

# Health and Wellbeing Board

## 19 October 2016

**Time** 12.30 pm      **Public Meeting?** YES      **Type of meeting** Oversight  
**Venue** Committee Room 3 - 3rd Floor - Civic Centre

### Information for the Public

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# Agenda

## Part 1 – items open to the press and public

<i>Item No.</i>	<i>Title</i>
15	<b>Care Act 2014 Implementation: Stocktake Six Submission Summary - report to follow</b> (Pages 3 - 14) [Steve Cartwright, Transforming Adult Social Care Programme Manager, to present report]

# Health and Wellbeing Board

## 19 October 2016

<b>Report title</b>	Care Act 2014 Implementation: Stocktake Six Submission Summary	
<b>Cabinet member with lead responsibility</b>	Councillor Sandra Samuels	
<b>Wards affected</b>	All	
<b>Accountable director</b>	Linda Sanders	
<b>Originating service</b>	Adult Social Care	
<b>Accountable employee(s)</b>	Steven Cartwright	Programme Manager
	Tel	01902 551672
	Email	Steven.cartwright@wolverhampton.gov.uk
<b>Report to be/has been considered by</b>	Transforming Adult Social Care Board	

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### Recommendation(s) for action or decision:

The Health and Wellbeing Board is recommended to:

1. Note the attached report and the implications of the Care Act 2014 in regard to the delivery of adult social care in Wolverhampton.

## 1.0 Purpose

- 1.1 Following a recent letter to the Leader of the Council from the Association of Directors of Adult Social Services (ADASS) in regards to the recent Care Act national stocktake, the Health and Wellbeing Board is asked to consider and note the following document which outlines Wolverhampton's submission. The stocktake was an opportunity to gather views from staff across the organisation who were involved in the implementation of the Care Act in 2015. (**Appendix 1**)
- 1.2 Also attached to this letter was a short summary of key highlights from across the region. Further information about the regional analysis can be found in section 15 of this report. (**Appendix 2**)

## 2.0 Background

- 2.1 Since the commencement of a national programme initiated by the Local Government Authority to oversee the implementation of the Care Act 2014, it has been a requirement of all Local Authorities to submit a regular stocktake of progress. Each stocktake has varied in theme, with some focussing more heavily on performance statistics (i.e. stocktake five). The sixth (and final) stocktake asked local authorities to reflect more generally on implementation and to look forward to emerging themes and challenges arising from the Act.
- 2.2 The stocktake was completed by a range of individuals including social workers, social care workers, managers, and Heads of Services.
- 2.3 The full response submitted by Wolverhampton can be found in the following link:  
  
Wolverhampton Stocktake 6 Submission
- 2.4 The following sections summarise the responses submitted by City of Wolverhampton Council to the LGA as part of the stocktake:

## 3.0 Embedding the Care Act

- 3.1 Respondents strongly agreed that the organisation has been able to embed the statutory requirements of the Care Act. Clear examples of effective work that has taken place which support this statement include, but are not limited to:
  - Updates to processes and training for staff in regard to the new assessment and eligibility processes
  - The introduction of a new online information and advice service
  - The commissioning of a compliant independent advocacy service
  - Revisions to governance arrangements around the Adult Safeguarding Board
  - The production of documents to support commissioning and market shaping duties

- 3.2 Respondents agreed that it has been able to embed the 'spirit of the Care Act'. Recently approved cabinet papers such as Promoting Independence (2015) and Better Care Technologies (2015) provide strong evidence of the Council's commitment to the key themes in the Care Act of prevention and promoting independence.
- 3.3 Respondents felt the provision of a quality information advice, improved transition working, and approaches to market shaping and sustainability were key areas where the Council has demonstrated that the ambitions of the Care Act have been able to positively affect practice and culture.

#### **4.0 Assessment and Eligibility**

- 4.1 Respondents noted that the numbers of assessments being undertaken had risen slightly. However, the numbers of those meeting the new eligibility criteria was noted as having dropped slightly in comparison to those meeting the old criteria. Performance analysis undertaken at the time of submission supports this observation.
- 4.2 It was reported that some customers are starting to actively refer to the Care Act in conversation, demonstrating an understanding of its implications for them and for the Local Authority.
- 4.3 Respondents noted a number of initiatives being undertaken through the transformation programme in order to manage demand and promote independence:
- The delivery of an improved telecare offering
  - A pilot social work team which is trialling new outcome focussed approaches to reviews of existing customers,
  - An improved accommodation offer for younger adults,
  - The remapping of reablement pathways and a redesign of service delivery.
  - The design and delivery of a new enablement service to help younger adults develop key skills.
  - Piloting with GP surgeries to provide information for people with developing care and support needs.

#### **5.0 Meeting Duties towards Carers**

- 5.1 Respondents felt that the Care Act had had a significant impact on the demand for Care and support services for carers. Part of this has been because of greater levels of promotional activity about the Act at both a national and local level.
- 5.2 It was noted that work on a new carer's strategy has been undertaken with significant engagement from a wide group of stakeholders.

## **6.0 Prevention**

- 6.1 Respondents felt the prevention offer in the City was generally effective but had scope for further developments. Improvements in regard to telecare and reablement offers were cited as being good examples of this. The investment into community hubs and the development of the Council's information and advice offer were also viewed as areas of good practice that are contributing to a good preventative approach.
- 6.2 The recent introduction of a mobile response service delivered by West Midlands Fire Service was noted as a great example of the City's commitment to helping people stay safe in their homes. As part of their offer, the Fire Service is working with vulnerable social care customers to ensure that their homes are safety checked. In addition, it was noted that the service is providing a monthly report which highlights health and wellbeing outcomes for service users using this service.

## **7.0 Information and Advice**

- 7.1 Respondents noted the importance of the Wolverhampton Information Network in the provision of an improved information and advice service. Visitor statistics reported via the stocktake suggest that the online service is being widely used and feedback from social workers has demonstrated that it is becoming an increasingly important tool for them when undertaking support planning with customers.

## **8.0 Advocacy**

- 8.1 Wolverhampton felt fairly confident that it is able to meet its new responsibilities in regard to the provision of advocacy. The new service has a single point of access for all client groups. The contract has been designed to be flexible enough to allow for increased demand and is reviewed regularly.
- 8.2 The commissioned service also has its own dedicated website which provides a wide range of information to support people.

## **9.0 Prisoners**

- 9.1 Wolverhampton has one approved premises within its borders. Data sourced from the Council's case management system (CareFirst) demonstrated that there have been two care and support assessments that have been undertaken which are linked to residents of this property since April 2015.

## **10.0 Preparation for Adulthood**

- 10.1 Respondents noted that arrangements for transitions services are generally effective but with some scope for further improvement. Good outcomes for people can be clearly evidenced and partnership working is strengthening.

10.2 Evidence of good practice in this area includes, but is not limited to:

- The development of an all age disability service in January 2015
- The establishment of a Transitions Panel
- The delivery of supported internships
- The raising of the profile of employment for people with disabilities

## **11.0 Safeguarding**

11.1 Respondents felt that safeguarding activity had risen slightly since the introduction of the Care Act 2014. Observations noted that there had been a definite increase in referrals, but that there is further work is underway with partner agencies to help them to understand the safeguarding criteria and to minimise inappropriate referrals.

11.2 The Safeguarding Board has developed a new constitution and a welcome pack to support new board members. The implementation of the Adult MASH is seen as a very positive step forward in improving adult safeguarding in the City.

11.3 Citing further examples of good practice in this area, respondents referenced the commissioning of Health-watch to look at the Cities approach to 'Making Safeguarding Personal'.

## **12.0 Workforce**

12.1 Respondents noted risks around recruitment and retention of care workers, social workers, and occupational therapists.

12.2 A key issue noted is the recruitment and retention of social workers in mental health.

12.3 As a response to the above point, Wolverhampton is participating in the 'Think Ahead' programme to recruit high achievers and fast track their training and qualifications.

## **13.0 Market Shaping and Commissioning**

13.1 Wolverhampton was confident that it is actively shaping a diverse and sustainable market to meet the needs of the local population and will be able to continue to do so in the coming years.

13.2 The Council has plans to support the introduction of the living wage which are in line with its MTFS and outcomes commitments.

13.3 Quality assurance processes have resulted in the number of nursing homes in Wolverhampton rated as 'being of concern' being reduced by over 50% in the previous 12 months (to August 16).

- 13.4 The approved plan to reshape reablement services and improve efficiencies is expected to contribute to further increase in choice, diversity and supply in this area.
- 13.5 Work is underway to remodel voluntary and community sector services. This is aimed at increasing choice diversity improving supply with a view to many aspects of the provision eventually moving to self-sustainability. Health-watch Wolverhampton carry out regular Enter and View checks to these services with monitoring reports being received quarterly
- 13.6 Citing examples of innovative practice in regard to local market shaping activity, Wolverhampton pointed towards the development and well embed use of local provider networks and the council's work with customers as development partners rather than passive recipients of services (i.e. local over 50's forum).
- 13.7 The development of a strong market position statement based upon a core theme of promoting independence has led to a common set of commissioning principles being embedded into every tender and contract – supporting the market to move in a consistent manner.

#### **14.0 Partnership and Integration**

- 14.1 Respondents felt very positive about partnership working arrangements, with partnerships working well with independent sector providers and the local CCG.
- 14.2 Partnerships with the voluntary and community sector were noted as 'developing, but not yet fully effective'.
- 14.3 Noting examples of innovative practice in this area, Wolverhampton listed the following:
- The Better Care fund workstreams
  - Crisis concordat workstreams
  - The improvement of our data sharing with Health through the use of validated NHS numbers
  - The implementation of the PI Care and Health system to allow massively improved business intelligence across health and social care services.

#### **14.0 Financial implications**

- 14.1 It was generally agreed that it is too early to understand the full effect of the Care Act in Wolverhampton – although in the 18 months since the new duties have been active, expenditure across the service has been broadly in line with expectations
- 14.2 Wolverhampton, as was the case with every other local authority in the region felt 'not very confident' about whether there would be sufficient money within its budget to address issues relating to further care act implementation beyond 2016/2017.
- 14.3 It is anticipated that there will be a significant challenge to maintain the breadth of aspiration outlined in the Care Act with shrinking available resources.

**[GS/12102016/I]**

**15.0 Regional Highlights**

15.1 As part of the feedback from the regional programme, Paul Johnson (Regional Care Act Programme Manager) produced a summary of responses from across the 14 Authorities in the region who contributed to the stocktake.

15.2 The following are the key highlights from this summary:

- Councils are confident that they are embedding the Act, both in practice and in spirit. They will want to test their confidence with people who use care and support services – the Making it Real ‘I’ Statements provide a good basis for this
- Demand for care & support services has increased in some, though not all, respects. The proportion of people meeting the eligibility threshold is felt to have increased
- Changes in eligibility for carers’ services are less evident and councils will want to ensure that they are continuing to meet their statutory duties towards carers
- Confidence levels in preventative, information & advice and advocacy provision are all generally good. Joint working with prisons is generally effective
- Councils mostly report that ‘preparations for adulthood’ are at an early stage of development. This is an area that would benefit from greater focus and collaboration
- Safeguarding activity has increased – although this may be due, in part, to improved recording practices
- Confidence in arrangements to recruit and train the local social care workforce has declined since the last survey. Councils have consistently identified a number of risks in recruitment and retention and from the introduction of the national living wage
- Councils remain broadly confident in their market shaping activities and have provided examples that demonstrate their influence with specific sectors. Commissioners are least positive about their understanding and ability to shape the Voluntary & Community Sector and Micro Provider markets
- There is evidence of positive steps to mitigate provider failure, although some are concerned that repeated failure will erode market stability and commissioning capacity over time
- Costs have mostly increased in line with pre-Act implementation expectations, although costs have been higher in some areas and lower in others. Costs most commonly identified as being higher than expected are those in respect of preparations for adulthood and safeguarding

- Less than half of the region's councils feel that there is sufficient money in their budgets to meet the cost of Care Act impacts in 2016/17, whilst the outlook beyond 2016/17 is even more pessimistic
- Councils generally report effective working arrangements with commissioning partners and providers. Relationships with primary care and NHS acute providers are least well developed
- Councils have identified both positive and challenging aspects of the Care Act Implementation Support provided both nationally and regionally. The regional support programme and Care Act Leads network have been identified as being of particular value during implementation.

## **16.0 Legal implications**

16.1 There are no immediate legal implications arising from this report. There is a continuing requirement to deliver the statutory duties outlined in the Care Act which the Council are committed to doing. **[RB/12102016/B]**

## **17.0 Equalities implications**

17.1 There are no equalities implications arising from this report

## **18.0 Environmental implications**

18.1 There are no equalities implications arising from this report

## **19.0 Human resources implications**

19.1 There are no equalities implications arising from this report.

## **20.0 Corporate landlord implications**

20.1 There are no equalities implications arising from this report

Appendix 1



10 October 2016

Dear Councillor Roger Lawrence, Health and Well-being board Chair, Wolverhampton,

Since the introduction of the Care Act 2014 there have been a series of stock takes undertaken nationally and within the region to ascertain the progress being made and barriers to implementation. The 6<sup>th</sup> stock take was recently completed by all 14 West Midlands Councils and ADASS and Improvement and Efficiency West Midlands have recently produced a detailed report of the findings.

This shows good progress overall in implementing and embedding the Care Act 2014 reforms. There are however some major challenges for the region. A lack of funding and workforce are increasing the risk that social care providers become unsustainable, which would have an enormous impact on the NHS. The attached report includes further details.

We thought as Chair of your Health and Wellbeing Board you would be interested in the headlines and that you might want to consider whether these challenges are being addressed in your area as the Sustainability and Transformation Plans take shape. This is an opportunity to ensure that these issues are owned by the whole system rather than left to Councils to deal with alone.

You might want to include the report as a specific item for discussion on your Health and Wellbeing board agenda or alternatively ensure that the issues are covered as part of broader discussions about the STP.

Kind regards

*Martin Samuels*

Martin Samuels Co- Chair West Midlands ADASS

cc Peter Hay Co- Chair West Midlands ADASS  
Richard Harling West Midlands ADASS Care Act lead  
Linda Sanders, DASS Wolverhampton





## West Midlands Care Act Stock-Take

### Headlines from Stock Take 6

West Midlands councils have recently undertaken a stock take of progress made in implementing and embedding the Care Act reforms - the largest single programme of reform to affect the sector since the foundations of social care law were put in place in 1948.

The stock take reflects positive implementation across the region, with councils reporting that both the statutory requirements and the 'spirit' of the Act are being observed. There is confidence that people who use care & support services would respond positively about their experience of care under the Act – the current Personalisation Survey will provide an early opportunity to test these perceptions. The stock-take shows that:

More people are entering the system, with activity in respect of both assessment and eligibility generally higher. Responses suggest an increase in the use of preventative and community-based services – a key policy objective of the Act.

Whilst the number of Carer assessments has gone up, more of those assessed are failing to meet the national eligibility threshold. The provision of information to carers and signposting referrals to other community-based carer support organisations have gone up and it may be that community capacity is meeting the additional demand from carers. The Act sought to put carers onto an equal footing with those in receipt of care & support and it will be important for local areas to confirm that the 'carer offer' at least meets statutory requirements.

Arrangements for young people preparing for adulthood have been higher, in both numbers and cost, than anticipated, whilst the number of safeguarding enquiries exceeds expectations – possibly due in part to difficulties in measuring enquiries under the previous arrangements. These matters will require further monitoring, locally and through the region's improvement networks.

The stock-take highlights some key challenges for the region:

Money – councils are very pessimistic about the sufficiency of funding beyond 2016/17. Whilst costs associated with the new duties are broadly as expected, there is a sense that the full effects of the Act are still to work through;

Workforce – there is less confidence than in previous stock takes that arrangements to recruit and train the local social care workforce (both within councils and more widely across the sector) are sufficient to support the requirements of the Act in 2016/17 and beyond.

Recruitment into core roles (e.g. care home staff, registered managers, social workers) and the effects of the national living wage are key risks;

Market fragility – whilst councils have developed effective arrangements for dealing with provider failure, there is a concern that repeated service closures will stretch local resilience and divert commissioning capacity.

These are not simply challenges for councils alone to face; the Care Act commits health and wellbeing areas to integration – and the stocktake reflects generally positive relationships between councils and CCGs. The development of STPs provides an opportunity for local systems to recognise these as system challenges and for joint ownership and joint action to be established.

The Care Act stock take demonstrates that different organisations working together can overcome significant challenges; local system leaders are encouraged to debate these and other issues related to local stock take responses as they seek to finalise STPs.