

Council – 16 September 2019

Portfolio Brief – Adult Social Care Councillor Rose Martin

1 Strengths Based Practices in Adult Social Care

Adult Social Care are preparing to introduce a new approach known as Strengths Based Approaches; the approach will:

- Improve outcomes for adults with care and support needs and their families in Walsall
- Improve and change social work practice
- Reduce demand, assessments and bureaucracy
- Respond to case file audit recently completed as first part of Peer to Peer Review within Adult Social Care

The publication of the [Strengths Approach: Practice Framework and Practice Handbook](#) helps support social workers to deepen and consolidate their professional practice and to influence approaches in health and social care partnerships.

The principal social worker peer case file audit took place in Walsall on 26th and 27th March 2019. Areas for consideration included:-

- Changing the culture and developing an organisational approach to strengths-based practice
- Developing a practice model for strengths-based practice
- Developing and implementing a learning and development programme to support the delivery of strengths-based practice, including commissioning external training and experts by experience
- Reviewing documentation to support a strengths-based practice approach
- Engaging Advanced Practitioners, Senior Practitioners and Team Managers to support the Principal Social Worker to implement and embed strengths-based practice

The '3 conversations' model is a strengths-based innovative approach to needs assessment and care planning. It focuses primarily on people's strengths and community assets. It supports frontline professionals to have three distinct and specific conversations:

1. The first conversation is designed to explore people's needs and connect them to personal, family and community sources of support that may be available.
2. The second, client-led, conversation seeks to assess levels of risk and any crisis contingencies that may be needed, and how to address these.
3. The third and final conversation focuses on long-term outcomes and planning, built around what a good life looks like to the user, and how best to mobilise the resources needed (including personal budgets), and the personal and community assets available.

This approach has demonstrated how you can give a better deal to people and families who need support, create liberating and exciting jobs for staff, and is a great way of delivering on the demands and opportunities of the Care Act 2014.

The model is dependent on communities and localities being resourced to meet and provide services. Both the commissioning of services with the Voluntary Sector and any Resilient Community Programme have to run in parallel. This strengths based approach has been successfully implemented in 3 local authorities regionally (Birmingham; Worcestershire; and Wolverhampton) and several nationally and is supported by the Chief Social Worker, Lyn Romeo, and leading social work academics and researchers.

2 All Age Disability

We have within the Adults Directorate commenced work on an All Age Disability Model (AAD) to improve the lives and local opportunities for young people and adults with a range of disabilities, mental health needs and autism.

The approach will ensure that a hub (Goscote) is created that supports independence, early planning and a range of offers that focus on least dependency and pro-active, timely support. The All Age Disability Hub Model would work with individuals, their families and their networks of support on proportionate, but inspirational outcomes.

It will promote a “whole family approach” by working collaboratively across directorates and the delivery of timely and proportionate outcomes across Walsall means that people will, over time, start to depend less on statutory services.

Across adults and children’s services we have held workshops to explore thinking across the Children and Adult workforce and to learn more about how they operate when supporting the needs and aspirations of children and adults using the service. The findings of the workshops suggested that there can be greater engagement with customers and better co-production when developing new ideas. This has been more recently identified as part of the Ofsted Inspection of SEND.

Several short-term measures have been implemented across the Children and Adults Directorates whilst waiting to confirm the AAD Model:

- An In house Provider referral form has been created that enables practitioners from children and adult social care teams to request a range of time limited functions to support independence skills, preparation for adulthood and proportionate support to remain as independent as possible for as long as possible.
- Re-designed some of the in-house workforce within the Adult Provider Service, to encourage an approach that is outward facing and with a view to support people to remain in their communities.
- Referrals into the hub can now be taken from the age of 14, focusing on independence, preparing people for adulthood, education and employment in addition to building based outcomes for people with complexities that require a safe place to engage over a longer period of time.

- Adult provider resource is pursuing a Lottery bid in partnership with a 'preferred provider'. This is to encourage investment in the resource whilst also encouraging longer term attraction of third sector providers to promote the resilient communities offer for hard to reach groups as a result of complex needs.
- The In-house provider is also working with the local college to look at how the model can support people who have complex needs to actively remain or engage in adult education. The hub is potentially going to be used to support courses linked to independence, engagement and preparation for work. These opportunities can be a range of accredited and none accredited opportunities, for people with a range of complex needs.
- As part of the wider Corporate Assets and integration theme, by utilising Goscote to create the Hub and the approach to an AAD model for Walsall, there is also the opportunity to maximise the use of the space. This will involve moving the social work teams from Learning Disabilities; Children with Disabilities and SEND into the building, promoting partnership working across the board and also encouraging more local conversations with Health colleagues.

Operationally, there is early evidence being captured; these good news stories demonstrate good practice and the strength-based approaches being adopted:

Example 1

Person presented to the Outreach support at Goscote as a person with complex needs. The cost of care at time of referral was £120,000. The outcomes and aspirations for this person were not clear at time of referral. The team have worked with the person for just over 8 weeks and the cost of care has already been reduced to £84,000, (a full year effect of around £34,000). Slow reduction of night-time need, accessing community travel training and building confidence. Person is being supported to access work experience with a view to a voluntary work placement

Example 2

All staff currently operating as part of the reconfigured internal resource have received 'Travel Training'. By staff volunteering to do this training, they can support any person who is referred to the service for skills relating to travel and connectivity within local communities. The aim is to help to maximise independence when moving around an individual's local community and support ordinary ways of travelling reducing the need for specialist transport contracts.

Example 3

A person who had been attending a building based traditional day service for several years had requested to be supported to prepare for work. The 'outreach' function was able to work with the person and his wider network for support in order to exit Day service. The person was successfully supported with safe travel training, accessing local amenities and prepared for work readiness. By working with the person outside of the day service, it also became clearer around the needs at home. Person is now fully exited from the traditional service of day care, is actively engaging in a voluntary work placement within his local community and has also improved his outcomes around living independently.

3 Walsall Together Partnership

Members might remember that the Walsall Together Partnership is very much about the integration of services across the Borough including community health services; adult and children's services in the council and the voluntary sector services – all hosted by Walsall Health Trust.

Considerable progress has been made with the Walsall Together Partnership and we are currently discussing a draft Section 75 arrangement that will be a formal agreement between the council and the hospital trust agreeing the host arrangements.

Operationally this means the creation of placed based teams in the communities that we serve. There are a number of estate challenges that services are working their way through but it is fundamental that the staff bases are correctly aligned to meet the needs of the services and where this is not the case then premises are identified that are deemed suitable.

The main focus to date has been on the co-location of the East Locality Teams into Blakenall Village Centre (BVC), which as of early September was completed. This move also presents an opportunity to co-locate the operational management team for the services in scope. The group has identified a number of future priorities including the co-location of South Locality teams, relocation of ICS from Holly Bank House to enable stroke services to move in, and the integration of children's localities as part of the Family Safeguarding Model. The co-location of teams across the borough with health is a major achievement that is not to be underestimated and lays firm foundations for strong relations with partners and our citizens.

Linked to the Strengths Based Approaches work and the new ways of working that we are looking at in Adult Social Care a presentation was given to the Integrated Partnership Board. It was agreed that these new ways of working (Strengths Based Approaches) should apply to all services in Walsall. To this end application was submitted to the Skills for Care Workforce Development Innovation Fund and we have been successful in our application for a fund that will enable us to deliver learning and development to approximately 300 staff delivering full training to the wider workforce. Wider workforce developments are being led through the Walsall Together Programme Team.

The Walsall Together Partnership is an ambitious partnership. Over the forthcoming months the work programme includes the Shared Care Record; a combined infrastructure to underpin true partnership and integration from a data and technology point of view. The Director of Adult Social Care is chairing the Clinical Operating Models that will lead discussions around the integration of major health and social care pathways including Respiratory; Coronary; Diabetic; End of Life and Healthy Child Programme.

Awareness Events and Workshops are being scheduled during October and November to gain views, ideas and opportunities.




4 Perform Plus and Adult Social Care

The overall plan and timings have been agreed and finalised between the Adult Social Care Leadership and PWC for Wave 2 Perform Plus. This will set a demanding timetable on the staff and resources within ASC leading up until Christmas and they are currently planning their work commitments in order to accommodate the challenges ahead.

The overall Project Lead will be the Head of Community Care and Partnerships but due to the length of the project and the number of staff groups involved Group Managers will play a significant part in this lead role. Obviously the support from PwC is key and the coaches will be supporting their respective teams. Support will be available at all times in the form of formal training, 1:1 coaching for all Managers and APs, support in all team cascade sessions and huddles, desk side coaching and shadowing of all team members.

Communication and engagement have gone out to the teams, the launch event is scheduled for 18 and 19 September and will be led by Paula Furnival as the Director. Following this 2 day event delivery of Perform Plus training through weekly sessions; daily coaching of team managers and weekly governance meetings with leadership will commence ensuring that progress is reviewed and risks are mitigated.

The following teams and staff are involved but the intention is that there will be a positive impact on the whole customer journey through Adult Social Care.

Access Teams	Locality Teams	Complex Teams
 25 FTE - Access 1 & 2	 19 FTE - North 30 FTE - East 27 FTE - South 26 FTE - West	 26 FTE - Learning Disabilities 44 FTE - Mental Health
Typical benefits of Perform Plus in Access teams: Improved effective demand management at the gateway to ASC – increased signposting, reduced service activity as a whole (assessments and reviews). Service users benefit from avoiding lengthy assessment processes and independence is enhanced through use of community resources.	Typical benefits of Perform Plus in Locality teams: Increased numbers of assessments and reviews – improving service user experience, reviewing needs in a timely manner preventing deterioration and encouraging independence. It also gives more opportunity to review care packages and reduce if not required, saving council money.	Typical benefits of Perform Plus in Complex teams: Increased numbers of complex assessments and reviews – improving service experience of more vulnerable users, reviewing complex needs in a timely manner and encouraging independence. It also gives more opportunity to review and tailor care packages, potentially saving council money.

5 Quality in Care Improvement

The quality of care in care homes in Walsall is not as high as we would want it to be. Walsall has 22 Residential and 12 Nursing Homes for Older People and 19 Learning Disability and Complex Care Homes. It currently has only one care home rated as 'Outstanding' by the Care Quality Commission and Walsall is in the bottom quartile of CQC benchmarks nationally.

Furthermore, since October 2017, the Care Quality Commission (CQC) has deregistered three Residential Care Homes within Walsall. These de-registrations and home closures combined with several others in the borough being under suspension and potentially at risk of closure, prompted action to look at improving the quality of the Care Home market in the borough.

To facilitate this, Walsall Council organised two 'Quality Summits', bringing together relevant stakeholders across Walsall to consider the issues in quality in Care Home provision and to develop an Action Plan to address those issues and also consider long term capacity in the market. The Quality in Care Board was developed to oversee the implementation of the Action Plan. The Quality in Care Board reports progress against this plan to the Safeguarding Board.

One of the priority work streams in the action plan was to review the approach to quality improvement, monitoring and compliance and develop an alternative model to support the system quality improvement action.

In Quarter 3 of 2019/20 an improved Quality Improvement, Monitoring and Compliance Framework will be introduced which will provide consistency in our approach and a Quality in Care Team, comprising of a Quality Improvement and Quality Monitoring/Compliance functions will be piloted. Significant investment has been provided by Walsall Council to develop this improved model and team pilot.

6 Performance

The Adult Social Care Outcomes Framework is a range of measures used both locally and nationally to set priorities for care and support, measure progress and strengthen transparency and accountability and enable local people to hold the Council to account for the quality of the services that they provide, commission or arrange. The data is also used regionally to support sector led improvement, bringing councils together to understand and compare their performance.

Our performance against 9 key measures within the Outcomes Framework demonstrates that we perform in line with or better than our regional comparator group with two measures where we are significantly better than regional comparators:

- The proportion of adults with a Learning Disability who live in their own home and
- The proportion of adults with secondary Mental Health services who live independently with or without support

There are two measures where performance is below the regional comparator group, where plans are in place to improve performance this year, these are:

- Proportion of adults with a Learning Disability in paid employment
- Permanent admissions of Older People into residential care

The outcome of our annual service user survey of those who are direct recipients of our services reports that individuals are now able to manage their support as much as they wish and feel in control of what, how and when support is delivered to

match their needs. It also reports that the care services we provide have contributed to making them feel safer and more secure, which in turn contributes to their feeling of wellbeing.

Requests for our services have, broadly, stayed the same with a 2% increase over the year. The number of people at the end of the year who were receiving a long-term service has increased by 1% compared to last year.

Amongst the older service users (65-plus) there has been an increase in the number of unplanned service reviews but this has largely been driven by the unplanned closures of Adult Social Care service providers.

7 Brokerage

The Adult Social Care Brokerage Team has been redesigned to deliver an effective and efficient brokerage service, which achieves outcomes of choice for service users and reliability for Social Workers, in meeting needs of vulnerable adults.

Brokers match needs with safe and contracted reliable care providers and through the payment run scrutiny process, overpayments to providers are identified and appropriate recovery actions taken to support the council's cost recovery efforts. Effective prioritisation planning means hospital discharge packages and Continuing Healthcare fast track requests are processed within 24 hours.

Through effective negotiation with providers and joint working with relevant teams, termination of care packages has been reduced, ensuring stability of care for vulnerable adults.

Care Management systems (CM), enables effective spend forecasting and invoicing discipline to be delivered, whilst service user needs changes get picked up and reported to relevant teams in real time.

By end of 2019, Brokerage aims to deliver an end-to-end brokerage service across all adult social care service types, covering Community Based Services, Supported Living, and Residential/Nursing/Direct payment packages.

8 Electronic Call Monitoring and move to actuals

Electronic Call Monitoring (ECM) is used to monitor Adult Social Care providers delivery of care against individual support plans. This year we have implemented ECM in all Community Based Services (Domiciliary Care).

The monitoring information that we now receive from this system demonstrates that due to the way the system and payment mechanisms were configured, in some cases, individuals were not receiving the full care that was planned in their support plan, yet the council was still being charged for the full cost of planned care. Service users were making financial contribution to that care, based on the planned hours rather than the actual care delivered. On 12 August 2019, the contract with providers was varied so that they are now only paid for the care that is delivered, rather than the care planned. This will mean that service users are also only charged for care that is delivered.

Later this year electronic call monitoring will be rolled out to Supported Living providers as part of the new contractual arrangements.

9 Finance

The well documented national pressures on Adult Social Care services are consistent with those experienced here in Walsall. The Council has continued to invest significant funding into services to support increased and projected demand whilst at the same time looking to implement efficiency plans and controls in a bid to maintain the directorate's finances in as stable a position as possible.

Since September 2016, Adult Social Care have implemented Resource Allocation panels aimed at driving cost efficiency and reducing the over prescription of care packages where appropriate and safe to do so. Panels have helped deliver £5.2m of cost reductions during this time to date, with a further £2.6m of savings attributed to reducing universal preventative services and contracts.

Pressures include the increasing number of complex care packages that are required for a longer period of time, and an increase in the national minimum wage that has put additional pressure on the care sector as providers have had to increase pay which was subsequently passed onto the council. Since my time as Portfolio Holder (May 2018), Adult Social Care has received investment of £11.4m in recognition of the pressure on Adult Social Care, with a further £10.1m planned over the next 2 financial years.

10 Summary

At Walsall MBC we are Proud of our Past our Present and for our Future.

I have been Portfolio Holder for Adult Social Care over the last 18 months and would like to take this opportunity to thank most sincerely Paula Furnival, her team and staff for their hard work, commitment and dedication to the people of Walsall.

The teams are working very effectively and have managed to deal with increased demand within a reduced budget by constantly reviewing and improving delivery of service.

I have been to visit these teams and will be making further visits.

I am very proud of what they do under difficult circumstances.

I wish to again thank all the staff for their good work.

Councillor Rose Martin
Portfolio Holder for Adult Social Care

6 September 2019