



# Cabinet Meeting

## 15 April 2015

<b>Report title</b>	Promoting Independence	
<b>Decision designation</b>	AMBER	
<b>Cabinet member with lead responsibility</b>	Councillor Steve Evans - Adult Services	
<b>Key decision</b>	Yes	
<b>In forward plan</b>	Yes	
<b>Wards affected</b>	All	
<b>Accountable director</b>	Linda Sanders - Strategic Director People	
<b>Originating service</b>	Older People	
<b>Accountable employee(s)</b>	Anthony Ivko	Service Director Older People
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<b>Report to be/has been considered by</b>	Adult Budget Development working group	23 February 2015
	Strategic Executive Board	10 March 2015

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

The Cabinet is recommended to:

1. Endorse this report as the policy blueprint for a new operating model for adults.
2. Approve a formal engagement process with stakeholders and amend as necessary and delegate to the Cabinet Member Adult Services in consultation with the Service Director Older People any editorial amendments.

## 1.0 Purpose and executive summary

- 1.1 In common with councils across England, Wolverhampton City Council is facing unprecedented challenges both in terms of meeting its statutory duties in relation to Adult Social Care (ASC) and in doing so with reduced budgets and the need to make further reductions.
- 1.2 The Care Act 2014 replaces a number of pieces of primary legislation reaching back to the 1948 National Assistance Act and makes significant changes to the duties and powers of local authorities whilst also embedding personalisation as integral to all social care support. The act seeks to strengthen:
- The role that Information and Advice has in promoting independence
  - Early intervention and the need to prevent, reduce or delay needs
  - Asset based approaches and the need to build individual and community resilience
- 1.3 At the same time as the introduction of the Care Act 2014 the Better Care Fund offers opportunities to work collaboratively with Health and other partners to deliver support which improves wellbeing whilst offering savings through more effective and coordinated delivery of support.
- 1.4 In order to address the transform the social care system and address financial pressures there are three key areas of change that will be addressed as a priority:
- **Management of demand**, by developing approaches which enable those with low level to find solutions which do not require the need to provide statutory services
  - **Changing the way we work** within the social care system. For many years councils recorded activity on the basis of the number of services they provided, leaving a legacy within the culture of social care which now needs to shift to one where the role of social care is to support people to find solutions not to provide services, finding alternatives to drawing people into the world of statutory social care
  - Fully embracing a personalised approach requires existing services to be reviewed to ensure that every opportunity is taken to replace expensive services with more effective solutions with better outcomes for people
- 1.5 Recent developments within social work have redefined the role of the social worker. The work of the college of Social work and other bodies are reshaping and redefining the role of the social worker. In conjunction with the Care Act greater opportunities are available for increased diversity in the skills mix of those working in the social care arena which will enable social workers to focus on the protected activities for which they are trained and skilled.
- 1.6 In order to meet the challenges of meeting the Care Act 2014 in the context of the need to make additional savings, Wolverhampton City council now need to embrace the opportunities available to it including those within the Better Care Fund to design and implement the new operating model based on the principles outlined in this paper.

1.7 Key aspects of a new model should include the following nine elements:

- The delivery of a universal information offer, to all citizens either through internet based sources or facilitated access
- Community based support using existing community hubs, drawing on local knowledge and building community capacity
- Building community and individual resilience
- Reducing demand by maximising the use of Universal services and social capital
- Opportunities for partnerships with other agencies who have contact with people who may need support, health, police, fire service and voluntary sector etc. and using them to identify opportunities to intervene early to prevent or delay the need for statutory support
- Structures and processes which enable individuals to seek early help and support which offer solutions based within their own relationships, families and communities
- Structures and processes that identify risk both, to independence and to wellbeing which ensure statutory intervention where appropriate
- A move to having 'conversations' with people which help to resolve issues and concerns rather than assessment geared towards providing services
- Effective use of the professional workforce, redefining the social work role

1.8 In order to deliver the model four activities need to be undertaken:

- Ensure a culture change within the organisation and at all levels to recognise that the role of adult social care has changed from assessing and delivering services to one which supports individuals to meet their outcomes, often without the need for service provision.
- The development of clear access pathways for both information and advice and inter-professional referrals.
- The development of a number of community access points, where using the resources available on the Council's Information portal and local knowledge individuals can explore the outcomes they wish to meet and the resources available to them.
- Development of organisational arrangements which provide accountability for social work practice, in terms of its quality and the resource and budgetary implications of interventions.

1.9 This paper outlines the key principles underpinning the proposed new operating model. Further work will be undertaken to design and evidence a final, detailed operating model for implementation.

## 2.0 Background

2.1 Social Care is facing unprecedented change as result of a number of drivers.

### **The Care Act 2014**

2.2 The Care Act 2014 replaces much of the primary legislation dating back to the 1948 National Assistance Act. In doing so it places a number of new general and specific duties

on councils. Many of these duties have significant impact on the design of an operating model for adult social care.

- Well-being principles place a general duty on local authority staff to promote the well-being of individuals when exercising any function under part 1 of the Act
- A general duty to provide a range of preventative services that will contribute towards preventing or delaying the development of adults/carers in its area for needs for care and support and reduce the needs for support of adults/carers within its area
- Integration with the NHS where this would promote well-being or contribute to the prevention of needs in adults/carers and improve quality of life, delivered in the main via the Better Care Fund
- An enhanced duty to provide adults and carers with information about care and support arrangements, enable the accessing of this support and to independent financial advice
- Cooperation between public bodies including housing and health
- Changes to the duty to assess, with specific regard to the well-being principle and any assessment must include the adult and the carer
- A new duty to assess carers' needs based upon the appearance of need with specific provisions for the parents of children in transition and young carers transitioning to adulthood. There is also a duty to meet eligible need
- A duty to ensure that the eligible needs of self-funders are met

### **Principal Social Worker for adults**

- 2.3 Designated principal Social Workers (DPSW) were first proposed by Professor Eileen Munro in her review of child protection in 2011 which identified the importance of better communication and understanding between social workers and senior management.
- 2.4 The College of Social work sought to extend the role to include Adult Social Work. As with the Children's Principal Social Worker, the role of the principal social worker for adults also takes a professional lead across the organisation and has responsibility for:
- ensuring consistent application of the professional capabilities framework from the College of Social Work
  - setting and monitoring professional quality standards
  - developing and maintaining a professional network across Adult social work that ensures a consistent professional culture and practice
- 2.5 A key element of that transformation will be the implementation of a Care Act compliant Adult Operating Model for Social work that is clear about the role of Social Workers. This will provide the foundation for professional expectations within a multi-disciplinary setting.

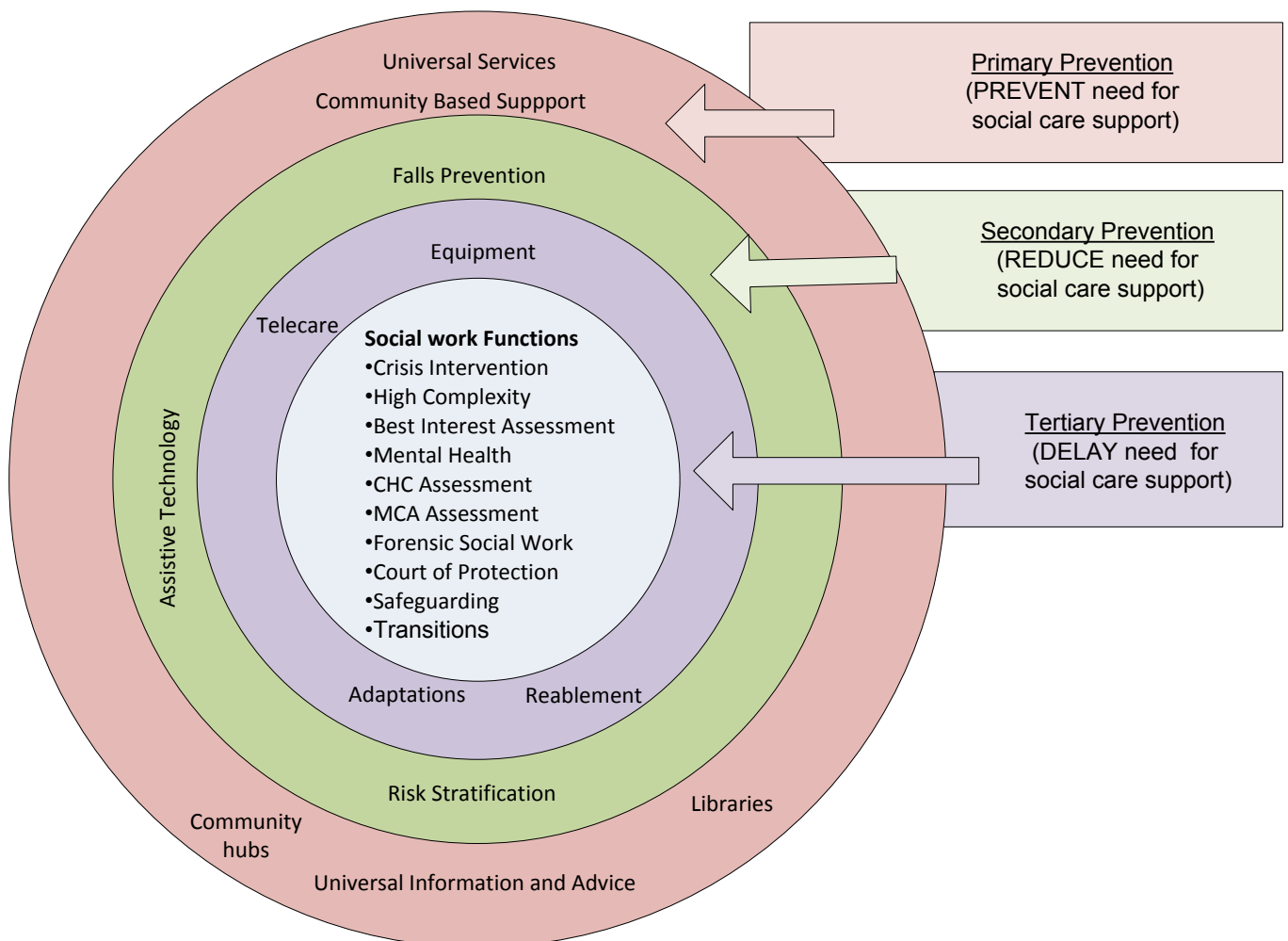
## Better Care Fund

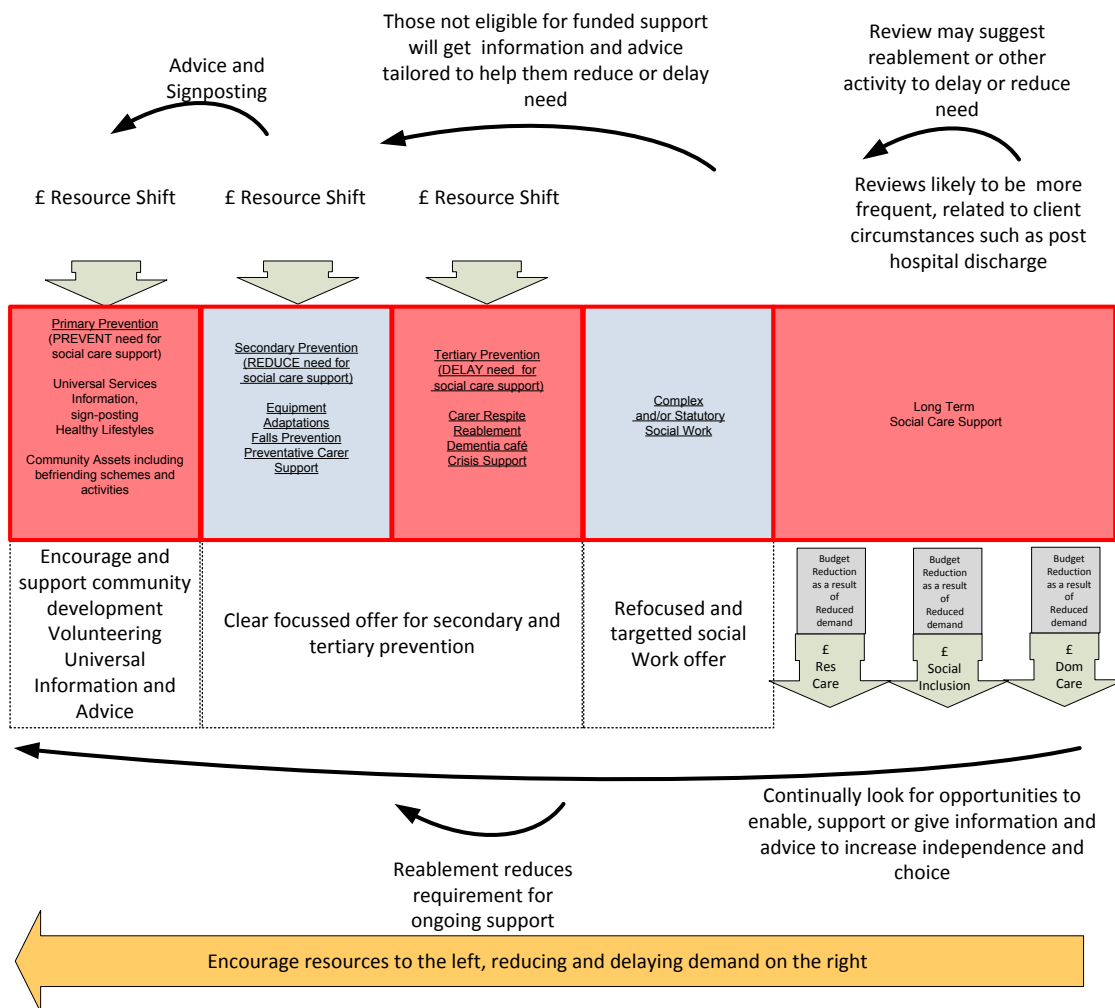
2.6 The Better Care Fund seeks to ensure transformation through the integration of health and social care and the creation of a single pooled budget which will require the NHS and the Local Authority to work more closely together to deliver support which improves wellbeing.

### 3.0 Key Aspects of the proposed new Adult Operating Model

3.1 Many of Wolverhampton's past efforts to redesign the Adult Social care service have focussed on system changes which seek to create more efficient ways of moving people through the traditional assessment and care management process with the outcome of increasing cost without necessarily improving outcomes. The new responsibilities of the Care Act 2014 and adoption of a fundamental principle to promote independence through an individually tailored, personalised approach within a new operating model with nine key features as previously described will underpin the transformation of adult social care.

3.2 The following illustrate how the new model will support people at the earliest opportunity without drawing them into statutory social care arena other than where this is necessary to meet statutory duty:





### 3.3 At its most basic level the model can be broken down into two elements:

- i) the first element has a focus on activities which contribute to demand management and financial sustainability, preventing and delaying the onset of needs
- ii) the second element focuses on professional social work practice for those individuals who require a statutory response including safeguarding, Court of Protection, Deprivation of Liberty Safeguards etc.

Both elements are rooted in Wellbeing and the promotion of independence.

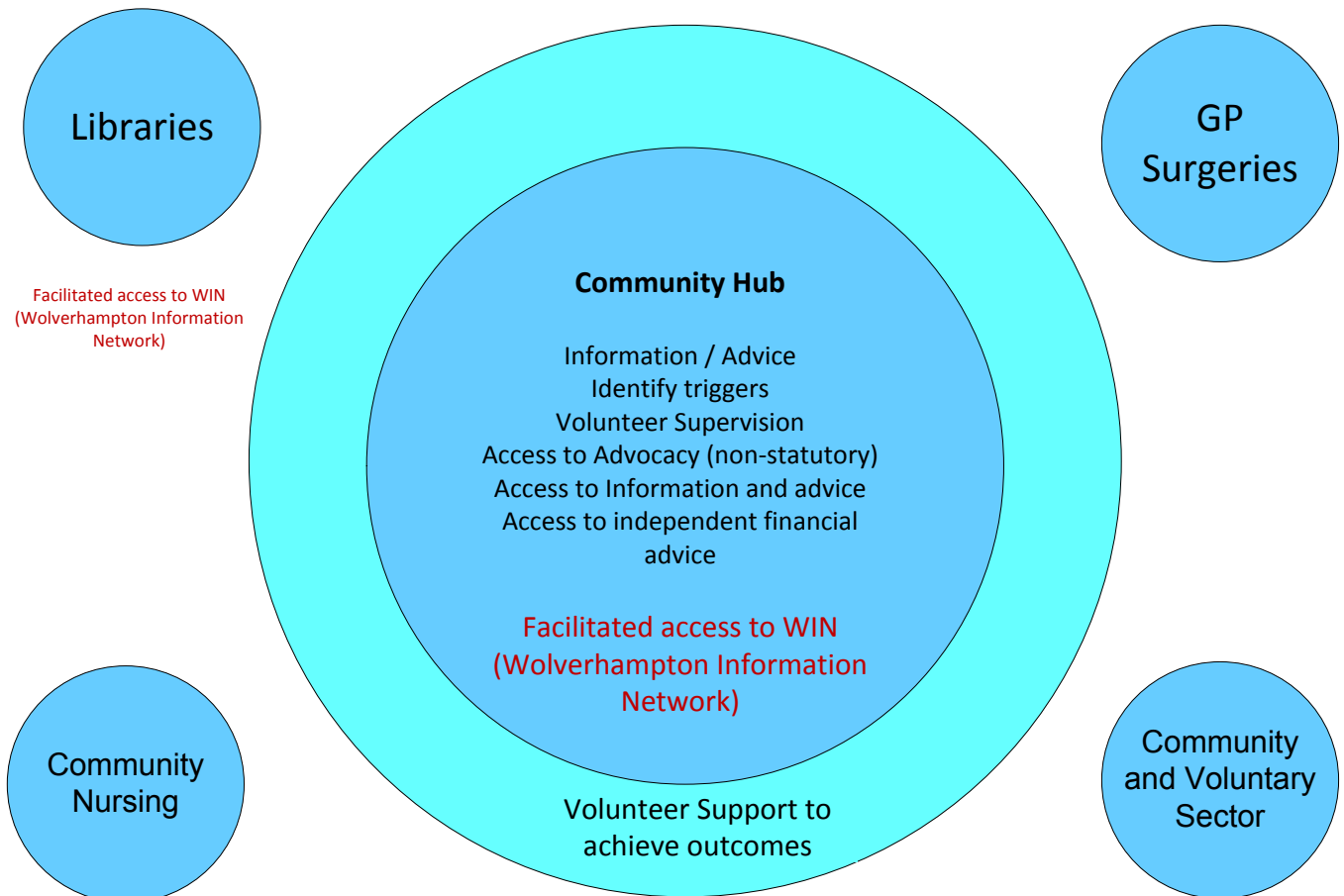
3.4 The role of the principal social worker for adults is critical for success, leading the culture change required to ensure that services are not substituted for activity to promote independence. The role will be to be responsible for the development of policy and professional practice that is consistent with the College of Social Work framework and Promoting Independence.

3.5 The new adult operating model will be asset based, working with individuals, using their own strengths and those of their community to retain or regain their independence. It is the role of social care to shape and stimulate that support, promoting community resilience.

- 3.6 Where higher intensity support is required, or where support is required as a result of statutory duty, this will be delivered in a way which assumes maintenance or recovery of their independence and choice and control over their lives. The model Looks to support people to re-engage people with their communities at the earliest opportunity reducing the need for long term reliance on social care.
- 3.7 For those who do need a statutory service, this needs to be undertaken within an organisational arrangements which are able to deliver a quality service, where professional staff are responsible and accountable for their own practice and that of those they supervise. This accountability extends to the cost of services and support provided as a result of their intervention.
- 3.8 The focus must be on the person not their disability, resulting in more asset based approaches and responses that reflect what matters to the person not the services on offer from the Council.
- 3.9 Wellbeing must be at the heart of everything we do, recognising that wellbeing must be defined by the individual and is unique to them and their circumstances.
- 3.10 Adult Social Care will become a central point of coordination, offering information, advice and guidance to ensure citizens have the tools and resources to make sense of their own care and support needs and assist them to identify appropriate support to meet those needs within their own resources or those around them.
- 3.11 The approach will be to encourage and enable individuals to seek early help and support which offers solutions based within their own relationships, families and communities thereby preventing or delaying the need for statutory services. Working in this way will maximise opportunities for primary prevention, reducing the likelihood for instance of isolation following bereavement
- 3.12 At the centre of the model is a universal information offer, to all citizens either through internet based sources or facilitated access through community resources enabling them to find solutions to their difficulties at critical points within their lives. Working in this way will maximise opportunities for primary prevention, an example of this would be that the offer of information includes that regarding healthy living and maintaining independence, reducing the likelihood of disability in later life.
- 3.13 At the heart of this approach will be WIN, the Wolverhampton Information Network; a web site which is currently in beta testing and holds a significant number of records around a wide range of topics. In its current form the site is focussed around the needs of adults, the opportunity exists and should be taken to improve the universality of the offer to include those things of interest to young people and families. In order for WIN to support people to find the information they need a model of self-assessment is being developed which is in the form of a guided search and recommendations for sources of further information and support. In this way WIN can promote secondary prevention actively signposting people to interventions which can halt or slow down the progression of disease or needs.

3.14 The use of existing community hubs offers the opportunity to embed the universal information offer within the community, capitalising on the use of these resources by the community for the community.

3.15 The following diagrams illustrate how community hubs and other community locations can be used to deliver community based support:



3.16 WCC currently has a number of access points for social care; this creates confusion and frustration for both customers and professionals alike. The model will reduce the number of access routes to social care. This would result in two access routes; the first route will be to provide a universal offer in places where people already seek information and advice, community based centres, community hubs, GP surgeries. In this way the use of local knowledge and community capacity building can be maximised. Whilst community based access points would be staffed by trained, non-professional staff they would be supported by an infrastructure, a hub which provides direct access to trained professionals including social workers, occupational therapists and welfare rights specialist who are able to provide advice and guidance or where necessary escalate the issue.

3.17 Widening the offer at first contact would be achieved by ensuring that staff have the appropriate skills to advise and provide simple items of equipment with a new assistive technology offer without the need for specialist assessment.



- 3.18 A move to having 'conversations' with people which help to resolve issues and concerns rather than assessment geared towards providing services, this is critical to the success of the new model. Each conversation will start with identifying each individual's strengths rather than their deficits.
- 3.19 Those seeking advice and information will receive this at the point of first contact, however for those who need more detailed or complex information there would be the opportunity to book a 'planning session', lasting up to an hour, this would not be an assessment with the expectation of service provision but a more detailed exploratory conversation about the outcomes the person wishes to achieve and what personal or community assets they could utilise to do so. The result would be the production of a support plan. The possibility exists to use the facilities of WIN to book these sessions through the website.
- 3.20 The second route will be to create a single point of access for professionals who need to make a professional to professional referral, further investigation of this approach needs to be undertaken to identify if this single point of referral would be best aligned to other existing referral points for health. It is also critical that professionals making a referral are subsequently made aware of how the issue was dealt with or resolved. In some cases professional referrals may result in a de-escalation of the issue to a community based access point where this is appropriate.
- 3.21 In addition, professionals would be able to make information 'prescriptions' based on the concerns of the person, these would be filled initially at first contact with a 'planning session' if necessary.
- 3.22 The model needs to have sufficient safeguards built into it to safely and effectively identify those individuals who are at risk, or have complex needs requiring a specialist social work or other professional input.
- 3.23 The model recognises the need to build community and individual resilience so that solutions can be found that meet the needs of the individual not the services the Council has to offer. In doing so the Council needs to move from a commissioner of services to model of commissioning which stimulates and supports the voluntary and private sector.
- 3.24 It is only by managing the demand at the earliest possible stage by offering an effective solution to need that the capacity to undertake the statutory role effectively can be created.
- 3.25 The approach to providing a framework to Promote Independence is expressed in the diagram below where each outer layer reduces the demand on the central core of social work, offering solutions which are proportionate to need often within the resources the person already has or within the community.
- 3.26 This approach is the converse of the current operating model which tends to draw people deeper within the system, demanding in many cases unnecessary assessment activity and service provision with its associated cost.

Case Example: 1

Mrs Jones, a 73 year old woman has visited her GP on several occasions since her husband death, she is feeling increasingly isolated as most of her social contact was made as a couple. She isn't sure what the community has to offer her but is keen to find out, she thinks that becoming a volunteer might offer her a social outlet and help her to feel she has a role in life. Her GP advises her to use the portal WIN which has information about volunteering opportunities. Mrs Jones isn't confident about using a computer; the receptionist suggests she comes back the next day when a Facilitation Volunteer will be there to help her to find the information she is looking for. With their help Mrs Jones finds a number of charity shops who are looking for volunteers.

Case Example: 2

Mr Smith is concerned that after he had a stroke he has stopped going out, he used to have a good social life and enjoyed gardening, although he has made a full recovery from his stroke he no longer has the confidence to walk into a room full of strangers and isn't sure if he could manage to work out the bus route. He contacts his local community hub and explains that he wants to be more socially active but doesn't know how to achieve this, they discuss the things that he is interested in and using the portal identify a gardening club that are looking for new members, they arrange for a volunteer to meet him at home and support him in using the bus and meeting the members of the club for the first time.

Case Example 3:

The hub is contacted by a concerned daughter of Mrs Downton, each time she visits her mother tells her she is paying £50 to have her windows cleaned and cannot afford this. The worker at the hub has received training into how to identify possible abuse and has clear guidelines to follow. She explains to the daughter that she will make a safeguarding alert and explains what will happen next. That the information will be passed to the appropriate team to determine if a safeguarding investigation needs to be undertaken.

3.27 Supporting the activity within the community will be an effective and focussed social work service fulfilling a number of primary functions:

- As a central knowledge and skills centre, supporting community access point staff to make appropriate and informed decisions about risk and eligibility.
- Providing crisis support and enabling access to a range of short term interventions
- As a Direct Access point for professional referrals, ensuring that these receive an appropriate response Undertaking complex or statutory (protected) roles as illustrated below:
- Undertaking complex or statutory (protected) roles
  - Crisis Intervention
  - High Complexity
  - Best Interest Assessment
  - Mental Health Assessment
  - HC Assessment
  - MCA Assessment
  - Forensic Social Work
  - Court of Protection

- Safeguarding Investigation
- Transitions

3.28 Redefining the social work role is critical for the effective delivery of the new operating model for Adult Social Care.

3.29 The Social Worker has a key role from being newly qualified workers in their Assessed and Supported Year in Practice to Advanced Practitioners in supporting partnership work with Customers, families and carers, to Promote Independence, Well Being and to safeguard vulnerable adults.

3.30 Social Workers will also instrumental in supporting Customers to maximise their own potential and resources and to make best use of formal and informal support available to them via universal services and the private and voluntary sectors.

3.31 The social work role needs to have defined core tasks that are statutory responsibilities and within the new operating model those interventions are clearly defined as a core specialist service provision. A move towards increasing integration of Health and Social Care necessitates a clearly defined offer for Social Work.

- **Assessments for individuals in need and Carers** undertaking complex assessment using the unique knowledge and skill set of social work to identify an individual's needs and how best to meet those need maintaining the 'Promoting independence' focus.
- **Individual commissioning** in collaboration with the customer, identifying and accessing support services that might be short or long term and that are of best value and to manage those resources to deliver specific objectives.
- **Transition** from Children to Adult Service Provision, supporting young people through the process of change with a focus on supporting them to access appropriate support in all cases with the focus on 'Promoting Independence'.
- **Mental Health Act Assessment** for people with a Mental Health Crisis that require urgent and critical intervention with a view to being detained under the Mental Health Act to receive treatment in a hospital setting or the least restrictive alternative.
- **Mental Capacity Assessment and Deprivation of Liberty Safeguards (DOLS) Best Interests** supporting and protecting people who lack capacity and where it is in their best interests to be deprived of their liberty to safeguard them from harm.
- **Court of Protection** to apply to the court in the event that an individual lacks the capacity to make decisions about their welfare, finance or medical wellbeing in circumstances that are not an emergency—these decisions can be about contraception and medical treatment
- **Highly Complex Cases** managing complex cases that require a high level of risk management. Such cases can be demanding and cannot be safely managed by less experienced staff, these cases may be long or short term and the focus must remain

that the key driver is to support the individual to manage the risk themselves with the focus on 'Promoting Independence'.

- **Safeguarding Investigations** to manage Safeguarding investigations to protect vulnerable individuals from harm

- 3.32 In order to deliver a high quality, effective social work service it is critical to deliver a clear message of the social work offer, based on a social care model of disability; will become increasingly important as we move towards greater integration of Health and Social Care.
- 3.33 It will be necessary to prepare the workforce to practice in a different way making a culture change that moves away from assessment and care management to engaging in partnership roles with individuals, families and carers to best 'promote independence'.
- 3.34 The current changes within social care service groups are introducing small group structures where a number of staff are supported and managed by advanced social work practitioners who are responsible for the quality of work undertaken and for implementing financial controls as an individual commissioner of support.
- 3.35 Adults Budget Development Working Group is requested to formally receive this paper and agree the principles of approach of the new adult social care operating model.

#### **4.0 Financial implications**

- 4.1 The Council and Adult Social Care are faced with significant challenges both in terms of overall budget cuts within the Council and the additional requirements it faces in delivering its obligations under the Care Act.
- 4.2 The new operating model for adults will facilitate the delivery of existing savings proposals detailed in the Medium Term Strategy such as Promoting Independence target of £7 million, as well as potentially delivering additional savings.
- 4.3 The model focuses on managing demand by offering effective solutions at the earliest possible stage, ensuring better outcomes for individuals within the financial envelope available.  
[AS/02042015/X]

#### **5.0 Legal implications**

- 5.1 There are no immediate legal implications at present, but these will be addressed during the implementation stage. The model must be delivered within the context of current legislation and will assist the Council in preparing for the new responsibilities that are being proposed in the Care Act for Councils to have due regard for the well-being of citizens with responsibilities for preventive services.  
[RB/31032015/R]

## **6.0 Equalities implications**

- 6.1 Initial Equality screening has indicated that a full equalities analysis is needed due to outstanding equalities data and stakeholders meeting which has yet to be undertaken. At this stage Cabinet are asked to authorise a formal engagement process with stakeholders which may result in changes to the proposed policy blueprint

## **7.0 Environmental implications**

- 7.1 No environmental implications are expected as a result of the development of the new operating model.

## **8.0 Human resources implications**

- 8.1 Human Resource implications will be identified the implementation stage, as a result of the shift of resources within the system and changes to the skills mix of the workforce there is likely to be an impact.

## **9.0 Corporate landlord implications**

- 9.1 The new operating model for adults proposes the use of existing community assets such as community hubs and libraries. The use of these assets will provide the opportunity to embed the universal information offer within the community and will contribute to the sustainability of community based facilities.
- 9.2 Consideration will need to be given to accessibility and information technology (e.g. IT upgrades, cabling) within each of the community assets to ensure that they can fully support the proposals.

## **10.0 Schedule of background papers**

- 10.1 Care Act 2014 – Primary Legislation Department of Health (DoH)  
Care Act 2014 – Statutory Guidance DoH  
Better Care Fund - DoH