-	300,000	300,000	Contract Efficiency	45,000	-	-	255,000	-	-	PH document stage P2 Delivery plans to be agreed for remaining £255k
CBM	N/A	Paperless council meetings/ increased income	Keith Beach	N/A	-	30,278	30,278	Income Generation	0,278	-	-	30,000	-	-	Delivery plans to be agreed
Total					7,048,833	6,687,387	7,185,314		3,323,683	-	176,007	3,499,690	900,000	3,409,690	



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MOVING FORWARD - ASC STRATEGIC PRIORITIES



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ASC Department Strategic Objectives (Draft)

SO1 Recognise and value unpaid **carers** and the **social care workforce** and the contribution they make to the Borough.

SO2 Support people to **live at home** or where they wish to live for as long as possible.

SO3 Provide care and support with **accommodation** where this is needed in a safe and supportive environment that can be called home

SO4 Support people with help when it is needed with the objective of **independence** being retained and re-gained as quickly as possible

SO5 Make sure support is led by **what matters to people** and their families with helpful information and easy to understand steps

SO6 Make sure there is a **good choice** of affordable care and support available, with a focus on quality services and interventions and on people's experiences of their care and support

SO7 ASC is as **efficient, effective and equitable** as possible in planning, commissioning, delivering and reviewing services and interventions for people in Walsall

SO8 We will make sure people are able to **self-care** wherever possible and be supported to look after themselves with the optimum level of support. We will make sure we offer timely support in order to prevent premature or unnecessary need for statutory care.

Key commissioning intentions 2024-2025

1. **Move towards a model of outcome-based commissioning** Move from traditional time and task commissioning to developing partnerships with a smaller number of 'key' social care providers who can meet individual needs in a flexible way and works in a partnership locality approach.
2. **Learning Disability and Mental Health Market Management** - Engage in negotiation with providers of LD and MH provision to ensure that individual needs are met in the most cost-effective way.
3. **Improve the quality of commissioned services** especially bed-based care (this needs investment and improved fee rates to providers, a revised Quality Assurance Framework and system wide quality review)
4. **Continue to increase the use of homecare, extra care housing, supported living and shared lives as alternatives to bed-based care.** Re-baseline these budgets to drive this based on projected demand and appropriate FCOC fee rates.
5. **Continue to improve the uptake of number of DPs** by Walsall citizens eligible for ASC care and support and ensure diverse, quality supply for citizens to commission their own care from.
6. **Grow alternatives to traditional care and support** by building the capacity of VCSE and other organisations to deliver care and support 'help when it is needed' and to increase the use of TEC.