Social Care and Health Overview and Scrutiny Committee **Agenda Item No.**

Date 17 December 2015 **10.**

Title of the Report: Adult Social Care Local Account 2014-15

Ward(s) All

Portfolios: Councillor Eddie Hughes

Executive Summary:

1.1 The Local Account is a report for a general audience, including residents of the borough and service users, reflecting the performance of adult social care for the year 2014-15. It is reflective *and* forward looking and is designed to be used as a tool for self-improvement. There is a statutory requirement for the Local Account, and this one builds upon the feedback on the previous year.

Reason for scrutiny:

2.1 To provide Scrutiny the opportunity to comment on the Local Account prior to final publication.

Recommendations:

3.1 It is recommended that:

Scrutiny provide comment on the Walsall Council's Local Account 2014-15.

Background papers:

4.1 The role of performance assessment for Adult Social Care changed in 2011-12 with a sector led improvement approach replacing the external assessment process.

4.2 Part of the focus for these changes was to strengthen local accountability to residents, users and carers. To enable this, councils were charged with finding meaningful ways of reporting back to residents and service users about Adult Social Care performance through an annual Local Account.

4.4 In addition a Peer Challenge framework was introduced through the Local Government Association and the Association of Directors of Adult Social Services (ADASS). The draft Local Account 2014/15 was one of the documents submitted as part of the Peer Challenge Process carried out by regional colleagues in November 2015 on behalf of West Midlands Association of Directors of Social Services (ADASS) – the outcome of which is also available to Scrutiny.

Resource and legal considerations:

5.1 This Local Account is an explanation of how adult social care is in line with the overall Council objective to improve the health and well being of the people of Walsall. It also reflects priorities established by the Joint Strategic Needs Assessment, the Health and Well Being Strategy and the Sustainable Community Strategy. The Health and Well Being priorities included in the 2014/15 Local Account focus on:

- Fewer vulnerable adults and older people need intensive support, and for shorter periods
- More vulnerable adults live meaningful lives in their own homes, with fewer people living in long term residential or nursing care
- Fewer unnecessary hospital admissions, and more rapid discharge home from hospital

5.2 The Local Account includes contextual financial information for 2014-2015. Financial implications for Adult Social Care are contained within existing plans and budgets as part of our continuing improvement cycle.

5.3 The local account includes contextual staffing information for 2014-2015. There are no direct implications as a result of this report.

Citizen impact:

6.1 The Transforming Health and Wellbeing Strategy for Walsall 2013 – 2016 will continue to ensure that:

a. The Council continues to implement its strategy to plan and deliver preventative services, with particular emphasis on accessible services from within the voluntary and community sector to support people and prevent or reduce the need for social care services.

b. The successful delivery of this initiative will support people to be independent by removing barriers that create social exclusion within the borough.

Environmental impact:

7.1 None.

Performance management:

8.1 Continued improvements in adult social care services as a result of its performance monitoring will ensure equality of access to services for all adults in Walsall.

Equality Implications:

9.1 No Equality Impact Assessment has been undertaken for the production of the report but, where relevant, the initiatives detailed in the Local Account have been the subject of Equality Impact Assessments.

Consultation:

10.1 The Local Account is a public document and will be available on the Council's website. Comments and questions on its content will be encouraged, as stated in the Foreword. A response slip is supplied at the back of the document. This year the format and approach incorporated comment received from the Walsall Local Account 2014.

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Walsall Council

Local Account for 2014/15

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Foreword

FOREWORD BY COUNCILLOR EDDIE HUGHES, PORTFOLIO HOLDER

This Local Account covers a period of change and austerity as the Social Care and Inclusion service resolved structural budget and other issues in 2014/15. As Walsall Council has to save £85 million over the next 4 years we will have even less money to deliver social services, 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 is 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 help us to shape social services so they will be financially sustainable for the future whilst still meeting the needs of our disabled and vulnerable residents.

INTRODUCTION FROM KEITH SKERMAN, INTERIM EXECUTIVE DIRECTOR, SOCIAL CARE AND INCLUSION

This is the third 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 2014/15, 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 social care workforce?? in the Council, and the good partnerships the Council has with partners such as the NHS Trusts, the Clinical Commissioning Group, housing and voluntary organisations.

There are areas for improvement highlighted in the Local Account which have informed the priorities for the current year, 2015/16. 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 social services.

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

Introduction

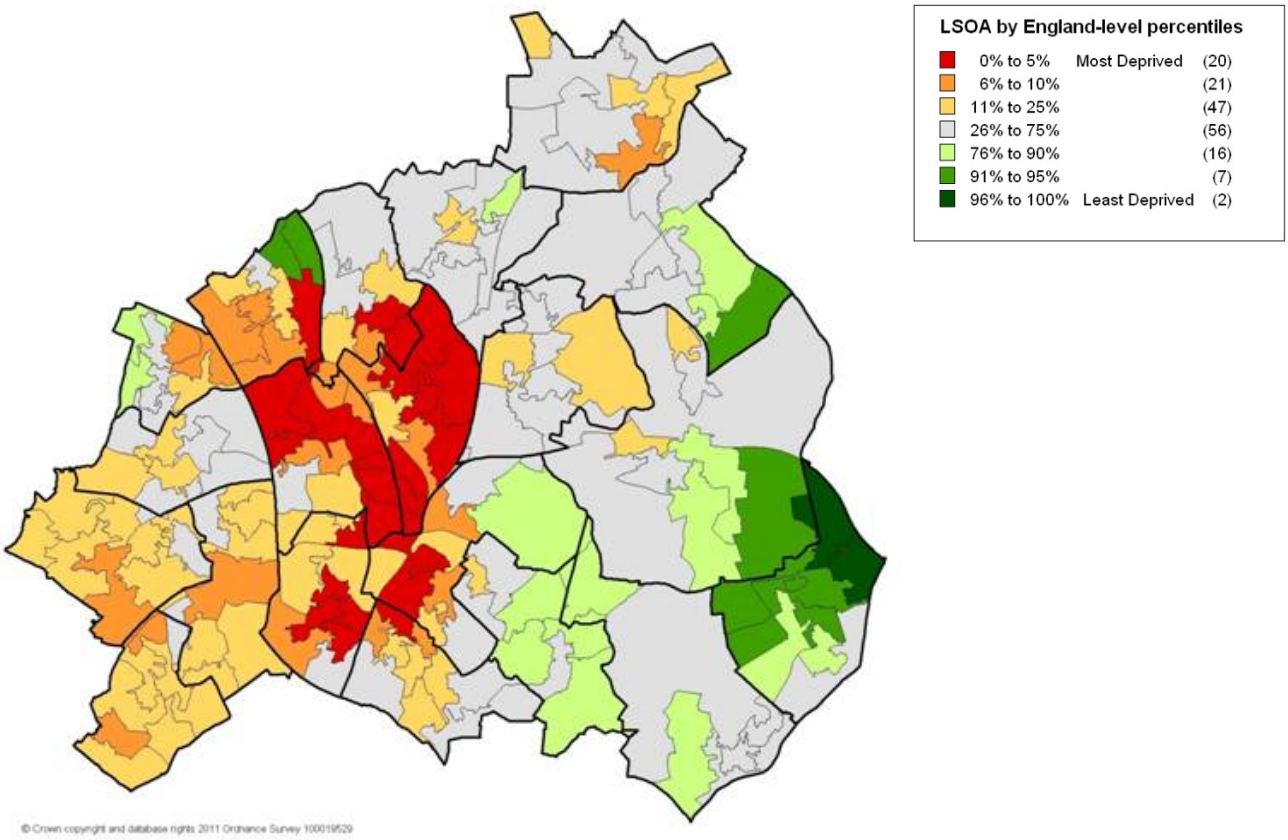
The Local Account 2014/15 is the Annual Report for Walsall Council's Adult Social Care and Inclusion Directorate. Its message is simple; it tells you, our citizens and customers, about what we have done on your behalf in the last 12 months. Some of the detail in this report has come from direct feedback 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 2015/16.

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 2014-15 went into getting the infrastructure right for the future.

Walsall: Population and Deprivation

Walsall's overall population is predicted to increase between 2011 and 2021 by 4.5% from 269,500 to 281,700. In addition to this, Walsall's older population (those aged 65 and above) is also predicted to increase by 12.9%, with the number of people 85 year and older increasing from 5,467 in 2008 to 8,109 in 2021. This will have significant impact upon resources. Source POPPI, Institute of Public Care.



Walsall 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). In 2010, Walsall was ranked as the 30th most deprived of the 326 Local Authorities in England. The borough fares particularly badly in terms of education, income and employment deprivation. Central and western parts of the borough are typically more deprived than the east. (Excerpts from the Walsall JSNA, 2013, (http://cms.walsall.gov.uk/walsall_jsna_refresh_draft_10.pdf).

Walsall Population and Workforce Facts and Figures 2015

Walsall Council directly supported 3591 customers in 2014/15

62.4% are FEMALE 37.6% are MALE

68% have a Physical Disability

9% have a Mental Health diagnosis

18% have a learning disability

0.1% have been treated for substance misuse

28.4% are 18-64

11% are 65-74

24% are 75-84

36.6% are over 85

Social Care workforce that supports our customers was made up of 603 staff

- 77.11% are White British and 22.89% are from other ethnic groups
- 1.99% are aged between 19-25
- 251 people are aged between 46-55

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 social services measures) in comparison with neighbouring authorities or authorities with similar populations.

The Framework was announced in 2011 and during 2012-13 all Local Authorities benchmarked and measured against their key performance areas. 2014-15 will be the third full measurement year.

Walsall performed really well in some areas during 2014-15. Its permanent admissions to residential care for younger adults (below 64) and older adults (above 65) were one of the lowest in the local comparator group at 6.86 and 534 respectively.

The proportion of adults offered reablement in 2014-15 was the second highest at 4.4%, and delayed transfers, at 6.8%, was the lowest in the group too.

The proportion of younger adults living in their own home or with their parents had remained static at 80.8% and this trend was reflected across younger adults needing mental health support which had an out turn of 92.9%

The ASCOF measurements showed that on the whole people were satisfied with the social care services with Walsall scoring 64% compared to a minimum of 61.9% in the local comparator group and a 72.1% maximum. Similarly 73.3% of people felt they could find information easily against a local maximum of 80.9% and a minimum of 69.2%.

91% of people felt safe and secure compared to a minimum of 61.1% and a maximum of 96.8.

There were some areas that had improved from 2013-14 but needed further improvement. The proportion of people with a Personal Budget had increased to 82.8% but needs further improvement. There were dips in the employment indicators for adults with learning disabilities and mental health support needs which will need to be improved. Similarly there was no improvement on the indicator which measures where people are at home 91 days after discharge, with the indicator remaining below target.

Overall Walsall continues to do some things really well compared to the local group. This will further improve throughout 2015-16.

How Does Walsall Spend its Money?

The council is facing a challenging financial outlook with savings of £85m required over the next 4 years 2016/17 to 2019/20. This is on top of a 40% reduction in grant funding over the previous 5 years. During year 1 and year 2 of the previous 5 years, Adult Social Care contributed a significant sum (circa 50%) of the overall savings implemented, being the highest net spender in the council. 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 SC, whilst it continued to spend over a third of the councils overall budget.

We have spent:

- £7 million on universal preventive services such as community alarms; voluntary organisations and supporting people monies
- £6.5 million on In-house services which include Intermediate Care, Day Care and some residential care
- £11 million on Assessment and Care Management and their support and business services
- £52 million on commissioned services from the private and voluntary sector to meet people's longer-term needs
- £9 million income has been collected from customers via their contributions to the cost of their services

Council spend and Social Care and Inclusion spend

	Council budgeted gross expenditure £m	**Social care budgeted gross expenditure £m**
2011/12	710.86	115.27
2012/13	663.35	108.20
2013/14	627.23	104.31
2014/15	633.9	98.81

Social Care and Inclusion spend over the last 4 years

	2011/12 £m	**2012/13 £m**	**2013/14 £m**	**2014/15£m**
Older peoples	67.64	64.17	53.84	51.48
Younger Adults	9.65	6.71	7.29	8.11
Learning Disabilities	29.59	29.61	31.49	32.63
Mental Health	8.39	7.71	11.69	10.31
TOTAL	**115.27**	**108.20**	**104.31**	**102.53**

Savings and efficiencies

Due to the global economic crisis and the impact of public austerity, the council has less money to spend in social care. Between 2011/12 and 2014/15 a total of £26m (check this is the correct figure) worth of savings was achieved by adult social care: £8.823m for 2011/12; £7.155m for 2012/13; £3.338m for 2013/14, add in 2014/15 figure with a target of £3.269m in 2015/16.

Over the next 4 years (2016/17 to 2019/20) the council will have to save another £82m. Social Care and Inclusion will work with Cabinet and corporate colleagues to meet the Council's priorities within agreed resources. In the coming months a 4 year 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 adult social care budget, there has been an increase in the approved budget to allow for inflation (contractual) and service cost pressures totalling £8.314m over the 4 years 2011/12 to 2014/15; with an expected increase of £0.561m in 2015/16.

Year	£m
2011/12	1.432
2012/13	2.802
2013/14	1.437
2014/15	2.643
Total	8.314

Note 14/15 includes pension increase that was removed in 2015/16 of £1.3m

Approach to Savings

In adult social care the following approach has been taken to find savings:

1. The new operating model (with a strong focus on prevention) will help to reduce demand for adult social care. It is predicted that if the model is operating successfully there can be a further reduction in admissions to residential care for older people and a reduction in the number of older people needing on-going domiciliary care. There is a proposal to introduce a call monitoring system to ensure that older people get the care that is requested for them
2. We have reviewed a number of services (including commissioned services) and proposed changes that will reduce costs through alternative ways of meeting people's needs

3. We will use the new Department of Health monies to enhance existing services and introduce new ways of working in partnership with the CCG and other health providers that will enable us to sustain our joint working ethos.

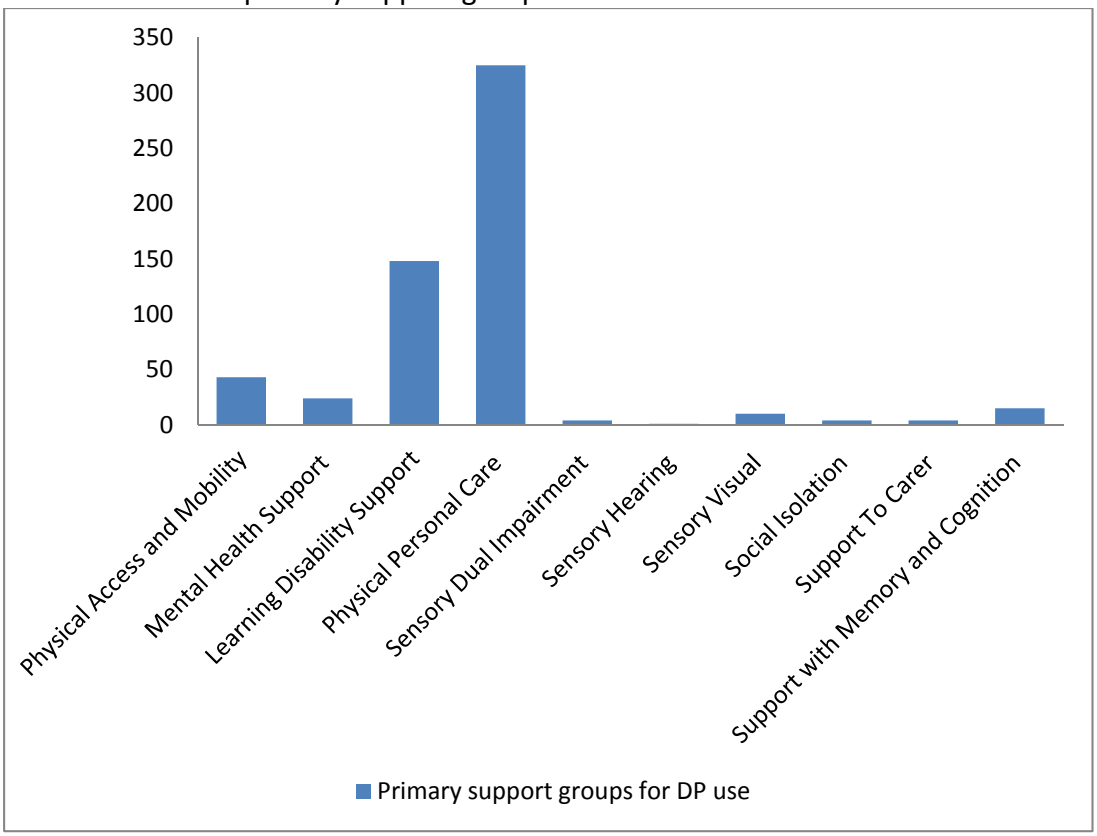
Independence, Choice and Control

Take-up of Personal Budgets and Direct Payments

For people that are eligible for community based social care funded services 83% of those people are in receipt of a personal budget, 29% of people are receiving a direct payment.

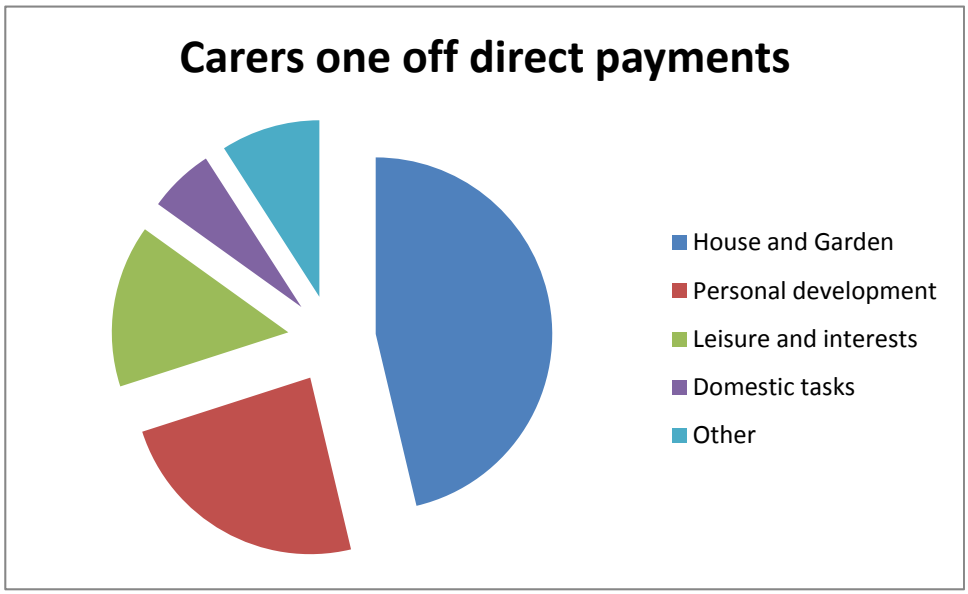
Direct payments give people greater choice and control with how their needs are met. The majority of people in Walsall receiving a direct payment chose to employ their own personal assistants to support them. A range of direct payments support organisations provide various levels of support so to ensure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

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



Between 1st April 2014 and March 31st 2015 381 carers received a one off direct payment to support them in their caring role. The Carers One-Off Direct Payments scheme is designed to support carers in different aspects of their lives, and to help ease some of the extra pressures arising from the caring role.

The breakdown of how the one off payments were used is as follows:



Prevention

Prevention Services are at the heart of the Social Care offer to people with disabilities and their carers. With the introduction of the Care Act, and Children and Families Act in 2014, Local Authorities and their partners will become under increasing pressure to use their resources and community to prevent people coming into the health and social care system. A range of preventive services are already being delivered 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 2014/15, the Hub was contacted (by email, telephone, visit) on average of 1714 times per quarter.

Midland Mencap

Midland Mencap offer support, information, and guidance to people and their carers. The one stop facility enables people with disabilities and carers to receive a range of support in one location, with a focus on early prevention.

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 Social Care Services. Two befriending services were established to provide support to younger adults with physical disabilities and sensory impairments 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 , 36 people 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 and people with a physical disabilities and sensory impairments. On average each quarter 63 people were supported.

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 and also to support people 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 Social Care and the Clinical Commissioning Group. It loans a wide range of equipment to people living in the community who may have long-term support needs or short-terms whilst they are undertaking reablement. Equipment can range from a mobility aid such as a zimmer from to a specialist bed and mattress. In 2014/15, the service supplied 35,752 pieces 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/

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 Choices, 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.

The Independent Living Centre (ILC)

This year we have seen an increase in the number of people using the ILC, with over 10,000 people visiting or contacting the centre. People can drop in for information and advice about equipment that helps them to remain living at home. Staff are available, with the ability to offer advice in the use and fitting of basic daily living equipment. Assessment by a member of the ILC staff or Occupational Therapy Team can be offered on the spot and equipment &/or adaptations can be ordered on the same day if the person is eligible thus significantly reducing the waiting time for services.

The ILC is used to showcase new pieces of equipment to staff across Social Care & Health to keep them up to date with developments in assistive technology

A monthly 'dementia café takes place at the centre, giving those suffering from dementia and their carers chance to meet and give mutual support. They are able to discuss and share issues and offer support to each other. Various professionals support the cafés, including social workers, Occupational Therapist (OTs), and community nurses and 'experts' are invited at the request of group members.

A mind Matters cafe takes place once a month offering older people with mental health issues the opportunity to meet with others in similar situations and trained staff in a safe environment where they are able to talk and receive support and guidance.

An Active Steps exercise class takes place every Friday for older people who have experienced or who are at risk of falls. The class is designed to improve their balance and mobility and boost confidence.

Blue Badge mobility assessments are carried out at the ILC, and are now available on Saturdays to enable flexibility of appointments outside of work hours. There were 2,652 assessments completed during 2013/14, positively helping people to be as mobile and independent as possible.

The short-term wheelchair loan service offers a free wheelchair for a period of up to 6 weeks to aid people through recovery period following illness or surgery. Usage has significantly increased from 500 hires to 1,155 during 2013/14.

In January 2014 the ILC started working with the Fire Service to inform people about their services. A Fire Officer attends the ILC weekly to advise customers on home safety.

The occupational therapy service hold seating clinics for children every school holiday throughout the year, with specialist seating providers also attending. The clinics enabled more children to be seen, quicker and therefore waiting times were shorter. Parents had the opportunity to discuss any issues with the seating company representative and the OT, improving their understanding of the equipment and giving them more confidence.

The ILC also works closely with a number of local schools supporting them with their Health & Social Care curriculum for GCSE, BTEC and A Level. Students and teachers are invited along to the LC where they are given the opportunity to try out equipment for themselves and work through various case scenarios. The students are also able to try out an "Age Simulation Suit" which gives them an idea of how it feels to be an older person in their 70s or 80s

The Sensory Support Team offer a drop in service for people with visual and/or hearing impairments giving advice & information and offering assessment for specialist equipment. A British Sign Language interpreter is available at every drop in session.

The Welfare Rights Team attend the ILC once a week to offer a drop in service for benefits advice.

The Health Authority also use the ILC to provide Healthy Living Clinics and Smoking Cessation advice.

We have an equipment loan service for local community groups, residential and nursing homes who have any involvement with people with dementia. The equipment includes 6 Remipods (pop up reminiscence rooms) Reminiscence boxes, i pads and various games. The aim of the loan service is to encourage the groups/establishments to engage more with people with dementia through the use of this equipment.

The fostering & Adoption service hold information evenings at the ILC for potential foster parents

The ILC is also used as a training venue for delivering Trusted Assessor training to staff from across Health and Social Care and other partner agencies.

Assistive Technology

Assistive technology is the collective term for items of equipment or computer technology that help people to remain more independent.

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 operates 24 hours, 7 days per week, and deals with around 25,000 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 4,000 calls a month

Telecare and other Equipment

Our Integrated Community Equipment Services and the Telecare installation service undertook major work to integrate and computerise their customer and stock records. This means that there are consistent records across the services resulting in more accurate and useful records that are immediately improving service provision and over time can produce better information with which to inform decisions. Stock is barcode labelled and tracked electronically, meaning better stock control and higher rates of return of loaned equipment. It also allows live updates on all orders, meaning queries can be dealt with swiftly and accurately at all stages of an orders progress.

Telehealth

Telehealth equipment is available to enable people with certain health conditions to self-manage these at home. This means they potentially have fewer condition related GP visits, hospital admissions as they are given the help in their home when their condition requires it. The number of people in Walsall benefiting from managing and self-monitoring their long-term health conditions through the range of Telehealth equipment positively increased during 2013/14, from 138 in 2012/13 to 220 in 2013/14.

Installation and Recycling of Equipment

Demand for Telecare equipment continued to grow in 2014/15, with a rise of 10.68% in jobs completed compared to 2013/14.

Further progress was made in improving Telecare installation times from receipt of referral. The average wait dropped from five working days during 2013/14 to three days in 2014/15.

In 2012/13 the wait was seven working days which shows a sustained improvement in services over this period to ensure people receive Telecare equipment as soon as possible in the face of growing demand.

Emergency cases for Telecare installations are still dealt with on the same day, the 24 hour response team and the Telecare installation team taking on this extra work in addition to their scheduled jobs. These prompt installations enable people to be discharged from hospital as soon as they are well enough to return home safely.

In 2014/15 major improvements to the Telecare equipment refurbishment program have taken place using existing resources in more effective ways. These efforts have borne fruit, with £243,265.62 worth of suitable Telecare equipment prepared for re-use. This is a significant growth over 2012/13, where £98,183.20 worth of equipment was refurbished.

	Equipment Spend	Equipment Refurbished	Jobs Completed
2014-15	£234,155.84	£243,265.62	4228
2013-14	£303,186.40	£98,183.20	3820
July 2012-13	£306,423.00	£0.00	2008

Using more refurbished equipment has resulted in a 22.76% reduction of spending on new stock, saving the Council money while meeting a large growth in the number of jobs the service has been called upon to complete. The refurbishment program will be vital to keeping the Telecare Service sustainable in the future as local government budgets come under further pressure.

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 440 in 2014/15. Major procurement work has seen average DFG costs reduce dramatically for example a 47% reduction in stair lift costs from 2008/9 to 2014/15.

Services for Older People

Community Intermediate Care (Reablement Service)

'Reablement carers are far superior to other carers, they go above and beyond'.

During 2013/14 the Council invested £500,000 in the CIC service, to help it provide more services to more people. The service helps people maximise opportunities to improve their health, well-being, independence and to remain in their own home environment. People who used the service reported the following:

- Reduced necessity to keep having to 'tell your story'
- Progression towards independence goals monitored within the same service
- Timely introduction of professionals at the appropriate points along the journey to recovery
- Timely Introduction into the service at the point of hospital discharge
- An individual plan, identifying goals, aspirations and outcomes
- Dedicated sessions for occupational therapy and physiotherapy to help aid recovery
- Close collaborative working with social care and Health teams
- The recent introduction of the Service user satisfaction survey indicates a 100% satisfaction rate which the service is very proud of.

The service provides an average of 1,650 hours of direct support per week. Of the people who have used the service in 2014/15 75.4% of people were still at home 91 days after a spell in hospital. We are hoping to increase this to nearer 80% in 2015/16. Assessments following referral within 24 hours are at 100%, and we discharge over 98% of people from hospital 24 hours after assessment.

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 3 weeks, 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 2014/15 there were 37 people admitted from home, avoiding unnecessary hospital admission and 259 people admitted directly from hospital, which facilitated timely discharge. A total of 296 people benefitted from the service during the year. This represents a slight down turn on the previous year which is attributed to the temporary 8 week reduction in beds whilst building works took place to improve the facilities.

Integrated Locality Model

In January 2014, the council committed a small cohort of existing social care staff to work directly with the community based health colleagues in the West Locality CCG cluster. The cluster were established following the redesign/restructure of the Community Matron/District Nurses service and the alignment of G.P practices in 2014. This was to be on a pilot basis with the specific aims of improving integrated working between health and social care colleagues along with other community organisations, for a specific cohort of identified individuals, whilst enhancing their quality of life and achieving better outcomes.

The scope of this pilot was to specifically work with individuals who have a long term condition as well as their family members and informal carers and any relevant health and social care partners. The remit was to support them with the maintenance of their health and wellbeing and were possible promote their independence, enabling them with minimal support to remain within a community setting. The approach where possible, reduced the need for hospital admission and ongoing care.

Across the first three months of the pilot 5 staff, with a range of skills and knowledge, worked with the West Locality in Darlaston. They collaboratively worked directly with up to 10 GP's in their various surgeries across the week and held multi disciplinary team (MDT) meetings with a range of health staff, to discuss individuals who would benefit from an integrated whole systems working approach. The social care staff were funded from the Better Care Fund which was a pooling of some existing funds already available across health and social care which was to be used specifically to achieve most of the above.

During the pilot, over 130 individuals have benefitted from the MDT approach. As a result of this pilot, many have maintained better control in their lives, achieved the outcomes they wanted and have maintained or in some instances improved their quality of life, whilst remaining in a community setting. For example:

Mr A - was provided with equipment that aided safe transfer, and with targeted training for family members and care staff has lead to him sitting up in bed for the first time in two years with a renewed ability to transfer out of his bed to be more engaged in family life. Mr A is looking forward to spend more time out of his bed in the future.

Mrs B - Her husband/daughter had been struggling to manage the demanding care requirements, but with input from the team, provision of information, some simple equipment and a short period of respite, the provision of long term support was avoided.

Living with Dementia

Diagnosis

In 2012 there was a national ambition set by the Prime Minister's challenge on dementia to achieve a diagnosis rate of 67% of those people believed to have dementia by March 2015. Walsall achieved 68.1% which not only achieved the national ambition but was the best diagnosis rate in Birmingham and the Black Country.

Dementia Cafes

Services have continued to be developed to meet local need. Walsall now has 8 dementia cafés where people with dementia and their carers can go to receive support, information and activity. One of these cafés is operated from the Manor Hospital. The dementia cafés have been so well received that a new mode of café to support older people who have been diagnosed with depressive illness is being trialled. This is known as a Mind Matters café and follows the same philosophy.

Feedback

In order to understand how services are received by people with dementia and their carers in Walsall, attendees of all seven community dementia cafes were asked to rate Walsall against national quality standards set by the department of health and the National Institute for Health and Care Excellence (NICE). The rating was on the traffic light system of green, amber or red. Of the 29 standards, people with dementia and their carers rated Walsall dementia services as green on 25 and amber on 4. The amber areas were for planning for the future and concerns around end of life care. The council and clinical commissioning group will put in place two new services in 2015 to address these areas of concern.

Dementia Friendly Communities

The Dementia Friendly Communities programme has been continued and over 25 organisations have successfully completed the programme. The programme was has been reported in the local newspapers, by BBC Midlands Today and Big Centre TV. Funding has been made available to continue this programme into next year.

Hospital liaison team

The older people mental health liaison team at the hospital continues to support people with dementia in hospital. The team is made up of specialist nurses, support workers from Pathways4Life (Age UK Walsall & Accord) and a psychiatrist. Plans are being submitted for more nurses to support a 7 day service next year.

Specialist dementia support roles

Walsall has a Dementia Support Worker for screening and support who is provided by the Alzheimer's Society and has worked under the supervisions of a GP. They support people who are not yet diagnosed and long term to prevent crisis.

The Dementia Support Worker for hard to reach groups has raised awareness of dementia and healthy lifestyles. The role has been so successful that it will be a case study in Public Health England equality guidance. People from other towns and cities have praised the service after watching a film about Walsall at national conferences on dementia, where Walsall was asked to speak about its dementia services.

What next?

Integrating services is a national priority so over the next 12 months providers will work together towards integration. This will include services working more efficiently with each other to improve communication and reduce duplication. New services are planned to support this including a crisis service for older people with mental health issues and dementia and new specialist nursing roles to work in integrated teams of therapists, district nurses and social workers.

Disability Services

Shared Lives Scheme

The 'Shared Lives Scheme' provides respite and 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. In the year 6 carer households were approved, increasing the total available to 40.

The Shared Lives scheme workers assess new carers as well as supporting and monitoring existing carers. For children approaching their 18th 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 services in 2013/14.

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 placement are offered.

In total, there are 57 carers and 40 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 increased to 80.80% compared to 79.8% in 13/14
During 2014/15 we:

- Walsall continues to support people to live within the least restrictive environment. Individuals are supported to maintain their own tenancies with the appropriate support within the community.
- Walsall continues to support people outer county to return back to the borough close to their families and friends.
- Walsall jointly works with the CCG to support people back out of psychiatric hospitals to the community close to family and friends with the right support.
- Working with a range of providers Walsall is supporting to develop bespoke packages within the community in order to support people who present challenges within the community opposed to assessment and treatment hospitals.

Examples of the service and support provided:

- A gentleman was supported to step down from a rehabilitation hospital to the community. A bespoke package of support was implemented and the individual is travelling independently in the community and attending college.
- Through early intervention we were able to avoid a hospital admission for a young lady. Psychology support was provided and the needs of the individual were addressed which resulted in the person no longer needing to be admitted to an assessment and treatment unit.

Floating Support

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

In 2014/15 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

People using the service commented:

- “Helped me to stay safe”
- “ When I lived at home I had no friends, now I have and we do things together”
- “ Help me look for a job”

Summer Scheme

The annual summer scheme operated in 2014/15, and provided respite to families and carers for people with a learning disability during the summer break, for up to 8 weeks. This helped to reduce pressure on families and carers, and enabled them to balance their caring role.

This year 96 people participated the scheme for up to 20 days, equating to 11,520 hrs of respite care provided, which supported 163 carers. Activities included health walks, leisure, recreational, employment preparation, personal safety, healthy lifestyles, sign language, production of weekly newsletter, Carers health checks ad signposting advise and social skills.

The summer scheme also supported participants to engage with the wider community through 2 community projects:

- Re-designing and development of dementia friendly community garden within Link line (dementia charity) and St John's church community garden Beechdale
- Developing wildlife habitation and interactive educational activities within the Goscote Greenacres site

People were supported with further training and employment opportunities. As a result, 3 participants returned to the scheme have volunteers, and 5 became volunteers beyond the scheme at Goscote and Link Line. The volunteers were also supported, with 2 applying for social work degrees, 1 successful seeking employment of a 0hr contract within sheltered housing establishment and a further 3 supported with evidence towards their course work in education. The scheme also offered a buddy system to support people to access public transport and travel training. This also included recruitment of participant buddies to support introduction of new participants to the scheme

Safe Places Initiative

As part of the Safe Places initiative, 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 hugs across town centre these include: Fist Stop Shop, Walsall College, ILC, Hub (Litchfield 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

Meetings are held at Goscote for carers and families of service users every 4-6 weeks. This gives them an opportunity to raise any issues or concerns, provide feedback, ask questions, source information and keep updated with current issues/developments. At the meetings we have had visitors from other services such as the continence nurse to provide information and address concerns / difficulties parents were experiencing.

The Autistic Spectrum Diagnostic service which was commissioned in 2013/14 continues to offer people access to a diagnosis to enable them to gain access to services and support. During 2014/15, 22 referrals were received, 21 being referred for a diagnostic assessment, enabling them to be referred on to other agencies for help, support and guidance.

Workforce development also delivered Autism awareness sessions to a range of Social Care employees; only 13 people accessed this training as many staff had completed this in the previous year.

The Autism Action group are volunteers, made up of people with autism, parents/carers and professionals with an interest in autism. The group runs a Social Group at Goscote Centre the first evening of every month, giving people the opportunity to meet, develop friendships, and engage in a variety of social activities. There are members of this group are made up of people with autism, carers and parents.

The plans for 2015/16 include:

- Developing an Autism Resource Library where people can try pieces of equipment and technology such as apps before making any decision about purchasing them.
- Developing a specialist short-term advocacy service for people with autism
- Piloting a post-diagnostic support service to support people in the short term to overcome barriers to accessing services, training, employment and other support such as community resources and housing. The service will also improve access to advice, information and deliver a signposting service.
- Reviewing and tendering the autism diagnostic service

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 social workers and rehabilitation officers provide:

Deaf and Deafblind community Support

During 2014/15 our daily drop in service at the Independent Living Centre for individuals with a Sensory Impairment/Deaf need has had 589 visits. 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 service supported 32 Deaf and Deafblind people and carried out 33 assessments in 2014/15.

Mobility and Activities of Daily Living (ADL)

During 2014/15 ADL training for people who have a visual impairment continued. The programme for adults and children supported 57 people and included kitchen skills, home and cash management, personal grooming and leisure activities.

In 2014/15 38 people received formal mobility training, helping people 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.

In addition, less formal training was provided for the following throughout 2014/15:

- 16 people to attend full time college/study
- 19 people to maintain employment
- 52 people to undertake leisure activities
- 56 people to remain safe in their home
- 26 people to continue to care for another person
- 28 people to access the local community

Communication and Low Vision Therapy

In 2014/15 people received low vision aids such as magnifiers, task lamps and writing frames, to enable them to make the best use of their remaining (functional) vision. As well as the following being issued:

- 41 door alerts to keep people safe in their own home.
- 54 specialist telephones to help keep people safe
- 64 TV personal listening devices to enable people to access information
- 89 Liquid Level indicators to help people be independent
- 63 Task Lamps to help people with reading print
- 37 Mono-mouse to help people to access printed material where a lamp wasn't sufficient
- 58 canes/sticks to people to access the local community (usually following mobility training programme
- 9 Baby alarms/Clocks
- 47 referred on/advice and information/signposting to other services.
- 21 referred on to The Fire Service for appropriate smoke alarms.

Informal Emotional Support

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. In 2014/15:

- 186 people were given emotional support to cope with their visual impairment.
- 68 people were given support with regards to their carer needs
- 13 people were given support with accessing spiritual service

Commissioned Services

The Third Sector within Walsall provides considerable support to those with sight and hearing impairments including those with sight loss and the Deaf community. Social Care commission essential services including:

- Eye Clinic Liaison Service (ECLO) - This is support to people newly diagnosed or who have deteriorating sight that access Eye Clinic or acute services. The service is to provider immediate emotional support at the point of diagnosis and certification and to provider information, advice and signposting to local and national resources. The service is delivered based on the principles of early intervention, prevention,

promoting well-being and information provision. The outcomes for individuals and carers is that they have information about their eye conditions and prognosis that can assist them manage their condition and to know where to seek specialist advice and information without necessarily having to contact either Social Care or the NGS.

- Registration, Information and Liaison Service (RILS) – This delivers the sight register, provides immediate advice, information and guidance at the point of registration. It links the individual with all statutory and third sector services that support people with sight loss and ensures a seamless service for the individual and their Carers. This enables people to receive a more joined up response and receive the right support, at the right time from the right person and takes away the frustration of being passed between services and having to repeat information about themselves to different agencies.
- Befriending Service for People with Physical Disabilities and Sensory Impairments. This is to support people to access local, community and mainstream services and organisations so they develop their own circles of support. This service supports individuals to break down barriers that are preventing them for reaching the outcomes they have identified such as access to leisure, employment and training. The service also reduces the isolation that can be experienced and supports people's health and well-being.

In 2015/16, the priorities are to continue to monitor the effectiveness and outcomes delivered by all of these services. A procurement exercise will be completed for the ECLO and RILS service (to commence 1st October). A new Empowerment, Engagement and Decision making service will be established to ensure that there is engagement of local people with sensory loss in the development and review of services and market shaping.

Adult Mental Health Services

During 2014/15 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 2014/15 77 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 over 20 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 2014/15 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 has service has reduced hospital admissions, detentions in police cells and improved outcomes for those suffering ill mental health. Estimated to have prevented over 70 admissions to section 136 suite detentions during the year.

Carers Services

Carers ID scheme

Carers are given peace of mind in their caring role through the provision of the carers' ID scheme. A fob enables 3 contacts to be recorded in case of emergency so as to alert someone to the carer's needs and responsibilities'. This is free to anyone who is a carer in Walsall.

The Council continues to operate the 'carers emergency care scheme', and 51 carers accessed it this year. This equated to 1665 hours of support have been delivered, allowing their cared for to remain safe in the absence of their carer through illness or another emergency. There are 71 carers are registered with the scheme of which 21 are yet to use the service, but peace of mind is given.

Monthly two-hour sessions, held in a carers cafe and facilitated by the specialist mental health carers support team, provide advice and support to those caring for people with mental health needs. There were also 17 female carers, in secondary mental health services from BME communities supported through a dedicated monthly group.

Holiday Grant Scheme

The 'Holiday Grant Scheme' allow carers to access a holiday, either alone, or with the person they care for. This scheme offers financial support to carers to access a holiday if they meet the criteria. 101 carers were supported to have a holiday through the scheme this year equating to £28,733.

Carers are supported to maintain their caring role through a range of clubs and associations where they can share concerns, receive mutual support, and access a range of information and advice. During 2014/15 clubs and associations provided social activity to 720 carers on a regular basis.

Mencap Parents Project

Mencap Parents Project have supported the following:

- Qtr 1 14/15 – 21 people
- Qtr 2 14/15 – 21 people
- Qtr 3 14/15 – 22 people
- Qtr 4 14/15 – 20 people

The service users have been supported with the following:

- Supported to comply with Statutory Orders and related processes in relation to offending behaviour
- Secure/obtain secure accommodation
- Establish contact with external services or groups
- Avoid causing harm/risk of harm to others
- Establish contact with friends or family
- Maximising income
- Reducing debt
- Participate in leisure/cultural/faith and/or informal learning activities
- Participate in training and/or education
- Manage physical health
- Develop confidence and ability to have greater choice and/or control and/or involvement

Carers Independent Advocacy and Carers Assessments

We spot purchase Independent short term and crisis advocacy for carers from an Advocacy Charter mark provider , 'Advocacy matters', as demand increases we will consider commissioning a block arrangement. Walsall has developed its new Carers assessment process and pathway in line with the care Act. We are reviewing carer's personal budgets and direct payments with colleagues regionally with a new system to replace current scheme in the autumn of 2015

Carers Emergency Response service

The final year of our pilot saw an increase in activity compared to the previous year, the scheme provides emergency support up to 72hours for the' Cared for' in supporting Carers. The average length of support has been 72 hours and we have seen an increase in referrals

from health professionals including GP's and Community Matrons. In total 6935 hours of hands on care was delivered during the year.

Confident to care

Walsall updated the e-learning, 'Carers Aware' and Young Carer Aware courses, incorporating changes made with the introduction of the Care Act 2014, and the Children's and Families Act 2014.

Our Confident to Care programme for 2015-16 comprises a range of five workshops supporting carers to look after their own health and well-being.
The programme includes:

- Essential Back Care - & Infection Control
- Dementia Awareness
- Carers Rights - a guided tour through the e-learning 'Carer Aware' session
- Healthy Hearts & Healthy Minds
- Telecare

In addition, the vast majority of Walsall Courses are available to carers who live or care in Walsall, free of charge.

Young Carers

Walsall's Children and Adult Social Services have developed a memorandum of understanding giving a commitment to working together locally, adopting a whole system, whole council, whole family approach that 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 will be provision for an assessment of needs for support for all young carers under the age of 18 on request from them 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.

A Young Carers service has been developed by the Youth Support Services that following an initial assessment and referral of a young person the service will ensure that a support package will be developed and initial key support worker support will be available. The assessment and plan will be reviewed on an ongoing basis to measure needs and changes. In the event that additional vulnerabilities are identified which cannot be supported through a key worker role, a referral will be made to the MAST to determine the level of intervention i.e. single agency response or multi-agency and determine the appropriate Lead Professional Role.

Complaints and compliments

In 2014/2015 we received a total of 93 complaints. This is less than last year and follows the trend of a gradual decrease in complaints over the last five years. The number of compliments was 165 where users took the time to acknowledge that they were very pleased with the service they received. More details can be found in the annual report published in the autumn 2015.

During the last year workshops have been held with senior managers to review the present process used to investigate and respond to customers complaints. As a result of these workshops a few improvements have been made to the process. These include writing to the customer to offer the opportunity to ask the investigating manager for further information about the findings if they remain dissatisfied. This has allowed the change to rectify situations or provide more detail to promote customer satisfaction.

Greater effort has been made in responding to concerns raised by customers to avoid 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 identify by managers as a result of investigating complaints are-

- Customer felt under pressure to sign the placement form despite the contents not being explained. Placement document is now being reviewed.
- Customer felt staff were abrupt and dismissive. Staff to be reminded in training how behaviour can be misinterpreted.
- Direct payment delayed and paid into wrong account. Staff to make sure that correct details are completed on forms, and communicated to finance team.
- Customer not informed of change of worker. Team managers required to check change of worker is communicated.

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

- *The staff looked after me so well and attended to my every need.*
- *The worker has been really helpful and gone that extra mile to get things sorted for me and my mother. He has kept me informed step by step and kept his appointments. He is a credit to the service.*
- *The worker was a driving force to help my mother remain in her own home after hospitalisation. I want to compliment her for all the support.*
- *The provision of a wheelchair and stair rail was provided with courtesy and in a very quick time scale.*

All compliments are acknowledged and communicated to the staff they relate to.

Adult Safeguarding

Walsall Adult Safeguarding Partnership Board

The Walsall Safeguarding Adults Partnership Board 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 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 2014/15 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 have 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 (2014/2015) is also being produced and published following agreement at the Councils Health and Social Service 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 undertaking safeguarding investigations (enquiries) where there are large scale or complex multiple concerns and provides 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 2014/15, we have undertaken a total of 16 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, Joint Commissioning Unit and Contract Management Team. 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 2014/15 there have been 1589 Alerts (concerns) raised and 295 Safeguarding Adults completed investigations. This compares in 2013/14 to 1378 alerts and 423 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 2015/16

Council-wide priorities for 2012-16 are to 'Make Walsall a better place to live, work and invest' across 3 key areas:

- Health and Well Being
- The Economy
- Communities and Neighbourhoods.

Walsall Council believes that the progress made during 2014/15 places us in a good position to respond to the demographic and financial challenges that it faces. The strategic direction set by the government is clearly set towards prevention, recovery and rehabilitation with a

move to increasing the personalisation of services and working in collaboration with partners and the local community to achieve improved outcomes for users of our services.

We have to forge ahead with the statutory requirements of the Care Act and the Children and Families Act whilst adhering to the Council's four year financial plan.

The key priorities for next year are as follows:

1. To Continue to implement the requirements of the Care Act and the Children and Families Act 2014

- It is a complete re-write of all current social care legislation
- Brings all care and support legislation into one single statute
- A new overall principle is to promote individual well being

Key New/Amended Responsibilities from the implementation will include:

- Promoting individual wellbeing and preventing the need for care and support
- Promoting integration between services
- Providing information and advice
- Further assessing the needs of users and carers (including new rights and entitlements) whilst implementing the national eligibility criteria
- Statutory safeguarding
- Implementing new financial assessment and charging arrangements to include the maximum cap on costs
- Focusing on market shaping and arrangements for provider failure –

2. Update on the implementation of the Care Act

A Care Act board was established in February 2014, the scope of the board was to: undertake scenario planning ahead of detailed guidance, utilise regional networks and work collaboratively with other Local Authorities including identifying best practice (internal, regional and national) and prepare for the key changes likely to arise from the Care Act 2014. The board has overseen and continues to monitor activities undertaken within the business to ensure care act compliance throughout the directorate.

3. Development of Prevention Services

- Adult Social Care will continue providing services that contribute towards preventing or delaying user need for care and support by working with partners to integrate prevention services within the borough.
- Reduce admissions to long term care services by keeping people in their own homes longer.

4. Integration of Intermediate Care and Complex Care

- Further integrate Health and Social care Intermediate Care and Reablement Services
- Develop a locality model approach with Community Health and the CCG focussing on 5 Primary Care Hubs

5. To continue to redesign our Information and Advice services

- Development of a web portal for customers and staff to make information more accessible and finance services easier.
- Review and simplification of the Social Care charging policy

Mosaic

Mosaic for Adult Social Care will provide a unified system across all elements of social care business into a single system. There will be increased functionality to underpin the development of complete social care record. As part of the implementation programme phase 1 is case management system with a scheduled implementation for autumn this year. Phase 2 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.

6. New Approach to Social Work

- Social workers will support the business model going forwards with a more focused service based upon the customers whole care and support package needs
- We will give follow the new duty to carry out carer assessment regardless of level of carer need or financial resources of carer/user- this now includes young carers
- Have robust plans for potential provider failure
- Further expand Electronic Call Monitoring in order to provide efficient and effective care calls.

7. Better Care Fund

Our vision, as set out in our Health and Well Being Strategy and based upon our Joint Strategic Needs Assessment is to maintain and where possible improve the independence, health and well-being of the people of Walsall. In doing so we aim to reduce the prevalence of emergency admissions to hospital and to reduce the number of older people who are receiving on-going social care services, especially admissions to care homes from 2015/16 onwards as set out in our trajectories.

The two objectives of our vision are:

- Enable people to remain well and at home as long as possible
- Swift return home following episode of bedded care

The changes delivered will be significantly improved joint assessments, and early interventions by primary care, community healthcare, mental health and social services.

In addition both the Walsall CCG and Walsall Council will align other budgets in commissioning outcomes that contribute to the success of the Better Care Fund objectives. In the light of evidence based lessons the pooled budget can then be adapted and expanded to meet sustainable improvements over time.

Your Views (Feedback)

Please would you mind filling in the following questionnaire in order to tell us what you think of this annual report, and any other information you would like to share with us.

1. Tell us who you are, please circle the appropriate heading

   a) Someone who receives a service
   b) A carer
   c) A provider
   d) Staff member
   e) Other please specify in box below

2. Which sections did you find most helpful?

3. Which section was least helpful?

4. Is there anything you do not understand or would like more information from?

5. Is there an area you feel we have not included and we should have?

6. Can you rate this report out of 1 to 5 with 1 being Very useful and 5 being not at all useful.

7. Is there anything else you would like to share?

Thanks for your participation.

Please return to the following address with the attached pre paid envelope