

# Adult Social Care Annual Report:

The Local Account  
2016 - 2017





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## Foreword



We are pleased to be introducing the 2016 - 2017 Local Account for Adult Social Care in Wolverhampton. This is an opportunity for us to reflect on and share the service's performance over the last year. Highlighted are our achievements, as well as some challenges and our plans to address these in 2017 - 2018.

We have included some important data which shows how we are doing compared with last year and have also measured our performance against published regional and national figures. We are also pleased to include some real-life examples to showcase the positive impact Adult Social Care has had in the lives of people with care and support needs (we have changed names and details for confidentiality where appropriate).

The City of Wolverhampton Council underwent a peer challenge of our Adult Social Care in 2016. A number of recommendations were turned into an improvement plan for 2016 - 2017. One of the recommendations was that the City of Wolverhampton Council should strengthen the way in which different parts of the organisation work together. As a result of this, we were

delighted to be the first Council during 2016 - 2017 to showcase the impact of adult social care on the local economy. We became the first council in the country to work with Skills for Care on this and established that adult social care contributes about £250 million to the local economy in a year.<sup>1</sup> This resulted in the prioritisation of the care sector in the City's plans for regeneration. This ground-breaking learning was shared at the National Childrens and Adults Services Conference in 2016.

As part of the process of ensuring the City of Wolverhampton Council is providing the best service, the Local Government Association (LGA) was invited to carry out a Corporate Peer Review which took place between 30th January - 2nd February 2017. Their findings have been published and are extremely positive. The report states that the City of Wolverhampton Council has been on an "impressive journey of improvement" since the last review in 2014, and is now "making a rapid transformation into a confident, capable council".<sup>2</sup>

Adult Social Care has undergone significant transformation during 2016 - 2017. In January

2017, the teams were reconfigured as part of the plan to create specialist hubs across health and social care. Social care practitioners, who assess and support older people and people with disabilities, are now based in local communities enabling them to be better connected to the resources that are available, helping to improve the local offer for adults with additional needs and their carers. This is also part of our move towards a strength based approach, where we value the resources people have available to them personally and in the communities where they live.

On 13th March 2017 we opened our new customer service centre in the Civic Centre, which has replaced the old main reception. All enquiries are now dealt with in this one area, which will reduce confusion and improve the customer experience, especially for individuals with care and support needs. This is a significant milestone in our Future Customer and Future Space work, which aims to transform the way we do business and ensure we are more user friendly and efficient. Customers are now welcomed into a modern, bright open plan space with access to a dedicated staff team who can help with any query.

To celebrate World Social Work Day we held a series of events across the City. The events highlighted the crucial role that social workers play and showcased good practice within both Adults and Childrens Social Care in Wolverhampton. Frontline practitioners, managers as well as the Principal Social Worker participated in the celebrations, which were very well attended.

Resources continued to be a challenge in 2016 - 2017, but we had ambitious plans to make a real difference for people needing support within Adult Social Care. This is evidenced throughout the Local Account. We are starting to see, for instance, how telecare is improving the lives of adults with care and support needs and how our strength based, enablement approach is maximising independence for people who have been in residential or nursing care for many years. We know there are still improvements to be made, however we are confident that we are on the right track.



**Councillor  
Sandra Samuels OBE**  
*Cabinet Member for Adults*



**David Watts**  
*Director of Adult Services  
(from August 2017)*

**Linda Sanders**  
*Previous Strategic Director  
for the period of this Local Account  
(January 2015 - August 2017)*

<sup>1</sup> Report available at: <http://www.investwolverhampton.com/assets/pdf/care-and-the-local-economy.pdf>

<sup>2</sup> The findings are available at: <https://wolverhampton.moderngov.co.uk/documents/s41282/Scrutiny%20Board%2025%20April%202017%20-%20Corporate%20Peer%20Review%20-%20Feedback%20and%20Action%20Plan.pdf>

## What is Adult Social Care?

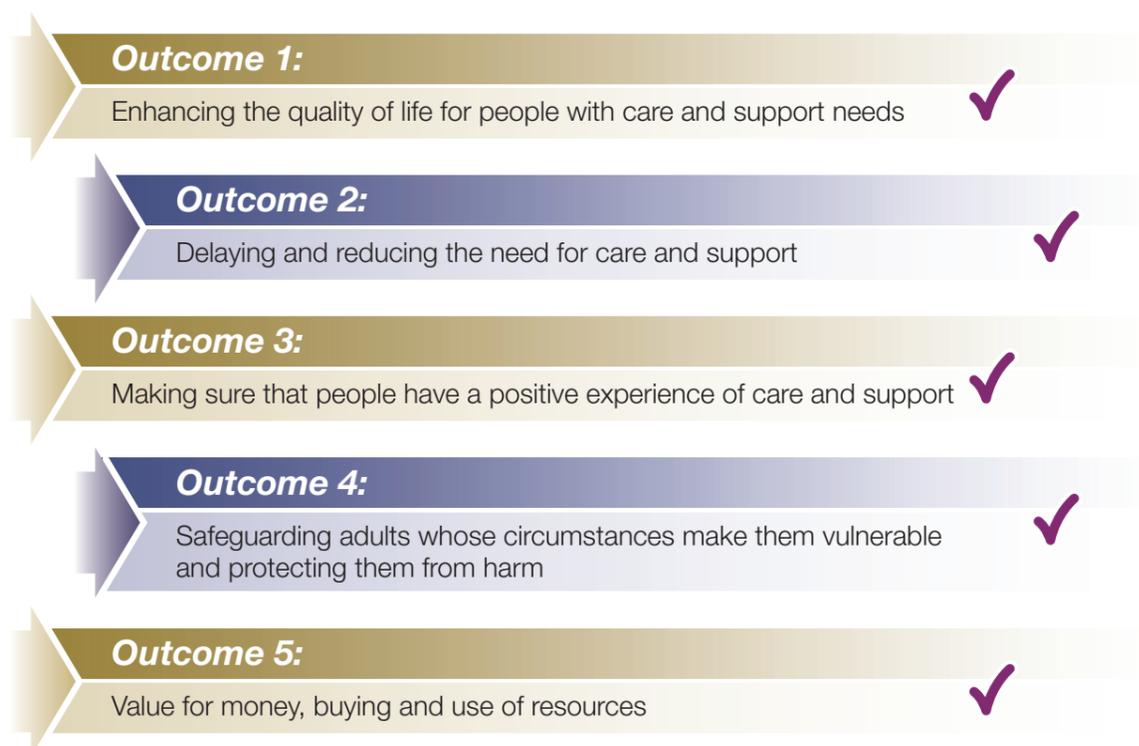
Adult Social Care supports individuals with needs arising from physical or mental health difficulties and impairments. These include sensory loss, physical and learning disabilities, mental health difficulties, substance misuse, autism and needs arising from old age. Adult Social Care also has a duty to make safeguarding enquiries where someone with care and support needs is experiencing, or is at risk of, abuse or neglect and cannot protect themselves due to those care and support needs.

Predominantly adult social care caters for people over the age of 18, but councils also support young people who may already be known to children's services as part of transition planning into adulthood, as well as assessing and supporting carers.

In Wolverhampton the vision for Adult Social Care is about promoting independence and preventing, delaying and reducing need as much as possible. This means making the most of people's abilities and making sure any resources they have available to them are explored before turning to statutory services.

### How do we measure our progress?

The Adult Social Care Outcomes Framework (ASCOF) is used to measure councils' performance. Five of the following outcomes from this framework are referred to throughout this Local Account:



## An Overview of Local, Regional and National Performance

Overview of Performance	2015/14	2016/17	How did we perform in 2016-2107	Similar Council Average	National average
In 2016 – 2017 Social Care reported Quality of Life has remained stable and is consistent with the similar Council average and the national average.	19.5	19.2		18.9	19.1
The number of people with care and support needs who say they have control over their lives has also stayed fairly constant.	75.2%	74.2%		75.8%	77.7%
There has been a positive increase in the number of people who have self-directed support, which gives people more choice and control. This year's figure is more in line with the national average.	75.3%	87%		88.6%	89.4%
The proportion of people who use services who find it easy to find support for people and carers has risen slightly. This is now slightly higher than the average of similar Councils and the national average.	75%	76.2%		72%	73.5%
The percentage of people who use services who reported that they had as much social contact as they would like has remained stable and is higher than the national average.	50.8%	50.9%		44.4%	45.4%
In 2016 – 2017 the overall satisfaction of people, who use services, with their care and support has fallen slightly but is not much lower than other Councils or the national average.	65.9%	62.7%		63%	64.7%

## The Adult Social Care challenge

Understanding local needs and identifying potential changes in population over time helps the City of Wolverhampton Council prepare for the future demand for adult social care.



Older people, in particular, will be a large and growing part of the population.

**The City is expected to have 47,894 residents over 65 by 2025,**

a **13% increase** since the 2014 population baseline of **42,373**.

**The number of people aged 80 and over** will also rise by a considerable **20% by 2025** (from 12,500 in 2014 to 14,998 in 2025)



The number of Wolverhampton residents is projected to increase to

**268,894**

by 2025, which is a 6.3% increase since the 2014 baseline of 252,987.

It is predicted that the population of people living with dementia will also increase by 61 people per year between 2015-2020. The number of Wolverhampton residents with this condition currently is approximately 3722. However not all of these residents will have a formal diagnosis. The most recent data available suggests that The City of Wolverhampton's diagnosis rate is 74.5%, which is higher than the national average (67.7%). This means that about a quarter of people are living with dementia, but as yet do not have a formal diagnosis. By 2020 it is likely that the number of people with dementia will have risen to 3,905.

Wolverhampton's Joint Autism Strategy (2016-2021) forecasts a 4.8% increase in the number of people with autism in Wolverhampton by 2020 and an additional 3.5% rise by 2030.



In 2010 The Royal College of Psychiatry estimated that the number of people in England who experience a mental disorder is projected to increase by 14%, from 8.65 million in 2007 to 9.88 million<sup>2</sup> by 2026.

The data shows that there is a continued demand for adult social care in Wolverhampton because the number of people who need care and support is rising and this rise is likely to continue in the years to come. The challenge for Adult Social Care in Wolverhampton is to carry on meeting eligible needs with fewer resources.

The Council has also identified<sup>1</sup> that there are approximately **3,752 residents aged 18 to 64 and 883 aged 65 and over with a learning disability or difficulty in the City.**

Over the next ten years it is predicted that there will be a **2.3% increase in the number of people aged 18 and over with a learning disability or difficulty which will result in a total population increase of 3.7%.**

<sup>1</sup> Market Position Statement for Care and Support for Adult Services in Wolverhampton (2015-17).

<sup>2</sup> Mental Health Joint Commissioning Strategy 2014-16, Wolverhampton CCG and City of Wolverhampton Council.

## Some Key Data



Population total (2017)

**257,347**

Wolverhampton Population is **51% Female**

Wolverhampton Population is **49% Male**

The City of Wolverhampton Council's Welfare Rights Service supported people to claim **£12.4 million** in eligible benefits in 2016 - 2017.

The median annual income of Wolverhampton residents in 2016 was **£22,921** which is lower than the average nationally (£28,132).

Of the **30%** who are economically inactive in Wolverhampton (this includes students, carers, people who are sick and retired amongst other categories), **13.4%** want a job

The number of unemployed in the City of Wolverhampton is **8.4%** (Which is almost double the National Average Of 4.8%)

**64%** of residents in Wolverhampton (aged 16-64) are in employment. (Lower than the National Average of 74%)



## Facts and Figures

There were **4,574 people** who received adult social care services in 2016 - 2017.

There were **263 people** who received carer services in 2016 - 2017.

This tells us that the number of people who received adult social care and carer services in 2016 - 2017 has decreased slightly since 2015 - 2016.

Number of people known to Adult Social Care in 2016-2017 broken down by service user group:



Social care activity:

**Number of Assessments (18 and Over)** **1,905**  
This is slightly more than we completed in 2015 - 2016 (the number then was 1884)

**Number of Reviews (18 and Over)** **2,067**  
This has reduced since last year when 2400 reviews were carried out.

**Number of Carer Assessments (Separate & Joint)** **1,150**  
There has been a significant rise in the number of carers assessments completed in 2016 - 2017 compared to 2015 - 2016, where the number was 791.

**New Requests for Support** **9,438**  
This figure has reduced very slightly from last year (the figure in 2015 - 2016 was 9566)

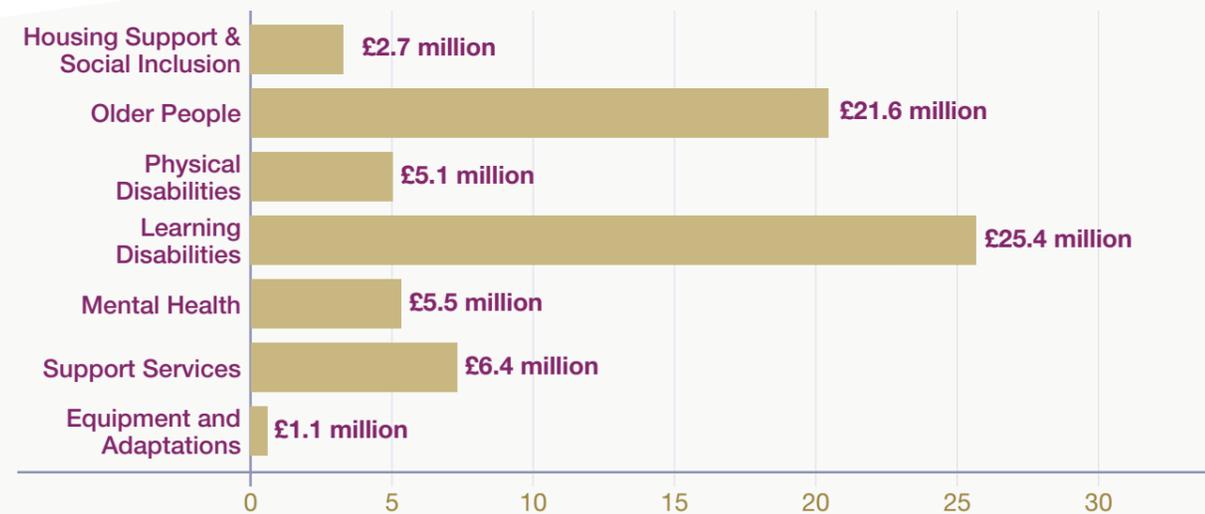
**Support from a Social Worker** **339**  
Number of people with care and support needs receiving professional support from a social worker. This has increased very slightly since last year when the number was 333.

# Money Matters

**The Council spent 31% of its net budget on Adult Social Care in Wolverhampton in 2016 – 2017. The total net spend on Adult Services in 2016 - 2017 was £67.8 million.**

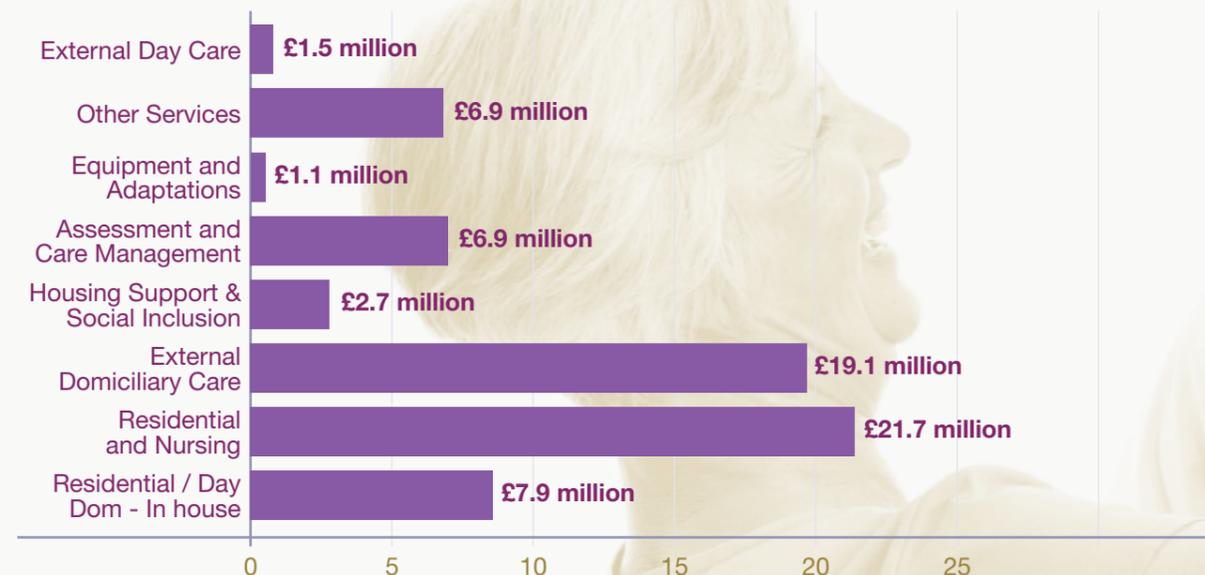
*This was distributed across the following service user groups:*

## Breakdown of Spend 2016 - 2017 (by Service User Groups)



*These figures can be broken down further against specific categories:*

## Breakdown of Spend 2016 - 2017 (by Categories)



The need for social care is increasing, at a time when public funding is reducing. In response to this The City of Wolverhampton Council has already begun to transform the way it supports people with care and support needs. This will ensure that the Council continues to support people with eligible needs and helps them achieve personalised outcomes, as the Care Act 2014 intended.

*So, in 2016 - 2017 Adult Social Care in Wolverhampton has continued the approaches it started in 2015 - 2016, which include:*



Supporting people to access reablement and explore telecare to enable people to live safely in their own homes, for as long as possible.



Further developing our relationships with partner agencies, including health organisations. This will help ensure quicker discharges from hospital and better communication between professionals so individuals and their carers don't have to keep repeating their "story".



Living an ordinary life, where people with care and support needs are able to live in their own homes and are empowered to access education.

## Progress in 2016 - 2017

### Outcome 1

#### Enhancing the Quality of Life for People with Care and support needs

*One key priority for 2016 - 2017 was*

*Support more people experiencing mental health difficulties and living in residential and nursing care to move to less restrictive care and support options over the next two years.*

#### **What happened?**

The Community Mental Health team has been working hard to support people to move to less restrictive housing and support options in 2016 - 2017.

As this was so successful, the Council set up a Supporting Life Choices Team in March 2017 with a similar focus. This team is working collaboratively with individuals, families, providers and agencies to continuously look for new and

better ways to support people with disabilities and mental health needs to achieve their goals and live as independently as possible.

#### **The Impact was...**

The Community Mental Health team supported 13 people to move from Nursing or Residential Homes in 2016 - 2017.

The case study below shows how the support of the Community Mental Health Team has improved individual's quality of life.

#### **Case study:**

##### **Mr C - Moving to my own home**

Mr C had lived in a nursing home with 24-hour support for 10 years. He has a diagnosis of Schizophrenia Disorder and was also overweight, which was having an impact on his health and wellbeing.

Mr C did not want to participate in any social or physical activities and needed prompting or supervision in all areas of daily living.

His social worker completed a holistic assessment looking at his needs, his personal strengths and aspirations as well as what support Mr C could access within the community. The assessment process involved Mr C, his family, an advocate and the care provider. Everyone involved in the assessment felt that Mr C would benefit from living in a supported living scheme where he could develop his independence, motivation and daily living skills.

Mr C and his family went to have a look at a property and found out more about the support that would be available; they liked it. He was supported by the outreach team to purchase furniture and they helped him to move in. Mr C said that he was very nervous when he first moved into his new home, but the staff were very supportive and he soon settled in.

Mr C has been successfully living in his new home now for some months.

He prepares and cooks his own healthy meals with support and is eating better. Mr C socialises with the other tenants who have all welcomed him. He has told his social worker that he gets on well with the support staff and says that he laughs a lot more now.

Mr C has started to play football once a week and has lost weight. He now wants to join the local gym.



*One key priority for 2016 - 2017 was*

*Achieve Dementia friendly city status, to ensure Wolverhampton is a welcoming place for people with dementia.*

#### **What happened?**

The Council has worked over the last year with the University of Wolverhampton to develop high tech "Smart posters". These were placed around Wolverhampton to raise awareness of dementia. They have Near Field Communication (NFC) technology, which also means that people with smartphones can get easy access to websites packed with useful information and resources about dementia.

There were three different smart posters created. One was for the general public to raise

awareness and to provide easy access to information and support.

Another poster was for people working in shops or other businesses, such as banks, to help them understand the needs of people with memory difficulties. The third was aimed at health care professionals and had links to clinical resources.

Initiatives such as Smart posters are one way the City Council is striving to be more Dementia Friendly, by raising awareness of the condition amongst businesses and the general public.

### **The Impact was...**

The Smart poster pilot has been evaluated by the University of Wolverhampton. The main findings are that the majority of people surveyed about the posters felt that they were easy to use and had a positive message about living well with dementia. They also liked the positive design. Most people said that they would use the posters if the content was relevant to them at the time. For example, one respondent said that it was a good way to get information anonymously without having to wait for a GP appointment or asking someone.

Health care professionals said that it could be a very useful resource for them and were amazed at how easy it was to use. One respondent stated:

*“Wow! That’s so easy, I didn’t think it would be so easy. And now I have that information to take away, just like that.”*

However, the knowledge of the technology is still very new so raising awareness about how to use it is one of the next steps if the posters are rolled out further.

### **What happened?**

In 2016 Wolverhampton was shortlisted for a national award to be named Dementia Friendly Organisation of the Year. The award ceremony took place at the Alzheimer's Society Dementia Friendly Awards, an annual celebration of the achievements of individuals and organisations in creating dementia friendly communities around the UK.

The nomination reflected the City's commitment to supporting people living with dementia and to achieve dementia friendly status.

### **The Impact was...**

On 30th November 2016 Wolverhampton City Council was named runner up in the Dementia Friendly Organisation of the Year category.

This recognises the efforts of the council, its partners and members of the Wolverhampton Dementia Action Alliance in making the city as welcoming and supportive as possible to people living with dementia.

To find out more about the support and advice available for people living with dementia in Wolverhampton please visit:

[www.wolverhampton.gov.uk/dementia](http://www.wolverhampton.gov.uk/dementia).



### **Case study: Supporting carers**

Mr G is the main carer for his wife. They have been married for over 50 years. Mrs G has a diagnosis of dementia and has poor mobility. Mr G has been caring and supporting his wife for the last few years as her care and supports needs have increased.

Currently, she has carers that assist and support her with her personal care. They visit three times a day, but Mr G assists her the rest of the time. He does all the household tasks such as the cleaning and laundry. Mr G also manages their finances and does all of the cooking. He is happy to continue to do this.

Mr G used to enjoy going out to meet his friends, but this has unfortunately stopped because Mrs G cannot be left on her own now. This has had an impact on Mr G as he misses these friends.

When the Carers Support Team started to explore what outcomes Mr G wanted to achieve they identified that it would make a big difference to him if he could see his friends again on a regular basis, at least once a week. As there are no other family members available to relieve Mr G of his caring role, three hours of home based respite was arranged one evening a week to enable Mr G to meet and socialise with his friends.

This has helped to maintain his wellbeing as he knows he has a regular break from his caring responsibilities for a short while. It has also strengthened his support network because he has people to talk to and is less isolated. The support is currently working well and enables him to reminisce about the old times, which is extremely important to him.

## Progress in 2016 - 2017 Outcome 2

### Delaying and reducing the need for care and support

*One key priority for 2016 - 2017 was*

**Continue to promote Telecare as a way of promoting independence (aim: to increase the number of telecare users by 3000 over the next 3 years)**

#### What happened?

The City of Wolverhampton Council's telecare service offers a range of sensors that help people to remain safe and independent in their own home for longer. It aims to provide reassurance 24 hours a day to those living on their own or caring for vulnerable people.

Telecare can detect events such as:

- **Serious falls** (e.g. Falls Detector or bed absence sensors)
- **Leaving the house and not returning** e.g. door alarms or GPS Location technology)
- **Fire and smoke**
- **Flood**
- **Seizures** (e.g. bed epilepsy sensor)

Should a telecare alarm be activated, either by the person or in response to an incident like a fall, a message is sent to the Council's control centre. Trained operators are available 24 hours a day, 7 days a week to identify the most appropriate response. This may be contacting a family member, doctor, emergency services or the new mobile responder service provided by West Midlands Fire Service.

Last year, the Council announced plans to continue to invest in telecare, aiming to give 3,000 additional people the chance to benefit from using telecare over the next 3 years.

#### The Impact was...

In 2015 - 2016 the number of people using telecare was 760. The number of new users in the last 12 months has increased by a further



1150. The aim was 600, so this means that the council is well on its way towards the 2019 target of 3,000.

There are testimonials from people who have used telecare explaining the positive impact it has had on their lives. One is Julie Metcalf who talks about how telecare has helped to support her mom at home for longer. Another is Mr and Mrs Williams who speak about the peace of mind the mobile response (provided by the West Midlands Fire Service) provides for both of them in case Mr Williams falls:

<https://www.youtube.com/watch?v=mwPyDuaz1Rg>.

#### Case study:

##### Mr N – Thinking creatively

Mr N is a 90-year-old man who values his independence and did not want to be reliant on others. He had a 15-minute support call every day to prompt him to take his medication and this had been the case for over 5 years.

Mr N was reviewed by the Promoting Independence team who assessed his needs and explored how those needs could be met in more creative ways that would promote Mr N's wish for greater independence. With Mr N's

consent, a referral was made to telecare to look at accessing technology that could support him, such as a pill dispenser. Medication blister packs were also considered. By using aids such as these he wouldn't need someone to prompt him to take his tablets anymore. The Home Assessment Reablement Programme (HARP) was also involved to make sure he felt confident to use such aids safely and to build up his independent living skills. Mr N now manages his own medication and enjoys being more independent.

*One key priority for 2016 - 2017 was*

**Enable individuals with care and support needs to live more independently.**

#### What happened?

The Promoting Independence (PI) Team was set up in March 2016 to carry out annual reviews of older people supported at home by adult social care services.

They tried out a new approach where workers would explore whether telecare, equipment and enablement type approaches would delay, reduce or prevent needs so that the person could stay in their own home for longer and be more independent.

The team were tasked with completing 627 reviews and by March 2017 had exceeded this target by carrying out a total of 746 community reviews.

#### The Impact was...

Overall the PI team referred 45 people to reablement services and 298 people to occupational therapy to promote their independence and to help them live the life they wanted.

Feedback from service users involved with the PI team, as in the case study of Mrs O, indicates that there has been an overall improvement in people's quality of life and outcomes.





### Case study:

#### Mrs O – Improved outcomes

Mrs O was receiving four 30 minute calls a day from two carers after a stay in hospital. She lived alone and was independent in some areas and had some family support.

After some weeks at home she was reassessed by the Promoting Independence Team. It was identified that Mrs O's mobility had significantly improved so she no longer required the support of two carers. Mrs O stated that she often felt embarrassed and anxious as her catheter bag filled very quickly and she was reliant on support from others. So, to further increase her independence, Mrs O was seen by the

Occupational Therapist who helped her to manage her catheter by herself with some equipment. This enabled her to feel more comfortable when going out in the community and when having visitors at her home. This meant that she was less likely to become isolated.

Mrs O is now happy with the recovery she has made since returning home from hospital and is hoping to return to attending social activities in the community very soon.

### What happened?

A Clued-Up Supported Living Event was held on 19th September 2016. The purpose of this was to explain what supported living options are available to adults and young people with physical/learning disability or mental health needs. This gave people an opportunity to think about the option of having their own home rather than residential care. A range of telecare was on display and various housing providers were on hand to offer information and advice.

The event also gave people an opportunity to meet with professionals from the City Council's Welfare Rights/Benefit team as well as the Tenancy Rights Team. Attendees also received online demonstrations of the Wolverhampton Information Network (WIN) service directory.

### The Impact was...

120 services users, families and carers attended the Clued-Up event. To see some of the photos

that were taken on the day follow this link:

<https://www.flickr.com/photos/wolverhamptontoday/sets/72157674003158656/>

Feedback from the event includes:

**"I didn't know there were options!"**

**"Informative and stimulating to carer/parent of 40 years."**

Paul Button moved into a supported living flat this year. He is 29 and has a learning disability. He used to live in his family home, but things changed when his mom developed dementia and eventually he moved into his own flat. He says his favourite thing about having his own place is that: "I get my own space...I can listen to my music". He talks more about his experience of moving into his own flat and the positive impact it has made to his life in this video clip:

<https://www.youtube.com/watch?v=iHwKfYrRdJY>

### Case study:

#### Mr B – Promoting independence

Following a long stay in hospital Mr B, aged 50, was assessed and discharged home with two domiciliary care calls a day.

The Promoting Independence Team then got involved and identified how important it was for Mr B to maintain his independence for as long as possible and not have to go back into hospital or move. The PI team referred Mr B to Telecare for a pill dispenser and to Occupational Therapy services for showering equipment. The Community Support Team were also asked to identify local community groups Mr B could access, which would appeal to his interests and mean that he wouldn't feel as lonely or isolated. They have also helped him get to know his local

community better.

Once settled back at home in familiar surroundings and with the equipment in place, Mr B's health and wellbeing improved so much that after a period of time he did not need support from adult social care anymore.

Mr B had stated throughout that he wished to maintain his independence for as long as possible and the equipment provided allows him to do this. He has adjusted very well after spending a prolonged period in hospital, he uses the Ring & Ride, makes meals from scratch and does his own shopping.



**Case study:**  
**Mrs A – The importance of choice and control**

Mrs A is 81 years old. She had a stroke ten years ago, and was admitted to hospital. She was discharged to a residential care home where she funded her own care for many years. At the time, everyone involved felt that this was the best course of action and other options were not fully considered with her.

In the last few years Mrs A moved residential homes several times, finally settling in a residential home in Wolverhampton in the summer of 2016. One of her relatives then approached the local authority requesting an assessment. She told the social worker that she preferred her own company and didn't really want to mix with other people. She said that she preferred to stay in her own room at the home rather than sitting in the communal areas. The social worker talked to Mrs A about different housing and support options available, including very sheltered housing. Initially Mrs A and her family were anxious about her moving somewhere which wasn't residential care. The social worker spent a lot of time discussing this

with Mrs A and her family and encouraged them to visit some of the schemes. Mrs A was also encouraged to talk to other people living there to help her understand the choices available to meet her needs.

The assessment and support planning process identified that Mrs A's needs could be met by the very sheltered housing scheme and the support that they could offer. Mrs A agreed to complete an application and in a short space of time was offered a flat. She moved in a few weeks later and has not looked back since. She recently told her social worker that she loves living there and really enjoys that no one is walking past her door anymore. She has more choice and control over her living space than previously and isn't confined to just her bedroom. It's also much quieter, which she prefers.

Mrs A has also started having support from an occupational therapist to develop her kitchen skills and build her confidence, one goal is for Mrs A to be able to make a sandwich.

Mrs A is very pleased with her flat and is looking forward to becoming more independent in her own home.

**What happened?**

Over the last 12 months the City of Wolverhampton Council has been focussing on improving the Home Assessment Reablement Programme (HARP). This team helps people regain their independence more quickly so they are less likely to need services or be admitted to hospital.

**The Impact was...**

In 2015 - 2016, 347 people received reablement in their own home via HARP. In 2016 - 2017, 527 people were supported by HARP.

Compared to last year, there has been a 4% increase in the number of people who needed no other service 91 days after having had reablement from HARP. In 2015 – 2016 this applied to 52% of people, rising to 56% in 2016 – 2017. This means that more people were able to live independently of services and exercise full choice and control over their daily lives.

53% of people needed no other service 91 days after having had reablement in their home from HARP, an increase of 1 % compared with last year. This means that more people were able to live independently of services and exercise full choice and control over their daily lives.

**One key priority for 2016 - 2017 was**

**To strengthen the community offer and reduce, delay and prevent need**

**What happened?**

In July 2016, a social prescribing pilot was launched with four surgeries in the Wolverhampton area. Once a month a Community Support Navigator (CSN) attends a surgery organised by the GP practice to offer support and signposting to patients on issues such as:

- Finance issues
- Social isolation
- Housing issues
- Memory loss
- Carer issues
- Assisted Technology
- Preventative services
- Other (cleaning, shopping, gardening, support with care)

**The Impact was...**

The surgeries have reported that the CSN pilot has had a positive impact. In the first three months 22 people were seen and feedback suggests that all of these patients have not needed to see the GP as often as before. This has therefore reduced demand and pressure on crucial services.

For instance, in one case a patient received support with applying for the right benefits, which has improved their quality of life and reduced the number of times they have seen the GP in the last few months.

This pilot will be reviewed in 2017 - 2018 to check how this is working with the City of Wolverhampton's Council's community offer.

## Progress in 2016 - 2017 Outcome 3

### Making sure that people have a positive experience of care and support

*One key priority for 2016 - 2017 was*

*Improve the screening of referrals to Adult Social Care at first point of contact.*

#### **What happened?**

In February 2017, an experienced social worker joined the customer services team to help ensure that calls about adult social care are answered by someone with specialist knowledge. This is so that people can receive the right support at the right time.

#### **The Impact was...**

In the first month, 172 calls were re-directed to the most appropriate teams and a further 67 were stopped from being inappropriately referred to the Multi Agency Safeguarding Hub. This meant that people received a better and more efficient service when they got in touch with the Council.



*One key priority for 2016 - 2017 was*

*Ensure our staff have the right skills and abilities to deliver effective, customer focused services.*

#### **What happened?**

On 1st August 2016, an unannounced Care Quality Commission (CQC) inspection took place at one of the Council run residential care provisions, Duke Street Bungalows. They met all of the people who lived at the home and spoke with four people. CQC inspectors also spoke with four relatives, four care staff members, a cleaning staff member, a team leader [senior staff member] and the registered manager.

They looked at care records, medication records, staff recruitment, supervision and training records and the systems in place to monitor the quality and safety of the service provided. They also looked at provider feedback forms that had been completed by the people who lived at the home and their relatives. CQC inspectors spent time observing routines and the interactions between staff and the people who lived there, especially at meal times.

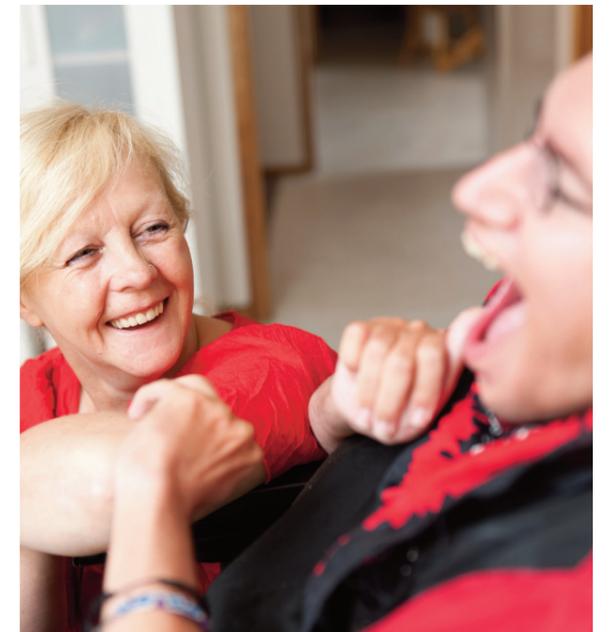
#### **The Impact was...**

CQC have rated Duke Street Bungalows overall as "Good".

*The report was published on 13th October 2016 and can be accessed here:*

**[http://www.cqc.org.uk/sites/default/files/new\\_reports/INS2-2473632576.pdf](http://www.cqc.org.uk/sites/default/files/new_reports/INS2-2473632576.pdf)**

Some findings highlighted in the report: A person told us, "I am happy". Another person said, "I like it here". A relative said, "I have no real worries about their [person's name] care and support. I think the care is good". Another



relative told us, "This home's been good for him [person's name]. Before he came here he had few skills but has gained a lot. He seems happy when I visit." Staff we spoke with told us that the service provided overall was effective and that people's needs were met.... Staff had training and one to one supervision to equip them with the knowledge they needed to provide appropriate support to the people who lived there.

### What happened?

The Council's Quality Assurance and Compliance (QAC) team monitors the quality of its care and support contracts. The team works in partnership with care providers where additional support is needed to meet expected standards. Their focus is on promoting innovation, sharing information and best practice, whilst also highlighting local developments and networking opportunities for independent care sector staff.

The QAC team aims to visit all of the services within the City of Wolverhampton at least every two years, and keeps a 'watching brief' over services outside of the city. The team also actively seeks out customer and stakeholder (carers, advocates and professionals) feedback to monitor quality and standards.

### The Impact was...

The team has worked hard in 2016 -2017 to drive up standards and develop sound working relationships with care providers.

In 2016 - 2017 the QAC team carried out monitoring work, which included:

- 49 visits to services 'with nursing'
- 66 visits to residential services for older people
- 25 visits to domiciliary care services, and
- 50 visits to children and young peoples' services including fostering organisations and residential services.

The table on page 27 highlights the CQC care ratings for the services that the City of Wolverhampton Council are responsible for (April 2017):

### Wolverhampton (Designated Responsibilities LA) Services CQC Care Ratings - April 2017

Type of Service	Total no. of Registered Services	Services rated overall 'Good'	Services rated overall 'RI'	Services rated overall 'Inadequate'	Services not yet inspected	Total no. of rated services 'Good'	% of services rated
Care Home with Nursing	19	10	6	1	2	17	52.5%
Care Home Residential	59	49	5	0	5	54	91.5%
Domiciliary Care	28	12	6	1	9	19	42.9%
<b>Total</b>	<b>106</b>	<b>71</b>	<b>17</b>	<b>2</b>	<b>16</b>	<b>90</b>	

As of April 2017, the number of care and support providers rated as "inadequate" was extremely low:

- **Domiciliary Care** – only 1 out of 19 providers who have been inspected were rated as inadequate.
- **Residential Homes** – none of the 54 providers inspected were rated as inadequate.
- **Nursing Homes** – 1 out of 17 inspected providers were rated as inadequate.

The QAC team are currently working on developing an overarching Quality Assurance Framework in respect of services provided or commissioned by the City of Wolverhampton Council. The Quality Assurance Framework will require the service / provider to evidence their practice against a range of objectives and outcomes. The intention is to improve the quality of care even more over the next 12-18 months.

## Progress in 2016 - 2017 Outcome 4

### Safeguarding adults whose circumstances make them vulnerable and protecting them from harm.

*One key priority for 2016 - 2017 was*

**Develop a Multi-Agency Safeguarding Hub (MASH) in Wolverhampton and embed the Whole family approach.**

#### **What happened?**

Launched in January 2016 and initially focused on safeguarding children and young people, the MASH acts as a central, single point for early help and safeguarding referrals. The MASH enables agencies to carry out timely, joint assessments and agree the most appropriate course of action for the individuals and families concerned.

As from 30th August 2016 the MASH has now been extended to provide a consistent approach to safeguarding referrals for adults with care and support needs.

The intention is to create a joined-up approach when working with families to prevent duplication and improve information sharing. A family MASH may also reduce the number of professionals being involved where, in some instances, one professional could work with the family as a whole.

#### **The Impact was...**

The City of Wolverhampton has been the first in the metropolitan area of the West Midlands to achieve a joint adults and children's MASH. The Wolverhampton safeguarding website can be accessed here:

[www.wolverhamptionsafeguarding.org.uk](http://www.wolverhamptionsafeguarding.org.uk)

Adult Social Care is now developing stronger links with Children's Services, for instance by attending and contributing to the Barnardo's domestic violence screening meetings.

The partners involved in the MASH are all committed to making the Whole Family approach

work. Probation, Recovery Near You and Wolverhampton Homes are all co-located within the MASH. Other agencies, including West Midlands Police and the NHS Provider Trusts working in the City of Wolverhampton, are involved on a "virtual" basis with regard to vulnerable adults.

The involvement of partner agencies in the MASH has already improved information sharing.

#### **Examples of improvements in information sharing and partnership working:**

- Closer liaison with the Probation Services because of co-location has led to successful outcomes with regard to perpetrator management.
- The West Midland Local Government Pension Scheme requested safeguarding training, which MASH provided. As a result of the training a Pensions Officer applied some professional curiosity to some concerning activity in someone's pension, raised a safeguarding referral and this resulted in a criminal charge.

The performance data tells us that the number of people who receive services and feel safe has increased from 71.7% in 2015 - 2016 to 72.8% in 2016 - 2017. This is slightly higher than the national average of 70.1%.

The proportion of people who said that those services specifically have made them feel safer has remained relatively stable (84.7% in 2016 - 2017, compared to 85.5% last year). This is only very slightly lower than the national average (86.4%).

*One key priority for 2016 - 2017 was*

**Improve practitioner numbers in Mental Health teams.**

#### **What happened?**

Over the last year, Adult Social Care in Wolverhampton has been working hard to support frontline workers to undertake Approved Mental Health Practitioner training across both adults and children's services.

The Authority has also taken four Think Ahead graduates to fast track as mental health social workers who will specialise and undertake AMHP training. The aim is to invest in high calibre, newly qualified social workers who will

share their good practice and thinking with the teams. Wolverhampton is currently in the first round of this project and progress will be monitored.

#### **The Impact was...**

Four people were trained in 2016 - 2017 from the frontline teams. This will support the mental health service and mean that AMHPs across the city will be able to work more effectively as there will be more people to carry out assessments.

#### **Case study:**

##### **Ms M – A Whole Family Safeguarding Approach**

A safeguarding referral was made about Ms M and also about her baby. The concerns related to Ms M's partner, who was the father of the baby, and allegations of domestic abuse and coercive control. At this point, it was believed that the baby was not in the country and the mother's whereabouts were also not known. The children's and adults' MASH quickly gathered information and then shared what they had found to avoid duplicating information and ensure risks to Ms M and her baby were managed. A meeting was then arranged with regard to the child where more information was shared that enabled the adults MASH to build up a picture of the mother.

As a result, it was identified that Ms M appeared to have some care and support needs and was vulnerable. She had also cut herself off from her family with whom she had previously had a

close relationship, which was another important factor. It was agreed that the children's social worker would try to locate the whereabouts of the mother and baby, which avoided duplication, and also meant that the adults social worker could focus on other tasks as part of the safeguarding enquiry. Once it was established that Ms M had moved to another area and that her baby was in another country, the MASH took appropriate steps to share information with the relevant authority, both in terms of safeguarding the adult and the child.

This case shows how effective the MASH can be in managing safeguarding situations in a timely way where there are both vulnerable adults and children. It also highlights how communication and information sharing has been improved as a result of the creation of the Family MASH.

## Progress in 2016 - 2017 Outcome 5

### Value for money, buying and use of resources

*One key priority for 2016 - 2017 was*

**Improve the numbers of people experiencing delayed transfers of care (discharge from hospital).**

#### **What happened?**

The Better Care Fund (BCF) programme continued to focus on improving the hospital discharge process. The Discharge to Assess project has in particular focussed on reviewing and changing systems and processes to make discharges more efficient.

There has also been a programme of work looking at the flow of people through the Council run Bradley Resource Centre, (bed based reablement) and the Home Assessment Reablement Programme (HARP) where people receive enablement support in their own homes. Processes were revised in both HARP and Bradley with the aim of preventing readmission to hospital, producing more timely discharges and enabling people to return home more quickly.



#### **The Impact was...**

In 2015 – 2016, 551 people received reablement services from Bradley and HARP. This rose to 692 in 2016 - 2017, which is a 25% increase overall.

The average number of people requiring no further services 91 days after reablement at Bradley in 2016 - 2017 was 57%. Last year this number was 50%, which is an improvement. We have also seen a 3% reduction in hospital admissions (within 91 days after reablement at Bradley) compared with last year.

This means that more people's needs are being prevented, delayed or reduced.

The latest figures for 2016 – 2017 for Wolverhampton show that there has been an improvement in Delayed Transfers of Care (DTC) in recent months, particularly between December 2016 and March 2017. This has resulted in the number of DTC per 100,000 reducing from 21.6 in 2015 – 2016 to 17.5 in 2016 – 2017. This figure is now much closer to the national average of 14.9.

However delayed discharges from hospital remain a challenge and this will continue to be a high priority for Wolverhampton Adult Social Care in 2017 - 2018.

*One key priority for 2016 - 2017 was*

**Increase the number of people with a learning disability in employment.**

#### **What happened?**

In 2015 - 2016 the City of Wolverhampton Council agreed a contract with Shropshire Council to provide support for people with care and support needs to support them into work.

This mostly provides support for people with a learning disability, but also takes referrals from people with physical or sensory disabilities.

#### **The Impact was...**

The number of people with a disability, known to the City of Wolverhampton Council, who have been supported into employment rose from 19 in March 2016 to 32 in March 2017.

This includes 13 individuals with a learning disability who require regular social care support services, which has increased from 9 in 2015 - 2016. Although this is a major improvement, the City of Wolverhampton Council has ambitions to improve this further. In 2017 -2018 we aim to support more people with a disability who want paid work into employment

#### **Case study:**

##### **Finding a job - Robert**

Robert is a person with a passion for life and the drive to achieve. He was born with cerebral palsy, mainly affecting his legs, but this has never deterred him and he is particularly proud to have represented his country as a member of the English swimming squad. At college Robert studied BTEC Sports and Recreation and later did work experience in a leisure centre. However, at the end of his placement Robert wasn't sure if this environment was really for him. After six years assisting a swimming teacher at a local school, Robert decided that he wanted to do something totally different.

However, finding paid employment proved to be a challenge. He spent the next ten years looking for a job. At this point his social worker put him



in touch with Dave Pike at ENABLE who helped Robert to explore his options. ENABLE is a specialist organisation, designed to support individuals with disabilities into work and has close links with the City of Wolverhampton Council. ENABLE's question: 'What does your mum do?' changed Robert's life.

Robert's mum is a long-time employee of a local electronics company who manufacture electronic equipment for the health service, employing around 200 people. The thought of working in a bench type environment, as his mum does, appealed to Robert.

Dave approached the company on behalf of Robert and an induction was arranged. Robert passed with flying colours - and so did the firm. Robert was initially offered a 3-week trial. In January 2017 he was offered a rolling 3-month contract with the promise that it would be renewed as long as both Robert and the company were happy. After only five weeks Robert was offered a permanent contract.

Robert is very proud of what he has achieved and comments: "I thought I would work my three months and that would be it. When they offered me a permanent position I was quite shocked and couldn't believe what had been said to me because I didn't think I would get taken on."

Robert's mum says: "It's unbelievable the difference working at the company has made to him; his self-confidence has just grown and grown. Until recently Robert lived in sheltered accommodation which had 24-hour attendance. But as he has become more independent he doesn't want someone checking up on him all the time. Robert aspires to live an independent life. He now has his own bungalow a short distance from where we live, and having this job is the icing on the cake."

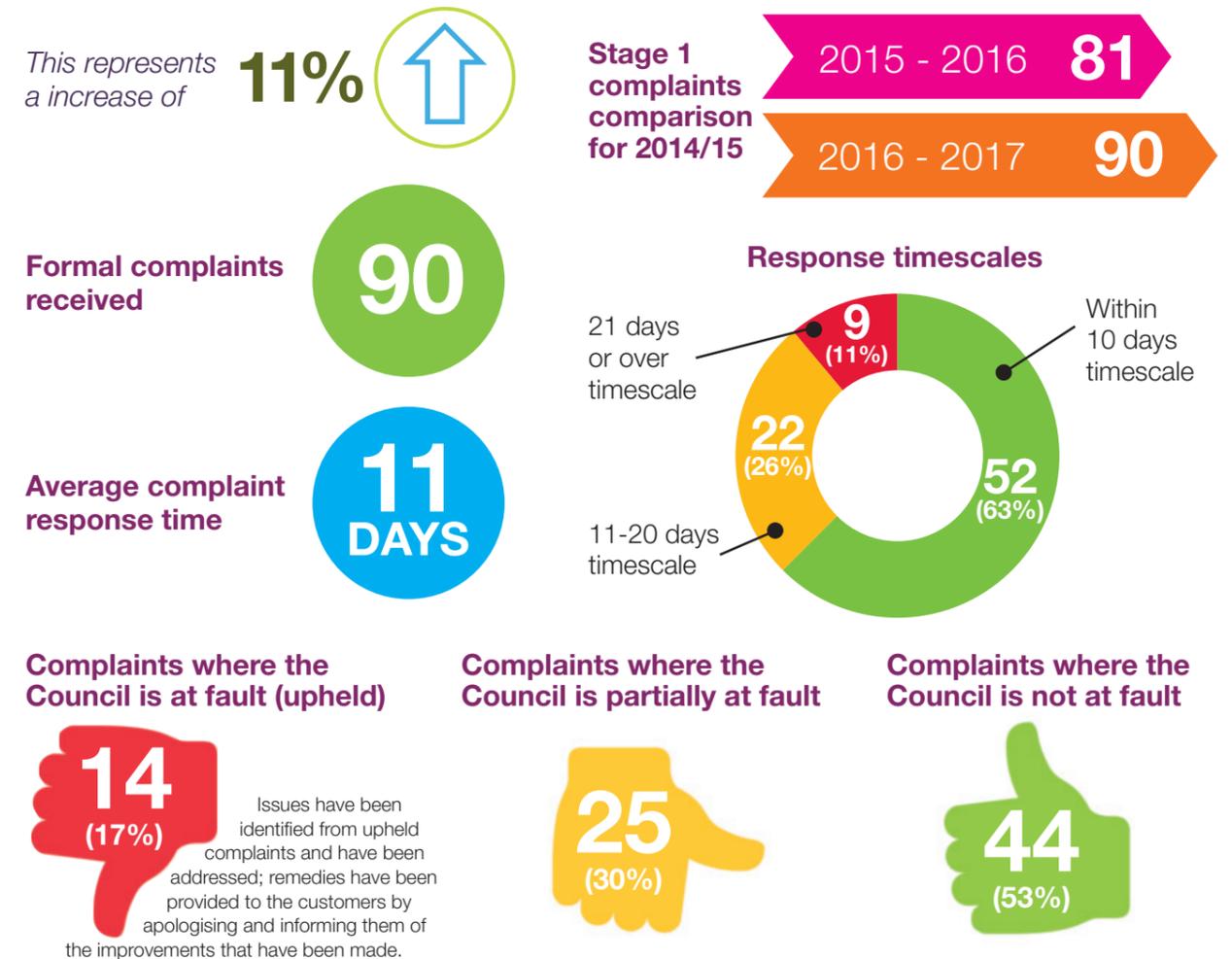
## Compliments and Complaints

The City of Wolverhampton Council welcomes feedback because this helps us to identify where improvements are needed, as well as where things are going well. Each year the Council analyses all of the complaints and enquires that have been received and makes sure that any learning is communicated to teams.

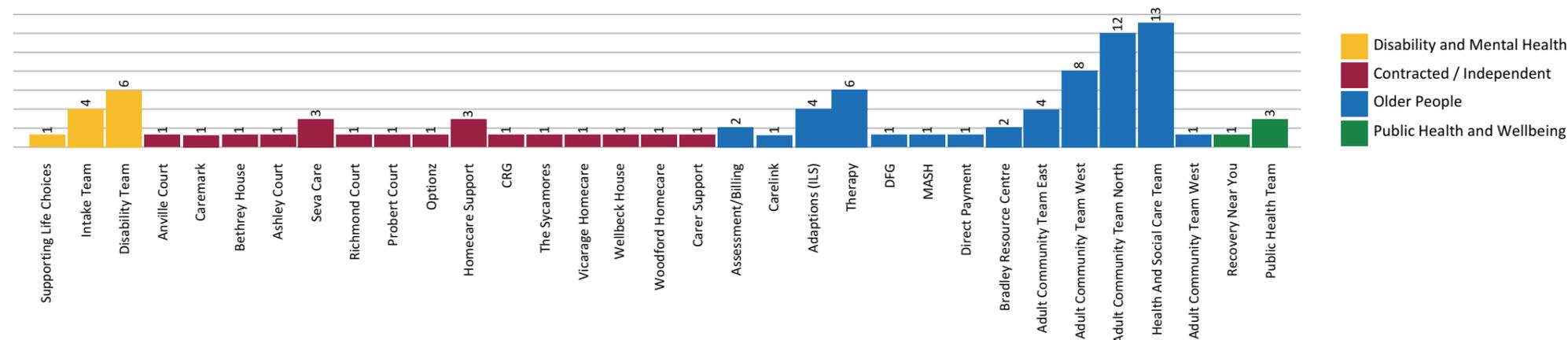
As of the 31 March 2016 there were 4837 adults, including carers, receiving an adult social care service. From that number there were 90 complaints, compared to 81 received in the previous year, which is a very small increase. From the 90 complaints received in 2016 - 2017, 83 were concluded and resolved in that year, with the remaining 7 being carried forward and resolved in 2017.

The timescale compliance for 2016 - 2017 has been excellent with 11 days being the average number of days to respond.

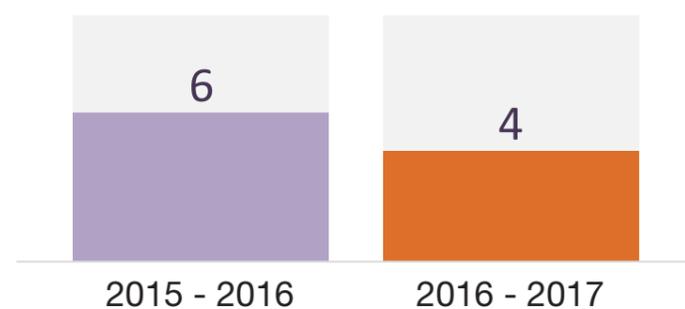
There were also fewer Local Government Ombudsman investigations and enquiries this year than in 2015 - 2016.



### Stage 1 Complaints Received - Breakdown by Service Area



### LGO Enquiries Or Investigations



During 2016 - 2017, a number of complaints led to improvements and changes being made to Adult Social Care, including:

- A complaint was made from relatives disputing financial charges because they were led to believe that they would only need to make a nominal contribution.

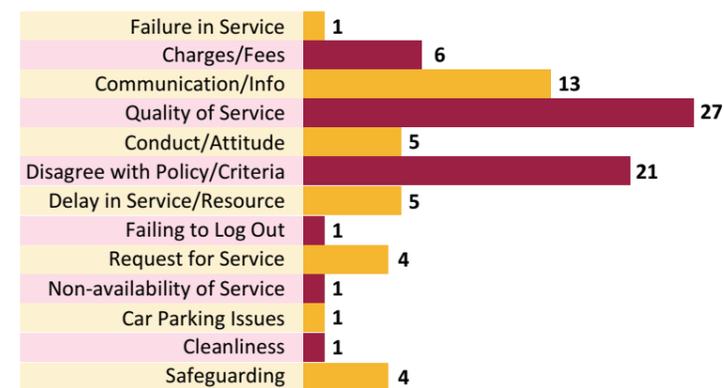
**Learning:** A letter has been devised which workers are expected to give to individuals and families which clearly states that any services provided by Social Care will be

subject to means testing.

- A complaint was made about a referral not being dealt with in a timely way.

**Learning:** A tool has been developed for all cases waiting to be allocated. This will ensure that deadlines are not missed and will also help to prioritise cases. A transfer protocol has also been created, which will be used by both social workers and managers when cases move between teams to ensure that they are transferred efficiently.

### Stage 1 Complaints Received Breakdown by Category



185

Compliments

36

Informal Complaints

The Council also received a high number of compliments, such as:

- “The HARP team have been caring for my mother...visiting her morning and night. I would like to place on record my sincere thanks for all that they have done. They have been very kind, caring and considerate of my mother's needs, allowing her to maintain her dignity at all times. The team are to be congratulated on their professionalism.”

- “(The social worker) was friendly, understanding, thorough and concerned to help us arrive at the best solution. She also kept in touch when she promised to do so and has followed up with a visit after the move... I am most grateful for the help and guidance she has given us.”

## What's next for Adult Social Care in Wolverhampton in 2017 - 2018?

### 3 Key Priorities for 2017 – 2018

Whilst there are a number of priorities for 2017 – 2018, the key priorities for Adult Social Care in Wolverhampton are:

- The City of Wolverhampton Council is keen to promote telecare as a way to help people be more independent and live safely. In 2017 – 2018 the aim is to increase the number of new users of telecare by a further 1000.
- In 2016 - 2017 the number of individuals with a disability and known to Adult Social Care in Wolverhampton increased. Published data indicates that the number of people with a learning disability in paid employment who receive a service from The City of Wolverhampton Council rose from 1.7% last year to 2.4% this year. Nationally the number

of people with a disability who are in paid employment is declining. The City of Wolverhampton Council has ambitions to continue to support more people with a disability into work next year.

- Another high priority is to enable more people with care and support needs to live in their own homes for as long as possible, if they choose to. In 2016 – 2017 there were more older people admitted to permanent residential and nursing care than in 2015 – 2016. Last year 385 older people were admitted to residential or nursing care, so the ambition is for no more than 260 people aged 65 and over to move to such placements in 2017 - 2018. This will be achieved by supporting people in their own homes and considering other, more appropriate options such as Very Sheltered housing.

### Other priorities for 2017 – 2018

- Adult Social Care has been working hard this year to reduce how long people are waiting to be discharged home from hospital. The Council intends to do even more about this next year and has a plan to achieve this aim. This will include continuing to work closely with health partners to further embed the good progress made in 2016 – 2017.

- There has been a 6.9% drop in carer's satisfaction with Adult Social Care this year. When the City of Wolverhampton Council spoke to some local carers they said that their priorities included being able to socialise with others in a caring role and also knowing more about local support services. To support these priorities a carer charter will be developed and a planned programme of events set up for carers.
- A small-scale pilot, which started in 2016, has evidenced that the use of Individual Service Funds (ISFs) can provide a creative and more flexible means of meeting needs and outcomes. ISFs are a different way for people with eligible care and support needs to purchase care from a provider. With an ISF the person has choice and control over their support, without having to take on the responsibility of managing the money. The City of Wolverhampton Council wants to increase the number of ISFs to promote more personalised options for people with care and support needs.

- The intention over the next 12 months is to further develop the Multi Agency Safeguarding Hub (MASH). The overall aim is to help more vulnerable adults and their families feel safer in their local communities. To achieve this the City of Wolverhampton Council will continue to work with our statutory partners to strengthen the MASH and further embed the Whole Family approach.



## Feedback

*Thank you for taking the time to read the Local Account. The City of Wolverhampton Council would welcome your comments about this report. To share your comments, please email [jennifer.rogers@wolverhampton.gov.uk](mailto:jennifer.rogers@wolverhampton.gov.uk)*

You can also contact the Council by using the details on the back page of this document

# Notes

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