

Meeting of the Adult Social Care Select Committee

Wednesday 15th November, 2023 at 6.00pm
In the Council Chamber at the Council House,
Priory Road, Dudley, DY1 1HF

Agenda - Public Session **(Meeting open to the public and press)**

1. Apologies for absence.
2. To report the appointment of any substitute members serving for this meeting of the Committee.
3. To receive any declarations of interest under the Members' Code of Conduct.
4. To confirm and sign the minutes of the meeting held on 7th September, 2023 (Pages 4 - 14)
5. Public Forum
6. Annual Adult Safeguarding Report and Deprivation of Liberty Safeguards (DoLS) (Pages 15 - 60)
7. Quarterly Performance Report – Quarter 1 (1st April, 2023 to 30th June, 2023) (Pages 61 - 80)
8. Market Position and Sustainability (Pages 81 - 107)
9. Progress Tracker and Future Business (Pages 108 – 110)
10. To consider any questions from Members to the Chair where two clear days notice has been given to the Monitoring Officer (Council Procedure Rule 11.8).





Chief Executive

Dated: 2nd November, 2023

Distribution:

Councillor L Johnson (Chair)

Councillor J Elliott (Vice-Chair)

Councillors A Aston, S Bothul, R Collins, T Crumpton, A Davies, M Hanif, A Hopwood, A Qayyum and C Sullivan.

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Minutes of the Adult Social Care Select Committee

Thursday 7th September, 2023 at 6.00 pm
At Saltwells Education Development Centre, Bowling Green
Road, Netherton

Present:

Councillor L Johnson (Chair)
Councillor J Elliott (Vice-Chair)
Councillors R Collins, T Crumpton, A Davies, M Hanif, A Hopwood, A Qayyum,
C Sullivan and E Taylor.

Dudley MBC Officers:

M Bowsher (Director of Adult Social Care), D Phillipowsky (Head of Adult Mental Health) (Directorate of Adult Social Care), M Spittle (Head of Access and Prevention, Commissioning, Performance and Complaints), L Weaver (Assistant Team Manager – Blue Badge and Business Support Service), T Curran (Complaints Manager) and H Mills (Senior Democratic Services Officer) (Directorate of Finance and Legal).

Also in attendance:

Councillor M Rogers (Cabinet Member for Adult Social Care)

9 Apologies for Absence

Apologies for absence from the meeting were submitted on behalf of Councillors S Bothul and P Lowe.

10 **Appointment of Substitute Member**

It was reported that Councillor E Taylor had been appointed to serve as a substitute Member for Councillor P Lowe, for this meeting of the Committee only.

11 **Declaration of Interest**

No Member made a declaration of interest in accordance with the Members' Code of Conduct.

12 **Minutes**

That the minutes of the meeting held on 13th July, 2023, be confirmed as a correct record and signed.

13 **Public Forum**

No issues were raised under this agenda item.

14 **Improvement priorities for adult social care mental health in Dudley Borough**

Members considered a report of the Director of Adult Social Care which provided an overview of improvement priorities for adult social care mental health in Dudley.

The Head of Adult Mental Health outlined the key improvement priorities, in particular referring to the work that had been undertaken to refocus on early intervention and prevention, with clear criteria, and entry and exit pathways into services established, which was compliant with the Care Act and was strength-based.

It was reported that teams would work with people to determine their individual needs, whom would then be signposted to the most relevant service that would meet their needs. The need to work co-productively and innovatively with local communities and in partnership with external agencies was emphasised to provide better preventative services, which would lead to better outcomes for those that use the services.

Alternative ways of accessing services had been explored, in particular, the use of technology to allow users to interact online, as well as in person, to maximise the offer and to reach as many people as possible with limited resources.

In referring to the Approved Mental Health Professionals (AMHP) Services, it was reported that the service had been reconfigured to maximise resources and the training offer available had been enhanced with six places available for the current academic year. The team consisted of five full time AMHP's with a further two positions currently advertised to ensure the team was more resilient. A permanent AMHP Team Manager post had also been established, and the vacancy would be filled imminently. New policies and procedures had been updated, implemented and communicated across the team, as well as published on the webpage. Training on Mental Health Services would be provided to all employees, to enhance their knowledge of the Care Act and interactive working.

As part of the comprehensive review of the workforce, key risks in compliance with statutory frameworks were identified, which included Section 117 reviews. Section 117 reviews are shared responsibility between the Local Authority and Health providers. It was reported that there were currently 953 cases identified that would be subject to Section 117 of the Mental Health Act, who were entitled to aftercare services to help prevent readmission to a psychiatric hospital. Work was ongoing to improve partnerships with health colleagues and to develop a joint review system to ensure the legal duty was met. Weekly meetings were currently held, and the risk had been recorded on the Local Authority's Risk Register. It was reported that Dudley was participating in a joint pilot project with Black Country Healthcare NHS Foundation Trust to strengthen data and increase joint reviews of Section 117 cases and it was anticipated that a draft policy would be in place by the end of the year, followed by a significant increase in review activity.

Following the presentation of the report, Members asked questions, made comments and responses were provided where appropriate as follows:-

- a) In response to a comment made with regard to Section 117 compliance, it was commented that whilst there were in excess of 700 Section 117 cases in the Borough, many of which may no longer necessarily require access to Mental Health services as their condition could be stable, nonetheless it was a legal requirement for a written policy to be in place. The need for all Section 117 reviews to be treated sensitively was emphasised. Anyone who needed support in the meantime could access help from the Adult Social Care Mental Health Team.
- b) The Head of Mental Health confirmed that Woodside Centre had reopened on 21st July, 2023 as planned, with only one concern received from a former user of the provision. Feedback from users of the service would likely be available from December 2023, following completion of the first twelve-week programme and would be submitted to the Committee accordingly. All feedback would be reviewed, and changes to the eligibility criteria and process would be implemented if required.
- c) In responding to comments and concerns raised by Councillor A Davies with regards to the use of technology to allow users to interact online and how far this would be progressed, Members were assured that the use of technology would be used in cases where there may be a temporary delay in a person accessing the twelve week programme, as an interim measure, or for those users who may find it difficult or experience high anxiety to attend face to face sessions straight away. There was no intention to make technology a default provision in its own right and would be used as one of a range of options.
- d) In response to a question raised by Councillor E Taylor it was stated that the number of individuals in each twelve-week programme group would depend on the individuals and the dynamics of the group, although it was recognised that the numbers needed to be sufficient for the groups to be effective.

- e) Councillor T Crumpton expressed concern with regards to staffing resources and budgets allocated to the service. He expressed concern of staff lone-working and the long hours staff were required to work to deliver services. Assurance was requested with regards to employee's safety when conducting home visits and if support was provided from other Directorates. In response, the Head of Mental Health stated that primary focus was on working smarter and collaboratively with health partners, in particular Black Country Healthcare NHS Foundation Trust to alleviate duplication and to ensure existing resources were used efficiently and effectively. It was considered that there were no reasons as to why joint visits could not be undertaken to alleviate sole working and to provide holistic intervention. The Council has a lone worker policy to enable safe working practices for lone workers.
- f) In responding to a further comment from Councillor T Crumpton as to how elected Councillors could support the team and help capture community and voluntary services that may be able to provide support, the Director of Adult Social Care advised that the Dudley Community Information Directory provided details on services available within the Borough. Should any Member be aware of any further services available which were not included, these could be shared directly with the Director of Adult Social Care to explore further.
- g) The Director of Adult Social Care commented that the service did the best that it could with available resources. Concerns were raised with regard to a number of Approved Mental Health Practitioners nearing the end of their career and the need for their knowledge and experience to be shared with new employees and for enhanced training to be provided to all staff, however the budget for training was limited. It was recognised that mental health cases had increased, with more high-end complex cases requiring support and it was considered a balancing act to ensure the correct level of care was provided within resource constraints.
- h) Arising from a question from Councillor M Hanif with regards to training, the Head of Mental Health confirmed that training was accredited at university level. Post qualification training on legal updates could be provided by a Barrister, however there was no inhouse training provided.

Resolved

- (1) That the progress in delivering improvement in adult mental health in Dudley, be noted.
 - (2) That the views of the Select Committee be taken into account by the Head of Adult Mental in the ongoing programme of improvement activity.
 - (3) That further work be undertaken to enhance the approved mental health professional provision.
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15 Blue Badge Fraud, Process and Enforcement

A report of the Director of Adult Social Care was submitted to provide an update on the process of blue badge applications, fraudulent usage data and trends and enforcement methodology and impact.

Arising from the presentation of the report, members asked questions, made comments and responses were provided as follows:-

- a) Councillor J Elliott referred to the twelve warning letters that had been issued during the reporting period and questioned what constituted a warning. In response, the Assistant Team Manager – Blue Badge and Business Support Service stated that each case was reviewed on its own merit, however an example of a warning may be when an users badge had expired and not renewed, however the individual was still eligible for a blue badge.
- b) In responding to questions raised regarding collaborative working with highways, the Assistant Team Manager – Blue Badge and Business Support Service, confirmed that the team did work closely with the Highways team, who were responsible for permitted parking bays, although it was reported that blue badge holders were not eligible to park in permitted parking bays.
- c) Arising from a comment made by Councillor M Hanif with regards to guidance on how to use a Blue Badge, it was confirmed that guidance was included on the back of the badge, as well as a booklet provided when the badge was first issued.

- d) In response to a question raised by Councillor E Taylor with regard to short term usage, it was stated that blue badges were time limited, however due to the on-going delay in operations some badges were issued for a three year period, with the proviso that should the users condition/disability improve prior to the expiry date, the blue badge would be rescinded.

Resolved

That the progress of the Blue Badge Service and Enforcement, be noted.

16 Change in Order of Business

Pursuant to Council Procedure Rule 1(c), it was:-

Resolved

That Agenda Item no. 9 – Adult Social Care Complaints, Comments and Compliments, be considered as the next item of business.

17 Adult Social Care Complaints, Comments and Compliments

Members considered a report of the Director of Adult Social Care which provided an overview of the Adults Social Care Complaints Annual report for the period 1st April, 2022 to 31st March, 2023.

In presenting the report, the Complaints Manager provided a breakdown of the number and type of complaints received, the timeframe in which these were responded to and data on how many were upheld or partially upheld in comparison with previous years.

Overall, it was reported that there had been a decrease in the number of complaints received and performance for responding to complaints was consistent with the previous year.

Arising from the presentation of the report, Members commented positively on the information contained in the report and commended the Directorate on the high level of service that was evidently provided, which resulted in the low number of complaints received.

In response to a question raised by Councillor A Davies, the Complaints Manager confirmed that should a complaint be received in relation to another Directorate, the complainant would be contacted in the first instance to advise that this would be forwarded to the appropriate Directorate for a response. In cases where complaints related to multiple service areas, the service area with the leading role would act as the principal lead and correspond with all other services to provide a collaborative response.

The Director of Adult Social Care advised Members that an Awards Event for the Directorate had been arranged for December 2023 and would be held at Himley Hall. The event invite would be extended to include Members of the Select Committee.

Resolved

- (1) That the contents of the report be noted.
- (2) That publication of the Adults Social Care Complaints Annual Report, in line with statutory requirements, be endorsed.
- (3) That the Democratic Services Officer, on behalf of the Select Committee, send a letter of thanks and appreciation to the Directorate of Adult Social Care.

18 Care Quality Commission (CQC) Inspection and Readiness Review

A report of the Director of Adult Social Care was submitted to provide an overview of the Care Quality Commission Inspection regime for Adult Social Care in Local Authorities and the preparation work that was being done in readiness for an inspection in Dudley and to provide feedback from the recent West Midlands Association of Directors of Adult Social Care (WM ADASS) readiness review that had recently been conducted.

The Director of Adult Social Care presented the report in detail, outlining the governance and assessment framework used to regulate health and adult social care, as well as highlighting the key risk areas for Dudley to ensure that Dudley was Care Act compliant and that the best possible Adult Social Care service was provided to residents of the Dudley Borough.

It was reported that everyone was playing their part to drive the improvement plan to ensure the service was where it should be with regards to improvement and resources, although with no additional funding received. Numerous groups had been established to feed into the Continuous Improvement Group to ensure as many perspectives were gathered and incorporated.

It was identified early in the process that there was a lack of vision for the Directorate. Multiple staff engagement events were held to develop an Adult Social Care Vision which is now actively promoted via social media and discussed with external stakeholders.

On 5th and 6th July, a CQC Readiness Review was conducted and to review preparedness for a CQC Inspection, with an executive summary provided which indicated that there was clear evidence of significant pace and progress in readiness for a CQC Inspection. The readiness review acknowledged that performance, particularly in relation to waiting lists required further improvement, with more pace required with regards to annual reviews and progress with reviews was identified as being the greatest risk. Further work was also required to ensure Corporate and Political awareness of current performance and risk.

The Director of Adult Social Care advised that an improvement plan had been developed and was being embedded within the directorates work. The key areas identified for improvement as defined by the Readiness Review were being prioritised, in particular the reduction of waiting lists and Deprivation of Liberty Safeguards, to ensure that the service was compliant with the Care Act and to enable resources to be managed consistently. It was emphasised that at this moment, the Directorate was not fully Care Act compliant due to the waiting lists as articulated within the report.

Arising from the presentation, Members made comments, asked questions and responses were provided where necessary as follows:-

- (a) Councillor T Crumpton referred to the lack of cohesion within Council Directorates, not just referring to Adult Social Care. He also referred to the current scrutiny arrangements operated at Dudley, which he considered to be inadequate, and which had not improved for a number of years and requested if additional information/guidance could be provided to support Committee Members with their Scrutiny role and responsibilities.

In responding, the Director of Adult Social Care agreed to provide Members with Local Government Association guidance for Adult Social Care Scrutiny and Safeguarding, together with tips and guidance for the CQC preparation. The Director of Adult Social Care reminded Members that performance data was reported to the Committee on a routine basis and encouraged Members to scrutinise all waiting lists to ensure risk was appropriately managed and that there was sufficient pace and responsiveness from the service.

- (b) Arising from a question raised by Councillor Crumpton with regard to nursing homes and residential homes for older people and how the Local Authority supported these provisions, the Director of Adult Social Care commented that the Marketing Sustainability and Improvement Fund was introduced in 2022 to support Local Authorities to make tangible improvements to adult social care, in particular to build capacity and improve market sustainability. A report on the topic would be submitted to the next meeting of the Select Committee, but ultimately the fund would enable the Local Authority to ensure that provisions were adequately supported, without causing financial implications to the Council. The Director of Adult Social Care acknowledged that there were significant issues with sustainability in the residential and nursing care sector and further investment would be required to ensure sufficient choice, quality and sustainability of the care provision.

Resolved

- (1) That the contents of the report and the requirements for the CQC inspection, in particular the Quality Statements, be noted.
- (2) That the key risks and improvement priorities identified, be noted.
- (3) That the implications of a CQC inspection and the potential impact for people who use care and support, Adult Social Care in Dudley and the Council's reputation, be noted.

- (4) That the continuation to ensure that people of Dudley who use care and support continue to have the right level of support and are safeguarded, be endorsed.
- (5) That the Director of Adult Social Care provide Select Committee Members with government guidance to support them in the scrutiny role with regards to Adult Social Care Scrutiny and Safeguarding.

19 **Adult Social Care Select Committee Progress Tracker and Future Business**

Resolved

That the Adult Social Care Select Committee Progress Tracker and Future Business, be noted.

20 **Questions under Council Procedure Rule 11.8**

There were no questions to the Chair pursuant to Council Procedure Rule 11.8.

The meeting ended at 7.40 pm

CHAIR

Meeting of the Adult Social Care Select Committee – 15th November 2023

Report of the Director of Adult Social Care

Annual Adult Safeguarding Report and Deprivation of Liberty Safeguards (DoLS)

Purpose of report

1. The purpose of this report is to summarise the last 12 months of performance in relation to Adult Safeguarding and Deprivation of liberty safeguards (DoLS) and to recommend a sustainable plan to meet the requirements of DoLS in light of Liberty Protection Safeguards (LPS) being delayed indefinitely while identifying preparations to meet the regulatory framework for the Care Quality Commission (CQC) Inspection of Adult Social Care in 2023/4.

Recommendations

2. It is recommended that the Select Committee
 - scrutinise the report and seek assurance about the safeguarding of adults in Dudley Borough;
 - considers the draft priorities for the Safeguarding Adults Board for 2023/24 for comment and scrutiny.

Background

3. The local authority continues to experience increased numbers of safeguarding concerns. Key performance data illustrates the increase in concerns. Dudley is 3rd highest within the 14 regional Local Authorities for numbers of safeguarding concerns received which is the pattern since 2016/2017. There is a slight decrease in the conversion rate however we remain 7th highest (of 14) for the absolute numbers of Section 42 enquiries within the region.

Year	Concerns	% Increase	Enquiries	Conversion
2021/22	6156	16.3%	693	11.3%
2022/23	6434	4.5%	604	9.4%

4. There has been a slight increase in The Deprivation of Liberty Safeguards (DOLS) referrals and assessments completed have increased but due to the growing backlog the time estimated to complete the “not completed” based on current performance and resources continues to rise.

	Received	Completed	Not completed	Time to complete.
2021/22	685	495	380	6 months
2022/23	690	505	540	13 months

5. Utilising feedback from a DoLS review, work is underway to increase the infrastructure for DOLS with increased use of internal rotas, hybrid assessments and a growth request.
6. The CQC regulatory framework includes specific expectations and Quality statements around Safeguarding and Safe systems and the need to develop aspects of Safeguarding as part of the Adult Social Care Improvement Plan.
7. We continue to be a key partner in the Safeguarding Board as part of Dudley Safeguarding People Partnership (DSPP) and are working towards the draft priorities of:
 - Neglect across the life course
 - Exploitation across the life course
 - Adopting a Think Family approach

Key Achievements during 2022/2023

8. The Multi Agency Safeguarding Hub (MASH) screens and determine the appropriateness of referrals ensuring that safeguarding enquiries only progress where relevant. The higher referral rate reflects a greater awareness of safeguarding and of the MASH and the success of the multi-agency partnership working with the Safeguarding Board (DSPP) and the impact of the citizen and professional portals. The lower percentage rate to conversion to Section 42 Enquiries means that MASH is effective in ensuring that safeguarding enquiries only progress where relevant. However, a high proportion of concerns received into Adult MASH from professionals relate to care management concerns and are signposted to other areas of adult social care. To address this the Safeguarding Board has developed training to ensure that professionals better understand when to refer to Adult Social Care and offer support and guidance for making safeguarding adult referrals.

9. Use of the citizen and professional portals continues to increase with access via the DSPP and local authority websites. This diversity of access allows new concerns to be inputted directly into the Liquid Logic (LAS) electronic recording system. Communication with the referrers is improved as they can be informed of outcomes more easily and securely and the portal forms have been extensively tested with citizens to ensure they are easy to navigate and understand and there has been positive feedback.
10. In Dudley, Self-Neglect forms the highest proportion of all enquiries at 23.1% followed by Neglect and Acts of Omission at 22.3%. There was a significant increase in referrals following a 2-week intensive safeguarding training period through the Safeguarding Board which focused on a local Safeguarding Adult Review (SAR) where self-neglect was a focus. Through the partnership, via the Neglect subgroup, work is underway to implement a Neglect strategy for adults with increased training and the development of a self-neglect webpage. Self-Neglect and Disorganised living affect both children's and adults in Dudley therefore a new Hoarding/Squalor toolkit is being developed, working across services for Children's and Adults to provide consistency in assessing risk to adults and children.
11. In line with the statutory guidance from the Care Act 2014 the Person in a Position of Trust (PiPOT) framework and process to respond to allegations against anyone who works (either paid or unpaid) with adults with care and support needs has been developed. The purpose of this guidance is to provide a framework for managing cases where allegations have been made against a person in a position of trust and is focussed on the management of risk based on an assessment of abuse or harm against an adult with care and support needs. It provides a framework to ensure appropriate actions are taken to manage allegations, regardless of whether they are made in connection with the PiPOT's employment, in their private life, or any other capacity. This guidance applies to the local authority, all partner agencies and commissioned local authorities' relevant partners, and those providing care and support services.
12. From 1st January 2022 in Dudley there have been 90 National Referral Mechanism (NRM) referrals with 24 for adults. The Adults exploitation subgroup is responsible for delivering this priority and has strong partnership leadership led by the Police who also chairs the Dudley Safe and Sound Board (Community Safety Partnership), this ensures consistency and avoids duplication between the two partnerships. The subgroup continues to implement the Exploitation Strategy which will strengthen the pathway for referrals around exploitation meaning a robust approach can be taken to concerns of exploitation. WRAP Training is

available to all partners ensuring that practitioner knowledge around PREVENT is current and embedded in practice.

13. Dudley Trading Standards' Scams Unit have adopted a preventative and proactive approach to raising awareness, through the establishment of a Dudley Financial Abuse Alliance with financial institutions, 'friends against scams' training and providing information and advice. The Trading Standards team also work closely with the MASH, receiving referrals for alleged financial abuse cases and working in a coordinated way to respond to referrals, investigate concerns and support people.
14. The Deprivation of Liberty Safeguards (DoLS) are part of the Mental Capacity Act 2005. The safeguards provide a number of legal protections and aim to make sure that people in care homes and hospitals are supported to live the best life they can while ensuring any restrictions in place, to ensure their safety, does not inappropriately restrict their freedom. Deprivation of Liberty in the Community (CDoL) requires an application to the Court of Protection and is a protection for people over 16 who are in supported living, extra care housing or in their own homes. Both schemes can only be authorised for a maximum of 12 months and have to be renewed. Liberty Protection Safeguards (LPS) were due to be implemented to replace DoLS and CDOL however, the government has advised they will be delayed indefinitely and the DoLS and CDOL schemes remain. Nationally DoLS numbers continue to rise (up 11% 2022-2023). Due to this increased resource pressure and the expectation that LPS will not be implemented in the near future a more sustainable solution is being suggested to form a permanent DoLS team in Dudley, increase technical support by developing a portal for DoLS and utilise existing resources such as an internal rota system more proactively. Reducing the waiting lists for DoLS Assessments is part of the Improvement plan for Adult Social Care with key performance indicators.
15. The Health and Care Act 2022 gave the Care Quality Commission (CQC) new powers to assess local authorities and the integrated care system. Their role is to understand the quality of care in a local area or system and provide independent assurance to the public. As part of their assessment framework, there are a number of quality statements with two relating to safe systems and safeguarding.

Safe systems, pathways and transitions- We work with people and our partners to establish and maintain safe systems of care, in which safety is managed, monitored and assured. We ensure continuity of care, including when people move between different services. This is wider than safeguarding as it covers internal and external partnerships and how the "system" operates to ensure Dudley citizens who fall within the provisions

of the Care Act 2014 are able to access the support they need to ensure their wellbeing.

Safeguarding- We work with people to understand what being safe means to them as well as with our partners on the best way to achieve this. We concentrate on improving people's lives while protecting their right to live in safety, free from bullying, harassment, abuse, discrimination, avoidable harm and neglect. We make sure we share concerns quickly and appropriately. The Safeguarding quality statement covers all aspects of safeguarding under the legal framework in the Care Act for how local authorities and other parts of the system should protect adults at risk of abuse or neglect as defined by the Care Act.

16. As part of our Improvement plan, we are developing a Safeguarding dataset and improved performance management arrangements. This is being achieved by the launch of the Safeguarding Practice Guidance and Key performance indicators, an audit program and by working in partnership with Management Intelligence to ensure the data set is accurate, robust and meaningful.
17. Compared to many other Local Authorities we have a very high number of safeguarding concerns which is in part due to the way contacts are recorded. Therefore, we are looking at the way we record to ensure there is a true reflection of what is safeguarding at the secondary triage stage. This will not increase risk or cause any delay but coupled with the key performance indicators and learning from audits will increase assurance, ensure figures truly reflect activity and allow greater oversight, scrutiny and emphasis on performance.
18. A clear strength in working towards the CQC Quality Statements and our Improvement plan is our proactive multi-agency partnership through the Safeguarding Board and DSPP. We participate in all aspects of the Board's activity and help to drive improvements through the subgroups and Board. Multi -agency partnership scrutiny and assurance are being developed further through the DSPP subgroup Quality Assurance and Performance, which the Local Authority chair. This is being achieved through the development of a multi agency data set, the recruitment of a data analyst and ongoing multi-agency audits of practice. This provides further scrutiny and assurance by assessing the quality of practice and lessons to be learned in terms of both multi-agency and multi-disciplinary practice. Through the Think Family approach and Exploitation subgroup we are also reviewing the Transitional Arrangements for young people 16-18 years who are at risk of exploitation. Capturing the voice of the individual is paramount and as well as our ongoing collection of feedback we are supporting an independent survey by Healthwatch Dudley to

improve our understanding of individuals experience through safeguarding.

Emerging Themes

19. The most vulnerable in our community are often those who are on low incomes and will be more adversely impacted by rising costs as they may struggle to obtain good quality housing that meets their needs, or they may struggle to maintain their current living arrangements.
20. Fuel Poverty in Dudley has been increasing in absolute terms. Latest figures from 2020 showed it affected 24,248 (17.3%) of households within the Borough. Recent increases in energy costs are likely to exacerbate Fuel Poverty.
21. Life expectancy within Dudley is 78.8 years for men and 82.2 years for women. This is similar to the wider region (men 78.5, women 82.5); however, it is lower than England (men 79.4, women 83.1) Within Dudley, life expectancy is 9.3 years lower for men and 8.0 years lower for women in the most deprived areas of Dudley than in the least deprived areas.
22. Domestic abuse-related incidents and violence rates for Dudley are derived from the West Midlands force area at 37.3 crimes per 1,000 which is higher than the rates for both the West Midlands region (33.7) and England (30.3 per 1,000). Whilst all victims of domestic abuse are vulnerable due to the risks they face, we recognise that some victims falling under the provisions of the Care Act face an even greater risk if exposed to domestic abuse and we work closely with our partners to ensure there is a greater recognition of domestic abuse in Dudley, staff are trained appropriately, and victims are signposted to resources.
23. The suicide rate in Dudley has increased since 2015-2017. From the latest data available for 2018-20, there were 11.3 suicides per 100,000 population (or 94 persons) which is the highest rate recorded since records began in 2001-03. This is not significantly different to the West Midlands (10.5 per 100,000) or England (10.4 per 100,000) but it is a growing concern and there is a commitment from the Dudley Peoples Partnership and suicide awareness will be a focus of the learning and development and service offer going forwards.
24. The recorded prevalence of dementia in patients aged 65+, registered with a Dudley GP was 3.8%, which equates to 2,547 patients. However, the estimated dementia diagnosis rate for those aged 65+ is 56.3%, which means that the actual number is likely to be around 4,500. In patients under 65, the recorded prevalence of dementia was 2.7 per 10,000 in

2020, lower than that for the Black Country STP (3.3 per 10,000) and England (3.0 per 10,000).

Finance

25. To ensure adherence to the Care Act an MTFs growth request for £117,000 has been made to increase the capacity within safeguarding to complete DoLS assessments. The request is to gain extra Best Interest Assessor Resources and a DoLS Administrator which are required to provide a sustainable response to meet demand and statutory duties.
26. The Safeguarding Board is financially supported by the Local Authority, West Midlands Police and Dudley ICB and the Board Budget is identified as part of the Annual Report.

Law

27. The Local authority will be apprised of and will adhere to the requirements of the following legislation:
 - 1) The Human Rights Act 1998
 - 2) The Mental Health Act 2007
 - 3) The Mental Capacity Act 2005
 - 4) The Care Act 2014
 - 5) The Mental Capacity Amendment Act 2019
 - 6) The Health and Care Act 2022

This is not an exhaustive list.

Risk Management

28. All risks are reported on and managed and mitigated by ongoing data analysis, feedback from individuals and families and by local, regional and national data sets and surveys underlined by a risk register where applicable.
29. The increase in safeguarding concerns and conversion rate is mitigated by a highly skilled staffing resource, increased performance management with key performance indicators, robust reporting and action tracking. Further risk mitigation will be provided by the scoping of recording mechanisms, learning from internal and multi-agency audits and targeted learning and training.

30. The CQC regulatory framework is new and is being piloted so there is a lack of full assurance at this stage on how this will be implemented in Dudley. This risk is mitigated by working with regional and national colleagues to develop a coordinated response and to prepare with a rigorous self-assessment that has been peer reviewed. This provided the foundation for the Adult Social Care Improvement Plan which continues to develop and includes building on our strong partnerships with among others, Dudley Safeguarding Peoples Partnership, Safe and Sound Board (Community Safety Partnership) and internal partners such as Children's services and Housing, among others.
31. There is a risk that DoLS referrals are increasing and the capacity to complete assessments has decreased which might lead to the increase in citizens being illegally detained; the Local Authority being at risk of legal challenge, non-compliance with a statutory function and reputational damage. This risk is mitigated by increasing capacity by maximising existing resources such as an internal rota system; developing a more proportionate assessment with regional and national colleagues and by re purposing staffing time to ensure there is a proactive response to maximise the use of equivalent assessments. Technical support is also being increased by developing a portal. The MTFS growth request has been submitted to mitigate the risk further by providing additional Best Interest Assessor resources and a DoLS Administrator which are required to provide a sustainable response to meet demand and statutory duties.

Equality Impact

32. The Care Act 2014 and Safeguarding principles as well as the West Midlands Safeguarding Procedures with Making Safeguarding Personal (MSP) at the centre are implemented within Dudley and are consistent with the Equal Opportunities Policy of the Council and promote equality of opportunity, access and person-centred practice. The Mental Capacity Act 2005 is grounded in the Human Rights Act 1998 and ensure that diversity and inclusion are central to all provision.
33. An Equality Impact Assessment Screening tool was completed and there are no significant equality impacts identified to warrant an Equality Impact Assessment.
34. The Safeguarding Board operates across the Life course promoting whole life policies, procedures, and partnerships. Adult Safeguarding has a close working relationship with the Children's Multi Agency Safeguarding Hub (MASH), Children's Services and partners and ensures it operates a "think family approach" throughout.

Human Resources/Organisational Development

35. Increased utilisation of internal resources for DoLS activity to support an internal rota system will require some changes to current practice and recording in the system, this can be facilitated via new procedures and training if required.
36. Any new posts will be recruited to following Dudley MBC's Recruitment & Selection policy and procedures.

Commercial/Procurement

37. There are no commercial or procurement implications in relation to the contents of this report.

Environment/Climate Change

38. Adult Safeguarding looks to promote sustainable development goal 3 Good Health and Wellbeing through the use of hybrid methods of meetings such as weekly team huddles to share good practice and virtual meetings with performance and wellbeing being monitored in person and remotely. A mix of face to face and virtual meetings and assessments continue to be used to meet the requirements of the citizen, carer, team, and organisation. The hybrid mix has increased productivity due to reduced travelling times and ability to attend multiple online meetings where required and the reduction in car journeys reduces emissions.

Council Priorities and Projects

39. The safeguarding duty is a statutory duty and it is essential for the council in fulfilling its legal duties and its responsibilities to local people to ensure there are services and arrangements to protect adults who have needs for care and support and is experiencing, or is at risk of, abuse or neglect, and as a result of those needs is unable to protect himself or herself against the abuse or neglect.
40. This aligns to the council priority areas through safeguarding arrangements individuals are supported to live their lives as safely as possible while empowering them to work towards the outcomes they desire. The service ensures through Making Safeguarding Personal (MSP) this supports the Borough Vision "A place of healthy, resilient, safe communities where people have high aspirations and the ability to shape their own future". The safeguarding arrangements in Dudley are consistent with building stronger, safer and more resilient communities to protect our residents' physical, and emotional health for the future.

M. Bowsher.

Matt Bowsher
Director of Adult Social Care

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Appendices

Appendix 1 – Data summary for Adult Safeguarding– September 2023

Appendix 2 – Dudley Safeguarding Adults Board's Annual Report for 2022/2023

Appendix 1 Data summary for Adult Safeguarding September 2023

Safeguarding Concerns and conversion to Section 42

Year	Concerns	% Increase From Previous Year	Enquiries	Conversion
2014/15	1713		726	42.4%
2015/16	2091	22.1%	743	35.5%
2016/17	2809	34.3%	831	29.6%
2017/18	3051	8.6%	727	23.8%
2018/19	3941	29.2%	752	19.1%
2019/20	5299	34.5%	773	14.6%
2020/21	5294	-0.1%	343	6.5%
2021/22	6156	16.3%	693	11.3%
2022/23	6434	4.5%	604	9.4%

National Safeguarding Adults Collection 2022/23

- We continue to report significantly higher numbers of safeguarding concerns. We are 3rd highest within the 14 regional Local Authority group (the top 2 are Birmingham and South Staffs with much higher population) for numbers of safeguarding concerns. However, Stoke and Coventry who have a smaller population are broadly comparable to us. This pattern is typical throughout the years since 2016/17.
- We are 7th highest (of 14) for the absolute numbers of Section 42 enquiries within the region. This pattern is typical throughout the years since 2016/17.



**Dudley Safeguarding
People Partnership**

**Dudley Safeguarding Adults Board
Annual Report 2022/23**

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3. About Dudley
4. Our data
5. Progress against our priorities
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1. Foreword from Independent Chair

Dr Paul Kingston

This report was prepared by the DSPP Business Support Unit on behalf of the Board and recognises the progress the DSPP has made throughout the year and the challenges that remain and will continue in 2024/2025. The commitment from the multi-agency partnership to work together on safeguarding people in Dudley remains unfailing. This year we have again revised our priorities and strengthened our partnership structure to reflect our joint accountability and responsibility to safeguard adults, but also to strengthen our links to all agencies with responsibility for safeguarding. Our approach to utilising data and performance to ensure we have a good evidence base to demonstrate how the Board safeguards adults has been reinforced by extra resource. We are also working together to ensure there is a culture of high support and high challenge in our services. As a Partnership we have focussed on the challenges presented by the aftermath of the Covid pandemic. This has impacted how we delivered services in 2022/2023 and we are now able to consistently use hybrid ways of working to ensure we remain responsive to adults in Dudley.

Over the next 12 months we recognise that we need to intensify our multi – agency response to neglect. We are also developing a strategy to assist the resilience of the care sector in Dudley to support choice for individuals considering continuing care support. During the next 12 months we will also stabilise our relationship with the new Integrated Care Boards safeguarding architecture. The board have also commissioned Healthwatch to obtain local views on their experience of our safeguarding services. This research will enable us to modify or enhance our services in order to make safeguarding personal. Finally, we are also preparing for the possibility of an inspection from the CQC which will offer a helpful benchmark of progress made by the board. I look forward to updating you on our progress and the improvements we are making in our next annual report.

2. About the DSAB

2.1 The Annual Report

Welcome to the Dudley Safeguarding Adults Board annual report. This document provides an overview of the effectiveness of services in place to safeguard adults across the Dudley Borough. The information relates to the period 1st April 2022 – 31st March 2023.

The report will be available on our website via <https://dudleysafeguarding.org.uk/partnership/meetings/dsab/> and will be shared with our partners for dissemination. The report will also be shared with the Health and Wellbeing Board and Dudley Safeguarding Children's Partnership Group.

2.2 What is Safeguarding for Adults?

Safeguarding adults is about preventing and responding to allegations of abuse, harm or neglect of adults at risk across the Dudley Borough.

Section 42 of the Care Act 2014 states that safeguarding enquiries should be made where:

- a person has needs for care and support
- is experiencing, or at risk of, abuse or neglect; and
- as a result of their care and support needs, is unable to protect him or herself against the abuse or neglect, or the risk of it.

Safeguarding duties apply regardless of whether a person's care and support needs are being met or not. These duties also apply to people who pay for their own care and support services. Adult safeguarding duties apply in whatever setting people live, with the exception of prisons and approved premises such as bail hostels. They apply regardless of whether or not someone has the ability to make specific decisions for themselves at specific times.

2.3 What is Dudley Safeguarding Adults Board?

The core duties of the Dudley Safeguarding Adults Board (DSAB) are described in Chapter 14 of the Care Act Statutory Guidance, issued under section 78 of the Care Act 2014. This requires the DSAB to:

- Publish a strategic plan for each financial year detailing how it will meet its main objective and what individual members will do to achieve the work plan.
- Publish an annual report that details what the DSAB has done during the financial year to achieve its objectives and strategic

work plan and what individual members have done to implement the strategy, with specific emphasis being given to the positive impact this has on the lives and outcomes of adult with care and support needs who have experienced, or are at risk of experiencing abuse and neglect.

- Conduct a Safeguarding Adults Review in accordance with Section 44 of the Care Act 2014.

In order to fulfil its core duties, the DSAB will develop a range of initiatives, plans, policies and procedures for safeguarding and promote the welfare of adults with care and support needs, in relation to:

- Adherence to the six declared principles of adult safeguarding
- The role, responsibility and accountability with regard to the actions each agency and professional group should take to ensure the protection of adults.
- Establish a method for analysing and interrogating data on safeguarding concerns and the outcomes of individual enquiries, which increases the DSAB's understanding of the prevalence of abuse in its area.
- Establish methods of analysing and interrogating adults' satisfaction with the outcomes that were achieved through the safeguarding process, which supports the DSPP to embed person centred approaches to safeguarding, as required by Making Safeguarding Personal.
- Establish how it will hold individual DSPP members to account and gain assurance of the effectiveness of their organisation's arrangements.
- Determine its arrangements for organisational self-assessment, DSPP self-audit and peer audits.
- Establish mechanisms for developing policies and procedures for protecting adults. The DSAB should formulate these in collaboration with all relevant agencies and will also need to consider how the views of adults with care and support needs, their families and informal carers will be represented.
- Identify types of circumstances that give grounds for concern and when they should be considered as a safeguarding concern and passed to the Local Authority for consideration of a S42 safeguarding enquiry. This should include referral pathways and guidance on thresholds for intervention.
- Embed strategies and ways of working that support staff to minimise the potential impact of issues relating to race, ethnicity, religion, gender and gender orientation, sexual orientation, beliefs, age, disadvantage and disability on abuse and neglect.

- Identify mechanisms for monitoring and reviewing the implementation and impact (on practice and culture) of policy and training.
- Develop effective mechanisms and protocols that support the effective commissioning of Safeguarding Adults Reviews, which includes local mechanisms that ensure lessons learnt are understood and embedded at all levels of staffing structures across the local safeguarding partnership. This will include identifying other processes that could be used review the effectiveness of local safeguarding responses.
- Develop mechanisms for ensuring the Annual Strategic Plan and Annual Report are conducted and published in a timely manner, so as to enhance the accountability of the DSPP to the local community.
- Evidence how individual members of DSPP have challenged one another and held other local boards to account, for example the Health and Wellbeing Board.
- Review and comment on the impact for safeguarding adults that arises from individual DSPP members organisational strategic decision making, including decisions that impact on the resources available to support the DSPP.
- The Dudley Safeguarding Adult Board will engage in any other activity that facilitates or is conducive to, the achievement of its objectives.

In all its activities the DSAB will support the equality of opportunity for all individuals and meets the diverse needs and wishes of local adults in Dudley and will advocate that the duty to safeguard and promote the welfare of all as 'everybody's responsibility'.

The Board is funded through financial contributions from Dudley MBC, Dudley Integrated Care Board (ICB) and West Midlands Police. Wider partners provide staff and resources for meetings and training courses.

2.4 Our priorities 2021-22

DSPP priorities were reviewed in April 2022 and were agreed based on feedback from quality assurance activity and emerging local and national learning. The two priorities of neglect and exploitation have remained the same. The third priority is now 'Think Family' with a specific focus on transitional safeguarding.

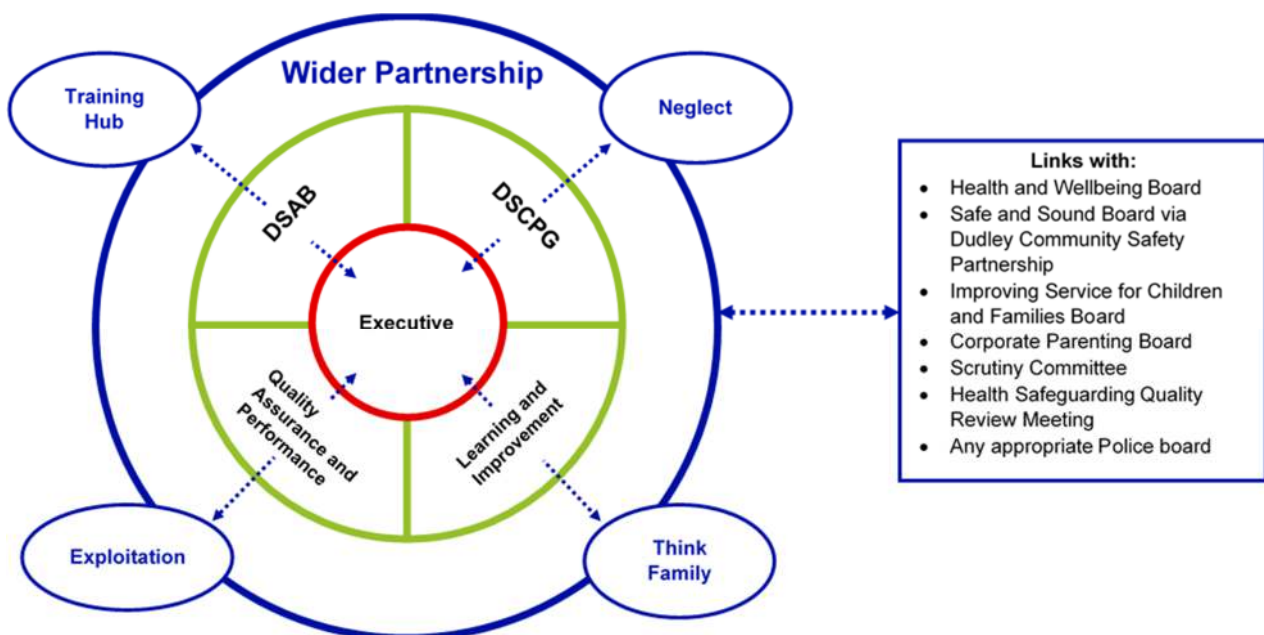
This third priority allows partners to be more flexible and adapt to emerging themes and trends.

1. Neglect across the life course
2. Exploitation across the life course
3. Adopting a Think Family approach

2.5 Our structure

We are a joint, life course Partnership which is overseen by an Executive group.

Since reviewing our priorities, we have also revised our structure for the Partnership. This is so we strengthen our links with all agencies and other Boards in the Dudley Borough. We are also keen to promote a culture of inclusivity regarding our safeguarding arrangements, utilising expertise and feedback across our Partnership. The effectiveness of



this change will be discussed in this annual report. Below shows our structure for 2022-23

2.6 Links with other Partnerships and Boards

We are members of the West Midlands Safeguarding Adults group and West Midlands Editorial Group. This ensures we are up to date with the most recent changes as well as ensuring we work as effectively as possible with our cross-border partnerships. We recognise that many of

our partners work across several local authority areas and therefore consistency in our safeguarding approach is paramount.

The DSAB also works closely with Safe and Sound, Dudley's Community Safety Partnership, as we recognise that many safeguarding themes overlap for example, exploitation and domestic abuse. We also regularly provide updates to our health colleagues via the Safeguarding and Quality Review Meeting (SQRM)

This report will also be presented to the Health and Wellbeing Board.

3. About Dudley

A total of 252,769 adults aged 18 and over live in Dudley (Mid-Year population estimates 2020). This is 78.4% of the total population in the area.¹

The number of people aged 75 and over is 32,182 (10.0%). This proportion is greater than the West Midlands region (8.8%) and England (8.6%) as a whole. Additionally, this cohort is a growing proportion of Dudley's population each year.²

Homelessness

Dudley has a good track record in preventing homelessness and has low numbers of rough sleepers. Preventing or relieving homelessness is a key function that the local authority has done successfully for a number of years. In the post-covid pandemic recovery phase, however, a new set of challenges are emerging including higher housing and living costs (such as food, utilities and travel costs) and other inflationary pressures. There has been an increase in local rental market prices and house prices.

The most vulnerable in our community are often those who are on low incomes and will be more adversely impacted by rising costs as they may struggle to obtain good quality housing that meets their needs, or they may struggle to maintain their current living arrangements.

Fuel Poverty in Dudley has been increasing in absolute terms. Latest figures from 2020 showed it affected 24,248 (17.3%) of households within the Borough.³ Recent increases in energy costs are likely to exacerbate Fuel Poverty.

¹ Source: ONS

² Source: ONS

³ Source: Department for Business, Energy & Industrial Strategy, April 2022

Domestic abuse-related incidents and violence rates for Dudley are derived from the West Midlands force area at 37.3 crimes per 1,000 people for 2020/21. It should be noted this measure will be influenced by other areas outside Dudley, but it is higher than the rates for both the West Midlands region (33.7) and England (30.3 per 1,000).⁴ Whilst all victims of domestic abuse are vulnerable due to the risks they face, we recognise that some victims falling under the provisions of the Care Act face an even greater risk if exposed to domestic abuse

Life Expectancy, Health Conditions and Health Inequalities

Life expectancy within Dudley is 78.8 years for men and 82.2 years for women. This is similar to the wider region (men 78.5, women 82.5); however, it is lower than England (men 79.4, women 83.1)⁵ Within Dudley, life expectancy is 9.3 years lower for men and 8.0 years lower for women in the most deprived areas of Dudley than in the least deprived areas.⁶

The recorded prevalence of dementia in patients aged 65+, registered with a Dudley GP was 3.8%, which equates to 2,547 patients. However, the estimated dementia diagnosis rate for those aged 65+ is 56.3%, which means that the actual number is likely to be around 4,500. In patients under 65, the recorded prevalence of dementia was 2.7 per 10,000 in 2020, lower than that for the Black Country STP (3.3 per 10,000) and England (3.0 per 10,000).⁷

The suicide rate in Dudley has increased since 2015-2017. From the latest data available for 2018-20, there were 11.3 suicides per 100,000 population (or 94 persons) which is the highest rate recorded since records began in 2001-03. This is not significantly different to the West Midlands (10.5 per 100,000) or England (10.4 per 100,000).⁸ This is a growing concern and suicide awareness, and support will need to be a focus of both our learning and development and service offer going forwards.

⁴ Source: PHE Public Outcomes Framework

⁵ Source: Life expectancy estimates 2018-20, ONS

⁶ Source: Office for Health Improvement & Disparities Public Health Profiles. [accessed 16/05/22]
<https://fingertips.phe.org.uk> © Crown copyright 2022

⁷ Source: Office for Health Improvement & Disparities. Public Health Profiles. [accessed 16/05/22]
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⁸ Source: Office for Health Improvement & Disparities. Public Health Profiles. [accessed 16/05/22]
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4. Our data

We have a multi-agency dashboard that consist of high-level partner information. We are still improving our dataset, and this is regularly reviewed. We know we have more to do with this and will ensure it is revised in line with our revised priorities.

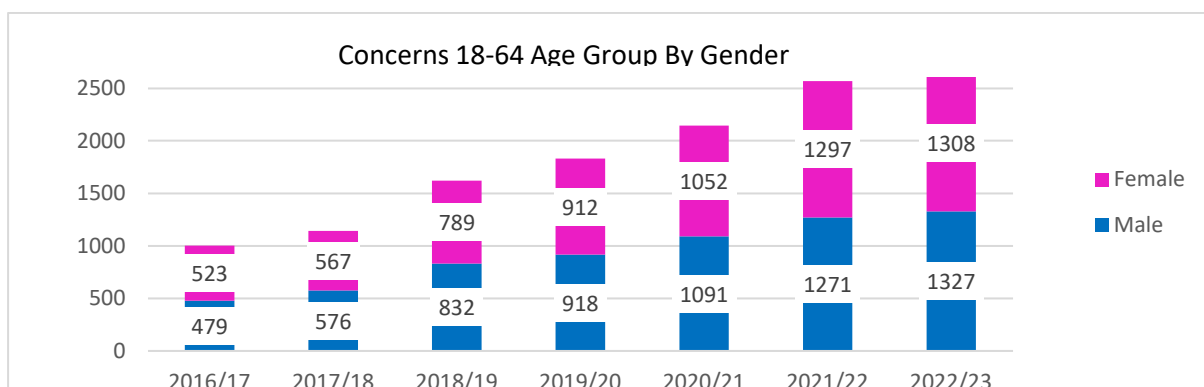
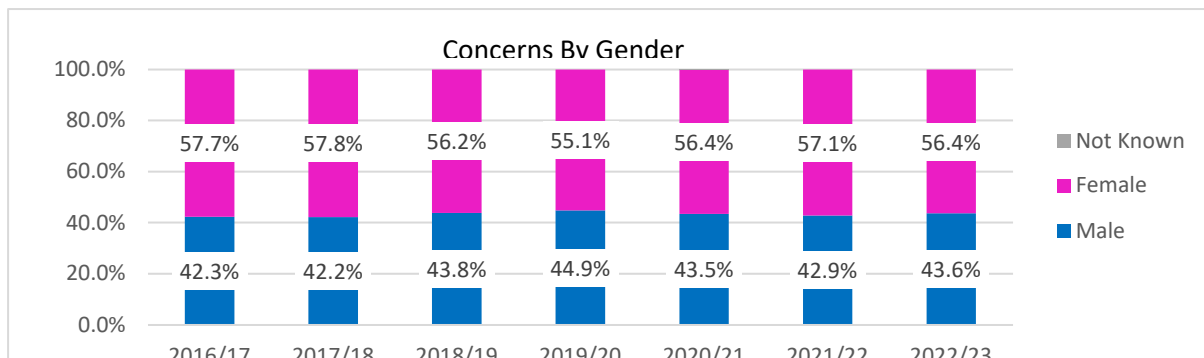
Safeguarding Concerns

Year	Concerns	% Increase From Previous Year	Enquiries	Conversion
2014/15	1713		726	42.4%
2015/16	2091	22.1%	743	35.5%
2016/17	2809	34.3%	831	29.6%
2017/18	3051	8.6%	727	23.8%
2018/19	3941	29.2%	752	19.1%
2019/20	5299	34.5%	773	14.6%
2020/21	5294	-0.1%	343	6.5%
2021/22	6156	16.3%	693	11.3%
2022/23	6434	4.5%	604	9.4%

MASH (Multi Agency Safeguarding Hub) is intended to screen and determine the appropriateness of referrals, so the lower percentage means that MASH is effective in ensuring that safeguarding enquiries only progress where relevant. However, a high proportion of concerns received into Adult MASH from professionals relate to care management concerns and are signposted to other areas of adult social care, . the Dudley Safeguarding Adult Board will respond to this by providing training in the forthcoming year to ensure that professionals better understand when to refer to Adult Social Care and offer support & guidance for making safeguarding adult referrals, this training will be delivered by Partners.

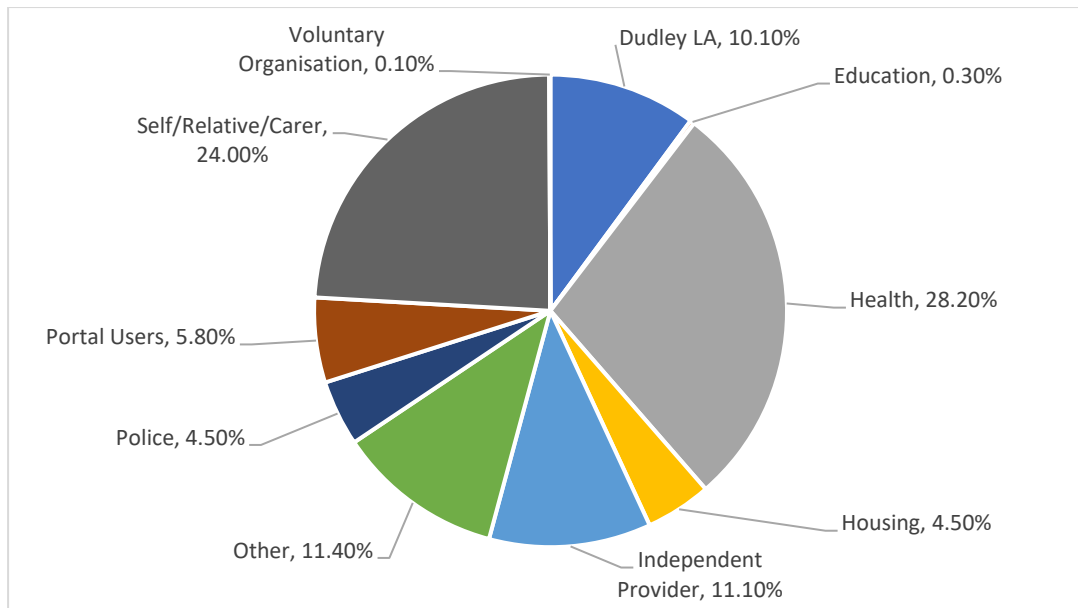
351 concerns were not recorded correctly/fully therefore were excluded from the submission. This was due mainly to the implementation of LAS and a change in recording processes whereby the decision was made to record an episode for each concern which has resulted in many concerns with no episode recorded, an episode but with no 'type' recorded etc. This practice was adopted during the early stages of recording adult safeguarding in 2009/10 but that decision was reversed quickly due to a similar experience of missing data. However, this data

quality is slightly improved compared with last year when 382 concerns were excluded for the same reasons. The % conversion has decreased slightly compared with last year. The overall proportion of concerns within the 18-64 age group remains the highest proportion by age group overall (41%) with males forming 50.3% of the concerns in this age group. However, overall, and consistently over the past 7 years, females continue to form the highest proportion of all concerns.



Concerns by source

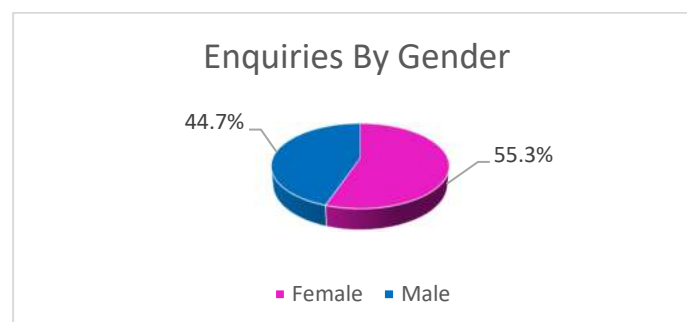
The proportion of concerns received from a Health source forms the highest proportion of all concerns at 28.2% with concerns from Self/Relative/Carer at 24%.



2022/23 Enquiries

The detail of the enquiry, eg abuse category, location of abuse etc, is not submitted in the SAC until the actual enquiry is completed. Therefore, the following is an analysis of 2022/23 enquiry data only.

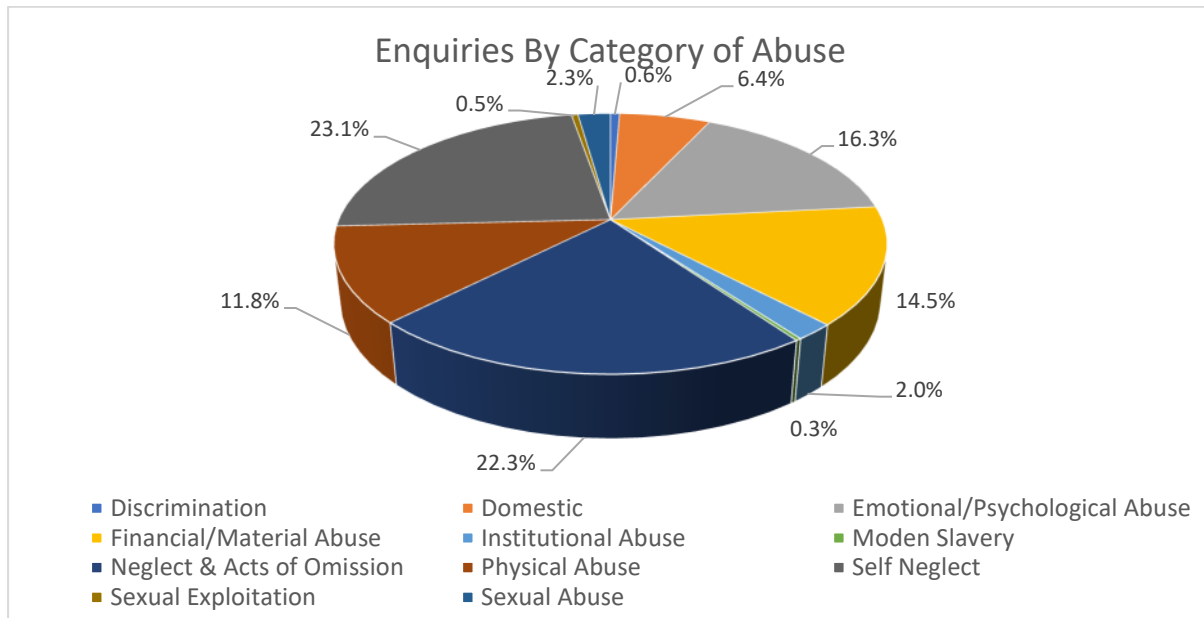
Enquiry Type	No	%
S42	477	79.0%
Other	127	21.0%
Total	604	100.0%



In line with concerns, females formed the highest proportion of enquiries at 55.3%.

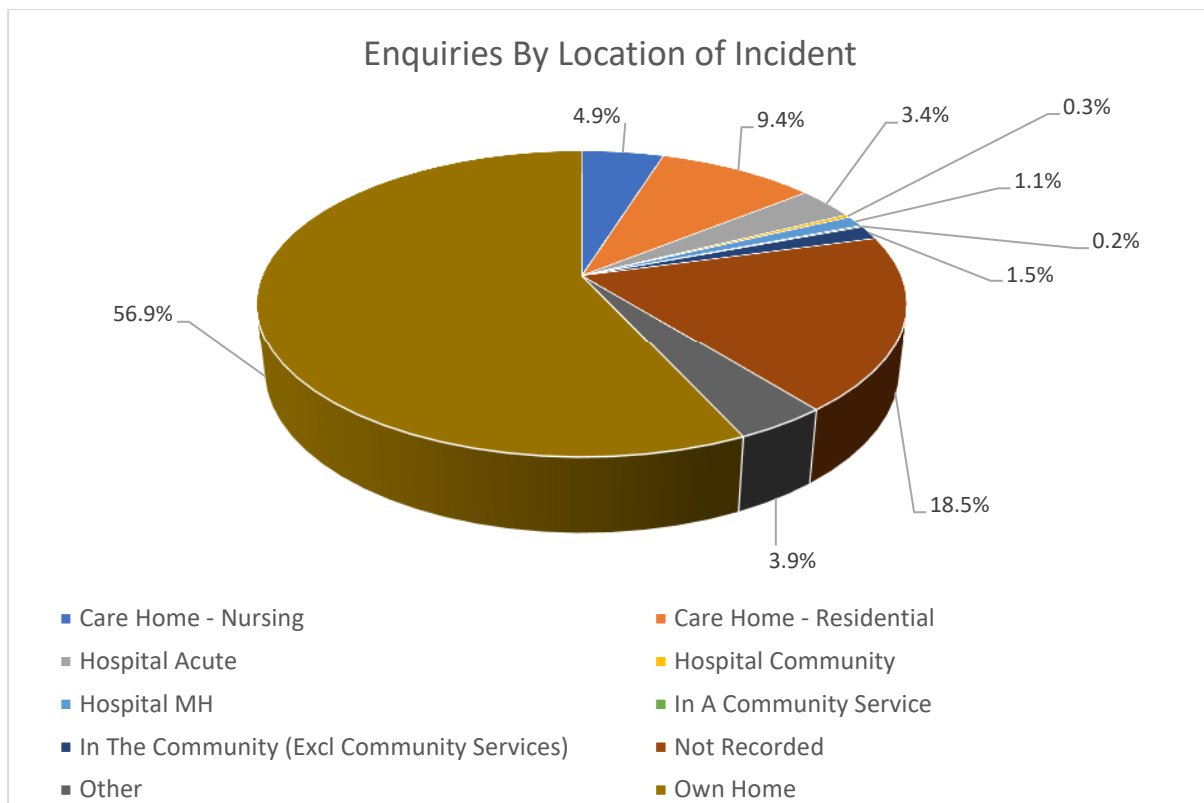
Gender	18-64	65-74	75-84	85-94	95+	Total
Female	135	53	61	75	10	334
Male	159	37	46	27	1	270
Total	294	90	107	102	11	604

Males form the highest proportion within the younger 18-64 age group (54%) and in general, females within the older age groups, however, this could have a direct correlation with the general population overall in Dudley, where females form the highest proportion of older adults.



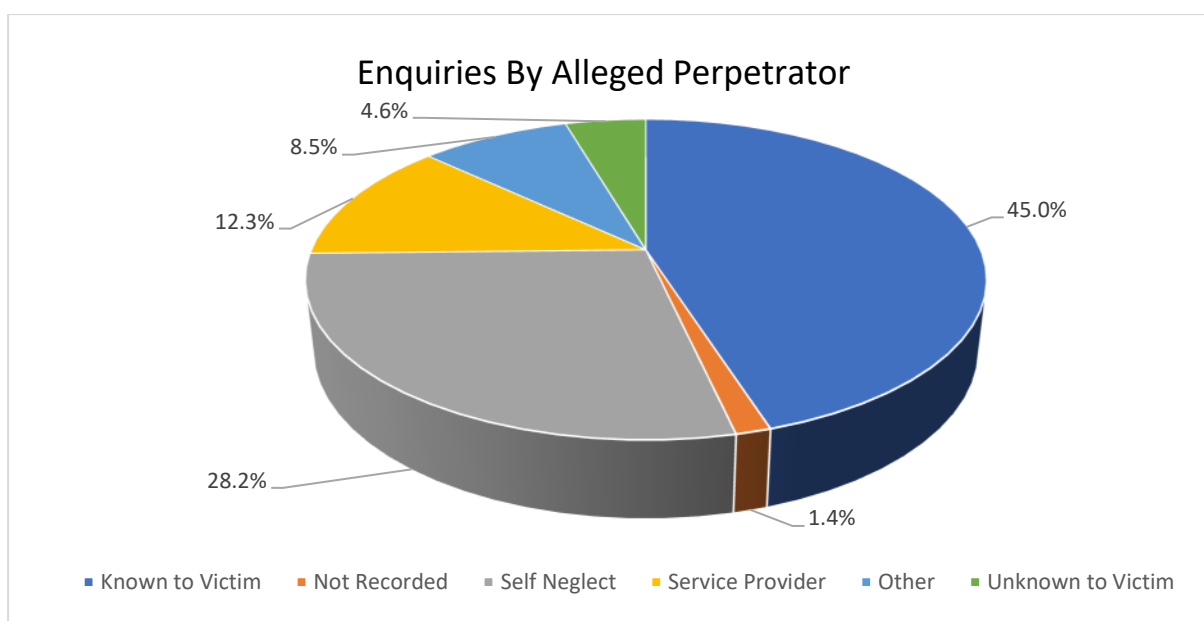
In a change to previous reporting, the category of Self Neglect forms the highest proportion of all enquiries at 23.1% followed by Neglect & Acts of Omission at 22.3%

Abuse Category	Female	Male
Discrimination	4	3
Domestic	51	19
Emotional/Psychological Abuse	99	81
Financial/Material Abuse	76	84
Institutional Abuse	15	7
Modern Slavery	2	1
Neglect & Acts of Omission	146	99
Physical Abuse	90	40
Self-Neglect	110	144
Sexual Exploitation	3	2
Sexual Abuse	19	6
Total	615	486



As in previous reporting, the highest proportion of incidents occurred at the victims own home 56.9% with 50% of these recorded with an alleged perpetrator known to the victim.

Overall, 45% of incidents were recorded with an alleged perpetrator known to the victim.



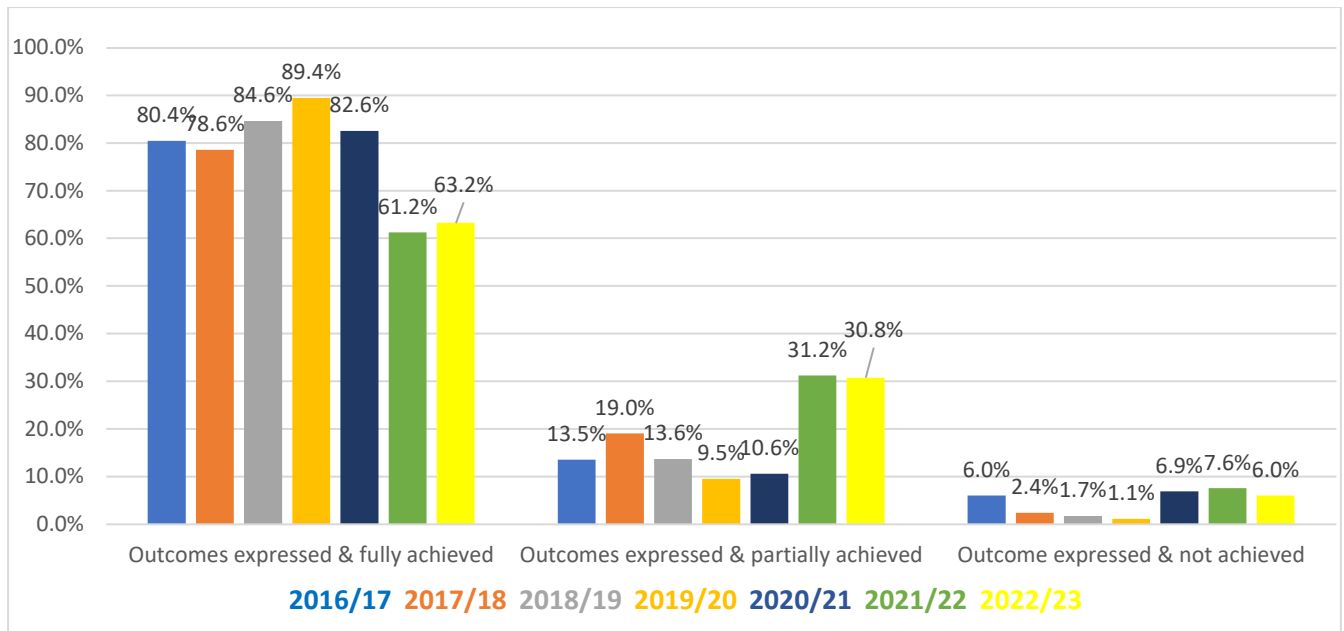
Concluded Enquiries

Year	Concerns	% Increase/Decrease from Previous Year
2014/15	567	
2015/16	529	-6.7%
2016/17	625	18.1%
2017/18	589	-5.8%
2018/19	542	-8.0%
2019/20	564	4.1%
2020/21	448	-20.6%
2021/22	549	22.5%
2022/23	511	-6.9%

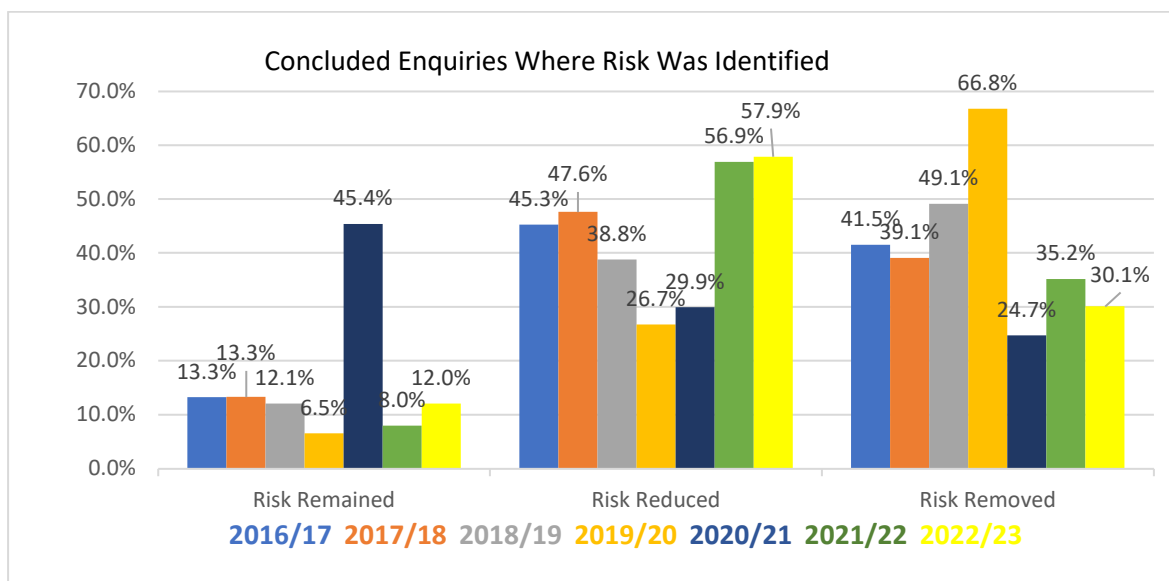
The number of concluded enquiries that we were able to submit in the SAC has decreased during 22-23 by 6.9%. There were 126 concluded enquiries not being submittable due to having missing risk data (table validation within the SAC doesn't allow an option in tables 2c and 2e of 'Not Recorded' and therefore these records had to be excluded). 94 concluded cases had no Location of episode recorded however, these have been included as 'Other' and 9 episodes had no perpetrator recorded but were included as Unknown/Stranger.

419 (82%) were S42 enquiries with 92 (18%) being 'Other' enquiries.

Performance regarding concluded enquiries where an outcome was expressed and that outcome was fully or partially achieved has slightly increased compared with last year, with a combined fully and partially achieved figure of 94% compared with 92.4% during 2021-22.



An element of risk was identified for 382 concluded enquiries.



The table below shows where a risk was identified and if it was reduced, removed or remained. A case audit would be required to ascertain why cases fall into the cohort where action was taken but the risk remained.

	Risk reduced	Risk remains	Risk removed
Risk identified and action taken	195	32	93
Risk identified and no action taken	26	14	22
Total	221	46	115

5. Progress against our priorities

During 2022 – 2023 Dudley Safeguarding People Partnership has fully embedded the new subgroup structure which has proved beneficial in progressing our priorities. To support this DSPP held its first Annual Conference on 5th July 2022 where the partnership priorities were formally launched.

Joining us were keynote speakers Dez Holmes, Director at Research in Practice and Professor Michael Preston-Shoot, Emeritus Professor of Social Work at the University of Bedfordshire. Dez spoke about developing a transitional safeguarding approach and Michael spoke about learning from self-neglect SARs, research and people with lived experiences.

Facilitating the day were AFTA Thought, an organisation who use drama to bring learning from recent CSPRs and SARs to life.

5.1. Priority 1 – Neglect across the Life course:

In Dudley, Self-Neglect forms the highest proportion of all enquiries at 23.1% followed by Neglect & Acts of Omission at 22.3%.

The Neglect subgroup is the group with responsibility for progressing this priority, it has strong partnership leadership with the ICB Designated Nurses chairing the subgroup and overseeing the Neglect work plan for the Partnership.

What we did:

- A Self-neglect thematic review was completed towards the end of the reporting period into five self-neglect cases. The report highlighted some crucial learning around Trauma informed practice and alcohol misuse and dependency, this learning has resulted in the DSAB having a clear focus on Alcohol Misuse and subsequent training will be commissioned by Blue Light in the forthcoming year.
- Dudley Group has implemented a Pressure Ulcer Standard Operating Procedure. This enables areas of learning to be shared in relation to avoidable Scrutiny meeting pressure ulcers to improve practice and prevent further harm.
- There continues to be an upward trend in staff recognition and referral for self-neglect for Dudley Group. There was a significant

increase in referrals following a 2-week intensive safeguarding training period which focused on a local Safeguarding Adult Review (SAR) where self-neglect was a focus and there was learning and recommendations for the Trust around our recognition and referral of self-neglect

- We developed a cost-of-living resource web page in response to the National challenges around the rising cost of living, the resources were requested of the subgroup who all helped to populate ways to support children and adults in the Dudley borough.
- Work is underway to implement Neglect strategy for adults. It is recognised that acts of omission and neglect are not necessarily focussed on and the need to have a dedicated resource has been agreed by the Neglect sub-group. This will be launched during 2023-24.
- A position statement was developed for 'Was Not Brought' and 'Did Not Attend' to ensure we have a consistent approach to children and adults not attending for their appointments this will support professional curiosity where neglect could be a feature in a child or adults life.
- Work has commenced on the development of the Hoarding Toolkit; this is as a result of learning from reviews which evidenced that many professionals were utilising various tools to assess clutter/hoarding. Dudley needs professionals to use the same tools so that there is consistency in assessing risk to adults and children, the development of this work will be reported in the next annual report.
- Self-Neglect promotional materials were developed and shared as part of National Safeguarding Adults Week; the topic alone saw 745 impressions on twitter with a further 40 retweets/likes.

5.2. Priority 2 – Exploitation across the life course:

From 1st January 2022 there have been 90 National Referral Mechanism referrals in total, 66 relate to children and 24 to adults. 69 of the 90 referrals were made by Dudley MBC (other referrers include other LA's, Home Office and WMP)

The most common exploitation types for adults were: 13 criminal (majority drug related), 5 labour, 2 modern slavery, 1 sexual, 1 multiple, 1 unknown and 1 cuckooing.

The Adults exploitation subgroup is group responsible for delivering this priority and has strong partnership leadership led by the Police who also chairs the Dudley Safe and Sound Board (Community Safety Partnership), this ensures consistency and avoids duplication between the two partnerships.

What we did:

- The subgroup continues to implement the Exploitation Strategy following its launch in November 2021 via a partnership led action plan for the group. This will strengthen the pathway for referrals around exploitation meaning a robust approach can be taken to concerns of exploitation.
- WRAP Training is available to all partners ensuring that practitioner knowledge around PREVENT is current and embedded in practice.
- Dudley's Safe and Sound Board (Dudley's Community Safety Partnership) have drafted a needs assessment and strategy in response to the new Serious Violence Duty. Mapping has been completed of support services, whilst a system wide commissioning group has been established to oversee procurement and contract management of local services
- Exploitation and County lines promotional materials were developed and shared as part of National Safeguarding Adults Week; the topic alone saw 653 impressions on twitter with a further 44 retweets/likes.
- Safe & Sound Board, through its website, campaigns and meetings has raised awareness, sign posting to support and advice and reporting issues of how to report safeguarding concerns, Hate Crime, Modern Slavery, Prevent, Domestic Abuse, Sexual Assault and Abuse, VAWG, On-Line Harms, Fraud and Scams, personal safety and violence prevention
- Dudley Trading Standards' Scams Unit have adopted a preventative and proactive approach to raising awareness, through the establishment of a Dudley Financial Abuse Alliance with financial institutions, 'friends against scams' training for any

person, group or organisation, distribution of the annual fix-a-trade brochure, instalment of call blockers and visits to community groups to provide scams prevention information and advice.

- In addition, the Trading Standards team have been involved in the multi-agency safeguarding hub (MASH), receiving referrals for alleged financial abuse cases and working in a coordinated way to respond to referrals, investigate concerns and support people.

5.3. Priority 3 – Adopting a Think Family Approach

Although there is no specific subgroup for this priority, the partnership has progressed this area in the following ways.

- The restructure of our priority groups for Neglect spans across the life course which addresses any cross-cutting issues.
- The chairs of both Exploitation Groups regularly meeting to discuss such issues of transition between children's and adults.
- Following on from the success of the DSPP conference held in July 2022, partners felt it would be beneficial to have more opportunities to enable more discussion on and progress the priorities of DSPP. In response to this DSPP and its partners organised and held a development workshop on 27 March 2023 with a theme of Think Family which incorporated both Exploitation and Neglect priorities, which was well attended across the partnership.
- By the end of the workshop members had contributed to the work of the subgroups by recognising achievements to date against the respective strategies, highlighting the areas that require development and identifying ways forward in terms of next steps for the groups and partners. The general feedback from each of the sessions was fed into the Exploitation and Neglect Sub
- Over the past 12 months DIHC and Dudley Group have continued its work to develop a safeguarding infrastructure across the life course and in doing so embed a Think Family approach. This has included the successful launch of a suite of safeguarding policies and procedures. The organisation has an overarching Safeguarding Children and Adults policy.
- The DIHC safeguarding team have delivered a short training package on Think Family within safeguarding supervision sessions, service, and team meetings, and a 7-minute briefing has been disseminated within the Trust.

- The ICB Designated Team work across both adults and children, there is adult and children expertise in the team and utilise this to share learning from reviews, incidents and themes. This learning is shared via GP safeguarding forums and the Safeguarding Quality Review Meeting.

5.4. Additional work in support of the DSPP:

- We have strengthened the quality assurance arrangements from our Neglect and Exploitation subgroups to the Quality Assurance Subgroup by implementing 6 monthly assurance activity reports into the group.
- A complex vulnerabilities delayed discharged pathway has been developed for those patients where there is a risk of delays to discharge due to the complexities of a patient's health and care needs AND there has been a breakdown in their care package. Analysis of the effectiveness of the pathway will be shared in the next report.
- Public Health have funded a voluntary sector organisation - Just Straight Talk to deliver a project to improve the digital skills of local residents. Overall, 180 people have accessed support from Digi Dudley (July 21 -June 23). Of which, 122 received 1-to-1 sessions (of up to 8 sessions each) and 58 people who received support in group settings. The project has so far delivered 1,208 digital skills sessions, of which 80% were 1-1 sessions provided face to face with the vast majority taking place in people's own home.
- The Public Health Protection Team have been involved in Adult Safeguarding investigations and Large Scale Enquiries (LSE). These are multi-agency led response to supporting providers requiring improvements in standards of care which has resulted in protecting the most vulnerable people in our community. The team have also joined the Care Homes Practitioner Forum led by the Black Country Integrated Care Board's Designated Nurse for Safeguarding Adults, where concerns are raised for discussion and appropriate actions put in place to safeguard care setting residents. This demonstrates joined up working and collaboration across the system.
- Delegated portals in Adult Social Care continue to provide a safer, quick and more robust process of information gathering between

partners using the previous system. This ensures all information pertaining to a safeguarding concern is recorded together transparently and securely, creating greater clarity in decision making and reducing room for error when storing sensitive data.

6. Deprivation of Liberty Safeguards (DoLS)

The Deprivation of Liberty Safeguards (DoLS) are part of the Mental Capacity Act 2005. The safeguards aim to make sure that people in care homes and hospitals are supported to live the best life they can while ensuring any restrictions in place, to ensure their safety, does not inappropriately restrict their freedom.

The safeguards set out a process that hospitals and care homes must follow if they believe it is in the person's best interests to deprive a person of their liberty, in order to provide a particular care plan. The care home or hospital send a referral to the Local Authority who commission a Mental Health Assessment and Best Interest Assessment and if agreed an authorisation of the DoLS can be granted for a maximum of 12 months. The safeguards provide a number of legal protections including a right to request a review by the person (Relevant person) and the Relevant person's Representative who can be a friend, relative or Advocate.

Deprivation of Liberty in the Community (CDoL) is a protection for people over 16 who are in supported living, extra care housing or in their own homes. A designated worker from the funding organisation completes an application to the Court of Protection and the court decides if they will grant an authorisation of the deprivation of liberty for up to 12 months.

Liberty Protection Safeguards (LPS) were due to be implemented to replace DoLS and CDol and place mental capacity assessments, best interest decisions and decisions around restrictions that might amount to a deprivation of peoples liberty at the centre of all care planning and assessment. However the government has advised they will be delayed indefinitely and the DoLS and CDol schemes remain. Support has been provided to practitioners' families, ICB and Care Homes around the legal aspects of DoLS and the process.

Dudley MBC Adult Social Care continue to triage, assess and manage all DoLS referrals. In 2022-23 there have been 690 applications received, with 505 assessments completed.

7. How do we listen?

Healthwatch

We firmly believe that services are stronger when they are influenced by people who access them. Healthwatch assist the Partnership to identify and encourage the creation of opportunities for people with experience of safeguarding and people who do not, to inform the work of the Board.

Healthwatch Dudley provide a signposting service to help people make more informed choices and to access additional services for help and support. They work with the Partnership to ensure their views and opinions are taken into consideration for learning going forward.

During the forthcoming year Healthwatch will be supporting DSPP to obtain local people's views on their experiences of self-neglect and safeguarding in general. The research question will be: 'What are local people's experiences of self-neglect and the safeguarding process?'

The aim is to improve understanding of people's circumstances and how they feel about the safeguarding process.

Case Example:

Healthwatch Dudley have been working with Mr A (Name changed) for the last 12 months, his complaint and concerns have been through the internal channels and completed the ombudsmen process. The case was complicated and Mr A felt that the response was not adequate but the deadline had passed for him to raise further concerns with the Ombudsmen. DSPP were made aware and were able to arrange a three-way meeting. Healthwatch Dudley were particularly interested from the perspective of someone going through the safeguarding process and how it felt to them. They were able to reflect and address any areas where provision can be considered.

This evidences the strong collaborative approach and the open lines of communication we have with Healthwatch.

8. Learning from Reviews

The purpose of a Safeguarding Adult Review is not to re-investigate or apportion blame but to establish whether lessons can be learnt from the

circumstances of a case that may improve practice or the way in which agencies and professionals work together to safeguard vulnerable adults.

Legislation requires Dudley Safeguarding Adult Board (DSAB) to arrange a safeguarding adult review when:

- An adult in the area dies as a result of abuse or neglect, whether known or suspected and,
- There is concern that partner agencies could have worked more effectively to protect the person at risk.
- The DSAB must also arrange a safeguarding adult review when an adult in its area has not died, but the DSAB knows or suspects that the adult has experienced serious abuse or neglect.

The focus of Safeguarding Adult Reviews, in line with both multi-agency policy and national guidance is to:

- Learn from past experiences and the specific event examined.
- Improve future practice and outcomes by acting on learning identified by the review.
- Improve multi-agency working and compliance with any other multi-agency or single agency procedures, including regulated care services.

Not all incidents that are reviewed will meet the definition of a SAR but may still raise issues of importance. This might include cases where there has been good practice, poor practice or where there have been 'near misses'. In these circumstances the Partnership will decide whether to conduct a Practice Learning Review or case audit to ensure that learning is captured and shared with the workforce.

Activity during this Period

During the reporting period ten referrals were received for consideration. On review six were returned to the referrer as they did not meet threshold for consideration based on the information provided. A further three were returned to the partner agency for completion of S42 or other enquiry. One was progressed to a rapid review scoping exercise and subsequently progress to a SAR

Characteristics of the referral subjects:

- Five of the referrals relate to males and five relate to females
- Eight of the referrals were submitted following the death of the subject adult.

- Ethnicity was not stated on two referrals, with one being Asian-Pakistani, one being White Polish and the other six being White British.
 - The youngest was 28 and the oldest was 96 at the time of the incident.
- | | |
|----------|----------------|
| 18-24: 0 | 45-54: 1 |
| 25-34: 2 | 55-64: 0 |
| 35-44: 0 | 65 and over: 7 |

DSPP published 2 reviews during the reporting period:

Thematic SAR – review of self-neglect

Dudley Safeguarding People Partnership (DSPP) reviewed five cases of individuals who were regarded to be self-neglecting prior to their death. All five people were considered difficult for agencies to engage with and either declined or cancelled support from services.

The review recognised that self-neglect is not a lifestyle choice, but often the outcome of a traumatic significant life event such as (but not limited to) the death of a close relative, abuse or neglect. Substance misuse, self-harm, suicidal ideation and hoarding. These are often coping mechanisms people suffering from trauma use, whilst practitioners may see these as part of the problem to be rectified, they are in fact survival strategies used by the person.

The effects of trauma and associated survival strategies, impacts upon a person's physical, emotional and mental wellbeing. By addressing trauma, it creates resilience for the future. Less homelessness, less mental ill health, and reduction in physical ill health, less hoarding, less criminal activity and a solution lies in practitioners understanding a person's experiences.

Overview of learning outcomes:

1. **A Persons Own Story.** It is important to get the person's story; connections, life events, how they have coped and what they want to stay safe and well.
2. **Safeguarding and Wellbeing Principles.** The safeguarding and wellbeing principles might serve as checklists for all agencies to use in relation to people who self-neglect.
3. **Eligibility Pathways & Criteria.** Eligibility criteria for statutory assessment needs to be better understood by all agencies.

Pathways mapped in relation to people considered to be self-neglecting need to include consideration of critical risks when practitioners are concerned.

4. **Safeguarding Risk Assessment and Decision Making.**

Consistent safeguarding risk assessment and consideration of the safeguarding and wellbeing principles should be embedded into frontline practice. Where required, multi-agency safeguarding enquiry and support process should be undertaken in a timely manner.

5. **Mental Capacity and Executive Functioning.** Agencies need to be aware of the importance of determining whether executive brain function is affected by a person's adverse experiences.

6. **Think Family.** A whole family approach to assessment and co-caring responsibilities should be developed if a person is identified as meeting a need and safeguarding concerns have been raised.

7. **Trauma Informed Practice.** Consider whether the impact of trauma is affecting a person's responses and preventing them from being able to self-care. Agencies should work to support trauma intervention at an earlier stage.

SAR - Stanley

Stanley was an elderly gentleman of White British heritage who lived alone. Stanley was the youngest of six children, brought up by his parents in the Dudley area where he continued to live.

A diagnosis of paranoid schizophrenia from early adulthood, necessitated involvement with secondary mental health services at that time and support continued throughout his life.

Stanley had been admitted into hospital with a swollen abdomen and leg and he sadly died at the age 82. There had been a series of five 999 responses over the previous weeks regarding one fall and four related to issues with his catheter.

Key Learning Centred around:

- Understanding the person's journey
- Mental Capacity
- Multi-Agency Working and Communication
- Supervision and Management Oversight

- Mate Crime
- Record Keeping

Full details of the review and learning resources are now available on the DSPP website. An action plan is in place in respect of this review and progress is being made.

Learning Shared

Learning highlighted from these reviews led to the Partnership undertaking work around self-neglect including developing a [self-neglect webpage](#) with resources for practitioners.

Promotional work and activity undertaken for Safeguarding Adults in November 2022 further highlighted learning from these reviews along with national safeguarding themes including self-neglect, creating safer organisational cultures, elder abuse and safeguarding in everyday life.

Looking Forward

A thematic learning dissemination plan is planned from 1st April 2023, giving an opportunity for staff and partner organisations in Dudley to be made aware of the key learning from our quality assurance activity and case reviews along with offering information in relation to this learning.

April's joint Children's and Adults theme will be Alcohol Misuse and Dependency which is a key theme in the Thematic SAR – review of self-neglect. The thematic learning plan will be measured through the DSPP Quality Assurance Framework by way of a 6 monthly staff survey.

In addition to this a new training course is in development, delivered by partners, which focuses on professional curiosity and brings in case review examples, SAR – Stanley is a case that will be used in this training along with previous SARs .

Learning from Audits

During 2022/23 DSAV have looked to introduce a multi-agency audit process. The Multi-Agency Audit of Practice (MAAP) process will look at and scrutinise multi-agency practice from a random selection of cases to assess the quality of practice and lessons to be learned in terms of both multi-agency and multi-disciplinary practice. The following will underpin the MAAP Audit process:

- Focus on multi-agency and multi-disciplinary interventions and have a clear focus and clearly defined terms of reference
- An expectation that all agencies commit to the MAAP procedures
- Focus on current practice, considering interventions that have occurred within the last 12 months
- Consider interventions that are within the remit and work of local agencies
- Include a focus on the welfare of the adult, timeliness, communication and engagement with families or other significant adults.

9. Multi-agency training and its impact

During the year we changed our approach of our offer of Learning and Development, the programme was amended to better reflect learning from our reviews and responded to local and national emerging themes. The learning offer was adapted to a blended approach of online learning events and the return of face-to-face training.

9.1 Key Developments

- The Learning and Development Strategy was refreshed for 2022-2024, this was streamlined to make it more focused on what we are trying to achieve and how.
- The first DSPP competency framework for safeguarding training in Dudley was developed in line with statutory guidance and national competency frameworks.
- The training plan was revised to ensure all training directly linked to DSPP priorities or local learning identified through case reviews and audit activity.
- A full training needs analysis was completed which will inform the 2023-24 programme.

9.2 Training Data:

68 total training events (both adults and children courses) were delivered through the DSPP between 1st April 2022 and 31st March 2023.



We offered a total of 2068 places, of which 1106 were used, and out of that 849 delegates attended the courses.

We found that 344 delegates cancelled their place prior to the course, mainly due to capacity, and 257 did not attend on the day, and again this was mainly due to operational service delivery issues.



100% of our training was half day or less.
21 events for both adults and life course training were delivered through the financial year.

Delegates representing 48 different services or organisations have been able to network and build relationships on multi-agency training.

Attendance at our training in relation specifically to our key priorities is as follows:



Attendees reported improved knowledge following courses which will improve their practice.

"I was impressed about the deaf safe and well visits and also the young people service as I was unaware that these were available and will definitely bear in mind in the future. I also did not know about the QR codes being up in the offices which was useful."

Fire Prevention in the Home and How you can help prevent residents of Dudley dying or getting injured in a house fire

"This course taught me the importance of language in shaping a person's story (e.g. referrals) and then in turn how others perceive them."

Trauma Informed Practice

9.3 Training Evaluations

What we can see from our data embedded in our Learning Management System is that (at this time of writing this report):

- 75.2% of people complete pre-evaluation
- only 58.3% of people complete post course evaluation
- only 11.7% of people complete post event stage 2

This suggests there is more work to do in measuring how our training is making a difference to practice in Dudley.

Learning Gain

Pre-booked average	Post Event Average	Learning Gain
3.01	4.30	1.29

Data collected from 01.04.2022 – 31.03.2023

Our learning gain figures show that our training is improving professional knowledge which will in turn improve safeguarding practice. We regularly ask for feedback on our courses to ensure we are delivering the right material to the right audience. We are part of a regional learning and development group which enables us to share best practice.

We have made significant progress on working with partners to develop and facilitate our courses which will be running from 2023-24.

We have started discussions on a regional level to enable Dudley to gain improved learning on practice improvement as a result of our training and awareness raising. The implementation and subsequent analysis of the thematic learning plan will also significantly address closing the loop in learning and improvement cycle.

10. Voice of the adult

The DSPP does not have a single mechanism, currently, for recording the voice of the adult. Instead, the Partnership seek assurances from partners that adults are at the heart of everything they do and that they actively engage with them. We have seen excellent examples of partnership engagement with people who access services.

Moving forward, we will continue to use the information as assurance of our safeguarding practices across the Borough, but we recognise we need to do more to receive feedback to influence and shape our work in

the next twelve months. Therefore, we are working with Healthwatch on a piece of work that will support our priority of neglect but also capture important feedback from people who access our services.

11. Our priorities for 2022-2024

The priorities for the forthcoming year reflect 2022-23 priorities and we will continue to further progress the identified work plans. In the next twelve months we will also focus on the following:

1. Develop robust transitional arrangements for 16-18 years who are at risk of exploitation.
2. Develop a more robust hoarding/ squalor/ clutter tool which reflects a think family approach. Learning from reviews highlighted that professionals are using a number of different tools to assess the conditions in a home.
3. Revise the exploitation screening tool and appropriate risk levels to ensure its effective use across the partnership.
4. We will introduce a Multi-Agency Audit of Practice process, ensuring we focus on the quality of practice and the difference we make and analyse the findings and embed learning in our practice ensuring we have a shared understanding of what good looks like
5. Implement a Thematic Learning Plan to enable staff and partner organisations in Dudley to be made aware of the key learning from our quality assurance activity and case reviews and how they can implement changes in their everyday practice.
6. Develop the learning offer based on the findings of a Training Needs Exercise. This exercise will demonstrate the training needs across the partnership and strengthen the adults learning offer.
7. Partners to assist in the co-delivery of Multi-Agency Courses: Health and Social Care Partners to jointly deliver a brand-new course on Professional Curiosity and Effective Challenge (key finding from both adults and children's reviews). Health, Police and Social Care Partners will develop and deliver a course on making safeguarding concerns due to an emerging data trend.
8. Hold an Annual Conference directly linking to case reviews; The theme of the conference will focus on Developing a Trauma Informed Partnership and will take place during Autumn of 2023
9. Review the Training Impact Process to better inform the Partnership of the impact of its multi-agency training on practice.

12. Summary

During 2022/23, the Dudley Safeguarding Adults Board has embedded the new strategic priorities and the work within of the subgroups. We aim to have a robust process where our work is influenced regularly by people who access our safeguarding services, therefore the newly commissioned work by Healthwatch will provide valuable insights into the effectiveness of our work.

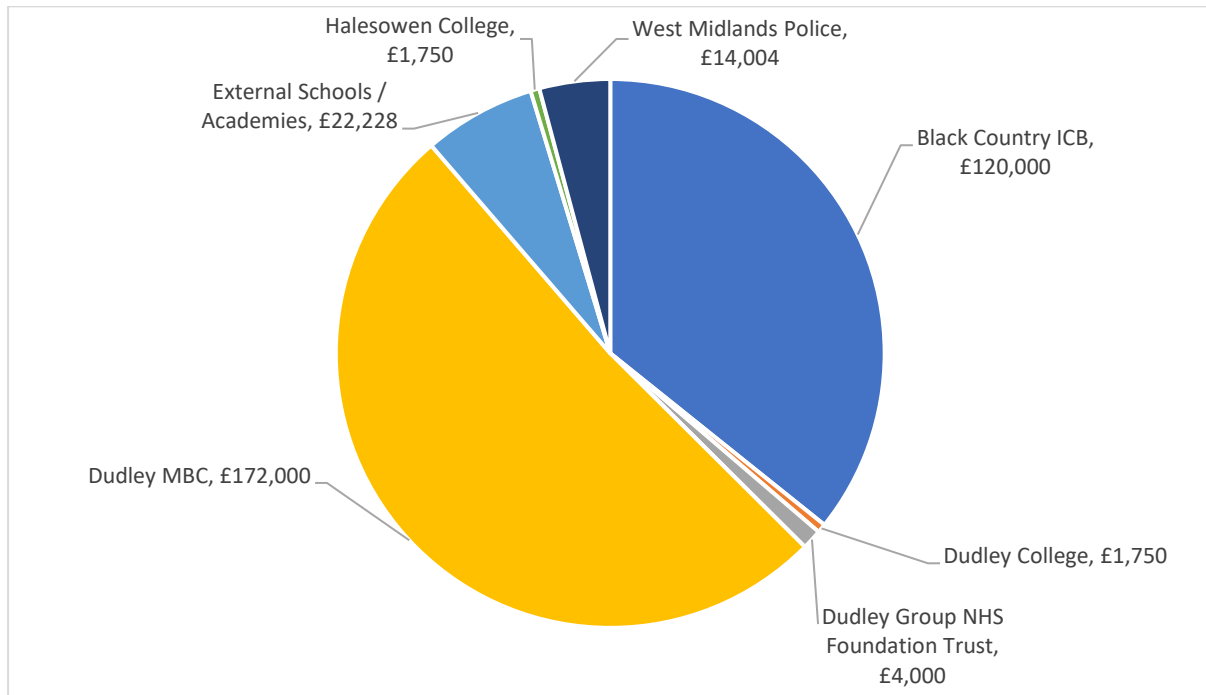
Through our work in the Neglect Subgroup, we are now seeing a new and equally concerning problem in the rise of Self-Neglect and Disorganised living. We know this issue affects both children's and adults in Dudley therefore the development of new Hoarding/Squalor toolkit working across services for Children's and Adults will commence in the coming months. This remains a specific strand to the work of the subgroup who will be leading on the implementation for this piece of work.

A significant focus for the partnership is our approach to Think Family, in particular reviewing our Transitional Arrangements for Safeguarding, a clear strength in progressing this work is the unity of the two Exploitation Subgroup Chairs. This is proving beneficial in making progress on the development of robust exploitation transitional arrangements between Children and Adults.

We will continue to learn from our safeguarding adult reviews, ensuring timely and appropriate dissemination of themes and trends and to use this information to underpin our training and influence our strategic direction. Our Learning offer for adults will be strengthened over the next 12 months and we are excited to implement our schedule of thematic learning that will evidence how learning from reviews has been implemented and making a difference to practice.

Appendix 1

DSPP funding arrangements 2022-23



Appendix 2

Case study 1

Patient B was an 86-year-old patient, admitted to the hospital following a fall in her care home. Patient B had a multitude of health problems and was deteriorating quickly. All reversible causes had been ruled out and she was considered close to end of life. B was receiving IV fluids with limited benefit and at times appeared to be causing her distress, she would often try to remove the cannula. When B was more alert, staff would support her to receive fluids orally. B did not have any relatives or friends to support her with decision-making. Medics had two options available: to withdraw IV fluids and discharge her back to the care home to live out the time she had left in comfort and in an environment, she was familiar with, or remain in hospital to continue IV fluids, putting her at risk of hospital acquired infections and the possibility of dying in hospital.

Following the first principle of the MCA, B was not assumed to lack capacity to make this decision herself. Support, the second principle of the MCA, was given to B to help her understand this decision. Staff approached her at different times of the day, at times she appeared more alert, they gave her the information using simplified language and shorter sentences, explaining only the salient points in relation to the choices available. During this support, staff established a reason to doubt B's mental capacity in relation to this decision, so an MCA assessment was carried out. The assessment determined B lacked capacity to make this decision herself.

As part of the MCA process, B was entitled to support from an Independent Mental Capacity Advocate (IMCA).

The decision-maker, the consultant in charge of B's care, was identified and a best interest meeting was held involving the IMCA and professionals relevant to this decision.

Considering principles 4 and 5 of the MCA, everything must be done in the patient's best interest and least restrictive practice. The benefits and risks of each decision were weighed up while considering the least restrictive option. The decision was made to withdraw active treatment and discharge B back to the care home.

The MCA supported the decision-making process in a timely way. A few days later B was discharged to a Nursing Home for end-of-life care.

Case study 2

P was referred to safeguarding after being admitted to hospital following extensive domestic abuse resulting in physical injury. They were found to be homeless and addicted to alcohol, which was impacting on their ability to self-protect and engage with professionals. P was heard at MARAC due to the high-risk domestic abuse they were experiencing and their case progressed to section 42 enquiry in the Safeguarding Adults at Risk team. The team supports adults under the age of 65 who's primary needs relate to alcohol and substance misuse.

P was allocated to a worker has used a person centred and trauma informed approach to understand their desired outcomes. They have worked together with P to form a network of professionals [including Change Grow Live, Housing support, IDVA, Probation and Police] to ensure they have the right support at the right time to minimise risk and empower P with skills to deal with their trauma and increase their independence. As a result of this support P has felt able to end their relationship with their abuser, access alcohol detox and has obtained independent accommodation.

Meeting of the Adult Social Care Select Committee – 15th November 2023

Report of the Director of Adult Social Care

Quarterly Performance Report – Quarter 1 (1st April 2023 – 30th June 2023)

Purpose of report

1. To present the Quarter 1 Adult Social Care Select Committee Quarterly Performance report of the financial year 2023/24 covering the period 1st April to 30th June 2023. Aligned to the new 3-year Council Plan.

Recommendations

2. It is recommended that Members;
 - review the contents of the Quarter 1 performance report
 - Raise and refer any identified performance issues to the Service Director.

Background

3. This quarter 1 performance report provides the committee with progress on the objectives and KPI's set out in our Directorate plans as part of the delivery of the new 3-year Council Plan priorities and our Future Council Programme:
 - Dudley the borough of opportunity
 - Dudley the safe and healthy borough
 - Dudley the borough of ambition and enterprise
 - Dudley borough the destination of choice
4. The Future Council programme incorporates everything we do, it sits at the heart of the Council Plan enabling our services. The comprehensive programme ensures the council is 'fit for the future'. The programmes key themes are:
 - People
 - Digital
 - Place

- Process
 - Financially sustainable
5. Directorate plans will show the operational activity to deliver the objectives in the Council Plan alongside our other strategies such as the 'Living with Covid Plan', 'Children's Improvement Plan' and the 'emerging climate change strategy'.

Performance Framework

6. The [performance reporting framework launched early 2022](#), monitors performance and progress against the delivery of the [Council Plan](#) and sets out the councils approach including:
- Golden thread and hierarchy of plans
 - Linking the Borough Vision and Council Plan
 - Performance measures and indicators
 - Performance reporting and governance
 - Annual performance management cycle
7. Dudley's council priorities and plans are under continual review and need to respond to the changing environment and pressures which we face as a local authority. Dudley's performance approach is inherent in everything we do, and our framework is based on the **Plan, Do, Review, Revise model**.
8. The council plan cycle is 3 years with Directorate Service Plans being revised annually against the council plan for that year. Reviewing and revising plans allows us to be responsive to developing priorities as well as ensuring we are delivering against the current plan.

Directorate Service Planning

9. Good service planning is a cornerstone of effective governance and performance management. Services need to plan their strategy and delivery to make sure resources, finances, people, skills and assets are used efficiently.
10. Our directorate service plans provide an overview of each directorate, setting out their resources, service improvement priorities and how they contribute to delivering the outcomes and priorities outlined in the Council Plan.
11. They are a vital part of the 'golden thread' which links the council plan and borough vision objectives through to individual annual reviews.

They are also a key element of our Corporate Performance Management Framework as they identify the key performance indicators and key initiatives/actions which will allow us to assess our progress against the council plan.

12. As previously mentioned, Directorate Plans are reviewed annually, however a suitable approach will be agreed to enable Directorate Plans to be updated during the year following a significant change to a service, performance indicator or action. This has been incorporated recently into the performance framework following an audit during the summer 2023.
13. Directorate service plans are supported by service/team plans. These plans contain details on operational matters and how the overall aims and priorities of the directorate service plan will be delivered.
14. Overall, there are 11 Adult Social Care KPI's that have been identified for Corporate reporting. These are all quarterly measures. When mapping the measures to the council plan priorities, the breakdown is as follows:
 - Dudley the borough of opportunity; **9**
 - Dudley the safe and healthy borough: **2**
15. The performance management team have developed a document which clearly maps out the Corporate KPI's via the directorate service plans clearly showing the alignment to our council plan priorities. Please review the corporate measures 2023-2024 document for further information. (Appendix 1.1)
16. We continually review how we monitor and report on performance. In addition to corporate key performance measures being reported we also report against key initiatives/actions aligned to our council plan priorities and the outcomes Dudley aim to achieve for our residents. The table below provides the number of actions by directorate including the number of KPI's for this financial year.

Directorate/service	Action	KPI – Corporate
Adult Social Care	29	11

Q1 Performance Summary

17. In Quarter 1 of the 11 measures to be reported there are 9 quarterly measures with available data, the data source for 2 measures are

currently unavailable and will be reported from Quarter 2, these are noted within the scorecard.

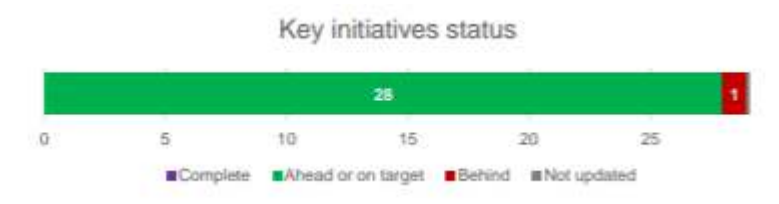
18. The outturns for the collective 11 measures show, 4 are "On or Exceeding Target", 1 within "Tolerance", 2 "Below Target", 2 measures have no targets therefore a score is not available. A detailed account of those measures below target are detailed on page 6 of the report.

Performance short-term and long-term trends

19. The report also compares direction of travel comparing short term trend and annual trend within the respective scorecards. Please note short term trend will be available at Quarter 2.
20. New KPI's for 2023-2024 cannot be compared for annual trend. For those where an annual comparison is possible trends indicate:
 - Improved: 1

Key Initiatives / Actions Monitoring

21. In addition to key performance measures, we are also monitoring delivery on key initiatives / actions aligned to our council plan priorities.
22. Actions are identified in Directorate plans and replicated in Spectrum journals. Teams then provide narrative regarding progress as well as assigning a status of either behind, on target, ahead or completed. The graph below illustrates the progress made on key initiatives/actions recorded for Quarter 1. Please refer to [Spectrum](#) for action narrative aligned to Directorate plans.



Key activities / awards and accreditations

23. The following provides highlights of key activities that have taken place across Adult Social Care during Q1 including any awards or accreditations that have been awarded;
24. Mental health has now implemented the restructure. A Quality Assurance process has now been developed as part of new

governance structures to ensure we meet long-term objectives and deliver required outputs. The mental health triage process and allocation process is having a positive impact on ensuring that people's needs are prioritised and supported appropriately.

25. Telecare underwent a Quality Standards Framework audit. The outcome of which was confirmation that the Service has been found to be compliant with the requirements of the Framework, reflecting the hard work of the team and the provision of the high-quality service.
26. Celebrating the positive work of the Carers Hub and Wellbeing Service, at this year's inaugural WeLoveCarers Carers Awards Ceremony on the 8th of June 2023, Dudley Carers Hub and Wellbeing Service were winners of the **Carers Service Award for Adults**. The event was attended by the Mayor of Dudley and Mayor Consort, Cllr Andrea Goddard and Cllr James Clinton, local dignitaries and unpaid carers to honour their peers and supporting professionals who have gone above and beyond in their roles.
27. There were also awards for the council's commissioned Young Carer Service, run by Crossroads Caring For Carers in the **Carers Service Award for Childrens Services** as well as the **Professional above and beyond Award**, going to a member of the Young Carer Service team, and the **Young Carer Award** going to two of the young carers accessing the service.

Directorate Service Delivery

28. Inclusive to the report, the Directorate Service Summary provides a detailed account of service delivery. Please refer to Appendices for detailed information on service delivery for quarter 1.

Council Plan Refresh

29. Our current Council Plan from 2022-2025 sets out our vision and priorities under four core priorities. The plan is refreshed every three years, mapping out our journey and commitment that the council will constantly strive to improve the way we deliver services to meet the needs of local people and to ensure that we can measure and demonstrate our achievements.
30. The current Council Plan runs to March 2025, work will commence early next year (2024) to refresh the plan and review our strategic priorities. A report will be presented to the board in due course outlining the timeframes, process and any recommendations that the upcoming LGA peer review may suggest.

COVID-19 Situation in Dudley

31. The Corporate Performance Report also provides information on the Covid-19 situation in Dudley. The report provided is the latest data at the time the final Corporate Performance report is circulated to the committee prior to the scrutiny meeting. For a live account on the Covid-19 situation in Dudley please go to <https://www.dudley.gov.uk/coronavirus/> and navigate to Data Dashboard

Finance

32. There are no direct financial implications in receiving this report

Law

33. There are no direct law implications in receiving this report.
34. The report provides the committee with progress on the objectives and KPI's set out in the Directorate plans

Risk Management

35. The current performance reporting period, risk management is contained and reviewed in the performance reporting, however as part of the new risk management framework approved at audit and standards committee, risk reporting will not sit within performance and each directorate will need to develop a risk register for monitoring purposes.

Equality Impact

36. There are no special considerations to be made with regard to equality and diversity in noting and receiving this report.
37. No proposals have been carried out.
38. No proposals have been made, therefore does not impact on children and young people.

Human Resources/Organisational Development

39. There are no specific direct human resource issues in receiving this report. In terms of the Council's sickness level and the management of attendance, the HR and OD team continues to work with Directors and

Heads of Service to assist and provide support in tackling those areas identified as having high levels of sickness.

Commercial/Procurement

40. There is no direct commercial impact arising from the content of this report.

Council Priorities and Projects

41. The Council Plan and the Performance Management Framework enables a consistent approach for performance management across the organisation, aligning the Council Plan, Borough Vision and Future Council Programme and provides that golden thread between them.
42. Our Council Plan is built around 4 key priority areas, and our Future Council Programme. The Council Plan is a 3-year '[Plan on a Page](#)'. Each directorate has a Directorate Plan that aligns to the priority outcomes that the Council is striving to achieve, as outlined within the Council Plan, and includes an assessment of how the service has contributed towards these priorities along with a range of key performance indicators to enable us to keep track of progress.
43. Performance management is key in delivering the longer-term vision of the Council. Quarterly Corporate Performance Reports are reported and reviewed by Strategic Executive Board, Informal Cabinet, the Deputy and Shadow Deputy Leader and all Scrutiny Committees.
44. This will help to enable the council to deliver the objectives and outcomes of the Council Plan and in turn the Borough Vision.



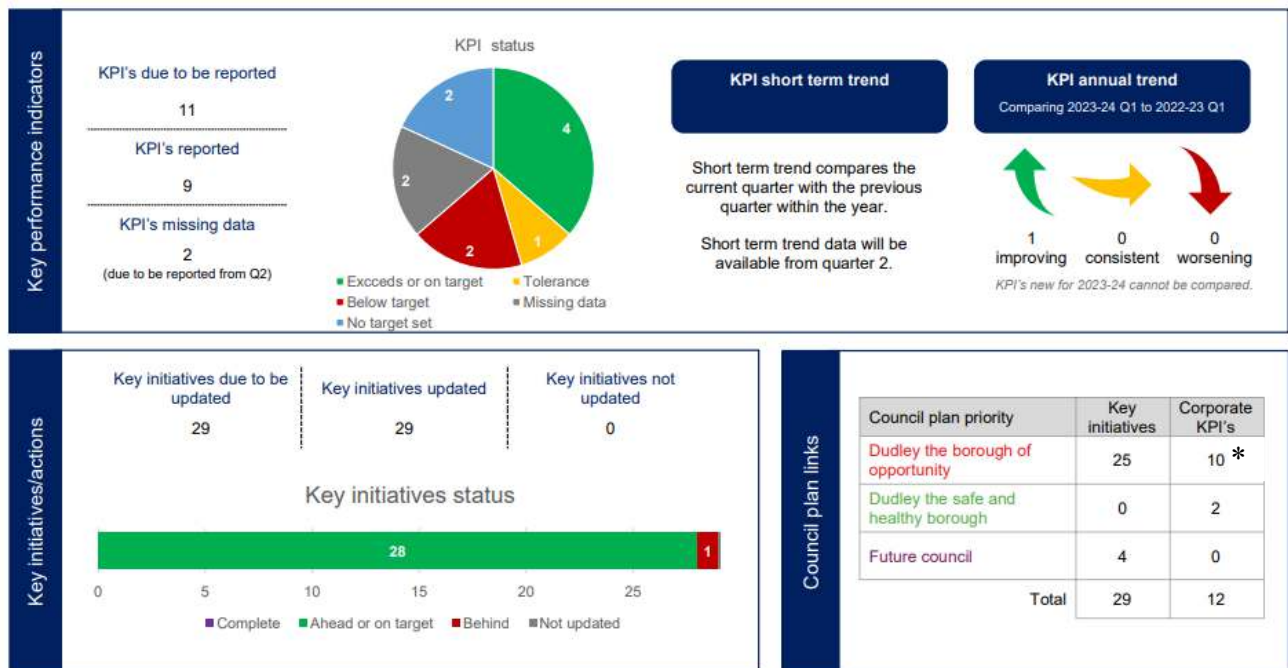
Matt Bowsher
Director of Adult Social Care

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Appendices

Appendix 1 - Adult Social Care Quarterly Performance Report
Appendix 2 – Q1 Dashboard Adult Social Care & Service Summary Sheet

Appendix 1 - Adult Social Care Quarterly Performance Report



* 1 Corporate KPI was later removed for Q1 and this should be 9, with the overall total of 11 KPI's.

Appendix 2 – Q1 Dashboard Adult Social Care & Service Summary Sheet

Adult Social Care scorecard

	Performance Indicator	2022-23				2023-24					Benchmarking comparator data
		Qtr. 1 outturn	Qtr. 2 outturn	Qtr. 3 outturn	Qtr. 4 outturn	Qtr. 1 outturn	Target	Score	Short term trend	Annual trend	
Borough of Opportunity	PI.2617 Number of new Care Act assessments carried out for people aged over 65	New measure			172	142	147	●	Available Q2	N/A	Local measure, no external benchmarking available
	PI.2132 % of contacts to adult social care with an outcome of information and advice/signposting	9%	23%	25.6%	26.5%	25%	23%	★	Available Q2	↗	Local measure, no external benchmarking available
	PI.2618 Total number of carers assessments completed by Carers Network	New measure			46	60	60	★	Available Q2	N/A	Local measure, no external benchmarking available
	PI.2620 Number of people awaiting a Care Act review where the last review or assessment was over 12 months ago	New measure			419	522	380	▲	Available Q2	N/A	Local measure, no external benchmarking available
	PI.2621 Number of new people aged over 65 into residential care or nursing care	New measure			80	119	89	▲	Available Q2	N/A	Local measure, no external benchmarking available
	PI.2622 Number of new people aged over 65 receiving a long-term care package (home care) in the community	New measure			219	269	214	★	Available Q2	N/A	Local measure, no external benchmarking available
	PI.2623 Number of people awaiting an OT assessment (18+)	New measure			819	659	700	★	Available Q2	N/A	Local measure, no external benchmarking available
	PI.2628 % of Adult Social Care Providers with a CQC rating of Inadequate	New measure			0%	0%	See note*		Available Q2	N/A	1% nationally (inadequate)
	PI.2625 % of Adult Social Care Providers with a CQC rating of Good or Outstanding	New measure			70%	72%	See note*		Available Q2	N/A	53% nationally (good) 3% nationally (outstanding)

* Measures for information only to illustrate Dudley's market position vs region and national (comparator information is published in the Service Summary Sheet)

There is a time lag for the following KPI's due to the nature of their collection and validation. Therefore they will be reported three months in arrears i.e., Quarter 1 data presented in Quarter 2.

	Performance Indicator	2022-23				2023-24					Benchmarking comparator data
		Qtr. 1 outturn	Qtr. 2 outturn	Qtr. 3 outturn	Qtr. 4 outturn	Qtr. 1 outturn	Target	Score	Short term trend	Annual trend	
Safe & Healthy	PI.2626 % of S42 individuals with outcomes expressed, fully achieving their outcomes	New measure				Available Q2				N/A	Region 62.4%, England 65.8% (2021/22)
	PI.2627 % of S42 individuals with outcomes expressed, fully and partially achieving their outcomes	New measure				Available Q2				N/A	Region 93.6%, England 94.7% (2021/22)

Short term trend compares current quarter with previous quarter within the same year. Annual trend compares the same quarter between years.

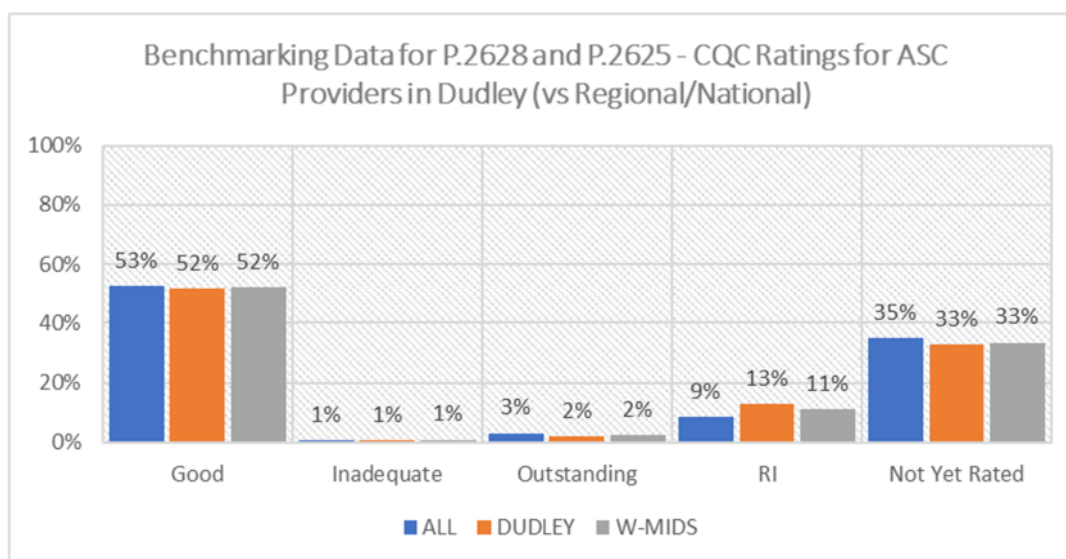
Service Summary Sheet

Directorate	Adult Social Care		
Year	2023/24	Quarter	1

Benchmarking with local authorities/nearest neighbours

Please consider if a [Delivering Better Outcomes proforma](#) should be completed also.

Adult Social Care continues to benchmark against a larger suite of indicators on a regular basis, for example through monthly Directorate scorecards, as well as requirements for regional and national reporting. The comparisons below are those which relate to corporate indicators only. It should be noted that comparator data is based on time periods prior to latest local data available and so does not always reflect recent trends. Benchmarking is refreshed on an annual cycle alongside the release of national statistics.



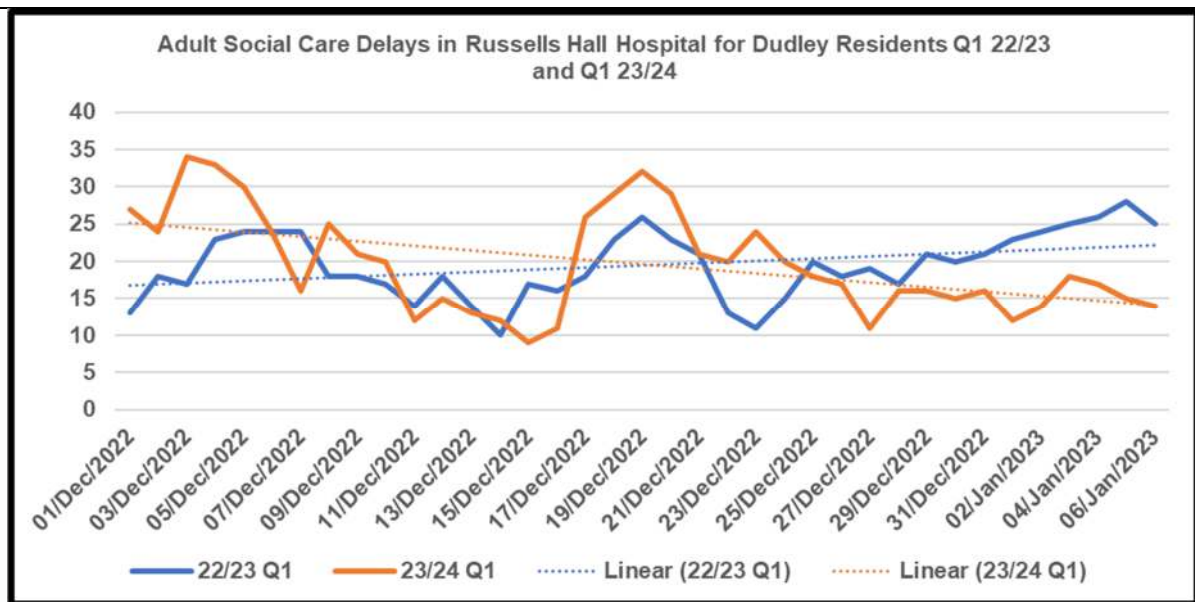
Overview of service delivery

Include any issues / risks

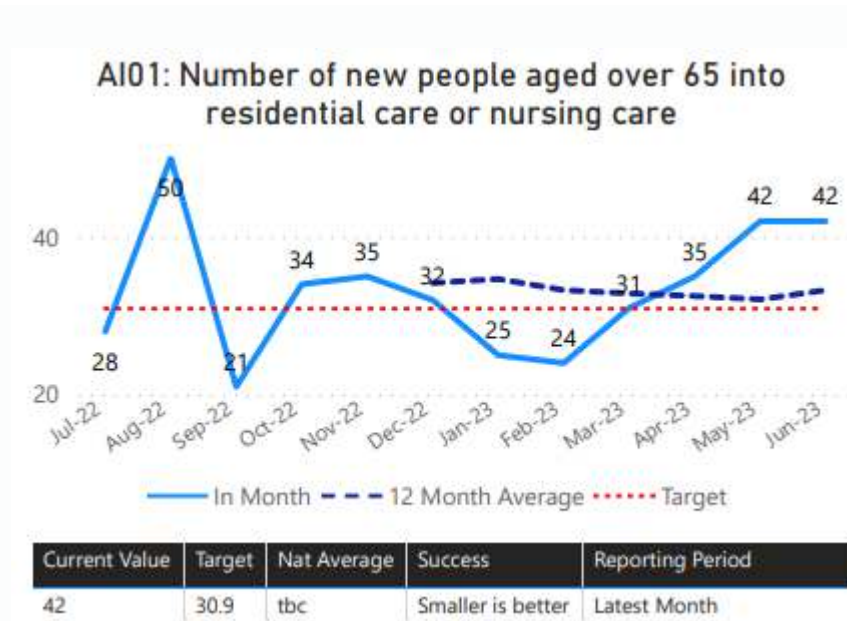
Presented below is a selection of additional key performance metrics overseen by our Adult Social Care Leadership Team (ASCLT) enabling on-going assessment of the quality of care and support provided across services.

Assessment and Independence

AI00: Live Delays



AI00 demonstrates shift in the moving average of delays evidencing our services delivering even more effective transfers from hospital back into the community for Dudley residents, folding into an overall trajectory of cases moderating down over 2022/23. This follows investment agreed between Integrated Care Board (ICB) and Dudley Integrated Health and Care Trust (DIHC) alongside incoming ASC grant monies to further enhance Pathway 1 Reablement (Discharge home with Care) capacity.



AI01: Demand profile for permanent residential care over Q1 has increased in view of acute hospital pressures necessitating short-term placements.

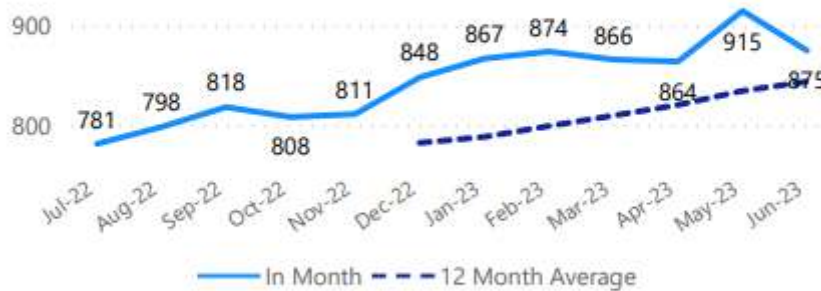
AI02: Number of new people aged over 65 receiving a long term care package (home care) in the community



Current Value	Target	Nat Average	Success	Reporting Period
80	75.5	tbc	Bigger is better	Latest Month

AI02: Q1 Profile shows an increased volume of people receiving a long-term care package compared with Q4.

AI03: Number of people awaiting a Care Act review where the last review or assessment was over 12 months ago



Current Value	Target	Nat Average	Success	Reporting Period
875	tbc	tbc	Smaller is better	Latest Month

A103: Grant monies which supported the increased demand for social care during the pandemic via funding contracts for assessors has ceased whilst demand rates remain at pandemic levels. AI03 illustrates continued impact of demand outstripping resource allocation growing into Q1.

AI05: Number of home care hours being provided for people aged 65 and over



AI05: Volume of home care hours being provided in Q1 represents an increase compared to Q4. This reflects the continuing downward pressure on hospital delays and improved flow of patients from hospital into community care settings demonstrated at AI00.

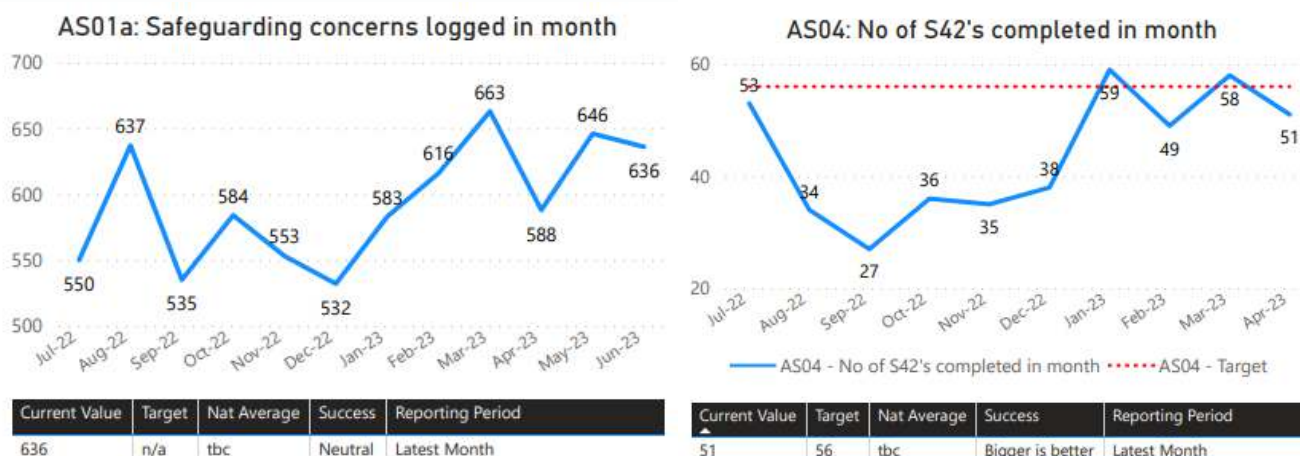
Access and Prevention

AP01a: Number of new contacts over the age of 18

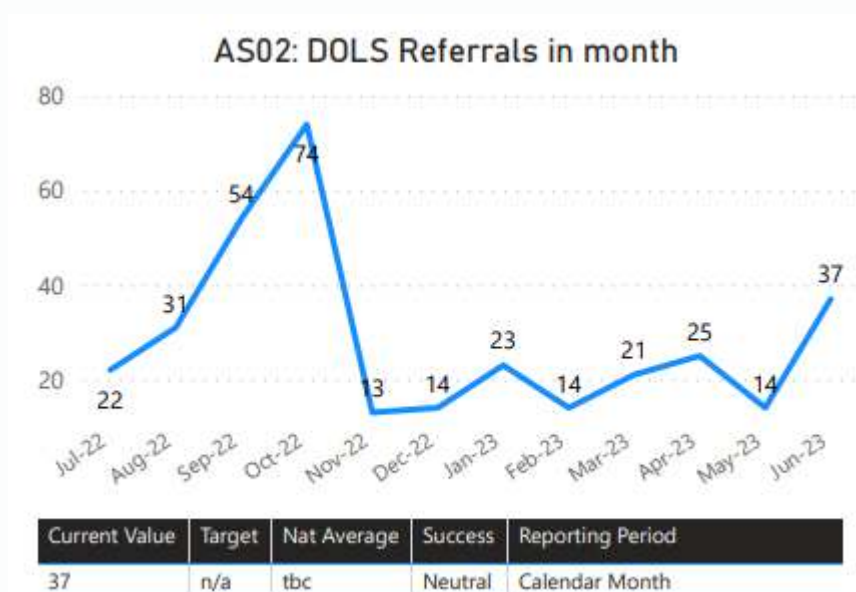


AP01a shows an increase of contacts into services. This is attributable to completion and growing usage of the Citizen Portal and improvements to data-platforms recording both current and 'new contacts' previously discounting when a person is already known to Adult Social Care.

Adult Safeguarding

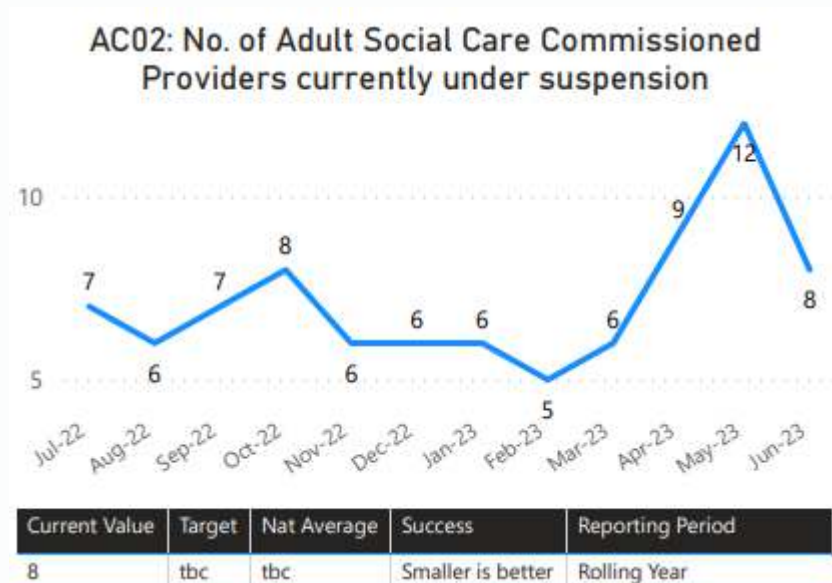


AS01a/AS04: Safeguarding concerns are referred to the Multi-agency Safeguarding Hub (MASH) or via Access to social care teams if the individual has an allocated worker. If Safeguarding concerns meet Care Act 2014 threshold criteria information is gathered to ascertain if this meets the criteria for a Section 42 (Care Act 2014) enquiry. Enquires are then coordinated through ASC or “caused” to be completed through system partners. As safeguarding involves a mix of complex and relatively straightforward cases a variable distribution of cases is to be expected as demonstrated above.



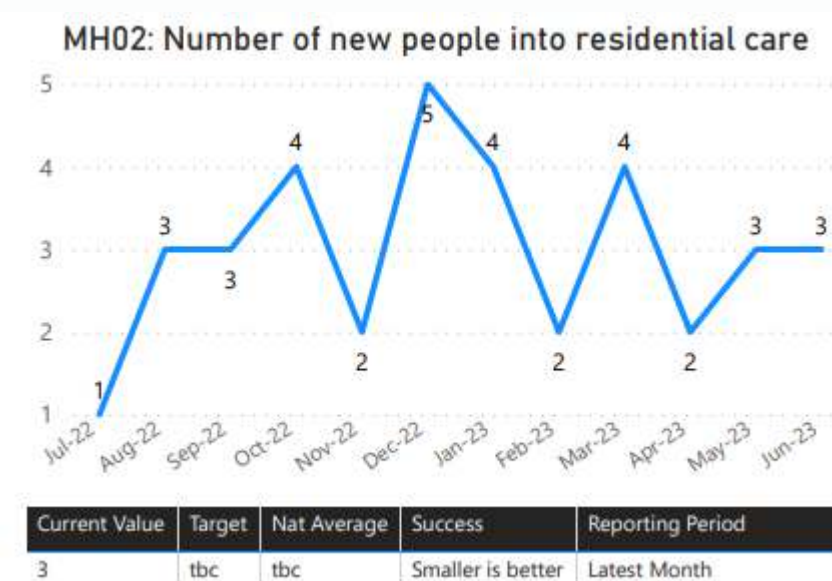
AS02: Deprivation of Liberty Safeguards (DoLS) are referred to the authority from care homes and hospitals. The numbers of referrals received vary as people subject to DoLS may move which increases referral rates or remain where they are or recover mental capacity which would lead to a reduction in referrals. DoLS lasts a maximum of 12 months when it must be renewed which also influences referral rates.

Adult Commissioning

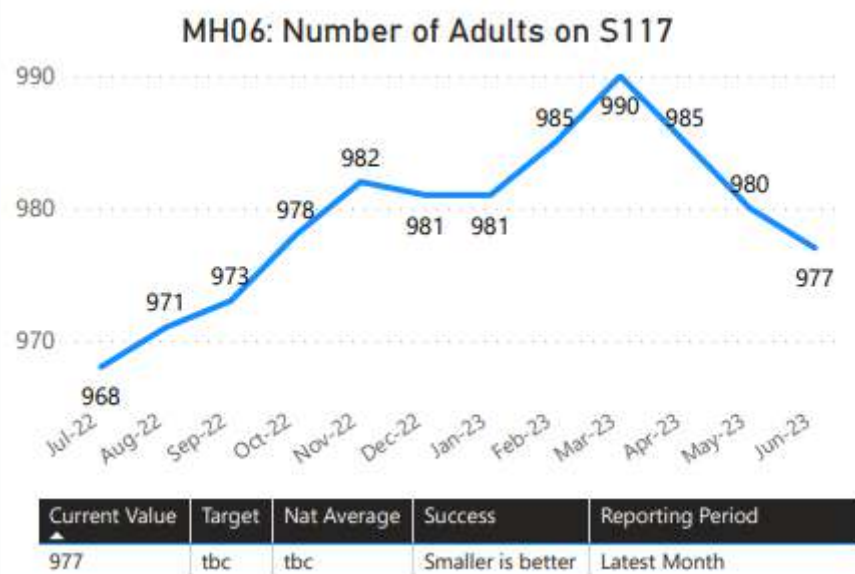


AC02: Commissioning continue to work with providers to address issues – Quality Officers ensure monitoring is based on key risk metrics. Suspended services are prioritised for quality assurance support with the intention to steer providers to deliver safe quality services.

Mental Health



MH02: Data demonstrates low numbers of people with mental health needs moving into residential care- meaning appropriate support has been offered in a community setting.



MH06: Proportion of people with a S.117 has continued to decrease throughout Q1 after a peak at the end of Q4.

Service achievements

Report of any external accreditation, awards, positive publicity, during the past quarter

Assessment and Independence

There has been a moderate downward trend (with a planned and continuous reduction to support winter pressures across the health and social care system) of Delayed Transfer of Care from the hospital over Quarter 4. This reduction and ongoing trajectory follows investment from the Integrated Commissioning Executive (ICE) and the integrated Commissioning Board (ICB) to enhance the Pathway 1 (Discharged Home with Care) reablement, care at home, and health professionals will work together to enable patients to return to preadmission levels of independence and not transferring this to long-term care needs. The integrated discharge reablement team will be up and running in the next quarter. Patients discharged under Pathway 3 (where their Care Act assessment for long-term need is being completed in 24hour care outside the acute) still have some outlying assessments that are over and above, these will be reduced to zero by the end of September. This linked to “home first” and the reablement pathway should mean the demand for residential and nursing placements reduces. Assessment teams continue to priorities people awaiting social care assessments and there has been a continued reduction of people waiting for assessment within the Living Independent Team since January 2023. The LIT triage team have made a positive difference in ensuring that people’s needs are prioritised and supported appropriately.

Access and Prevention

Carers Hub & Wellbeing Service

The Carers Hub and Well-being Service worked with partners (Dudley Community and Voluntary Service, We Love Carers and Just Straight Talk) to deliver a programme of activities and support for unpaid carers during Carers Week 2023 which included: information outreach, an organised carers picnic, and supporting the organisation “We Love Carers” with their Carers Awards evening. The Carers Hub & Wellbeing Service, part of Adult Social Care won the ‘Professional Adult Carer Service Award’ for its work, whilst our commissioned provider Crossroads won awards for: its Young Carer Service, the award for “The Professional That Goes Above and Beyond” and ‘Young Carer of the Year’.

The Carers Hub has also been working with the Equality, Diversity and Inclusion Team to implement the Council’s Carers Policy and Carers Passport to support staff who are carers, the proposed launch date is September 2023.

Telecare Charging Policy

Following a review by Commercial Services, funding for the Telecare Service has changed from the Housing Revenue Account (HRA) to Adult Social Care and the general fund. Housing through the HRA continues to fund the Telecare service in its sheltered schemes, as well as the repairs management centre, out of hours service that the Telecare team provides.

The new Telecare Charging Policy was signed off in February 2023 by the Strategic Executive Board and Full Council. This resulted in an uplift to the monthly charge from £16.30 per calendar month to £21.30 + VAT for all private customers. It was also agreed to introduce the charge to all new Council tenants from the 1 April 2023, and then to implement a charge for existing council tenants, as part of a second phase, from 1st October 2023. A £260,000 additional income target was also reflected in the medium-term financial strategy.

The implementation of the Telecare Charging Policy has resulted in 13 complaints and 73 customers cancelling the service, due to affordability, resulting in a reduced revenue of approximately £19,000 per annum. The new policy also introduced a 25% discount in the monthly charge if individuals were in receipt of the council tax reduction scheme. This has resulted in 208 customers qualifying, resulting in a further loss of revenue of approximately £30,000 per annum.

We have also seen a reduction in new Customers with installations reducing by 7% from February – March, 14% from March – April, and a further 10% in May.

Although installations can fluctuate this needs to be monitored over a longer period to determine the ongoing financial loss.

Commissioning

Since announcing the uplift this year there have been 38 fee disputes registered by providers, 19 of these are working age adults Care homes and a further 11 are Older Adults care homes.

There are 28 different organisations that have stated that they are not able to sustain provision based on the fees that Dudley have provided.

Since the start of this year there has been care home closures 3 home closures that have impacted 12 people and lost 34 bed spaces from the market.

To avoid increased costs especially where there are no alternative placements for clients, contract negotiations have been necessary.

A key negotiation being with Advinia in order to retain 120 bed nursing provision in the borough and mitigate the tripling of existing fees for over 20 older people. The negotiation resulted in approximately £140k additional cost (across 2 homes) but without this negation the additional pressures would have been at least double this.

Care homes for working age adults are requesting between 10-20% increases and stating that without this they will need to serve notice. Reviews are being undertaken but alternative care options are not readily available locally and will in most cases cost more.

Dudley Disability Service

Preparing for Adulthood has recently supported the SEND 12-month review of the APP and presented progress of APP 6 Post 19 provision. We have positive feedback and it was recognised programme that good progress has been made and as a result have been asked to support 2 other authorities to develop their PFA. The impact of the PFA work has started to impact on the service in terms of reducing the last-minute requests for assessments being received and the unknown cases being referred.

We have had a number of significant successes working in partnership with SEND and one resulted in a tribunal application being withdrawn. This has created an increase in provision for PFA but this should reduced costs in the long term as emergency placements will reduce and young people going to out of borough residential placements will reduce both of which have significant long term costs associated with them.

We have identified issues with LAS recording which has been impacting on performance data and these are being resolved which will result in a positive improvement.

We are working with SEND, Connections and the colleges to address issue around falling numbers of people with a learning disability going into employment.

Safeguarding

Working in partnership through Dudley Safeguarding Peoples Partnership (DSPP) Adult Safeguarding are working with the Adults Management Information Team to enhance data generation and intelligence across the system. This will provide data to generate targeted improvements, better outcomes for citizens and provide assurance. This collaborative work is overseen by the Safeguarding Peoples Partnership through the multi-agency Quality Assurance and Performance Sub-group.

Deprivation of Liberty Safeguards (DoLs) are a statutory requirement to provide safeguards for the most vulnerable people in society. The Liberty Protection Safeguards (LPS) which were being introduced to replace DoLs are now no longer proceeding and it has been recognised nationally that the year on year increase in DoLs referrals will continue. This being so Dudley require a new strategy to enhance capacity and provide a sustainable pathway.

Mental Health

Mental health has now implemented the restructure. A Quality Assurance process has now been developed as part of new governance structures to ensure we meet long-term objectives and deliver required outputs. The mental health triage process and allocation process is having a positive impact on ensuring that people's needs are prioritised and supported appropriately.

Woodside day service has now reopened as a time-limited strengths-based, Care Act compliant programme designed to achieve positive outcomes for those with enduring mental ill health.

The AMHP service is a core statutory function of the local authority and is currently undergoing a service reconfiguration to ensure the local authority can seamlessly provide this function 24/7. AMHP has recently been implemented on LAS.

We have identified issues with LAS regarding the new structure and this will be rectified shortly and is being prioritised by successor.

Opportunities for improvement

Information relating to service complaints / compliments and learning from these

Adult Social Care Quarter 1 April – June 2023

Corporate Complaints	23
Statutory Complaints	7
Compliments	81

Learning from complaints

- 202310207 Policy/ process Overhaul of special order process to stream line and reduce bureaucracy Occupational Therapy
- 202312803 work is required by commissioning in relation to the care market and having providers on the commissioning framework that are able to meet the needs of the local demographics/ citizens with adult social care needs.
- 202314965 Steps have been taken in terms of practice for Officers when approving stair lift recommendations for clients at top of the weight limit
- 202312498 Finance to add a step within their Financial Assessment process to ensure any/all previous FA's in ContrOcc are checked for any savings/capital recorded

Please note: All learning forms are sent to Christine Conway to identify any recognise any training needs that need to be implicated across ASC.

Any additional information relating to performance

In Q1, Adult Social Care undertook a CQC Assurance Inspection Readiness Review involving representatives from the Association for Directors of Adult Social Services (ADASS) with the aim of establishing the level of compliance we have in Dudley against reformed standards published in the ASC White Paper 'People at the Heart of Care' arising from the Health and Social Care Act 2022.

Q1 also marked the first submission of the mandated Client Level Data statistical return for Adult Social Care. This information will also be used to benchmark against other local authorities as the collected data matures over the forthcoming year.

Meeting of the Adult Social Care Select Committee - 15th November 2023

Report of the Director of Adult Social Care

Market Position and Sustainability

Purpose of report

1. This report provides the Adult Social Care Select Committee with an outline of
 - the current adult social care market position
 - key market sustainability issues
 - Market Sustainability Plan

Recommendations

2. It is recommended that the Select Committee Members :-
 - Comment on the current adult social care market position and key pressures,
 - Scrutinise and comment on the Market Sustainability Plan

Background

3. Dudley adult social care commissioning has 362 contracts with independent social care providers for the provision of regulated social care to meet care act assessed eligible needs of Dudley citizens. There are 3 internal services that provide intermediate care, hospital avoidance community care and supported discharge which are largely funded through the improved Better Care Fund (iBCF).
4. Dudley council spends £104.5M on care act eligible care of which at least £88.4M is via the independent market via contracted commissioned care. £16.1M is spent via direct payments much of which however is delivered by the same contracted providers due to a shortage of personal assistants and alternatives to traditional care. 42% of spend is on residential and nursing care homes and the remaining 58% is spent supporting people in

their own homes. (See appendix 1 – Dudley Social Care Market in Numbers)

5. There are an additional 10 contracts with annual spend of c£3M with voluntary sector providers that deliver a range of activity including prevention focused support, carers support, advocacy, and direct payment support.
6. The social care market needs to be diverse in its offer to meet the changing needs of people with social care needs. As people are living longer, the complexity of need and expectations for care have become greater and place increasing demand on the social care workforce.
7. In 2022 the Department of Health and Social Care launched a national programme (Fair Cost of Care) to establish some base line data for care costs within older adult's social care provision. The outcome of this activity identified that for Dudley the social care market has a £20M deficit against the actual cost of care. The programme only looked at care costs for people aged 65+. There has been no national benchmarking for care costs for working age adults provision though most local authorities are experiencing significant challenges regarding fees and supply of care home placements and supported living provision.

Market Assessment and Market Position Statement

8. Housing Lin were commissioned to undertake a social care and accommodation needs assessment. The needs assessment was split into to 2 categories – working age adults with disabilities and older adults. The needs assessments engaged with people who use services and care providers. The outcome of the assessment has greatly informed the Market Position Statement 2023-2028 which is now published <https://www.dudley.gov.uk/residents/care-and-health/dudley-adult-social-care-market-position-statement-2023-2028/>
Key commissioning intentions and messages to the market detail where the council has increased demand and where further innovation is sought.

Housing With Care

9. The use of residential care for adults, especially older adults is above the national average and comparator councils. However, the use of nursing care is lower. In 2022/23 there were 6 care homes that closed, losing a total of 130 care home beds from the Dudley market, most of which were nursing beds. The main reason for care home closures is stated as low fees paid that are unsustainable for care providers. Each care home

closure creates additional budget pressure and reductions in choice of affordable care homes.

10. The 4 current extra care schemes operate at maximum capacity and further scheme developments would be welcomed as an alternative to care homes and to promote greater independence.
11. Estimations of future need in relation to housing and care homes provision over the next 10-15 years include an increase in nursing care by 425 beds and residential care beds by approximately 25 Beds and approximately 790 units of extra care housing.
12. Accommodation for younger, working age adults with disabilities is also currently in short support as part of the supported living offer. It is estimated that there is demand for an additional 210 units of supported living over the next 7-8 years. Supported Living and independent living options are the preferred option when supporting younger adults with disabilities, however due to the current lack of suitable housing available people have been placed in residential care.
13. Young people with disabilities and complex needs have frequently been placed in high-cost residential colleges out of area to meet their needs. Recent engagement has been undertaken at scale to explore alternatives and the potential for local provision.
14. A prospectus that outlines all housing and accommodation requirements for adult social care in Dudley is due to be finalised this financial year and will be published alongside the market position statement on the council's webpage.

Direct Payments and Use of Non-Traditional Support

15. Currently many if not most, Direct payment recipients use traditional care services to meet their needs rather than employing a personal assistant (PA) or non-traditional approach to meeting needs. This reduces the innovation and efficiency and means that people are getting the same services whether contracted or via a direct payment. The use of traditional services to purchase care for people using a direct payment is constraining choice and PA market development.

16. The market position statement signals our intention to increase the number of people with direct payments and to increase and develop the PA market and innovative models to meet people needs flexibly - for example Individual Service Funds (ISF's)

Care homes

17. There are 90 care homes operating in Dudley, 54 of which support older adults and 36 supporting working age adults with disabilities. Care homes for older adults are especially concerned about sustainability and financial viability, there are frequent challenges to the council regarding care home fees, there is an increase in the number of care homes that have changed ownership in the last 12 months or so.
18. Fees and annual uplift awards have not kept pace with national minimum wage increases, the cost-of-living crisis, energy costs and workforce issues have a huge impact before homes have had chance to recover from the pandemic. There has been an increase in the number of people placed or choosing to live in care homes outside of the Dudley Borough, almost 50% of nursing placements are in neighbouring authorities care homes.

Domiciliary Care

19. There are 38 providers delivering a total of 23,000 hours per week of domiciliary care to c1594 people across the Dudley Borough at an annual spend of c£21.86M.
20. The Fair Cost of Care grant received in 2022 was utilised primarily to address the Domiciliary Care market as there were significant supply issues. The rates were increased mid-year utilising the grant to ensure a more competitive and sustainable rate; the impact of the rate increase is that the supply of domiciliary care increased to the point that providers are now seeking additional work with Dudley MBC.
21. In 2022/2023 as part of winter pressures planning, Discharge to Assess (D2A) block contracts were quickly mobilised on a place-based model to support hospital discharge creating flow and capacity working in partnership with the Dudley's Urgent Care Team and Dudley Group. The D2A operated until June 2023 and was a great success for all stakeholders.
22. The Domiciliary Care contracts and extra care contracts are currently being retendered. The tender is creating a new flexible place-based framework; shaped using the learning from the last few years and the

recent D2A initiative and direct feedback from providers and people using domiciliary care services.

Market Quality

23. The quality ratings for Dudley CQC registered services are largely comparable with West Midlands averages. Dudley has 67% of services rates good or above and 28% rated requires improvement. There has however been an increase in the number of Large-Scale Enquiries (LSE) for care homes where there are significant concerns around residents' safety and governance issues, often as a result of changes in workforce and home management.

Workforce

24. Skills for care data from 2021/2022 indicates that Dudley has an adult social care workforce of 8,100 posts. The staff turnover rate was estimated to be 23.5% which was lower than the England and West Midlands averages by 4-6 %. Dudley social care providers have identified workforce as a significant challenge for both recruitment and retention. Despite several initiatives nationally and locally attracting and retaining a skilled workforce remains a key challenge and has a huge impact on a provider's ability to deliver quality care. Many providers have taken advantage of the international sponsorship route to meet their workforce requirements though there are a number of challenges and risks emerging with this option.

Market Sustainability

25. Under section 5 of the Care Act 2014, the council must promote the efficient and effective operation of a market in services for meeting care and support needs with a view to ensuring that any person in its area wishing to access services in the market has a variety of providers to choose from who (taken together) provide a variety of high-quality services. The council is responsible for ensuring the sustainability of the market (in circumstances where it is operating effectively as well as in circumstances where it is not). A sustainable market is one which has a sufficient supply of services but with provider entry and exit, innovation, choice for people who draw on care and sufficient workforce supply. (MSIF guidance 2023)
26. A recent West Midlands ADASS survey report summarised the rates for adult social care across the 14 authorities. Dudley fees and median rates are in the bottom quartile for each market area except for domiciliary care.

Market Sustainability Plan

27. In accordance with the Fair Cost of Care grant and more recent Market Sustainability and Improvement Fund, a market sustainability plan 2022 (Appendix 2) and a Market Capacity Plan June 2023 (Appendix 3) have been submitted to DHSC. Some of the intended actions in the 2022 plan have altered, for example the care homes model and sustainability plan is now not subject to formal procurement as care homes have been exempted in standing orders and is now part of the constitution, the plan will now be progressed via a pilot project. The key actions and commissioning intentions from these and the Market Position Statement are detailed below.

Care Homes - Older Adults

28. Rates paid for new care placements in older adult's care homes will be remodelled with an assessment tool that articulates the level of need and complexity of care enabling value for money judgements to be made. A pilot for banded rates using part of the MSIF 2023/2024 grant will be undertaken to identify competitive sustainable rates. This will enable clear correlation between the complexity of need and the rate paid to be better aligned, for example, reducing the impact of high cost adhoc nursing care placements for more affordable planned nursing placements locally. It is anticipated that the pilot will provide evidence to progress a wider framework of care homes working with the council using the new banded model will be established.

Domiciliary Care & Extra Care

29. The new framework for domiciliary care which goes live in October 2023 and new brokerage portal development will ensure that place-based care is delivered for greater continuity of care, reducing travel time and unnecessary costs associated with managing care logistics across a larger area. The Domiciliary Care rates must remain competitive with neighbouring authorities as the workforce is very transient and capacity can be easily lost when staff move for higher pay in other authorities. The Extra Care tender is within the same programme as the domiciliary care and enables providers to consider delivering a range of services in one location.

Supported Living

30. Demand for supported living is increasing and the current supply requires some reshaping. Current contracts are due to be refreshed and new frameworks established over the next 2-3 years. A new enhanced

supported living framework is planned to be introduced that has a clear focus on promoting independence and uses an outcomes tool to evidence individual outcomes. New promoting independence models for supported living are planned to ensure people do not become unnecessarily reliant on care and to ensure there is a correlation between rates paid and outcomes delivered to ensure a range of sustainable provision. An accommodation prospectus will be issued to the market to encourage housing with care and supported living accommodation growth.

Voluntary Sector

31. During the course of 2022 and 2023 most voluntary sector contracts have been or are due to be retendered. The new contracts are focused on outcomes to be delivered and working in partnership to deliver outcomes and manage risk. Innovation in delivery models is key and this may be challenging providers and partners to work differently often embracing technology and different ways to achieve outcomes. The development of a compact and wider strategy is planned that will address working collaboratively with the voluntary sector to support innovation and sustainability.

Direct Payments and PAs

32. PA workforce development and new models for self-directed and more flexible care such as Individual Service Funds are planned to be explored as part of the review of direct payment policy and practice. An increased offer for PA's is required to enable growth in the PA market and offer alternatives and more personalised and efficient care options. The voluntary sector services are keen to engage with the PA market development and this will also be included in any workforce strategy developed.

Workforce

33. In 2023 CAPA supported adult social care providers with a media campaign promoting the benefits of working in social care and directing interested parties to job vacancies in the council and the independent social care market. A coproduced workforce strategy will be explored with the social care providers to identify opportunities for collaboration, innovation and efficiency in addressing workforce issues.

Finance

34. Market Sustainability and Improvement Fund 2023 /2024 (£2.3M) is being used to support rate increases as part of the care home market modelling

for new care home placements for older people and wider market sustainability activity.

Law

35. The Care Act 2014 (section 5) sets out the local authorities' responsibilities for providing a range of services and ensuring market sustainability.

Risk Management

36. The adult social care market sustainability is a key risk (R.471 Directorate Risk Register) for the council as the services providers delivery are generally for people who have care act eligible need and there for are delivering statutory services. The fair cost of care outcome identified a significant funding shortfall against the actual cost of delivering care. The number of providers challenges each year in relation to uplifts not tracking National Minimum Wage grows year on year and requires careful management to ensure challenges are appropriately addressed and responded to monthly.
37. The risk of provider exit is carefully assessed and cannot always be mitigated, providers are requesting assurance that fees will be increased each year so that business planning can be supported over the medium term. Engagement with the social care market is being improved to ensure that pressures and risks are captured and escalated as appropriate. Commissioning has regular engagement with partners to consider key market risks as part of the Dudley Quality Partnership meetings held monthly.

Equality Impact

38. This report relates to the adult social care market position and sustainability. There are no impacts that specifically warrant an Equality Impact assessment. In the event of market failure contingency plans are mobilised to ensure continuity of care.

Human Resources/Organisational Development

39. There are no direct Human Resources/Organisational Development implications arising from this report.

Commercial/Procurement

40. Procurement activity planned is undertaken under the guidance of Procurement colleagues and in line with council procedures.

Environment/Climate Change

41. All providers are encouraged to consider how their services can operate in environmentally and climate friendly ways. The models of care proposed seek to reduce the carbon footprint of services by being place based and reducing unnecessary travel, making use of technology and digital systems.

Council Priorities and Projects

42. Ensuring a sustainable market that can meet peoples assessed care needs is a statutory duty of the council. Encouraging a social care market that delivers high quality care locally supports the borough vision for “A place of healthy, resilient, safe communities where people have high aspirations and the ability to shape their own future”.



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Appendices

Appendix 1 – Dudley Adult Social Care Market in Numbers
Appendix 2 – Market Sustainability Plan 2022
Appendix 3 – Market Capacity Plan June 2023

Dudley ASC Market in Numbers



Note client number data will be subject to slight change according when report created from live system. Data above created 8th August 2023.

Annex C: Dudley Market Sustainability Plan

Section 1: Assessment of the current sustainability of local care markets

a) Assessment of current sustainability of the 65+ care home market

Dudley has a population of approximately 323,500, one in 5 people are over the age of 65 which is higher than the England average of one in six. Dudley has borders with 5 other authorities. Markets are competitive across the Black Country and the workforce may shift according to change and decisions in other areas; actions in one authority may impact the market in another.

Dudley MBC and health partners have a common goal to promote independence, reduce dependency and support more people to remain living in their own homes for as long as possible with appropriate support.

It is recognised that there is a need for high quality care when people's needs are such that they are unable to continue living in their own home, though there are a few extra care facilities these are at maximum capacity, most of the need is therefore currently fulfilled by registered care homes in Dudley.

Dudley has 89 CQC registered care homes of which 54 care homes are delivering residential and nursing care for people aged 65 and over, this excludes the council run home delivering intermediate care. Total beds capacity from these is 1888, 15 of the 54 homes deliver nursing care with a maximum nursing capacity of 664 beds.

The care home market in Dudley is currently operating at 82% occupancy according to the capacity tracker, though actual available beds due to reserved beds and purchasing suspensions relating to quality and safety concerns, mean that occupancy is 88% and available capacity is 12%. Placements are also made to homes in neighbouring authorities.

Since June 2020 there have been 5 care homes closures which has reduced nursing capacity by 132 beds and residential by 39; total of 171 beds lost representing a reduction of 8% in bed capacity for older adults.

All homes that closed were stating they had financial viability issues, and all were buildings that had been adapted to deliver registered care rather than being purpose built. 4 out of the 5 homes that closed had quality and safety issues that the council and CQC were addressing. Average occupancy for the 5 homes that closed was 56% at the time of the closure decision being made. Some residents that were originally placed in residential care at the time of homes closing were reassessed and it was found they needed nursing care.

As people are living longer and living with long term and complex conditions longer, there are more people requiring care and support. Most people are supported to have care at home rather than the traditional focus on residential

care and hospital-based care. The people whose needs are such that they are unable to continue living and receiving support in their home own home, have needs of much higher acuity and more complex conditions than previously supported in residential care. This results in greater responsibilities and higher expectations for the workforce and care homes. Qualified Nurse recruitment and retention is noted to be a significant barrier to delivering quality care and ensuring safe and viable services.

During engagement sessions over recent years the care homes have expressed concern that the fees do not cover their costs, and that this is exacerbated by cost-of-living increases, rising fuel and energy costs, insurance premiums, higher demands, and quality expectations with less resources to meet them.

Care homes workforce is a significant challenge as staff retention is low not only for care staff but also for registered managers and clinical staff.

NHS capacity tracker workforce survey for care homes in September 2021 indicated that the care home workforce challenges had grown, with fewer people applying to work in care homes and more staff looking at leaving the sector for better pay and conditions elsewhere.

Staff turnover rates for Nursing homes in Dudley is 35% and Residential Care homes is 24.4%, staff average experience in the sector is 10years.

(WMADASS nationals Data Hub)

Hospital discharge prescription of Pathway 3 beds when alternative recovery models at home would better meet outcomes is felt to be inefficient use care home resource and capacity, the high use of pathway 3 beds too often results in long term residential care. The commissioning strategic plan is to support people to return to their own homes wherever possible.

Currently the council commissions long term care via spot purchase agreements with care homes. There is currently no block bed arrangement for long term care.

The market is made up of 100% for-profit organisations and categorised by size as below.

Care home type	Small (U25)	Medium (26-59)	Large (60+)
Combined	22	24	7
Nursing	4	8	3
Residential	19 *	16	4

**One dual registered*

Current contract rates and actual fees paid have significant variation. The market has responded over time by increasing third party top ups and or negotiating higher individual fees, this includes increases for self-funders that

may offset lower historic fees. Almost all homes request top up fees. A mental health premium is available, largely used in relation to people with dementia and due to the increased acuity, this is utilised extensively.

The contracts and commissioning model does not currently operate standard and enhanced care rates or bands, the council planned to introduce a new framework in 2020 but plans were interrupted by the Covid Pandemic. A cost of care exercise undertaken in January 2020 and repeated in January 2022 sought to start the process of gaining clearer understanding of all social care providers costs, including the impact of the pandemic, and included care home costs.

The return rate for over 65 care homes was lower than the Fair Cost of Care exercise with only 20% return. Market engagement continues to be a challenge as many care homes are under unprecedented pressures with workforce issues, financial challenges, and increased expectations to deliver care to people with more complex needs. The perception is generally one of disillusionment in the market. The current market has significant sustainability issues and requires significant investment and /or remodelling in the next 2-3 years to achieve greater sustainability and meet changing demand.

b) Assessment of current sustainability of the 18+ domiciliary care market

Dudley MBC has a commissioned framework that includes 34 domiciliary care providers delivering short calls for people aged 18+-though this is predominantly serving people aged 65+. There are a total of 49 domiciliary care registered agencies operating in the Dudley borough, of which 37 deliver short calls, the rest being supported living or shift-based delivery models. The Dudley framework of providers includes agencies that have registered offices in neighbouring authorities.

All agencies except 1 are “for profit” agencies. There are 2 domiciliary care agencies that deliver care in extra care settings one of which is not for profit. The council internal home care service and supported living services are excluded from the market data in this report, but it is recognised that the impact of change in one part of the market will impact other service areas.

The current supply of domiciliary care is not sufficient to meet the growing demand in a timely way, on occasion some people are placed in temporary residential beds pending a package of care being sourced. This is due to the system pressures, delayed transfers of care and the lack of domiciliary care workforce.

Domiciliary care average hours per person in Dudley is 14.8 per week for the commissioned market, this is increasing as the complexity of need increases

for people requiring domiciliary care. Pre pandemic the average hours of domiciliary care per person was just over 11.

Dudley Domiciliary care market has grown on average 2.6% each year over the last 7 years and demand continues to increase.

People identified for Pathway 1 are often prescribed care with a blanket approach which creates dependency and has significant impact on market capacity and inefficient use of resources

The Dudley commissioned market currently has a singular rate of £17.20 per hour, most agencies have a mix of contracted local authority referred clients and either health funded or self -funded clients. Self -funders and sometimes health funded clients pay rates that are much higher than the rate paid for contracted care with the council.

The current council framework for domiciliary care was formally tendered and is due to be retendered in 2024. Contracts were extended due to the covid pandemic. During the Covid pandemic demand for care at home increased, partly in response to the media coverage of care home challenges. At the earlier stage of the pandemic, a large regionally based provider handed their contract back based on financial sustainability; this included a reablement contract. Due to demand pressures some smaller agencies were taken through an approval process to secure additional capacity, unfortunately these agencies then handed their contracts back or were decommissioned based on poor quality. As end of August 2022, there were 370 clients that had to have their care moved due to contracts ending since Aug 2020.

Quality

<i>CQC Rating</i>	<i>Dudley</i>
<i>Outstanding</i>	<i>1</i>
<i>Good</i>	<i>31</i>
<i>Requires improvement</i>	<i>7</i>
<i>Inadequate</i>	<i>1</i>
<i>Not Yet Rated</i>	<i>9</i>
<i>As of 1 August 2022.</i>	

The domiciliary care agencies have raised several issues in relation to current challenges for sustainability, the key one being workforce issues. Workforce challenges are preventing agencies fulfilling their plans for growth and impacting on their ability to ensure a quality consistent service is delivered. Some have articulated that the combination of cost-of-living pressures, workforce challenges and fuel pressures are of such a high risk that they are considering exiting the market or handing contracts back. This position has been shared by both well established and experienced agencies and relatively new agencies.

The turnover rates for community based CQC services in Dudley are 14.1% for care workers. Domiciliary Care Agencies report unprecedented workforce challenges; almost all agencies have stated they are experiencing major problems recruiting and retaining staff. Many staff are reported to be exiting social care to work in higher paid jobs with better conditions and less responsibility, stating that that social care roles are massively undervalued. Domiciliary care staff are often lone workers and responsible for very vulnerable people with very complex needs and high risks. There is very high expectation for skills and training for domiciliary care staff and general perception amongst the providers that this is not understood and should be equally valued as qualified nurses and other professionals.

Section 2: Assessment of the impact of future market changes (including funding reform) over the next 1-3 years, for each of the service markets

Demand for social care and the growing population of people aged 65+ will mean that demand for services will continue to grow. The nursing home market in Dudley has reduced with care home closures whilst demand for nursing care and residential care for people with complex needs is increasing as people live longer with more complex needs.

The key strategic risks for all service markets are:

- insufficient supply of affordable high quality care including care for self-funders
- workforce pressures
- insufficient recurrent funding for councils to appropriately fund social care

Workforce

Workforce issues are present in all social care services and has a direct correlation to dips in quality and the need for social care providers to invest in services to make the requisite improvements.

On-going higher acuity of need means the workforce needs to be adequately trained and supplied in sufficient numbers to be able to respond to increased demand.

Fuel costs have resulted in domiciliary care staff wages not covering the cost of fulfilling their role, staff report not being able to afford to do their job. Staff turnover for 2021 as stated by skills for care was at 28.5%, recent workforce returns from agencies indicates that this is as high at 44% for some agencies at times.

The workforce needs to be appropriately recompensed for the skilled work and responsible roles they undertake and to feel valued as professionals. Without the appropriate workforce, the quality of care will reduce to unsafe levels and the market will shrink whilst costs of care spiral

There is also growing concern regarding increased poverty within the 65+ age group and insufficient workforce to identify risks and provide essential support.

Funding Gap and Funding Uncertainty

Based on current cost of living challenges, the workforce crisis, and reduced finances there is concern that care services both in care homes and the community will not be able to meet demand and sustain quality of care without significant investment and resources. Care homes and care agencies are not able to compete with other industries to attract and retain staff

There are no disinvestment opportunities to fund increased rates within Dudley; inefficiencies have been taken out of the market to meet MTFS savings targets over the last 10-12 years. Without significant recurrent funding and investment, the funding gap will continue to grow and create further market pressures; resources will continue to be used reactively to address crises and safeguarding instead of proactively developing new models of high-quality sustainable care

It is likely that there will be market exits for both care homes and domiciliary care agencies. Interest for new entrants to the market is limited and often inexperienced and or lacking the requisite infrastructure and skilled workforce to meet demand. System pressures are no longer purely related to winter but now all year round; health pressures and social care pressures are inextricably linked.

Any increase or rate revision in social care funding needs to be consistent and matched by health partners for people who are fully or partially health funded to ensure there is no disparity in funding and separation of markets. Market sustainability plans and management should be undertaken as a joint health and social care responsibility.

Social Care Reforms

The impact of the commencement of S18 (3) for care homes is estimated to create additional pressures for the market, the ONS (2021/22) data using CQC provider returns suggest this could be as high as 36.9% for Dudley. It is likely that this may reduce the capacity of affordable beds in the market.

How to support the increased number and needs of self-funders for care homes will need to be clearly understood and consideration for how this will be managed within the market.

The impact of workforce challenges, rising inflation and financial pressures are equally prevalent within the working age adults care markets. Some organisations deliver services to both working age adults and adults over 65 years. The council has a duty to ensure the whole market is effectively managed and or shaped and is sustainable.

Numerous care home providers have raised concern with the council commissioning team that the rising energy costs and general inflation may mean they will have to make difficult decisions which for some may include home closure.

Section 3: Plans for each market to address sustainability issues identified, including how fair cost of care funding will be used to address these issues over the next 1 to 3 years

(a)65+ care homes market

The Fair cost of care exercise has produced some interesting and useful information but has not provided reliable and consistent cost data upon which commissioning plans can be based, especially in relation to the care homes market.

Year	Plan to support care home sustainability
2022/23	<p>Fair Cost of Care Funding £400k will be used in relation to individually increased care home fees that have exceeded contract rates within the financial year</p> <p>Introduction and pilot of new standard and enhanced rates /fee bands</p> <p>Assessment to the new bands of care .</p> <p>Market engagement around current and future models</p> <p>quality assurance framework development</p> <p>Review of Pathway 3 and use of diversion beds alternatives and refresh and reinvigorate recovery models</p>
2023/24	<p>Rate uplift decisions to consider market position and potential Fair Cost of Care Funding that may be available.</p> <p>Procurement / roll out of new care home framework</p> <p>Implementation actions from Pathway's review</p> <p>Quality assurance framework full implementation</p>

	Brokerage development
2024/25	Review impact of new care home framework and care bands Review quality assurance impact Review demand for bed-based care.

The Dudley care home market is not currently commissioned using the 4 care bands used in the Fair Cost of Care exercise and used by many other local authorities. Plans are currently being developed to introduce the bands as part of a new framework, this will introduce new fee levels and or fee bands. The new framework will be introduced based on new placements only and will work towards a sustainable cost of care that is subsequently determined by the council. The plan is to introduce the framework following an initial pilot in the next 6- 9 months.

Dudley will work towards a sustainable cost of care via the introduction of the new care home framework for new placements only, therefore time frames for achieving this are likely to be over at least 3-5 years. The council will be using the budget setting process to determine how available budget and a proportion of Fair Cost of Care Grant for 2022 and subsequent grant periods may be used to support this activity and increase rates.

Further cost analysis work will be undertaken including appropriate comparison with neighbouring authorities. Introducing the framework via a pilot will enable testing of the fee bands or ranges, the expectation of care delivery and quality and how best to support homes that are part of the framework. Once the pilot is complete, the model will be rolled out as a framework via formal procurement methods.

Self-funders will be able to choose from the framework once established or receive support in relation to a non-framework negotiated rate. This will be included in the plans underway to meet obligations of S18(3) of the Care Act 2014.

The framework would also present an opportunity to work with care homes to support improvements in the quality and sustainability of the market; an enhanced quality support offer will be applied to the framework and favourable weighting for future uplifts. It is envisaged that the framework will provide a greater level of assurance for homes to maximise their occupancy as the default route for all commissioned care home placements.

There will, however, still be care homes that operate outside of the framework based on negotiated rates. It is also likely that there will be further care home closures as quality concerns and workforce issues continue. Work has been commissioned with an independent consultancy organisation to support the

market sustainability plans and understand future bed-based need versus alternatives and more sustainable models of accommodation and care.

Dudley's Strategic vision is to support people at home wherever possible or in specialist social care accommodation that is specifically adapted, or purpose built to meet complex needs. Dudley will provide a clearly articulated commissioning plan around the ongoing needs for care homes regarding specialist and complex needs and new models of care for older adults that are tenancy based. The plan will include engagement with people over the age of 65 and providers delivering care to people aged 65+.

The priority for supporting people in their own homes will naturally mean the care homes market will be impacted over time though it is recognised that there will still be a need for some care home capacity, especially complex needs nursing care.

The council is investing in growth and development of the extra care market, plans are in progress for a new build extra care facility offering 100 units of accommodation.

The council current risk- based quality assurance model will be reviewed and revised to consider the quality assurance requirements for the care home framework and how best to support the care homes within it to improve and maintain quality services.

The council will continue to support workforce campaigns for social care, promoting the wide range of roles that are undertaken to try and encourage more people to enter social care as a career.

Brokerage support is also planned to be further developed and will also consider how to support self- funders and ensure accurate and timely provision of information and support.

(b)18+ domiciliary care market

Dudley Councils' commissioning intentions are to adopt a "Home First Model", to prioritise care models that support people to have their care and support needs met in their own home wherever possible. Investment in the domiciliary care market is therefore a key priority.

Year	Plan to support domiciliary care and extra care sustainability
2022/23	Fair Cost of Care Funding c£600k will be used to increase domiciliary care rates Preparation and engagement with the market to develop the model for the next domiciliary care framework Pathway 1 -3 review including the development of the reablement offer as distinct service

	Quality assurance framework development
2023/24	Rate uplift decisions to consider market position and potential Fair Cost of Care Funding that may be available. Weighting will be applied to reflect strategic importance including Extra Care rates. Formal Procurement of new domiciliary care framework & extra care services Quality assurance framework full implementation Brokerage development
2024/25	Review impact of new DCA framework Review quality assurance impact Review demand for extra care. Potential extra care development Potential procurement care and support provider for extra care scheme

Using both the Fair Cost of Care Fund and the councils available budget as part of the annual uplift process, plans will be established to ensure that sustainable cost of care rates determined by the council will be met over the next 2 – 5 years.

The investment in Extra Care and other tenancy-based models of care will also be clearly articulated to support social care organisations plans for growth and investment. Self -funders will be able to choose extra care as an alternative to residential care.

The domiciliary care framework is due to be refreshed by March 2024 and there are a few quality initiatives alongside new models of care that will be piloted and implemented to support the sustainability of the market and sufficiency of supply to meet demand. Current pathways are being reviewed and a reablement offer is being shaped by the ICS, DGH FT and the council.

Sustainability plans for the older adults' market including an assessment of accommodation and care and support needs will consider a range of different models and will steer future market development and investment.

The independent domiciliary care market and framework will focus on the long-term care requirements for people living in their own homes.

New Initiatives to be considered will include the following:

- Place based design to reduce travel and increase sense of place. Using the townships and mapping demand to locations.
- Single handed care will be relaunched to ensure the promotion of independence and maximising the use of resources

- Reviewing the rate and approach to 15 minutes calls, acknowledging that 15-minute calls should be the exception and that the travel costs are higher.
- Innovation in telecare and technology for people with assessed care needs, ensuring people are supported to be as independent as possible and using the latest technology to reduce reliance on traditional care models
- Workforce support, innovation, and development in the types of roles that are required, and the training and support required.
- Growth and development for Extra Care and sheltered schemes,
- Digital system advances to create greater efficiencies in delivery, and improvements in management and quality of services
- Workforce recruitment and retention support via promotional material, social media campaigns and recruitment fairs.



Market Sustainability and Improvement Fund 2023 to 2024 - Capacity Plan Template

Published 2 June 2023

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Please use this template to complete the capacity plan as part of the Market Sustainability and Improvement Fund.

Local authorities must complete all sections of this form.

Templates should be returned to msifcorrespondence@dhsc.gov.uk.

Deadline for submission of capacity plans - 30 June 2023.

Section 1: Capacity for winter 2022 to 2023

Please detail what measures were put in place during winter 2022 to 2023 to ensure sufficient capacity across your social care markets, and an assessment of how successful these measures were. (500 words maximum)

In 2022 Dudley council introduced an in-year uplift for the domiciliary care market to support sustainability in line with Fair Cost of Care activity and for increased winter capacity.

Dudley council worked with Dudley Integrated Health Care Trust to develop new Discharge to Assess blocks that were organised around 5 geographic areas within the borough. The blocks were designed to ensure rapid and efficient hospital discharge flow. The blocks set out a pathway and were organised by commissioners in partnership with the councils Urgent Care Team and the domiciliary care market. Initially delivering 3 discharges per day over 7 days and supported by therapists, people were supported to access any therapy required and or equipment and reviewed within 28 days.

This programme went live at the end of November 2022 and was increased to 5 discharges per day and extended to the end of June 2023. This is still the model we use for 3 discharges per day via spot contacts to the whole of the market.

The model is extremely successful and has delivered positive outcomes and flow to the point where the market has been requesting more referrals. This has also reduced length of stay in the hospital and further development will continue.

At the start of winter, we commissioned bridging beds in case we could not support people to be discharged home with care but the success of Pathway 1 activity and the discharge to assess blocks meant these beds were no longer needed. Pathway 3 beds continued to be commissioned throughout the winter and the rest of the year.

Section 2: Current capacity

Please provide an assessment of any current capacity gaps within your markets for a) long term nursing care, b) long term residential and c) long term community care (split into Homecare, Extra Care and Supported Living). Please include details on what the required capacity is, the available capacity in the market, and the level of capacity that is currently affordable. (750 words maximum)

Currently we continue to have good flow for Pathway 1 domiciliary care including reablement and are also working to retender the framework in the next 6 -12 months. For supported living we have current demand that is difficult to meet due to a lack of suitable available accommodation, we are engaging housing providers for immediate and short-term solutions. Young people as they prepare for adulthood are seeking housing and care solutions such as supported living and this is our current preferred option for people so that support enables independence rather than residential care and traditional care models. If we had sufficient accommodation, we would have sufficient care to support the growth and demand for supported living

Extra Care housing has high occupancy and there is demand for extra care housing as an alternative to residential care. There is no new capacity for extra care so people are either supported to remain in their current housing and supported by use of grants such as Disabled Facilities Grant or may end up going into residential care.

The current residential care home market is operating around 82% capacity however quality and sustainability issues are having a significant impact. Quality issues impact on capacity as homes may be suspended from new purchasing pending quality improvements. The working age adults residential care homes also struggle when capacity reduces, especially as they are generally smaller homes of around 5-7 placements. If there are no suitable referrals, they may end up closing on the basis of financial viability. We have seen a few smaller care homes for this reason. Whilst we want more people to live in their own homes if there is a shortage of alternative accommodation residential will be used until the housing supply and choice increases.

For older adults aged 65+ we have sufficient supply of residential care though costs of care are increased above contract rates.

Nursing home demand for older adults is increasing as people are living longer with more complex health needs and people being discharged from hospital may have complex need and long-term conditions that require more intensive support.

The nursing capacity is currently around 88%. There are a few nursing homes where the vacancy rates are high around 40% or more due to the fees requested by the nursing home not being affordable for the council and instances where larger nursing homes have taken the decision to close a wing of their home to ensure financial viability due to fees not meeting their business model requirements. Dudley has lost capacity of 100 nursing beds in the last 18 months due to nursing home financial viability and quality issues. Nursing care beds are in demand and use of out of area nursing homes has increased.

To summarise we have sufficient domiciliary care capacity at present but have increased demand and in sufficient choice and supply for supported living accommodation and nursing beds.

Section 3: Future capacity

Please provide an assessment of any future capacity gaps within your markets for a) long term nursing care, b) long term residential and c) long term community care with a focus on winter 2023 to 2024, as well as a detailed plan on how these capacity gaps will be addressed.

We have commissioned an assessment of housing and accommodation needs in relation to Dudley's adult social care population.

We have issued our Market Position Statement online that details our intentions for the next 5 years, where we require growth and innovation in the market. Ideally, we will ensure that we provide early help to prevent people requiring care and support and we are committed to working with communities and the voluntary sector to maximise prevention opportunities. The growth areas identified are focused on supporting people in their own homes for as long as possible and for people to be as independent as possible to lead a happy fulfilled life.

Our assessment identifies the following:

- Current use
 - we use a greater number of residential beds (55) for people 65+ than our CIPFA comparators (44). (*Prevalence rates per 100,000 population*)
 - we use less Nursing beds (16) than our comparators. (38)
 - We have fewer people with learning disabilities and or autism in residential care (12%) than our West Midlands neighbours (21%)
- Future Demand by 2038
 - c180 units of supported accommodation for people with learning disabilities and or autism
 - c30 units of supported accommodation for people with mental health needs
 - Housing for older people (retirement/ market sale and affordable rent) c400 additional units social affordable rent, c600 market sale/shared ownership
 - Housing with Care (Extra Care) c475 units social /affordable rent and c315 market sale /shared ownership
 - c25 additional affordable Residential bed spaces
 - c425 additional affordable Nursing bed spaces

We are currently exploring an extra care development that if progressed would be an alternative to residential care delivering 100 units of accommodation in the next 3 years.

Plans For 2023/24 Including Winter Plans

Continue to support the Domiciliary care market and maintain the flow and capacity achieved over the last 6+.

The Supported Accommodation Investment Prospectus that has been independently commissioned will be used to share the development needs for the Dudley. Work with the housing providers and supported living providers via forums and events to look at and encourage development options for new supported living and independent living accommodation. Review the people in existing schemes or may be able to move on to more independent living and free up capacity in existing provision.

Seek approval for the introduction of new models within the residential and nursing homes for people aged 65+ . this will include a banded assessment model that matches need to new rates for new placements and support the sustainability and viability of the residential and nursing home market.

Engagement with the market on nursing home developments, negotiate with existing providers on sustainability and affordable rates to address winter pressures and demand.

Continue to develop the reablement model following on from the success of the discharge to assess blocks via the Councils Urgent Care team and the market. Consider how the pathway may need to enhance or extend the discharge offer during winter pressures.

The plans highlighted have significant financial impacts both on the authority and providers, which will be assessed throughout to ensure the viability and sustainability is upheld. The usage of funding is critical for these plans including the market sustainability and discharge funding.

Adult Social Care Select Committee

Progress Tracker

Subject (Date of Meeting)	Recommendation/action	Responsible Officer/Area	Status/Notes
Meeting on 13 th July, 2023 - Progress Update with the Woodside Day Service	Resolution (3) - That a further report be submitted to a future meeting of the Select Committee, with consideration being given to ways of seeking service users' views on the service.	Director of Adult Social Care/Democratic Services	Future meeting date to be confirmed
	Resolution (5) - That the Director of Adult Social Care provide a summary of the support currently provided to service users that are no longer eligible to attend Woodside Day Centre.	Director of Adult Social Care	Completed - Information emailed to Members – 12th October, 2023
Meeting on 7 th September, 2023 – Adult Social Care Complaints, Comments and Compliments	Resolution (3) - That the Democratic Services Officer, on behalf of the Select Committee, send a letter of thanks and appreciation to the Directorate of Adult Social Care.	Democratic Services Officer	Completed

Meeting on 7 th September, 2023 - Care Quality Commission (CQC) Inspection and Readiness Review	Resolution (5) - That the Director of Adult Social Care provide Select Committee Members with government guidance to support them in the scrutiny role with regards to Adult Social Care Scrutiny and Safeguarding.	Director of Adult Social Care	Completed - Supporting information circulated to Members via email on 8th September, 2023.
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Future Business 2023/24

<u>Date of Meeting</u>	<u>Work Programme</u>	<u>Responsible Officer/Area</u>	<u>Notes</u>
17th January, 2024	Delayed Transfer of Care (DTC) and Impact of Winter Plan	Joanne Vaughan	
	Preparing for Adulthood	Emma Matthews	
	Quarterly Performance Report	Leigh Steel	
7th March, 2024	Annual Report 2023/24 and potential items of business for 2024/25	Steve Griffiths	
	Telecare Update	Marie Spittle	