

**Meeting of the Adult Social Care Select Committee
Wednesday 5th March, 2025 at 6.00pm
in Committee Room 2 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 20th November, 2024 – (Pages 4-16).
5. Adult Social Care Select Committee Progress Tracker and Future Business – (Pages 17-20)
6. Public Forum
7. Market Position and Market Sustainability - (Pages 21-40)
8. Blue Badge Fraud - (Pages 41-68)
9. Adult Social Care Workforce - (Pages 69-82)
10. Care Quality Commission (CQC) Inspection Readiness and Performance – (Pages 83-104)
11. Continuing Healthcare Funding in Dudley – verbal update



12. To consider any questions from Members to the Chair where two clear days' notice has been given to the Interim Monitoring Officer (Council Procedure Rule 11.8).



Interim Chief Executive

Dated: 25th February 2025

Distribution:

Councillor S Turner (Chair)

Councillor A Smith (Vice-Chair)

Councillors A Aston, A Davies, S Edwards, A Hopwood, L Johnson, A Qayyum, C Reid, T Russon, and I Sandall.

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Minutes of the Adult Social Care Select Committee

**Wednesday 20th November, 2024 at 6.00 pm
In Committee Room 2, Council House, Dudley**

Present:

Councillor S Turner (Chair)
Councillor A Smith (Vice-Chair)
Councillors A Aston, A Davies, S Edwards, A Hopwood, L Johnson, A Qayyum, C Reid, and I Sandall.

Dudley MBC Officers:

C Conway (Head of Adult Safeguarding), M Spittle (Head of Service - Access and Prevention), N Boerm-Hammond - Call Centre Manager – (Access and Prevention, Commissioning, Performance and Complaints), All Directorate of Adult Social Care, V Buchanan - Independent Chair Safeguarding Board (Commissioning and Support), Directorate Children's Services, and L Jury (Democratic Services Officer), Directorate of Finance and Legal.

Also in attendance:

One Member of the Press

23 Apology for Absence

An apology for absence from the meeting was submitted on behalf of Councillor T Russon.

24 Appointment of Substitute Members

No substitute Members were appointed for this meeting.

25 Declaration of Interest

Councillor C Reid declared, a non-pecuniary interest, for transparency reasons, that she worked as a support provider for people 18 years and over in the Borough.

26 **Minutes**

Resolved

That the minutes of the meeting held on 18th September, 2024, be confirmed as a correct record and signed.

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

In providing an update on the Progress Tracker, the Chair confirmed that all responses had been provided.

Members noted the future business items for 2024/25.

Resolved

That the information contained in the Adult Social Care Select Committee Progress Tracker and Future Business 2024/25, be noted.

28 **Public Forum**

No issues were raised under this item.

29 **The Dudley Telecare Service**

Members considered a report of the Director of Adult Social Care on an update regarding the implementation of the digital alarm receiving centre (ARC), charging policy and progress made towards the replacement programme as part of the analogue to digital switchover.

In introducing the item, the Head of Service (Access and Prevention) referred to a report submitted to a previous meeting on the Telecare system where an update had been requested and introduced the Call Centre Manager – (Access and Prevention, Commissioning, Performance and Complaints) who was in attendance to provide a presentation to the Committee, a copy of which would be circulated to Members for information.

The Call Centre Manager advised that the presentation included information relating to the charging strategy now the final phase had been rolled out, price increase options that were being considered for the next three years, and had been attached as an Appendix to the report submitted, the Medium Term Financial Strategy (MTFS) savings and how the Directorate were looking to achieve this from Telecare, the current position with regards to the digital alarm receiving centre (ARC), the analogue to digital switchover and progress that had been made, the advantages that digital would bring, and a summary of performance and the future of Telecare.

Arising from the presentation the Chair referring to the delay in the uplift to the cost of 9.8% increase from April 2025 questioned whether a final decision had been made. In response, the Head of Service (Access and Prevention) stated that in terms of the charges, the service had been asked to consider Telecare as part of a functional review towards the whole MTFS for the Council, to look at the Telecare system to be a self-sustaining service, with no reliance on the general fund due to the Council's current financial situation and reference was made to the Appendix to the report in relation to the options that would be considered over the next three years. It was anticipated that the change from analogue to digital would bring in more commercial opportunities and therefore, the 3% would be retained to keep the service self-funding however if this were not achieved, further charges would need to be considered. It was emphasised that the service was a not-for profit service.

In relation to the proposed 9.8% increase which would result in the monthly charge rising to £23.40, the Chair questioned what other local authorities charged. In response, the Call Centre Manager advised that benchmarking against other authorities had been undertaken and had been presented to a previous meeting of the Committee, and it was noted that Dudley were still one of the lowest charging authorities but with the highest offer. It was noted that other Councils charge a base rate of approximately £4.00 per week which consists of monitoring only, with different charging levels being levied throughout depending on additional requirements necessary due to a decline in a person's health. It was noted that not all local authorities offered the falls response service, and if this were required, it would be provided at an additional cost. Dudley would request one charge with no additional costs.

Following the presentation, Members of the Select Committee raised questions, made comments and responses were provided where necessary as follows:

- (a) Councillor C Reid stated that she had been contacted by Council tenants who had indicated that they were withdrawing from the service due to the increase in costs in areas such as rent and the withdrawal of the Winter Warmth payment, and concern was raised at the risk that this would pose to the elderly, vulnerable tenants. In response, the Head of Service (Access and Prevention) advised that if someone vulnerable contacted the service to inform them that they wished to withdraw from the service, a follow-up would be undertaken, requesting contact with the vulnerable person's family or carers, to encourage the person to look at maximising the benefits they could claim such as Pension credit, to increase their income to continue with the service.

It was noted that the service had only experienced a minimal withdrawal from people who needed the service with the majority of withdrawals from tenants that stated that they had not used the service, which they had inherited with the property, but since receiving a letter regarding charging for the service, had made contact to confirm that they did not require the service. With regard to those who had indicated that they wished to withdraw from the service, a review of their call history had been undertaken and if necessary, contact had been made with family/carers to discuss the risks associated with the impact of the withdrawal. Every effort was made to try to reduce the risk of any vulnerable person being left without the support they required.

- (b) Councillor C Reid raised a further concern with regards to vulnerable people in the community who do not have family or social services connections and questioned how this vulnerable group would be targeted to ensure that they had access to the care service they required. In response, the Head of Service (Access and Prevention) referred to the different initiatives and opportunities to connect with people across access and prevention, such as Pleased to Meet You, and community support, where relationships were developed with vulnerable people to provide support. In response, Councillor C Reid proposed that Telecare work with housing who had allocated the properties to certain individuals to obtain this information.

- (c) In relation to the actual number of people who had withdrawn from the system from phase two, either from a financial perspective or as they did not use the system, Councillor S Edwards requested that these figures be provided to the Committee.
- (d) Referring to page 31, paragraph 28, in relation to the number of council tenants leaving the service and the number of private tenants joining the service since February 2024, Councillor A Aston questioned how progressively the service was being marketed. In response, the Head of Service (Access and Prevention) stated that the objective was to first stabilise the customer base and when moved fully to digital from analogue and once staff had been fully trained in the digital use, the service would be fully promoted across adult social care, working with the communities and health hubs to maximise the offer to them to help reduce the cost of the service.
- (e) In response to a question raised by the Vice-Chair in relation to corporate opportunities to ensure that the cost would not be passed on to the users going forward, the Call Centre Manager referred to the Lone worker system which was currently contracted out externally, however, when fully digital this could be done internally, and the service would look to explore other areas that could be run through the service, maximising the use of the service going forward and extending and marketing the out of hours service to other local authorities. In this regard, reference was made to Walsall Council who had offered their customers to Dudley when they had made the decision not to continue offering the service, however at that point, Dudley were unable to accept the offer. It was acknowledged that currently the service was a cost to the Council, however, following the analogue to digital switchover and once the infrastructure was in place, the main priority would be to ensure that connections were safe and the customer base was stabilised, and then consideration would be given to maximising the corporate opportunities such as, exploring call monitoring opportunities for other local authorities and organisations, moving forward.

- (f) Councillor A Qayyum questioned whether the new service charge proposals would meet the MTFs targets as stated in the report. In response, the Call Centre Manager stated that the targets for 2025/2026 would be achieved from the uplift and savings against staff vacancies and other expenditure savings as referred to in the report, and for 2026/2027 the service would endeavour to become more robust in terms of meeting the targets and referred to the 3 options as set out in the Appendix. It was stated that the service was aware of what was required to achieve the targets and were endeavouring to be transparent on how the targets would be achieved, would depend on which charging option was chosen moving forward.
- (g) In response to a further question raised by Councillor A Qayyum with regards to staff training, the Call Centre Manager confirmed that formal training commenced in September for all the staff who worked in the call centre to ensure that they were fully trained on the system. One hundred and sixty-two hours had been programmed for robust testing and training, utilising their skills and ensuring that all learning from the formal training had now embedded into the new practice and navigation of the system. It was envisaged that call centre staff would be taking a variety of calls and every scenario would be tested before going live and if any doubt occurred about the efficiency of the system, the roll out would be delayed until issues had been addressed.
- (h) In response to a question raised by Councillor A Davies in relation to the discrepancy between Accountancy and Telecare, as set out in paragraph 36 of the report, in relation to the current number and how significant a risk was this issue, the Call Centre Manager gave an explanation as to how this discrepancy had occurred and confirmed that numbers now had decreased from approximately five hundred to around one hundred and it was acknowledged that the team were still working on a back-log and work was being undertaken closely with them and the service's own accountancy team matching data.

As it was confirmed that the Options for a price increase over the next three years, as set out in the Appendix to the report, could result in a price increase of 9.88% each year, for three years, a discussion ensued as Members raised concerns on the impact on service users. As a result of the discussion, and issues raised earlier in the meeting and comments made by Members, the Chair proposed that following the switchover to digital and following the budget proposal to be considered in January 2025, this item be submitted to a future meeting for further consideration.

Resolved

- (1) That the information presented in relation to the implementation of the digital alarm receiving centre (ARC), charging policy and progress made towards the replacement programme as part of the analogue to digital switchover, and the comments made by Members as above, be noted.
 - (2) That the Call Centre Manager provide Members with numerical information on the number of people who had withdrawn from the Telecare system due to the proposed increase in the service charge.
 - (3) That, the Director of Adult Social Care be requested to submit a further report to the Committee for consideration on the completion of the switchover from analogue to digital once further information was available on those withdrawing and joining the service.
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30 Questions under Council Procedure Rule 11.8

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

31 Urgent Item – Annual Adult Safeguarding Report and Deprivation of Liberty Safeguards (DOLs)

A report of the Director of Adult Social Care was submitted summarising the last twelve months of performance in relation to Adult Safeguarding and Deprivation of Liberty safeguards (DOLs) and ongoing preparations to meet the regulatory framework for the Care Quality Commission (CQC) Inspection of Adult Social Care.

In introducing the item, the Head of Adult Safeguarding advised that, V Buchanan, the Independent Chair of the Safeguarding Board, was in attendance to present the Annual Report and the Dudley Safeguarding Peoples Partnership Annual Report and it was advised that she had been appointed in April 2024 and the report covered the previous year.

In presenting the report, the Independent Chair of the Safeguarding Board, advised on the role of the Independent Chair to provide an independent review of the current situation, and to act as a critical friend and challenge the local authority and all partners who deliver safeguarding. Reference was made to the commitment over the next twelve months to hear directly from Dudley residents and front-line staff and to meet with people who were sharing information from a strategic perspective and to check this information with residents and staff who deliver the services.

Reference was made to page 5 of the report, in relation to the demographics in Dudley noting the number of people 75 years and over was 10.3%, being greater than the rest of the West Midlands region and subsequently the impact this would have on adult social care services.

In relation to domestic abuse-related incidents, it was noted that the rate was higher in Dudley however, it was acknowledged that this could be attributed to increased awareness and better reporting and was not necessarily that there were more incidents but people could be engaging in services and front-line staff were recognising abuse and recording incidents.

Referring to page 4 of the report in relation to data for Dudley over 2023/2024, specific reference was made to the increase in safeguarding concerns from the previous year. It was again acknowledged that this could be due to increasing awareness but it was recognised that work needed to be undertaken across the partnership to ensure that the referrals were coming through at the right level, to ascertain whether the person had a support need, however the concern was coming through to safeguarding, and ensuring that the right help was being administered as quickly as possible.

Reference was made to the Concerns by Source, relating to those who had raised safeguarding concerns, as detailed in the report, noting again an increase in recordings from the previous year.

In relation to Enquiries by Category of Abuse, it was noted that one of the highest areas was related to neglect and acts of omission relating to women, together with the highest proportion of incidents occurring in the victim's own home and it was acknowledged that the partnerships were very aware of this.

Reference was made to section 5 of the report which detailed some of the initiatives that had been undertaken to address some of the concerns around neglect and specific reference was made to Dudley's life course partnership, and whilst this report focused on the adults world, the connection with the children's world was also acknowledged, recognising the support adults provide to children. In terms of neglect, it was noted that a dedicated self-neglect webpage had been produced which provided partners and the public with advice on how to recognise and deal with neglect. Reference was made to the provision of a new hoarding and clutter toolkit to help practitioners recognise the challenges around hoarding and provide advice on how best to tackle the issue and provide support. Reference was also made to the development of an adult neglect strategy which would focus on the wider issue of neglect, and it was noted that this had been reviewed by other regional colleagues.

In relation to the cost of living crisis, it was noted that Public Health had worked with Adult Social Care around the Government's Household Support Fund.

In relation to exploitation across the life course, specific reference was made to the all age screening tool and pathway to ensure that all ages being exploited received the help they needed. It was also noted that work was being undertaken to develop an all age strategy and an exploitation profile for Dudley Borough.

Reference was made to some of the additional work that had been undertaken which included: multi-agency training to assist professionals to understand more about adult social care to ensure that people were referred to the right services to reduce delays, work being undertaken with co-production in mind to ensure that residents' views were considered when creating services, and work being undertaken with the Community Safety Partnership around domestic abuse related death reviews, increasing awareness and recognising the possible impact of domestic abuse on deaths such as suicide.

In conclusion, specific reference was made to the relationship with Healthwatch and the specific work that had been undertaken by Healthwatch and the learning received from the safeguarding adult reviews. It was noted that the purpose of the reviews was to understand what could have been done differently to improve practice, and reference was made to one safeguarding adult review from this year which would be published on the Dudley Safeguarding People Partnership (DSPP) website.

Following the presentation, Members of the Select Committee raised questions, made comments and responses were provided where necessary as follows:

- (a) The Chair sought clarification regarding the role of the Dudley Safeguarding People Partnership (DSPP). In response, the Independent Chair of the Safeguarding Board advised on the three statutory agencies, the Local Authority, the Police and Health who make up the Board and acknowledging the wider engagement with other agencies such as the Community Voluntary Sector (CVS) who work together to ensure that Dudley residents get the support that they need. The Chair's role was to provide an oversight and challenge, sometimes contentious issues, aid discussions, and provide a focus on areas that could be improved. The Chair advised that she felt that the report provided an accurate reflection of the position within Dudley but acknowledging that there were always opportunities for improvement, and specific reference was made to the issue relating to Deprivation of Liberty Safeguarding (DOLs) and waiting times and what the partnership were doing to address this issue, and issues around safeguarding referrals, and continuing challenges going forward.

In relation to safeguarding referrals into the Adult Multi-agency Safeguarding Hub (MASH), the Head of Adult Safeguarding referred to the need to improve safeguarding data identification and recognising the open door approach within adult social care for professionals and people to raise safeguarding concerns, and although not wishing to stop this positive approach, the service recognised the need to ensure that the referrals were more proportioned and work needed to be undertaken with the public and professionals around education as some of the concerns raised may not be safeguarding related but were included in the data, and acknowledging the extra pressure that this would place on staff and the increase already seen in referrals. Members were assured that risk was mitigated by having skilled professionals that provide support and guidance and ensure that all enquires that come in are scrutinised and triaged to the right areas and refence was made to the section 42 enquires.

- (b) In referring to the data in section four of the report, Councillor A Aston expressed his concern in the increase in referrals from over 1,000 to over 7,000 in nine years, however the conversion to enquiries had fallen and he acknowledged the need to educate people and professionals with regards to making safeguarding referrals, and it was questioned what engagement was made with the health sector in this regard. In response, the Chair of the Independent Safeguarding Board advised that this issue had been raised at a recent Board meeting and one concern raised was the safety of the system if it continued to be flooded with referrals as staff have to triage all the referrals to identify the 11% that are actual safeguarding and require an urgent response. It was noted that the Board were constantly training and raising awareness and reference was made to the Continuum of Needs document in Children's Partnership which guides people through the levels of support and it was discussed whether this could be duplicated within the adult arena. The Head of Adult Safeguarding advised that some of the adult social care team worked closely with Learning Development Co-ordinators within the DSPP and have drafted and delivered a lot of training, however the number of colleagues who make referrals within the authority/partnerships was acknowledged and it was noted that a podcast was being developed jointly that could be used by individual agencies with their staff and could be accessed by staff when out in the community to refer to for advice and guidance on safeguarding. Reference was made to the Multi-agency Safeguarding Hub (MASH) Operational Group that meet bi-monthly and examine the data, and it was noted that the ability to extract data in adult social care had improved and was now being used to educate others and identify where improvements could be made.
- (c) In response to a question raised by the Vice-Chair in relation to training, the Head of Adult Safeguarding advised of the training available including job role specific and more experiential learning, looking to develop co-productive training with people with lived experience.

- (d) Councillor C Reid commented that she felt that safeguarding had improved over the last 12 months from reporting to completion and stated that as a provider for people with mental and learning disabilities, they do report any safeguarding issues as they were responsible for their clients. In response the Head of Adult Safeguarding acknowledged the work of the Management Information Team who had assisted with this issue and reference was made to the development of key performance indicators which would allow for better scrutiny and encourage practitioners to work towards a deadline and allow for benchmarking across adult social care. The Independent Chair of the Safeguarding Board advised that the Safeguarding Partnership believe that the data was really important and work was being undertaken to develop a multi-agency data set that would not just focus on the local authority but would provide data from a police and health perspective also.
- (e) In response to a question from Councillor S Edwards in relation to the concerns by source, as set out on page 8 of the report, and the gender split, the Head of Adult Safeguarding advised that the highest proportion of concerns tended to be in the younger age range and females form the highest proportion of concerns across the board. It was noted that improvements on the hoarding toolkit had already become evident when starting to collect data this year and it was hoped to provide support to practitioners and other professionals on early identification and prevention. The Chair of the Independent Safeguarding Board advised that it had been requested that going forward, the data be broken down further as it was acknowledged that the 18 to 64 age group was too large an age range.
- (f) Councillor A Qayyum sought clarification on data set out on page 15 of the report and in response, the Head of Adult Safeguarding provided a detailed explanation relating to the procedure to be followed with Deprivation of Liberty Safeguards (DOLs) and advised that the issue had improved slightly as interventions had been introduced to address this issue and although a high number of referrals were still being received, there is now the ability to triage referrals more effectively but the challenge due to staffing resources was acknowledged.
- (g) Councillor A Aston raised concern with regard to the number of staff vacancies across the Council and the impact that this was having on the delivery of services.

Resolved

- (1) That the information submitted summarising the performance over the last 12 months in relation to Adult Safeguarding and Deprivation of Liberty Safeguards (DOLs), and ongoing preparations to meet the regulatory framework for the Care Quality Commission (CQC) Inspection of Adult Social Care and comments made by Members as stated above, be noted.
 - (2) That, the Dudley Safeguarding People's Partnership (DSPP) Safeguarding Annual Report for Adult 2023/2024, be approved.
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32 **Urgent Item – Corporate Performance Report Quarter 2, 2024**

As there was no officer in attendance to present this item, the Committee agreed to defer this item to be considered at a future Committee.

The meeting ended at 7.40pm.

CHAIR

Adult Social Care Select Committee

Progress Tracker 2024/2025

Subject (Date of Meeting)	Recommendation/action	Responsible Officer/Area	Status/Notes
Meeting on 18 th September 2024 – Woodside Day Service	<p>Resolution (2) - That the Director of Adult Social Care be requested to produce a list of locations within the Borough where the Aspire4U service would be operating to be circulated to Members.</p> <p>Resolution (3) - That the Director of Adult Social Care be requested to produce a flow chart in relation to the referral pathway process to follow which would be circulated to Members.</p>	<p>Matt Bowsher</p> <p>Matt Bowsher</p>	<p>Completed and circulated to Members.</p> <p>Completed and circulated to Members.</p>
Better Care Fund	Resolution (2) - That the Members respond directly to the Director of Adult Social Care should they have any comments they wished to feedback to the Better Care Fund Executive.	Committee Members	

<p>Adult Social Care Strategies</p>	<p>Resolution (2) - That, as a result of further consideration of the Strategies, Members contact the Director of Adult Social Care should they feel that any amendments need to be undertaken or further clarification was required.</p> <p>Resolution (3) - That, the Director of Adult Social Care be requested to produce a list of services with contact details, including any services available through the voluntary sector in relation to Winter Warmth, and this be circulated to all Members.</p>	<p>Committee Members</p> <p>Matt Bowsher</p>	<p>Completed and circulated to Members</p>
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Future Business 2024/25

<u>Date of Meeting</u>	<u>Work Programme</u>	<u>Responsible Officer/Area</u>	<u>Notes</u>
20 th November 2024	Corporate Performance Report Q2, 2024	Leigh Steel (Performance Manager)	Circulated to Members to consider
TBC	Continuing Healthcare Funding In Dudley	Matt Bowsher/Emma Matthews (Head of Dudley Disability Services)	
23 rd January 2025	Corporate Quarterly Performance Report 2024/25 – Quarter 3 (deferred)	Matt Bowsher	Circulated to Members to consider
5 th March 2025	Market Position and Market Sustainability	Julie Cox/Marie Spittle	
	Adult Social Care Workforce	DASS/Paul Lynch	
	Blue Badge Fraud	Marie Spittle	
	Care Quality Commission (CQC) Readiness and Inspection	Emma Matthews	

<p>TBC</p>	<p>Continuing Healthcare Funding in Dudley Telecare</p>	<p>Emma Matthews</p> <p>N Boerm-Hammond - Call Centre Manager</p> <p>M Spittle (Head of Service - Access and Prevention)</p>	<p>That the Call Centre Manager provide Members with numerical information on the number of people who had withdrawn from the Telecare system due to the proposed increase in the service charge.</p> <p>That, the Interim Director of Adult Social Care be requested to submit a further report to the Committee for consideration on the completion of the switchover from analogue to digital once further information was available on those withdrawing and joining the service.</p>
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Meeting of the Adult Social Care Select Committee - 5th March 2025

Report of the Interim Director of Adult Social Care

Market Position and Market Sustainability

Purpose of report

1. This report provides the Select Committee with an outline of :
 - the current adult social care market position
 - key market sustainability issues and risks
 - Market Sustainability Plan for 2025/2026

Recommendations

2. It is recommended that Members :-
 - Review and comment on the current adult social care market position, key pressures and market risks.
 - 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 c£129m on Care Act eligible care via the independent market through contracted commissioned care. £19.5M 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. 39% of spend is on residential and

- nursing care homes and the remaining 61% is spent supporting people in their own homes.
5. There are an additional 9 contracts with annual spend of c£1.6m with voluntary sector providers, which is being reduced by 34% in relation to Adult Social Care spend in 2025/2026.
 6. The services provide a range of activity including prevention focused support, carers support, advocacy, and direct payment support. There are lots of interdependencies for work undertaken in the voluntary sector and within Adult Social Care and other contracts in Public Health, Childrens services and the Integrated Care Board (ICB).
 7. Equality Impact assessments have been completed in relation to the voluntary sector savings and the impacts will continue to be monitored in the remaining contracts.
 8. The social care market needs to be diverse in its offer to meet the changing needs of people with social care needs and needs to be sustainable in line with section 5 of the Care Act 2014. 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. The cost of care increases due to higher acuity of need, increased risks that must be managed in addition to workforce issues and inflation.
 9. A sustainable market is one which has a sufficient supply of services but with provider entry and exit, investment, innovation, choice for people who draw on care, and sufficient workforce supply.
 10. 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, this funding gap has not been filled, some market sustainability and improvement funding has providing partial relief in some areas, the funding gap continues to grow year on year .
 11. The Fair Cost of Care programme only looked at care costs for people aged 65+. Market Sustainability Improvement funding has been used across all care types to address rates within the uplift process. There has been no national benchmarking for care costs for working age adult's provision; most local authorities are experiencing significant challenges

regarding fees and supply of care home placements and supported living provision.

Market Assessment and Market Position

12. Housing Learning and Improvement Network (LIN) were commissioned to undertake a social care and accommodation needs assessment. The prospectus that summarises the need is now published on the Dudley website within the Market Position Statement. The outcome of the assessment has greatly informed the Market Position Statement 2023-2028 which can also be found <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. There continues to be significant lack of appropriate housing available for people with disabilities which results in increased use of residential care and out of area placements that are far more costly. Work is underway with council housing colleagues to look at and source general needs housing opportunities for people where possible. Estimations of future need in relation to housing and care homes provision over the next 10-15 years total 1450 units of accommodation across all care types.

Housing With Care (Extra Care Housing Schemes)

13. The 4 current extra care schemes in Dudley operate at maximum capacity and further scheme developments would be welcomed as an alternative to care homes and to promote greater independence. The housing responsibility and ownership for 3 of the schemes transferred to a new housing provider in 2024. New care contracts started in October 2024 following a competitive tender process.
14. A proposed Extra Care Housing development that would have offered more than 100 units of care and accommodation was intended to go forward in 2023/24 but did not progress due to market conditions. There are also issues regarding financial commitment and risk share that would need to be addressed, it is therefore unlikely to progress unless the market conditions change, alternative funding is found and or different funding models are developed.
15. Young people with disabilities and complex needs have frequently been placed in high-cost residential colleges out of area to meet their needs.



Work is underway with a housing and care provider to develop an innovative Complex Needs Foyer for young adults with learning disabilities. Initial plans are due to be shared with the council planning team shortly. The development if progressed, would enable young people to have real opportunities and experiences that support their development and can be foundations for their future adult lives.

Care homes

16. There are 90 care homes operating in Dudley, 53 of which support older adults including 16 Nursing Homes, and 37 homes supporting working age adults with disabilities including 1 nursing home. Care Homes sustainability is a key priority for both older adults and working age adults with disabilities. Some care homes for older adults have relied on self-funders compensating for lower fees from public funding, there has been a number of care homes that have changed ownership in the past 12 months and many care homes seeking restructuring to enable VAT charging to offset some of the financial pressures. The council is currently reviewing the position regarding novation for VAT charging purpose, currently this is not generally supported due to resource implications and risk.
17. Financial pressures for smaller care homes and especially those supporting people with disabilities, occurs when there are voids, sustainability is significantly impacted and often means the home cannot survive even with only 1 vacant bed. Dudley is one of the lowest fee payers for older adult's care homes when compared to west midlands average rates
18. 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. Care home closures often means that people are moved to alternatives that are higher cost, the disruption to people moving can have a significant impact upon their health and wellbeing. In the last 2 years we have lost 68 beds from the market due to care home closures, the introduction of 2 new care homes has lessened the impact.

19. There are 2,244 beds available in Dudley currently (excludes residential college and Intermediate care). 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. Over the past few years there has been an increase on out of area care home placements, especially nursing care where 50% of spend is out of area. Out of area placements are generally more expensive.
20. The Fair Cost of Care exercise in 2022 identified rates for residential care between £858-£942 per week. Current average rate for older adult's residential care is £707 per week
21. For nursing homes, the 2022 Fair Cost of Care rate was reported to be between £1,138 - £1,319. The current nursing rate for older adults is an average of £954 per week.
22. The 2022 cost exercise had many anomalies for care homes and so the data could not be relied upon, this does not alter the pressures that are evident within care homes and benchmarked position for Dudley against other West Midlands average fees; Dudley is consistently in the lower quartile.
23. The low fees paid have a knock-on impact on quality of care and outcomes and sustainability for the care homes. The increased use of out of area care homes for placements creates additional budget pressures. Neighbouring authorities are addressing their fee rates and providing substantial uplifts which in turn Dudley must also pay for those people placed out of area, whilst local provision is challenged with sustainability issues.

Domiciliary Care

24. There are 43 providers delivering a total of 25,700 hours per week of domiciliary care to c1800 people across the Dudley Borough at an annual spend of c£21.86M.
25. The number of people accessing Domiciliary care has increased 12.5% over the last 12 months, this is in line with the strategic principle of supporting people at home for as long as possible to maintain their independence and wellbeing and as an alternative to care home placements.

26. The domiciliary care framework was recently retendered, having an unprecedented 160 bidders to evaluate. Flow within the market has been good for the last 18 months, many providers have taken the opportunity to grow their capacity using international recruitment.
27. 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 Council.
28. Fair Cost of Care Domiciliary Care target rate in 2022 was identified as £20.60 since this rate was calculated, there has been 23.5% increase in National Living Wage (NLW) including the 2025/2026. The rate for 2025/2026 will be £21.92. Dudley is mid table when looking at Domiciliary Care rates across the West Midlands 2024/2025.
29. Following work undertaken in 2022/23, the model for the new domiciliary care framework has taken on board learning from the Discharge to Assess pilot and also engaged the market in developing the new place-based model.

Supported Living

30. Supported living currently has 42 suppliers delivering care and support to people with disabilities within their own tenancies and supported living schemes. Some schemes are out of area due to lack of available accommodation at the time of need. The supported living market in Dudley has never operated as a formal framework and rates paid vary significantly with no real correlation to complexity or specialism. A significant number of fee dispute challenges received in 2024/2025 relate to the supported living market.
31. As with Domiciliary care, 70-80% of costs incurred relate to workforce. Rates will often be historic from when schemes were delivered or tendered and there is also concern regarding market dominance and therefore market failure risk could have a severe impact for people, resources and budgets.

32. In recent years, in an attempt to reduce the range of fees paid for long term supported living, a differential approach has been undertaken when applying uplifts. This is also planned for 2025/2026 ahead of the new framework tender.
33. The average supported living rate for Dudley when compared to other neighbouring authorities' places Dudley at the bottom of the table. The market requires significant investment to ensure there is a sustainable market delivering quality care and independence outcomes.

Direct Payments and Use of Non-Traditional Support

34. 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 low PA rate combined with the use of traditional services to purchase care for people using a direct payment is limiting choice and PA market development.
35. 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's needs flexibly - for example Individual Service Funds (ISF's)

Market Quality

36. The quality ratings for Dudley Care Quality Commission (CQC) registered services are comparable with West Midlands averages. Dudley has 70% of services rated good or above and 29% rated requires improvement and 0.8% rated Outstanding. This is an improved position from last year. In 2024/25 there were a number of care homes that were suspended from new purchasing whilst improvement plans were completed, In December 2024 all Dudley Suspensions had been lifted following the requisite improvements being made.

Workforce

37. The independent Adult Social Care workforce in Dudley makes up c90% of the total workforce that delivers essential services, support, and advice



to Dudley's Citizens. This includes commissioned services, non-commissioned services, and the voluntary sector.

38. Workforce costs account for 80% of costs for adult social care fees paid, Recruitment, retention and ensuring competitive and compliant staff pay is noted by providers as a key priority and challenge. A short survey undertaken in January 2025 identified that 50% of respondents would only be able to afford to pay National Minimum Wage and would struggle to attract and retain staff. 43% of respondents said they are expected to either breakeven or make a loss in 2024/25 and 26% anticipate significant reduction in activity or potential contract exit.

Market Sustainability Responsibility

39. 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. (Market Sustainability Improvement Fund (MSIF) guidance 2023)
40. Annual West Midlands Association of Directors of Adult Social Services (ADASS) survey reports summarise the rates for adult social care across the 14 authorities each year. Dudley fees and median rates are in the bottom quartile for each market area except for domiciliary care.
41. Letters received in December and January from current contracted providers for all care types are seeking an uplift of at least 8.4% minimum and some are requesting as much as 20% increase to ensure their sustainability.

Market Sustainability Plan 2025/26



42. The Published Market Sustainability Plan was written in compliance with the Fair Cost of care grant and subsequent Market Sustainability Fund conditions covering the period 2022/23 to 24/25.
43. A review of key priorities and from feedback from the market has informed a Market sustainability plan for 2025/2026. Given the double impact of National Living Wage increase and employers' National insurance Contributions increase 2025/2026 is expecting to see even more challenges to an already fragility care market. A care Providers alliance survey indicated that 57% of respondents were intending to hand back contracts to local authorities and the NHS, and that 73% will have to refuse packages from the local authorities.

Care Homes - Older Adults

44. Prior to the care homes pilot that commenced January 2024, data and feedback from panel for older adult's care home placements showed that the rates for care placements were rapidly increasing with no real understanding of the correlation of fee level to level of need.
45. The Care Home Sustainability Pilot has enabled clear understanding of fee and needs relationship and value for money judgements. The pilot has 18 care homes and will now be formalised as a model for the new care home contracts for care homes 65+ alongside Spot Contracts for providers that do not opt into the framework.
46. The average weekly fee paid is now much more stable and care homes that opted into the arrangement have seen occupancy levels increase. The benefits for homes that support the council with affordable rates include priority for referrals, enhanced uplift rate and priority support regarding quality assurance.
47. Framework placements and rates will continue to be monitored and reported to Adult Social Care Leadership Team. The framework will commence from 1/4/2025 and will be subject to ongoing review in achieving the key aims.
 - Ensuring people are placed locally – Dudley First
 - Ensure consistency costs for standard and enhanced needs.
 - Focus on sustainability of the market for homes within the framework and the rates applied.
 - Ensure there is client choice within the framework offer.



Where people have complex or joint funded care fees these are excluded from the framework. More integrated approached to managing the care and supporting the care homes market in Dudley will be developed in partnership with the Integrated Care Board (ICB) and health partners.

Domiciliary Care & Extra Care

48. The framework sets out 2 tiers of activity and is organised geographically/ place based. The advantages once the model is fully mobilised and embedded, will be that travel time is significantly reduced whilst some client choice is still available.
49. Many domiciliary care providers have taken advantage of international recruitment to enable growth so they can meet increased demand, workforce including international recruitment will continue to be monitored.
50. Whilst the model is being mobilised there are more suppliers than demand, this in temporary whilst unsuccessful providers exits are managed. There is a risk that some smaller providers may exit the market.
51. The model has been built based on guarding against market failure, ensuring there is no market dominance but also ensuring a healthy supply of provision and choice within a specified location. Developing greater flexibility and wider use of community resources that complement Domiciliary Care will be a focus during 2025/26.
52. The new model is also focused on promoting independence and focusing on quality of care. In order to ensure the Domiciliary Care market is sustainable, the rates paid must keep pace with the national living wage and remain competitive across the Black Country. The workforce for domiciliary care can be very transient and will move where higher rates are paid.

Supported Living

53. Demand for supported living is increasing, and the current supply requires some reshaping, to align rates and expectations. A new framework model has been developed with various partners and stakeholders and is intended to go out to competitive tender in Spring 2025.



54. The framework will seek a singular rate for each tier and type of care delivered to ensure the focus is on the quality of care delivered and the outcomes for the person receiving support.
55. An outcome reporting model will be implemented from day one of the new framework to ensure specialist resources are not blocked where people no longer require high levels of care or are ready to move to greater independence.
56. The council's brokerage system and function will be utilised to ensure transparency and equity in opportunity for providers working in Dudley. The framework will seek to reduce the risk of market dominance and provider failure by ensure sufficient numbers of providers with the requisite skills to meet the diverse needs of Dudley's adult disability population.

Voluntary Sector

57. The voluntary sector Compact was agreed and launched in June 2024 and is published on the Dudley Council for Voluntary Services (DCVS) website. The compact articulates how public bodies intend to strengthen the relationships and commit to working proactively with the voluntary sector.
58. Due to the financial position and budget challenges the Voluntary and Community Sector savings were initiated in early 2025. Equality Impact Assessments have been completed with most Voluntary organisations impacted by the savings and will continue to be monitored. Adult Social Care commissioning continue to work with providers to look at how the impact of the contract reductions can be best managed or mitigated, seeking out other opportunities that may arise from other funding or ways in which benefits can be realised from greater collaboration.

Direct Payments and PAs

59. Personal Assistant (PA) workforce development and new models for self-directed, more flexible care such as Individual Service Funds are planned to be explored.
60. Commissioning will work in partnership with the direct payment lead, supporting a whole system review and refresh of the direct payment policy and practice.

61. A new non-commissioned Voluntary sector and Direct payment forum has been developed late 2024 and will continue to grow during 2025. A task and finish group has been established looking how the personal budgets and resource allocation is undertaken to ensure a more consistent approach and identify the most approach tools to facilitate Resource allocation.

Workforce

62. The Adult Social Care Workforce strategy is in development and includes commitment, data and plans to support the independent social care workforce. Dudley Adult Social Care Independent and Voluntary sector providers have been consulted on the content and draft plans. The turnover rate in the independent sector is 23.5% for Dudley which is the highest in the black country, the correlation to low fees paid and low staff pay being one of the underlying factors.

Finance

63. The Market Sustainability and Improvement Fund 2025/2026 is being used alongside general fund budget 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 totalling £6.8m cumulatively.
64. The approach Dudley takes to support for inflationary pressures, aims to uplift of around 70% of the total pressure, subject to budget availability. Combining the pressures calculated on Employers National Insurance contributions and the changes to National Living Wage, the pressures often exceed the uplift available. Along with the inflationary uplifts, the financial envelope accounts for an additional cost pressure of £8.2m in 2025/26.
65. It is calculated that the funding required to cover the full impact for all contracted providers would be circa £11m. Funding required to cover a proportion of lag of previous years to align with “fair cost of care” would total circa £20m.

Law

66. The Care Act 2014 (Section 5) sets out the local authorities' responsibilities for providing a range of services and ensuring market sustainability.
67. A recent case *SARCP v Stoke-On-Trent City Council (2025) EWHC 18*, The high court Ruled the councils 1.4% fee increase for care homes was unlawful. Key issues included inadequate consultation, Failure to consider the actual costs of care and breaches of statutory duties under the Care Act 2014.
68. In Dudley we have seen an increase in fee disputes and the threat of court proceedings. Commissioning continues to work with colleagues in legal for advice on a case-by-case basis.

Risk Management

69. Adult Social Care risk register notes the risks associated with market failure and the importance of the independent and voluntary market in delivering the health and social care outcomes of Dudley citizens.
70. The fragility of the care market, its workforce and knock on impact for quality and outcomes for people cannot be overstated.
71. The Adult Social Care risk register is regularly reviewed and updated.

Equality Impact

72. 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

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

Commercial/Procurement

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

Environment/Climate Change

75. 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.
76. Questions regarding social value, environmental impact and climate change have been added to the provider annual assessment survey – outcomes from the survey will be analysed and reported on through Adult Social Care Leadership Team and Continuous Development Group in June / July 2025.

Council Priorities and Projects

77. 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”. The sustainability plan also aligns to the priority of delivering for our customers, residents and communities:
- Enhance our customer experience by promoting digital self-service options whilst recognising individual needs and improving engagement.
 - Empower individuals of all ages to make choices and exercise independence in their lives and provide care and support when necessary.
 - While delivering services within communities, provide safe clean spaces, promote healthy lifestyles, support wellbeing and reduce inequality.
78. All Adult Social Care commissioning activity is focused on how commissioned care and services can improve to deliver better outcomes and improve efficiency and therefore produce savings to the council

supporting our sustainability programme by adherence to our financial management, efficiency and continue to provide best value. A key aim is to promote greater independence to reduce people's reliance on commissioned care, especially traditional models of care, commissioning will seek to maximise the digital opportunities and innovations that may support people to manage risks and achieve their outcomes differently working towards the 2024-25 Council Plan priority delivering for our customers, residents and communities.

E. Matthews.

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Interim Director of Adult Social Care

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Appendices

Appendix 1 Market Sustainability Plan 2025/26



Market Sustainability Plan 2025/2026

Over Arching Activity Whole Market.

- Further develop demand management data and analysis for improved planning and projections
- Undertake regular market engagement at least 4 times per year in addition to market surveys and collate a range of information that informs market sustainability and capacity planning
- Ensure that we engage in focused discussion with the social care market ahead of council budget setting each year to ensure the market challenges are clearly articulated and considered by the council via the scrutiny process.
- Capture feedback and the voice of people with lived experience, their carers and families via forums, networks and surveys as appropriate.
- Review the quality assurance policy and monitoring approach.
- Publish more market information to ensure information for providers, prospective providers is accessible and readily available
- Continue to raise the profile of adult social care market and workforce and the correlation of National Minimum Wage in relation to sustainable fees.
- Continue to work with and support the voluntary sector to monitor the impact of 2025/2026 savings and interdependency with other savings within Dudley

Care Homes

- Older Adult care Home Sustainability Pilot to become formal framework and will have higher uplift to keep model sustainable and formalised in new contracts from 1/4/2025.
- Care homes 18-64 & Older Adults homes new contracts from 1/4/2025.
- Monitoring information will look at early engagement around issues of care homes sustainability, care homes business and operating models.
- Potential for replicating aspects of the Older Adults pilot for working age adults homes to be explore in 2025/2026
- Contracts strengthening clauses around payment, alignment with other commissioners' contracts and expectations.

- Quality Assurance, engagement and support for care homes with a system wide approach to strengthen the offer for care homes working with other public sector partners.

Domiciliary Care

- Complete post procurement mobilisation, prioritisation of activity due to resource constraints; ensure the place-based model is fully implemented by end of 2025.
- Market analysis and effective use of contract data, including monitoring progress for client outcomes and provider sustainability
- Regular market engagement will continue to capture what is working and what needs review within the framework model as the mobilisation and the model continues to be embedded .
- Focus on rate sustainability through regular engagement and review with a commitment to keep the rate competitive within available Council Finances.
- Satisfaction surveys will be gathered from providers regarding experience of people drawing on support.
- Priority will be to maintain Tier 1 providers sustainability for ensuring flow and avoiding delays for Dudley residents within Pathway 1
- Tier 2 providers to be supported in developing their offer alongside other community provision, increased flexibility and focusing on more holistic outcomes reporting.
- Review core policies for care that are currently inconsistent within the market - i.e. controlled drugs, single handed care

Supported Living

- Finalise the supported living framework model comprising of 3 tiers :
- (Long-Term, Outreach and Short-Term Intensive Support)
- Complete the supported living framework competitive tender and mobilisation of the tiered model.
- Undertake Mini Competitions for allocation/ award of care packages and or scheme-based activity
- Implement the outcomes framework reporting and review from day 1 of the contract award .
- Introduce and mobilise the brokerage function for supported living within the councils Market place system
- Work with housing partners, providers and people who draw upon support in the development of new provision
- Ensure the effective use of resources and provision to enable people specialist resource availability for those have the greatest need and a move on pathway for those who are achieving greater independence .

Personal Budgets , ISFs and Direct Payment Market

- Work alongside the Direct Payment lead officer to map and develop wider opportunities for people with Direct Payments
- Develop a provider forum or network that enables information sharing, demand and expectations scoping and creative solutions to support people with personal budgets achieve their outcomes and maximise opportunities
- Continue to explore opportunities for Individual Service Funds introduction within Dudley

Self-Funders

- Review the information and advice available for Self Funders on the council web pages and Care Finder portal
- Promote the Dudley Market Place Care Finder portal use for by Self Funders

ASC Risk Register – Market Sustainability Risks

Risk ID	Risk	Consequence	Impact	Mitigations/ Actions	Remaining risk
R459	Unable to recruit staff	Staff required to drive projects forward. Social work capacity required to review clients when challenges experienced, or models change or savings available	Legal challenges escalate due to “unreasonable” timeframes. Waiting list increase Market failure risk Reactive action and emergency placements Fees disputed as changing need not assessed / reviewed timely Savings not achieved as people not reviewed and support plans not changed Forced to negotiate a position to avoid litigation . Over prescription & increased dependency continue Delays in procurement and transformation projects Increased budget pressures	Business cases to PCCB for SCM commissioning post . PCCB requests for social work capacity ?	High

Risk ID	Risk	Consequence	Impact	Mitigations/ Actions	Remaining Risk
R471	Care and support needs not met . Insufficient capacity available in the local area	People placed in inappropriate provision People placed out of area	Increased budget pressures Local options overlooked Increased use of out of area placements Reactive emergency placements Inappropriate placements Needs increase / deterioration in skill and well being	Redress balance for local provision with <u>competitive fees</u> and support to improve quality . <u>Care home pilot / framework</u> <u>formal adoption</u> <u>Supported living single rate framework</u>	High

Appendix 1

			<p>Out of area placements are higher cost</p> <p>Loss of workforce to other LA's</p> <p>Dudley is sustaining other areas rather than Dudley communities.</p> <p>Market Failure</p> <p>Poor local outcomes / poor quality</p>	<p>Providers have local offices and are <u>more place based</u></p> <p><u>New care home framework & Contracts</u></p>	
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Risk ID	Risk	Consequence	Impact	Mitigations/ Actions	Remaining risk
R471	Not being able to pay sustainable fees and rates for care and support	<p>Provider exit</p> <p>Market failure</p> <p>Workforce migrate to other LA areas</p> <p>People placed in appropriately / ill-fitting services</p> <p>People placed out of area</p> <p>Market capacity reduces</p>	<p>Increased Out of area placements</p> <p>Client's care is disrupted</p> <p>Quality of care deteriorates & poor outcomes</p> <p>Local market collapse/ Market Failure</p> <p>Risk of abuse and neglect increases</p> <p>Other areas are sustained by Dudley funding</p> <p>Choice of care and support is reduced or not available at all</p> <p>Flow in system is reduced and more people delayed in hospital</p> <p>Higher fee rates to compensate for voids</p> <p>Significant Budget Pressure</p> <p>Increased costs from <u>reactive emergency placements</u></p> <p>Loss of workforce</p> <p>Reputational damage for the council</p> <p>People being delayed in hospital</p>	<p>Redress balance for local provision with <u>competitive fees and uplifts that address low fees</u> and support to improve quality .</p> <p><u>Care home pilot / framework</u></p> <p><u>formal adoption</u></p> <p><u>Supported living single rate framework</u></p> <p>Providers have local offices and are <u>more place based</u></p> <p><u>New care home framework & contracts</u></p>	High

Meeting of the Adult Social Care Committee - 5th March 2025

Report of the Interim Director of Adult Social Care

Blue Badge Fraud

Purpose of report

1. To provide Select Committee with an update on;
 - The process of blue badge application
 - Fraudulent usage data and trends
 - Enforcement – methodology and impact of the service

Recommendations

2. It is recommended that Members : -
 - Scrutinise and comment on the progress of the Blue Badge Service and Enforcement

Background

3. Currently there are 21,840 valid blue badges issued by Dudley MBC.
4. At the time of writing this report the current number of new applications waiting assessment under the walked criterion was 218 with the longest application waiting 66 days. The number of applications under the hidden conditions' criterion awaiting assessment is 16 with the longest application waiting 20 days. There remains no waiting list for applicants who are eligible without further assessment.
5. Following the Department for Transport 2011 Blue Badge reforms, the statutory responsibility for assessment and administration of the Blue Badge Scheme was transferred to Local Authorities.

Digital Transformation 2019



6. Channel Shift to Digital: making it easier for the customer and decreasing processing times for the Council, most applications are now received online. We have also introduced a telephone interview for applicants who are not able to apply online.
7. Decreased Waiting Times and No Backlog: from an initial wait of twelve weeks, the transformation of the process means it is now possible to order the badge the day the application is received, where applicants meet the automatic criteria and have supplied all necessary information and made payment. Average waiting times for non-automatic applicants are also decreasing.
8. Reduction in Appointments: with most assessments conducted remotely with face-to-face appointments only occurring when appropriate, saving applicants and the Council time.
9. Numerous Processing Efficiencies: including the removal of dual keying and inputting of paper applications; introduction of standard letter templates; using email instead of post as communication method where possible and corporate remote printing.
10. Transfer of First Line Contact and Processing to Dudley Council Plus (DCP): providing resilience with staff cover and the ability to assist any external members of the public arriving at reception with general Council enquiries, rather than signposting them on.
11. Fit for Purpose IT: giving us the tools to enable the transformation of the process, we have implemented five brand new systems to the Council's IT structure including the new national online form and Manage Blue Badge system; Gov Pay; Gov Notify; NEC Blue Badge Case Management System and APS Hybrid Mail. Dudley was in the first 10% of Councils nationally to implement and achieve the benefits of prepayment through Gov Pay.

External Provider for managing new walked applications.

12. In December 2021 Adult Social Care Leadership Team approved the use of a third-party provider to support the increased demand for blue badges and improve responsiveness for applicants. NEC Software Solutions were appointed to manage the end-to-end process for new walked applications when required, ensuring the service to blue badge applicants is consistent with minimal delays for applicants under the walked criterion.

Non-Visible (hidden) Conditions

13. On the 30th August 2019 the Government extended the Blue Badge criteria to include people who have non-visible (hidden) conditions, making journeys more accessible for them. This is the biggest change to the scheme in 50 years.
14. An applicant will be automatically eligible under the new criteria if, in their Personal Independence Payment (PIP) mobility assessment, score 10 points in Descriptor E – “planning and following a journey”. This must specifically be 10 points, which states: “Cannot undertake any journey because it would cause overwhelming psychological distress to the claimant.”
15. For non-automatic applications, applicants are required to supply evidence of their condition from a professional treating them.

Enforcement background

16. In January 2020, a report was discussed at the Health and Adult Social Care Scrutiny Committee regarding the Blue Badge Scheme and support was gained to progress the Blue Badge Fraud Initiative (BBFI). The initiative was delayed due to the Covid 19 Pandemic. The BBFI partnership pilot scheme commenced in November 2020, a community interest company, collaborating with Local Authorities to tackle Blue Badge Fraud. In May 2023 BBFI were awarded a three-year contract.
17. BBFI public sector investigations is made up of a team of highly skilled ex-police and those with detailed knowledge of the law. Specialising in Blue Badge misuse the BBFI team understand how to investigate, collect, and present evidence to resolve disputes by mediation or litigation. BBFI is a not-for-profit organisation helping disabled people access parking and Local Authorities to combat fraud.

Enforcement- methodology

18. As part of the process of reducing misuse and identifying fraud BBFI collect data on blue badges used in Dudley Metropolitan Borough Council and profile the badge use, times/ days/ weekends/ location. BBFI will analyse badges to find out if the person to whom the badge was issued is infirm/ in a home, deceased or lives in the local area. If BBFI are discovering patterns of abuse or find lost or stolen badges, BBFI build a case and take remedial action. BBFI make efforts to reduce the abuse of the privileges allowed to disabled people. BBFI address the use of lost and stolen badges and



conduct investigations to identify people using badges where the disabled person is in a different location.

19. BBFI prepare cases for prosecution, hand the cases which will contain a 'referral for criminal prosecution,' 'cost schedule,' 'exhibits' and 'witness statements' as required by the case to the Council lead officer in accordance with the Prosecution Policy.
20. BBFI report on the progress of all current prosecutions and produce a summary of work undertaken in the preceding month.
21. Primarily, BBFI investigate five types of offences:
 - Misuse of a parking card for people with disabilities,
 - Use of a fake badge
 - Use of a stolen badge
 - Manufacture of a fake badge
 - Failure to provide a badge for inspection

Fraudulent usage- data/trends

22. BBFI end of year report 2023/24 indicates that 95% badges seized are for general misuse, as in family members/friends using a disabled badge without them being present. The misuse of deceased badges accounts for 1% of those seized. Further information regarding fraudulent usage and trends is available in the Dudley BBFI end of year report 2023/24. (Appendix 1- BBFI end of year report 2023/24).
23. In Appendix 1, page 4 "Seized by Issuing Authority Apr23–Mar24", you can see from the chart 69% of the badges seized are issued by Dudley. The next closest at 15% are those issued by the neighboring borough of Sandwell, with the rest being made up of Wolverhampton, Birmingham, Staffordshire badges.
24. The highest profile of which was the fraudulent misuse of a cancelled badge being used by a Sandwell council employee. The magistrates imposed a total fine of £754 and a conviction for fraud she also lost her job with the council. Dudley issued the following press release (Appendix 2)

<https://www.expressandstar.com/news/local-hubs/dudley/2022/11/22/mother-prosecuted-after-being-caught-parking-in-disabled-space-without-valid-blue-badge-in-dudley/>



25. Dudley participated in the National Blue Badge Day of Action in May 2024 to target enforcement of the blue badge scheme. The collaboration of BBFI, Parking Enforcement and Dudley MBC fraud officers proved successful, resulting in forty-five badges being inspected and two badges seized for misuse. The National statistics report that a total of 201,610 vehicles were inspected according to data taken from 125 Councils.
26. Below are detailed results from the 2024 National event, alongside data from previous years. The growth and impact of the initiative is truly inspiring.

	2022	2023	2024*
Councils Involved	30	82	142
Deployed	141	340	492
Vehicles Inspected	18341	45699	201,610
Badges Inspected	1899	5145	10,040
Offences Detected	122	227	423
Badges Seized	61	92	182
PCNs Issued	122	196	394
Vehicles Removed	24	33	29
*Data from 125 Councils			

27. The National Fraud Initiative (NFI) data matching exercise undertaken by the Blue Badge Team in April 2023 identified 374 data matches which led the team to cancel all 374 badges. Given the Government notional savings of £650 per badge it is estimated that the council saved £243,100 in the undertaking of this exercise. The NFI exercise occurs every two years, the team are currently commencing the 2025 data matching exercise.
28. National statistics estimate that approximately 20% of blue badges issued are misused. Therefore, of the 21,840 blue badges issued by Dudley Council, the estimate suggests that 4,368 will be misused in some way.
29. Commencing in 2020, officers responsible for operating the Blue Badge Scheme in conjunction with the Corporate Fraud Manager commenced a borough wide exercise to identify and bring to justice blue badge abuse.
30. The Corporate Fraud Manager has provided support and advice in the development of the council's approach, policy making and the deployment of the enforcement scheme.

31. Initially, Blue Badge enforcement was concentrated on known hotspot areas within Dudley Town Centre. This enabled enforcement officers to develop a consistent approach. As the process has now been embedded, further townships are being patrolled to identify wider abuse across the Dudley borough.
32. Unfortunately, Blue Badge misuse directly affects legitimate badge holders. It is reassuring to hear that enforcement officers have been praised and received positive feedback about their work and the rollout of the council's Blue Badge enforcement scheme.
33. The table below details the number of on-going cases and results to date, as well as a comparison to the previous year. Prosecutions by the council's legal team are usually undertaken using the fast-track Single Justice Procedure, and it is important to note that the council has a 100% prosecution success rate in this area. The figures below do not include the numerous educational conversations given by enforcement officers to members of the public when out on patrol.

Blue Badge Enforcement	2024	2023	2022	2021
Badges seized resulting in the following:	66	64	60	56
Successful prosecutions	22	45	50	29
Outstanding prosecutions with Legal	34	35	20	14
Prosecution referrals to be completed	5	4	0	9
Warning letters issued	7	11	10	3
No further action	1	3	1	1

Enforcement impact

34. The Blue Badge Scheme is an asset to millions, but it must be used correctly, it is a criminal offence under the Road Traffic Act to misuse a blue badge. It is estimated that 1 in 5 badges are being used by someone other than the badge holder.
35. Blue badge enforcement means that the disabled community, with a legitimate blue badge will be able to park where they need to, which will reduce isolation and the frustration of not being able to do simple tasks like shopping and meeting friends in the community.
36. Providing stronger and safer communities, promoting independence, and keeping people well.

37. Improving confidence in the borough of Dudley, that Dudley MBC is actively supporting people to access the community.
38. Robust, ongoing administration and enforcement processes can help counter more systematic abuse of the Blue Badge scheme, with both issuing authorities and on street parking enforcement teams having a role to play in ensuring that the scheme's rules are observed.

Finance

39. The penalty for misuse of a blue badge, on conviction in a Magistrates' Court is a fine of up to £1,000. In most cases the prosecuting Local Authority is also awarded costs.
40. The annual spend for the partnership agreement with BBFI was £16,872.50 for 2023/24. Spend is assumed at the same value for 2024/25. The contractor has not applied any inflation uplifts for 23/24 or 24/25.
41. The resource is funded from the Blue Badge staffing budget and awarded court costs. There is sufficient budget ringfenced for this for 24/25 and 25/26 using 0.5FTE Assistant Care Co-ordinator vacancy.
42. Court costs awarded to Dudley MBC for 23/24 were £5,738, split 50/50 between Legal Services and Adult Social Care. Fines and FVS of £9,826 were retained by the court. For 2024/25, year to date, total costs of £3,415 have been agreed to be returned to DMBC with £9,360 Fines and FVS retained by the court.

Law

43. Blue Badge assessment and administration is a statutory responsibility under the Chronically Sick and Disabled Persons Act 1970 and Regulations made under section 21 of this Act.
44. The improper use of a Blue Badge is an offence under both s21(4B) of the Chronically Sick and Disabled Persons Act 1970 and sections 115 and 117 of the Road Traffic Regulation Act 1984. Fraudulent misuse is an offence under the Fraud Act 2006.

Risk Management



45. There are no issues arising from this report in relation to risk management.

Equality Impact

46. Enforcement of blue badges enables disabled people of all protected characteristics to have access the community and has a positive impact for equality.

47. Equality Impact Assessment conducted in 2019 in relation to Digital Transformation of the Blue Badge Scheme. (Appendix 3).

48. Initial Equality Impact Assessment conducted in February 2025 to include Blue Badge Enforcement. (Appendix 4).

49. Consultation with children and young people not applicable.

Human Resources/Organisational Development

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

Commercial/Procurement

51. BBFI is a unique provider that specialises in public sector investigations. Due to the expertise of this organisation market opportunity is limited if not non-existence for this provision type.

Environment / Climate Change

52. There are no implications arising from this report in relation to environment or climate change.

Council Plan

53. The Blue Badge scheme provides a range of parking benefits for disabled people who have difficulty walking. It aides the delivery of the Council Plan priority for the borough of opportunity by allowing our most vulnerable to access the services they need to live independently. The continual review of the service provision supports the Process theme of the Future Council Programme by ensuring we have the right processes, procedures and governance when applying policy on applications. The enforcement activity

underpins good governance and ensures the service provides a value for money service.

E. Matthews.

Emma Matthews
Interim Director of Adult Social Care

Report Author: Lorraine Weaver
(Assistant Team Manager – Blue Badge & Business Support Service)

Telephone: 01384 813461

Email: lorraine.weaver@dudley.gov.uk

Appendices

- Appendix 1: Dudley BBFI end of year report 2023/24
- Appendix 2: Dudley press release <https://www.expressandstar.com/news/local-hubs/dudley/2022/11/22/mother-prosecuted-after-being-caught-parking-in-disabled-space-without-valid-blue-badge-in-dudley/>
- Appendix 3: Equality Impact Assessment 2019
- Appendix 4: Initial Equality Impact Assessment 2025

List of Background Documents





The National Agency for
Blue Badge Fraud Investigations

Appendix 1

Dudley Yearly Report

April 2023 – March 2024

April 2023 – March 2024

KPI's	Actual
Badges seized	67
Badges not seized	5
Warning letters	9
NFA	0
With Legal/ Council	26
(In preparation)	4
Cases	30
Press release	1
People arrested	0
Outstanding Warrants	0
Convictions	33

Total

Fine	Costs	VS	Total
£3,308	£3,407	£1,321	£8,036

Average

Fine	Costs	VS	Total
£100	£103	£40	£243



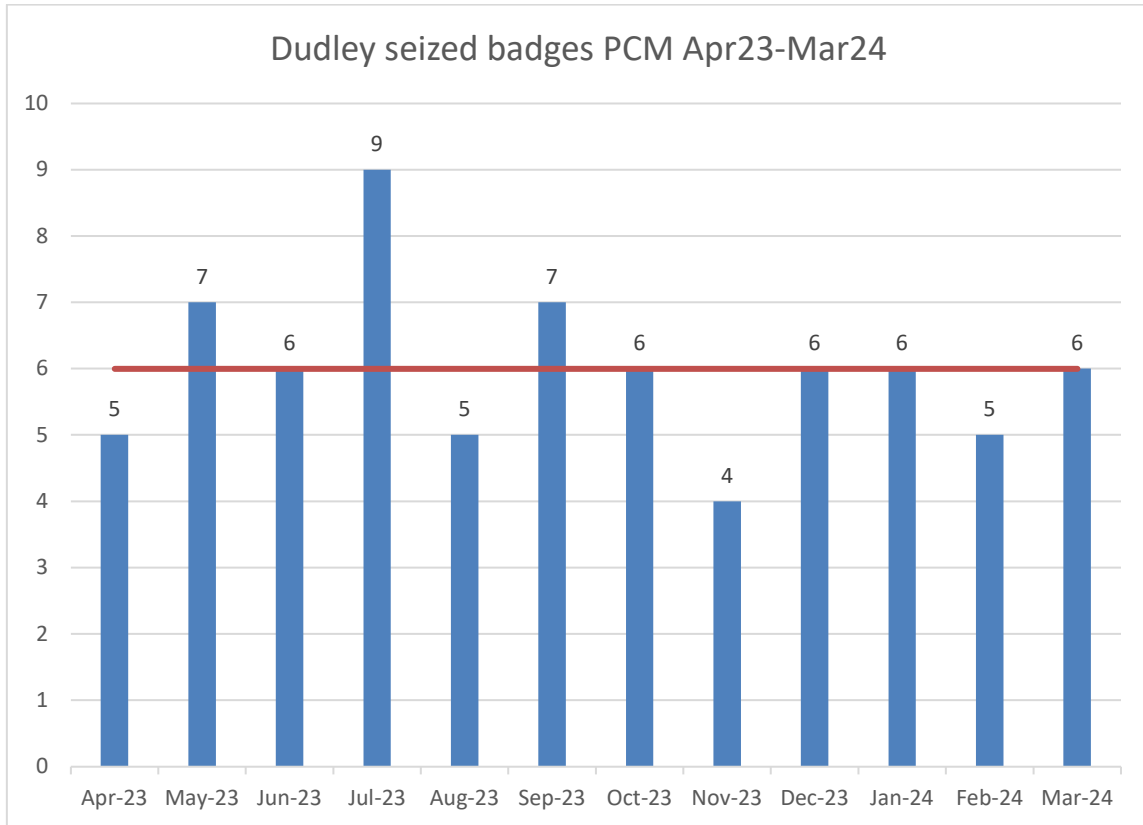


Figure 1 Badges seized

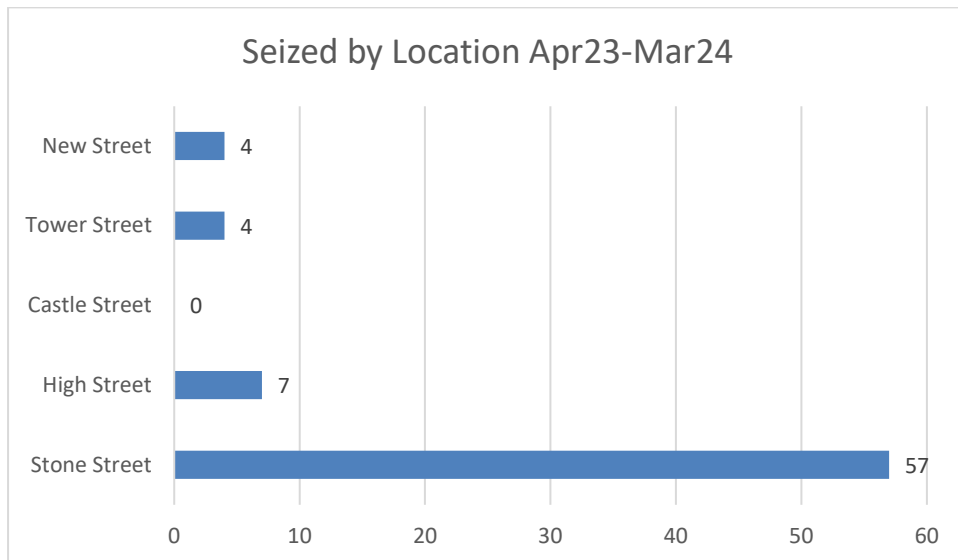
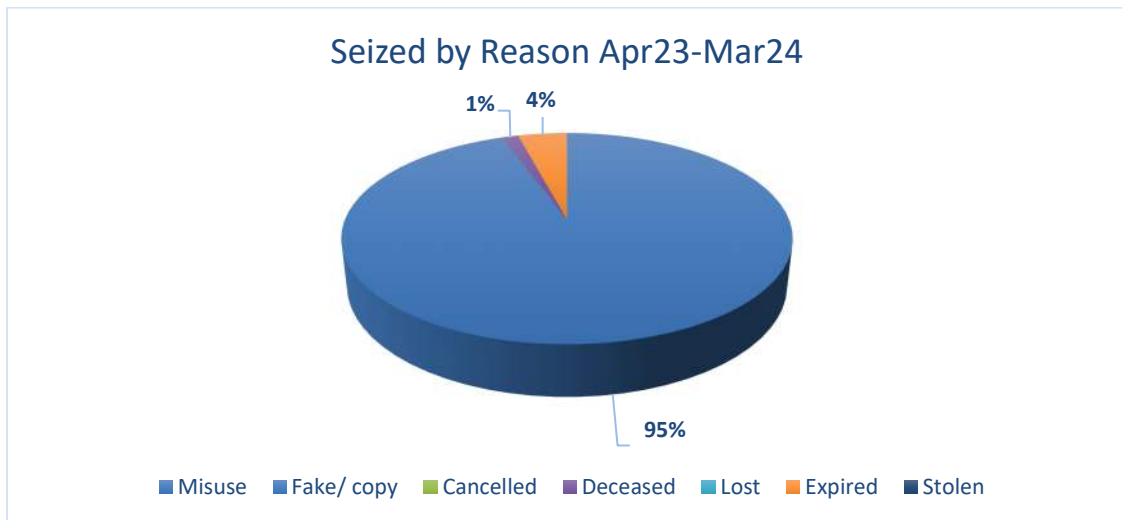
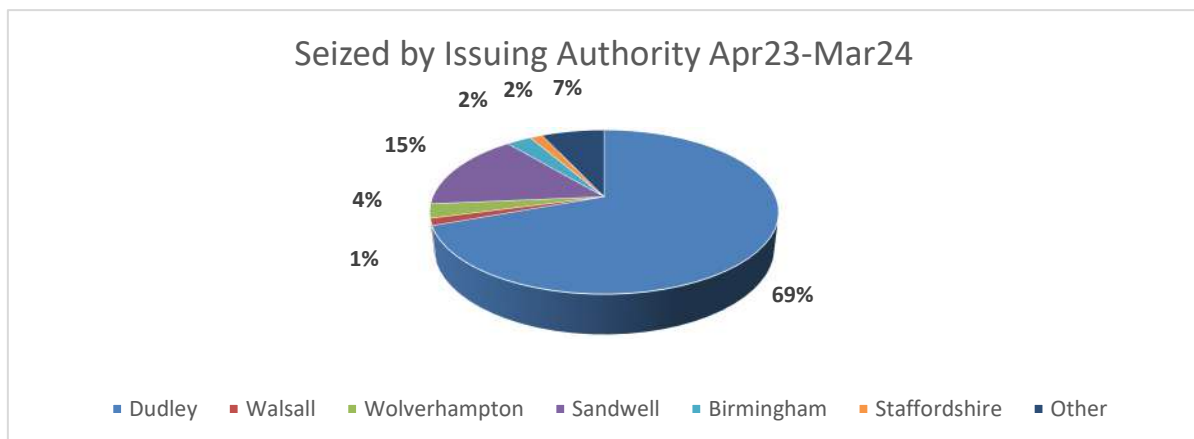


Figure 2 Seized by location



As we can see from the charts 95% are valid badges and 4% are expired badges. The remaining 1% made up of a deceased badge holder.

Figure 3 Seized by reason



69% of the badges seized have been ones issued by Dudley MBC. 15% of seized badges are from Sandwell and the rest, 16%, are made up of the neighbouring boroughs.

Figure 4 seized by issuing authority

Appendix 1 Dudley case list

Case No.	Date.	Status.	FINE COSTS VS			TOTAL
DMBC 146	18/04/23	Case finalised	£40	£85	£16	£141
DMBC 147	18/04/23	File submitted				
DMBC 148	20/04/23	Case finalised	£40	£85	£16	£141
DMBC 149	20/04/23	Case finalised	£40	£85	£16	£141
DMBC 150	25/04/23	Case finalised	£40	£0	£16	£56
DMBC 151	04/05/23	File submitted				
DMBC 152	04/05/23	Case finalised	£146	£85	£58	£289
DMBC 153	04/05/23	Case finalised	£220	£175	£88	£483
DMBC 154	04/05/23	Case finalised	£166	£82	£66	£314
DMBC 155	18/05/23	Case finalised	£120	£450	£48	£618
DMBC 156	26/05/23	Warning Letter	£0	£0	£0	£0
DMBC 157	26/05/23	Case Finalised	£220	£175	£88	£483
DMBC 158	19/06/23	Case Finalised	£60	£85	£24	£169
DMBC 159	19/06/23	Case Finalised	£40	£85	£16	£141
DMBC 160	19/06/23	Case Finalised	£40	£85	£16	£141
DMBC 161	26/06/23	Warning Letter	£0	£0	£0	£0
DMBC 162	26/06/23	Case Finalised	£40	£85	£16	£141
DMBC 163	26/06/23	Warning Letter	£0	£0	£0	£0
DMBC 164	05/07/23	Warning Letter	£0	£0	£0	£0
DMBC 165	05/07/23	Case Finalised	£40	£85	£16	£141
DMBC 166	18/07/23	Case Finalised	£220	£85	£88	£393
DMBC 167	18/07/23	Case Finalised	£116	£85	£46	£247
DMBC 168	18/07/23	Case Finalised	£125	£85	£50	£260
DMBC 169	21/07/23	Warning Letter	£0	£0	£0	£0
DMBC 170	21/07/23	Case Finalised	£40	£85	£16	£141
DMBC 171	21/07/23	Case Finalised	£121	£85	£48	£254
DMBC 172	21/07/23	Case Finalised	£40	£85	£16	£141
DMBC 173	17/08/23	Case Finalised	£40	£85	£16	£141
DMBC 174	23/08/23	Case Finalised	£125	£85	£50	£260
DMBC 175	23/08/23	Warning Letter	£0	£0	£0	£0
DMBC 176	23/08/23	Case Finalised	£40	£85	£16	£141
DMBC 177	23/08/23	Case Finalised	£40	£85	£16	£141
DMBC 178	06/09/23	Warning Letter	£0	£0	£0	£0
DMBC 179	06/09/23	Case Finalised	£80	£85	£32	£197
DMBC 180	06/09/23	Case Finalised	£183	£85	£73	£341
DMBC 181	11/09/23	Case Finalised	£220	£85	£88	£393
DMBC 182	11/09/23	Case Finalised	£80	£85	£32	£197
DMBC 183	11/09/23	Case Finalised	£40	£0	£16	£56
DMBC 184	25/09/23	Case Finalised	£126	£85	£50	£261
DMBC 185	03/10/23	Case Finalised	£220	£85	£88	£393
DMBC 186	09/10/23	Case Finalised	£80	£85	£32	£197
DMBC 187	09/10/23	Case Finalised	£120	£315	£48	£483
DMBC 188	25/10/23	File submitted				
DMBC 189	25/10/23	Warning Letter	£0	£0	£0	£0
DMBC 190	27/10/23	File submitted				

Case No.	Date.	Status.	FINE COSTS VS TOTAL			
DMBC 191	06/11/23	File submitted				
DMBC 192	06/11/23	File submitted				
DMBC 193	28/11/23	File submitted				
DMBC 194	28/11/23	File submitted				
DMBC 195	13/12/23	File submitted				
DMBC 196	13/12/23	File submitted				
DMBC 197	13/12/23	File submitted				
DMBC 198	13/12/23	File submitted				
DMBC 199	22/12/23	File submitted				
DMBC 200	22/12/23	File submitted				
DMBC 201	12/01/24	File submitted				
DMBC 202	12/01/24	File submitted				
DMBC 203	19/01/24	File submitted				
DMBC 204	19/01/24	File submitted				
DMBC 205	22/01/24	File submitted				
DMBC 206	22/01/24	File submitted				
DMBC 207	07/02/24	File submitted				
DMBC 208	07/02/24	File submitted				
DMBC 209	14/02/24	File submitted				
DMBC 210	14/02/24	File submitted				
DMBC 211	14/02/24	File submitted				
DMBC 212	05/03/24	Warning Letter	£0	£0	£0	£0
DMBC 213	05/03/24	File submitted				
DMBC 214	18/03/24	File being prepared				
DMBC 215	18/03/24	File being prepared				
DMBC 216	26/03/24	File being prepared				
DMBC 217	26/03/24	File being prepared				

Equality Impact Assessment



Initial assessment or screening

Name of policy, service or decision: Blue Badge Transformation

1. Description – what is being assessed?

Background

Currently there are 16,464 valid blue badges issued by Dudley MBC.

Following the Department for Transport 2011 Blue Badge reforms, the statutory responsibility for assessment and administration of the Blue Badge Scheme was transferred to Local Authorities.

All successful blue badge applicants are required to attend a face to face appointment for the purpose of providing identification and blue badge eligibility documentation, payment and have a digital photograph taken.

Initially the duties were split between two Blue Badge teams. One team, comprised of Adult Social Care staff, provided a service to those applicants who required assessment by Occupational Therapy staff based at Brierley Hill Health and Social Care Centre. The other team, from Corporate Directorate, dealt with applicants who had an automatic entitlement to a badge and were based at Ednam House. They later moved to 3-5 St James's Road, with completion of face to face appointments taking place at Dudley Library.

In 2016 the involvement of Corporate Directorate staff was withdrawn and less than 50% (1.27 fte) of the Corporate Directorate Blue Badge Team was transferred to the Adult Social Care team, with all Blue Badge activity now being carried out at Brierley Hill Health and Social Care Centre.

Since these changes, due to an increased demand for the Blue Badge service and an overall reduction in staffing, it has proved unfeasible to maintain an adequate service under the current delivery model.

The Department for Transport (DfT) has also recently completed a consultation on the blue badge eligibility criteria. The result of this is that eligibility is due to change in early 2019 to include 'hidden disabilities', such as autism and dementia.

ADASS have predicted that this change in criteria will bring about approximately a 25% increase in the number of blue badges issued. This means that applications and the associated processing is expected to increase by at least 25%. This will increase the current monthly average from 657 contacts per month to 821.5.

Proposal

The proposal is to improve the service by providing a modern, efficient and customer-focused service through:

- Transforming the processing of Blue Badge applications with new systems

- Transferring the administration/processing function to the Corporate Service Centre – Dudley Council Plus. Applicants who require a face to face mobility assessment will continue to be assessed by Adult Social Care staff based at Brierley Hill Health and Social Care Centre. This will include:

1. Online Application Facility

Through the development of online processes, it will remove the need for all service users to attend a face to face appointment for new applications, applicants who have an automatic entitlement and for people who have been identified as not requiring a mobility assessment. Service users will be required to complete an online application, which will include them uploading all required documentation, a passport style photograph and make payment electronically. An alternative will need to be considered for applicants who do not have access to, or cannot use, the internet or computers.

2. Procurement of Case Management System

The current national blue badge database (BBIS) will cease at the end of 2018 and DfT are currently designing a replacement system, for applications and badge ordering. This will no longer include a case management facility. The case management system being offered by Northgate Public Services will provide an efficient case management and tracking system that will interface directly with the new DfT system. This would replace the current functions used in AIS by Dudley social care and in addition will be accessible to approved non adult social care staff.

2. Lead officer on assessment:

3. Head of service: Marie Spittle

4. Members of assessment team:

Marie Spittle, Abbie Goodwin, Andrea Petkevicius

5. What are the main issues relating to each protected characteristic?

Consider all three parts of the public sector equality duty:

- eliminating discrimination, harassment and victimisation,
- advancing equality of opportunity, and
- fostering good relations

Protected characteristic	Issues
All protected characteristics	<p><u>Impact on Service Provision</u></p> <ul style="list-style-type: none"> • The aim nationally and locally is to channel shift applicants to self serve online. • An alternative will need to be considered for those who do not have access to, or cannot use, the internet or computers. <p><u>Impact on Staff</u></p>

Age	<p><u>Impact on Service Provision</u></p> <p>There are is additional impact on age, other than that highlighted in all characteristics.</p> <p><u>Impact on Staff</u></p>
Disability	<p><u>Impact on Service Provision</u></p> <p>There is no additional impact on Disability, other than that highlighted in all characteristics.</p> <p><u>Impact on Staff</u></p>
Gender reassignment	<p><u>Impact on Service Provision</u></p> <p>There is no additional impact on gender reassignment, other than that highlighted in all characteristics.</p> <p><u>Impact on Staff</u></p>
Pregnancy or maternity	<p><u>Impact on Service Provision</u></p> <p>There is no additional impact on pregnancy or maternity, other than that highlighted in all characteristics.</p> <p><u>Impact on Staff</u></p>
Race	<p><u>Impact on Service Provision</u></p> <p>There is no additional impact on Race, other than that highlighted in all characteristics.</p> <p><u>Impact on Staff</u></p>
Religion or belief	<p><u>Impact on Service Provision</u></p> <p>There is no additional impact on Religion or belief, other than that highlighted in all characteristics.</p> <p><u>Impact on Staff</u></p>
Sex	<p><u>Impact on Service Provision</u></p>

	<p>There is no additional impact on Sex, other than that highlighted in all characteristics.</p> <p><u>Impact on Staff</u></p>
Sexual Orientation	<p><u>Impact on Service Provision</u></p> <p>There is no additional impact on sexual orientation, other than that highlighted in all characteristics.</p> <p><u>Impact on Staff</u></p>
<p>6. Outline any information, such as from monitoring, consultation feedback or complaints, which indicates a differential impact on particular protected groups.</p> <p><u>Impact on Service Provision</u></p> <p>None.</p> <p><u>Impact on staff</u></p>	
<p>Conclusions</p>	
<p>7. On the basis of sections 5 and 6, is an equality impact assessment required?</p>	
<p>8. (a) If no, list any actions identified:</p> <p>Service Provision:</p> <ul style="list-style-type: none"> • For the national project the DfT are carrying out research with users throughout the agile development and are consulting with users groups / stakeholders as outlined here which DMBC will monitor. • Locally, an alternative will need to be considered for those who do not have access to or cannot use the internet or computers. • This could be achieved through a postal service or attending Dudley Council Plus (DCP). • Changes to service provision are now live and the following has been implemented: <ul style="list-style-type: none"> ○ Applicants who do not have access to internet can use computers in DCP local libraries or DCP. ○ Evidence can taken to DCP local libraries, DCP & Adult Social Care reception at Brierley Hill for scanning, or sent via post. ○ Applicants who cannot use the internet are being offered telephone interviews. 	

(b) If yes, what priority do you assign to the EIA (high, medium, low) and why?

Signed:.....
Assessment Lead Officer -

Date:

Signed:.....
Head of Service – Marie Spittle

Date:



Initial Equality Impact Screening Assessment

Notes for completion: **delete** the **help text** within the white boxes, and add the relevant information as free text to answer the questions

1.0 Part A: Overview			
Name of service, policy, strategy, procedure, or function:	Blue Badge Fraud		
Directorate:	Adult Social Care		
Is this a new, existing, or revised function?	Existing		
Audit Trail	Authors	Lorraine Weaver	
	EIA Screening start date	05/02/2025	Last modified / EIA Screening end date 05/02/2025

2.0 Part B: Background and Context	
What change is being assessed in this EIA?	<p>Blue Badge Scheme to include the Blue Badge Fraud Initiative.</p> <p>You should briefly summarise (a) why you are completing the FTA including reference as necessary to any relevant statutory duty, strategy, plan or policy of Dudley MBC or partner organisations; (b) any related decision processes and timelines; and (c) what is changing, i.e. is the function being reviewed, enhanced, reduced or discontinued?</p>

<p>In terms of Equality, what do you already know about this change?</p>	<p>A full Impact Equality Assessment was undertaken for the 2019 Blue Badge Digital transformation.</p> <p>What equality monitoring data for the protected characteristic groups is known? Is this consistent with Census or other demographic data / population profiles? Is data available from strategic needs frameworks, research or other published documents?</p>
<p>What equality outcomes are wanted from this?</p>	<p>Blue badge enforcement means that the disabled community, with a legitimate blue badge will be able to park where they need to, which will reduce isolation and the frustration of not being able to do simple tasks like shopping and meeting friends in the community. Providing stronger and safer communities, promoting independence, and keeping people well. The improper use of a Blue Badge is an offence under both s21(4B) of the Chronically Sick and Disabled Persons Act 1970.</p> <p>Does the change remove or minimise any barriers that may be experienced by protected characteristic groups as a result? What specific changes to the delivery model or operational aspects of the function – such as eligibility, fees, opening times, locations, accessibility, staffing etc – are relevant?</p>
<p>Are any other departments or partners involved in the delivery of the function? How are they being involved in this assessment?</p>	<ul style="list-style-type: none"> • Corporate Fraud Manager • Legal Services • Blue Badge Fraud Investigations (BBFI) – External stakeholder <p>The corporate Fraud Manager has provided support and advice in the development of the council’s approach, policy making and deployment of the enforcement scheme.</p> <p>Prosecutions by the council’s legal team are usually undertaken using the fast-track Single Justice Procedure and it is important to note that the council has a 100% prosecution success rate in this area.</p>

	<p>As part of the process of reducing misuse and identifying fraud BBFI collect data on blue badges used in Dudley Metropolitan Borough Council and profile the badge use, times/ days/ weekends/ location. BBFI will analyse badges to find out if the person to whom the badge was issued is infirm/ in a home, deceased or lives in the local area. If BBFI are discovering patterns of abuse or find lost or stolen badges, BBFI build a case and take remedial action. BBFI make efforts to reduce the abuse of the privileges allowed to disabled people. BBFI address the use of lost and stolen badges and conduct investigations to identify people using badges where the disabled person is in a different location.</p> <p>BBFI prepare cases for prosecution, hand the cases which will contain a ‘referral for criminal prosecution,’ ‘cost schedule,’ ‘exhibits’ and ‘witness statements’ as required by the case to the Council lead officer in accordance with the Prosecution Policy.</p> <p>Primarily, BBFI investigate five types of offences:</p> <ul style="list-style-type: none"> ○ Misuse of a parking card for people with disabilities, ○ Use of a fake badge ○ Use of a stolen badge ○ Manufacture of a fake badge ○ Failure to provide a badge for inspection
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3.0 Part C: Assessment

<p>What key information, results of consultation or data have you collected and used to inform this assessment?</p>	<p>From an enforcement perspective The Department for Transport (DfT) report that the demand for Badges has increased significantly – trebling in the last 20 years - and we estimate there could be 650,000 additional Badge holders over the next 10 years.</p>
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	<p>Although the scheme began as a way of improving access for disabled people, the substantial monetary value of a Badge in some areas is contributing to both increasing demand and the incentive to abuse the scheme and commit fraud. The misuse of Blue Badges undermines the benefits of the scheme, impacts upon local traffic management, and creates hostility amongst other badge holders and members of the public.</p> <p>Describe what processes have been used to engage with or obtain the information you have about the target groups covered by the function – consultations, other stakeholder engagement (exhibitions, briefings, workshops, user surveys / panels), communication by direct mail / email, social media, press releases etc.</p> <p>If no information is known or being collected, state if this is planned or alternatively why you feel it is not necessary to obtain it.</p>
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What does your information tell you about the impact of your function on different groups of people?

Are there any specific differences (positive or negative) between their experiences of this function?

The council has a duty to eliminate discrimination/harassment and victimisation, as well as duties to promote equality of opportunity, and foster good relations between groups of people. In assessing the effects of your function on different groups of people, you should think about how your function achieves these three aims.

	Are any of these positive impacts? How could you better promote equality? How could you improve relations between groups of people? Note: If any actions are identified insert these into Part D	Are any of these negative impacts? How can you reduce/eliminate these? Note: If any negative impacts are identified put actions to address these in Part D	What evidence specific to this group has informed this assessment? How have you used this to identify potential impacts?
*Age		There is additional impact on age, other than that highlighted in all characteristics.	The Department for Transport Local Authority Guidance (England) May 2022

			The Department for Transport (DfT) is responsible for the legislation that sets out the framework for the scheme
Carers	While this is not at present a protected characteristic under the Equality Act 2010, Dudley MBC recognises care experience as liable to similar discrimination, stigma and prejudice as those covered by the Act.	There is no additional impact on Carers	
*Disability		There is no additional impact on Disability	The Department for Transport Local Authority Guidance (England) May 2022 The Department for Transport (DfT) is responsible for the legislation that sets out the framework for the scheme
*Gender Reassignment		There is no additional impact on gender reassignment	The Department for Transport Local Authority Guidance (England) May 2022 The Department for Transport (DfT) is responsible for the legislation that sets out the framework for the scheme
*Marriage/ civil partnership		There is no additional impact on marriage/civil partnership	The Department for Transport Local Authority Guidance (England) May 2022 The Department for Transport (DfT) is responsible for the legislation that sets out the framework for the scheme
*Pregnancy/ Maternity		There is no additional impact on Pregnancy/Maternity	The Department for Transport Local Authority Guidance (England) May 2022 The Department for Transport (DfT) is responsible for the legislation that sets out the framework for the scheme
*Race/ ethnicity		There is no additional impact on Race/ethnicity.	The Department for Transport Local Authority Guidance (England) May 2022 The Department for Transport (DfT) is responsible for the legislation that sets out the framework for the scheme

*Religion/ belief/ faith		There is no additional impact on Religion/belief/faith, other than that highlighted in all characteristics.	The Department for Transport Local Authority Guidance (England) May 2022 The Department for Transport (DfT) is responsible for the legislation that sets out the framework for the scheme
*Sex/ Gender		There is no additional impact on Sex/Gender, other than that highlighted in all characteristics.	The Department for Transport Local Authority Guidance (England) May 2022 The Department for Transport (DfT) is responsible for the legislation that sets out the framework for the scheme
*Sexual orientation		There is no additional impact on sexual orientation, other than that highlighted in all characteristics.	. The Department for Transport Local Authority Guidance (England) May 2022 The Department for Transport (DfT) is responsible for the legislation that sets out the framework for the scheme
Socio-economic disadvantage		There is no additional impact on Socio-economic, other than that highlighted in all characteristics.	The Department for Transport Local Authority Guidance (England) May 2022 The Department for Transport (DfT) is responsible for the legislation that sets out the framework for the scheme
Care Experienced people		There is no additional impact on Care experienced people, other than that highlighted in all characteristics.	The Department for Transport Local Authority Guidance (England) May 2022 The Department for Transport (DfT) is responsible for the legislation that sets out the framework for the scheme
Other – please specify	This could traveller communities, asylum seekers and refugees, health inequalities, low-income groups or households, other deprived or disadvantaged communities.		


Section 4.0 & 5.0 are available when completing a full EIA (if requested to do so by the EDI team).

6.0 Part D: Conclusions

On the basis of the sections above is a full equality impact assessment required?
Provide a justification for your answer.

If no, list any actions identified. If yes, what priority do you assign to the EIA (high, medium, low) and why?

7.0 Part E: Summary and sign-off

<p>Please indicate which of the following best describes the outcome of your screener EIA:</p>	<p>Please mark all that apply:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Only negative impacts have been identified <input checked="" type="checkbox"/> No different impacts have been identified <input type="checkbox"/> A mixture of positive and negative different impacts has been identified <input type="checkbox"/> Only positive different impacts have been identified <input type="checkbox"/> There wasn't enough information to be able to reach a conclusion at this point in time
<p>Sign-off</p>	<p>I am satisfied that the outcome described above is proportionate in relation to any impacts and associated actions or mitigations identified by this assessment.</p> <p>Lead Officer: <u>Lorraine Weaver</u></p> <p>Date: <u>05/02/2025</u></p> <p>Approving Officer or Head of Service: <u></u></p> <p>Date: <u>07/02/2025</u></p>

Meeting of the Adult Social Care Select Committee - 5th March 2025

Report of the Interim Director of Adult Social Care

Adult Social Care Workforce

Purpose

1. To provide the Members with workforce analytics and recruitment initiatives for the Adult Social Care Workforce.

Recommendations

2. It is recommended that Members
 - Review the contents of the report
 - Raise and refer any identified issues or queries to the Interim Director of Adult Social Care

Background

3. This report provides Select Committee with workforce analytics and recruitment initiatives as at December 2024.
4. The Council has over 770 permanent staff in Adult Social Care. They are supported by agency workers, volunteers, and casual workers.
5. As at 31 December 2024, Adult Social Care workforce analytics were:
 - 774 staff in post (669.46FTE).
 - 2% of staff (excluding casual and agency) are on a Fixed Term or Temporary contract (Total of 15 employees).
 - 85.5% of workforce are female. Ethnic Minority groups make up 16.0% of the workforce and 8.1% of employees have declared a disability.
 - 59% of the workforce are aged 40 - 59.

- There were 1.38 days lost per FTE in December 2024.
- The top four reasons for sickness are Stress related, Post Operation Recovery / Surgery, Cold/Flu/Cough and Muscular Pain/Strain/Joint Problems.
- For the Directorate as a whole, 97.0 % of “Return to Work” interviews and 78.8% of My Year Reviews were completed.

Workforce Budget

6. The 2024/25 budget set by the Council shows an adverse gap between expenditure and resources. The latest budget monitoring, based on actual expenditure has identified a favourable forecast variance against the budget.
7. Spending controls have been approved by the Cabinet which are designed to minimise spending except where an exception applies. The exceptions are designed to maintain essential services and the Council’s ability to function. The External Auditor’s statutory recommendations included a recommendation that spending controls should be strictly enforced.
8. The Council is working in times of unprecedented change and challenges. We are experiencing severe challenges in recruiting and retaining essential staff across Adult Social Care, and it is essential that we address workforce shortages to continue to deliver accessible and supportive services.
9. The Pay Cost Control Board has been established to monitor and approve all recruitment across the Council.

Workforce Planning

10. Dudley Council’s People Strategy sets out our ambition to create a positive, inclusive and healthy working environment where our workforce feels valued, supported and able to fulfil their potential in delivering the Council’s ambitions and priorities. It supports the delivery of our Council’s priorities by identifying how we will equip our workforce with the skills and abilities necessary to meet the changing demands of delivering public services, as well as the ever-changing world of work

11. Workforce Planning is the process of analysing the current workforce, determining future needs, and identifying the gap between the present and the future. The goal is to ensure the council has the right people with the right skills at the right time. Factors such as people, skills, positions, and timing, need to be aligned to fulfil strategic objectives. It is a core business process which aligns organisation needs with the people strategy. It is key to achieving strategic goals.

Adult Social Care Workforce Strategy

12. The Adult Social Care Workforce Strategy outlines Dudley's commitment to the workforce across the whole of Adult Social Care from Access and Prevention, Assessment and Independence, Dudley Disability Service, Mental Health, Safeguarding and Commissioning.
13. A Workforce Group has been established to develop the Workforce Strategy further and identified actions. The group will provide governance and assurance.
14. The ASC Workforce Strategy aims to improve on past successes. It seeks to address challenges by promoting and celebrating best practices. It stresses the need for innovation and flexibility to attract and keep employees. It aims to set a benchmark in the sector. The Council aims to exceed other Councils in attracting skilled workers. Local Authorities face widespread challenges in this area. We aim to improve results and care quality. We will do this by using innovative solutions and fostering a supportive work environment.

Challenges with the Adult Social Care Workforce

15. Nationally the adult social care workforce is struggling with high vacancy and turnover rates set against a growing demand for social care. In 2022/23, the vacancy rate in the adult social care sector in England was 9.9% – higher than the NHS vacancy rate in England (8%) and substantially higher than the UK vacancy rate (3.4%). There is also a critical shortage of all regulated professionals including social workers, occupational therapists and Approved Mental Health Professionals (AMHP). The LGA highlights the difficulty in recruiting and retaining mental health social workers and AMHPs but despite these challenges there are currently no vacancies in the Dudley AMHP hub.

16. To mitigate against the national shortage of qualified social workers and occupational therapists, one of our strategies is to "grow our own" talent. This focuses on succession planning and developing a future workforce.
17. To do this we work with corporate and external partners such as the West Midlands Teaching Partnership, Skills for Care and Universities. We aim to improve Adult Social Care staff access to leadership and management training. We offer diverse apprenticeships in various fields, including Business Support, Project Management, Commissioning, Coaching, Occupational Therapy, and Social Work. We also support the Think Ahead program to train mental health practitioners. We have an active ASYE program for newly qualified social workers. We have recently changed our AMHP continuous professional development training which is now co-produced with other Councils and includes staff from the mental health Trust. This enhances their skills to deliver high-quality care.
18. The Think Ahead programme offers several benefits for our workforce. Dudley MBC will receive up to £29,000 in Workforce Development Funding to support workforce development, covering costs associated with training and integrating new recruits. The programme attracts highly capable and committed individuals to the field of mental health social work, helping employers build a skilled and motivated workforce. Both new recruits and existing staff receive advanced training at no cost, including social interventions, leadership tools, and qualifications such as a postgraduate diploma and a master's degree in social work.
19. A significant percentage of Think Ahead trainees remain in mental health services long-term, with 80% of trainees still working in mental health services three years after qualification. This helps reduce turnover and maintain continuity of care. Think Ahead is part of our adult social care mental health workforce strategy and provides trained and skilled Dudley social workers at the end of the programme who can work within the wider ASC. We are committed to providing the trainees with 12-month fixed-term contracts at the end of year 2, starting with a salary. This is crucial to mitigate risk and enable us to continue to meet statutory delivery of services in a cost-effective way. Additionally, there are no fees for organisations to join the programme, making it a cost-effective way to enhance their workforce and improve service quality.

20. We also have developed in Dudley Adult Social Care a strong culture of continuous improvement and learning. We take pride in our workforce development approach. We offer a variety of ongoing development opportunities across the service. We use the apprenticeship levy to fund access to all levels of apprenticeships, from social work to level 7 senior leadership. We encourage all Senior social workers to achieve post-qualifying award(s) as Best Interest Assessors, Approved Mental Health Professionals and Practice Educators. These qualifications ensure our workforce are developing appropriately, meet the requirements of the regulatory body Social Work England, support Dudley to meet our statutory responsibilities and ensure outcomes are optimised for the local community.
21. In Dudley we have both a Principal Social Worker and a Principle Occupational Therapist. The Principal Social Worker (PSW) is a statutory post under the Care Act 2014 and plays a crucial role in raising and maintaining operational standards and works very closely Principal Occupational Therapist (POT) to align their actions and initiatives. They aim to promote professional values and standards. They ensure high standards in safeguarding and quality assurance. They also enhance practice across the council and the wider region.
22. The Learning and Development Strategy 2024-27 and Training Plan understands the policy and environmental drivers that surround the social care workforce. It acknowledges that future drivers will develop, and it is the intention for this strategy to be flexible and responsive enough to be effective as our environment changes. Please see the Learning and Development Strategy to understand the foundation of the Learning and Development offer and Training Plan.
23. [West Midlands Teaching Partnership](#) strengthens the quality of education and training for social work students and practitioners across the West Midlands. This includes Local Authorities, Children's Trusts, and Universities. The partnership reflects the strategic priorities of the West Midlands Association of Directors of Children's Services (ADCS) and the West Midlands Association of Adult Social Services (ADASS). The partnership is led by Principal Social Workers, Workforce Development Leads and Senior Academics across Children's and Adult Services. It brings together practitioners, senior managers, academics, researchers and experts by experience to support us in our work.

Working with partners to address workforce challenges.

24. The Dudley Health & Care Partnership (DHCP) unites all health and care partners in Dudley. It aims to deliver timely care and improve health and outcomes. The partnership has a mission, vision, and values of courage, clarity, and respect. These support its strategic ambitions. Their 5-year plan, aligned with the Black Country ICB Plan, focuses on achieving Dudley's goals and priorities
25. The DHCP is improving resident well-being through its assessment, independence reablement and urgent care teams. A key focus of the Board, "Priority 5 - Best Place to Work," is to build a vibrant workforce across the Black Country health and care system. With about 60,000 sector employees, the partnership aims to make it a great workplace.

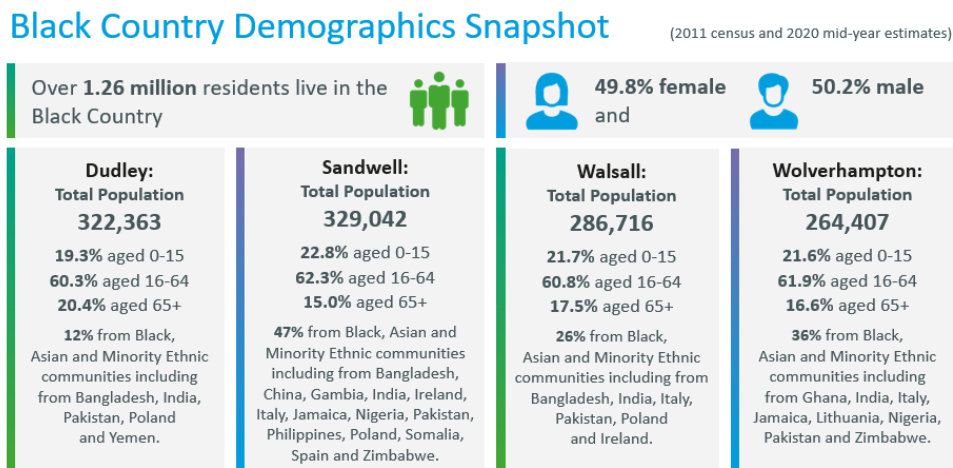
26.



27. A collaborative recruitment and training program has been launched. It involves the Local Authority, Dudley Group Foundation Trust, Dudley Integrated Health Care, and Dudley Integrated Commissioning Board. This program offers entry-level health and care jobs, like carers and support workers. It also provides paths to advance into regulated

professions, like nursing, therapy, and social work. The initiative aims to cultivate a skilled and knowledgeable workforce for Dudley's health and care sector.

28.



Workforce Equality

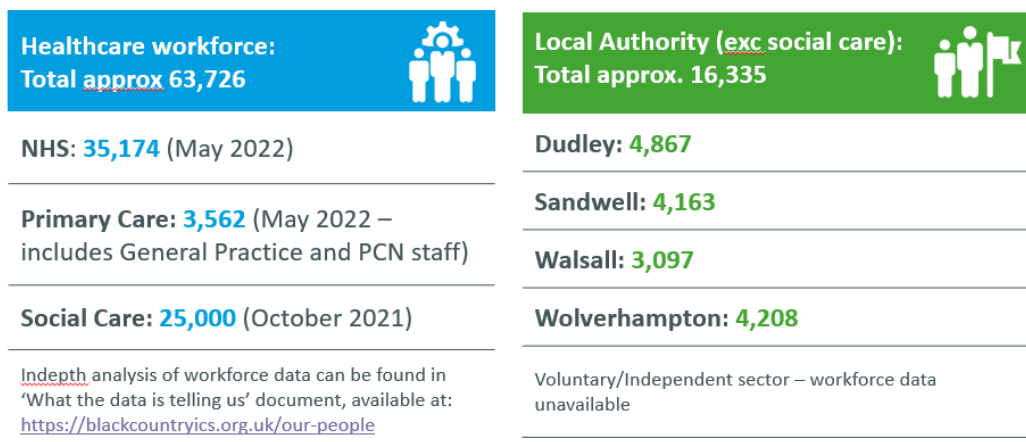
29. Research has consistently shown a need to improve race equality practices in the social care sector. The workforce is diverse. 26% of the adult social care staff are from Black, Asian, or minoritised ethnic backgrounds (2022-23). But these groups are underrepresented in leadership roles. Only 17% of registered and senior managers belong to these ethnic groups, according to "The State of the Adult Social Care Workforce in England, 2023." Addressing this gap in representation is a core objective of the SC-WRES initiative.
30. Our work to improve Workforce Equality shows a proactive approach. We are using the Social Care Workforce Race Equality Standard (SC-WRES) framework and responding to the BRAP review. The action plan, with ongoing evaluations, is critical. It will ensure the Council evolves to meet its diverse workforce's needs. It will also foster a culture of fairness, inclusion, and respect.
31. Dudley's launch of SC-WRES is a key step for race equality in Adult Social Care. This framework will help LA's address disparities faced by Black, Asian, and minoritised ethnic staff. It requires data collection on nine key indicators. The goal is to expose inequalities, spur change, and ensure accountability. This is backed by a detailed action plan.
32. The EDI Strategy 2022 - 2025 sets out our commitment for progressing Equality, Diversity, and Inclusion in our Borough and

workforce over the next three years. We endeavour to ensure our commitment to equality is firmly embedded across the whole of our organisation through its services, workforce, training, offering, policies, practices, and procedures. We aim to deliver appropriate services that are accessible for our changing Borough and responsive to all our customers, at the right place and ultimately at the right time.

33. We are also part of a wider Black Country focus on tackling workforce inequalities and discrimination. A joint Black Country ICS Workforce Equality Diversity and Inclusion (EDI) Strategy has been developed with the ICB. It aims to address health inequalities that affect both staff and users. This four-year strategy aims to support the health and social care workforce. It will focus on system-wide EDI priorities. It seeks to create a workforce that reflects the communities served, including at the leadership level

34.

Black Country Workforce 2021/22



35. To track the success of these initiatives, Dudley will employ various evaluation tools. They will measure the effectiveness of new and revised People Policies. They will also assess if the action plan helps its intended recipients. This approach ensures a review of race equality efforts. It will adjust them, if needed, and hold them accountable for real progress.

36. ADASS and WM Employers Report EDI data to understand the representation of the ASC workforce, Nationally, Regionally and Locally

37. This Black Country Integrated System Workforce Equality Diversity and Inclusion Strategy 2023 – 2027 is focused on developing a plan of

action to provide support to our health and social care colleagues to improve their work experience and thus their ability to impact positively in our communities. <https://blackcountryics.org.uk/our-people> executive summary includes context, a snapshot of our workforce and population data, key themes, main objectives, including pledges, and the governance process overseeing the implementation of the strategy.

External Workforce

38. The Independent Market Social Care Workforce in Dudley plays a crucial role in delivering adult social care, employing around 6,100 staff. This sector faces various challenges but benefits from a range of support mechanisms provided by the council, aimed at maintaining high-quality services while addressing workforce sustainability and development.
39. Dudley has a challenge. Its ASC workforce is aging, with an average age over 50. It's one of only three local authorities in the West Midlands with this demographic. With fewer than 2% of the workforce under 25, Dudley must attract younger workers. It needs more aggressive strategies to do this. Recruitment campaigns and partnerships with schools could help. They could encourage young people to pursue careers in adult social care.
40. Adult Social Care Workforce Data Set (ASC-WDS) and Workforce Development (WDF) eligibility figures provides up with a summary of the adult social care workforce in Dudley includes data from the whole adult social care sector: local authorities, the independent sector, posts working for direct payment recipients and those working in the NHS.
41. Dudley's ASC sector has an overrepresentation of ethnic minorities. BAME workers make up 27.6% of the workforce. White workers are underrepresented compared to the local population. This shows the sector's success in hiring a diverse workforce.
42. A significant portion of the workforce operates on a part-time basis. The reliance on zero-hour contracts is relatively low, at 15.8%, which is notably lower compared to neighbouring areas where the figure ranges between 25% and 30%. This lower reliance may contribute to better job stability and staff retention.

43. The sector continues to exhibit a stark gender imbalance. This reflects broader trends in adult social care, where the field is traditionally female-dominated. Efforts to diversify the workforce by attracting more men into the sector could help address this imbalance. A key goal is to promote social care as a good career for men. To diversify gender representation, we could run targeted recruitment campaigns. For example, "Proud to Care Dudley" aims to attract men to the sector.
44. The average pay rate for social care staff in Dudley is £10.58 per hour, which is slightly below the West Midlands average of £10.82 but just above the national minimum wage of £10.42. While this pay rate is competitive in comparison to the minimum wage, the slight regional discrepancy could impact staff recruitment and retention, particularly in a competitive labour market.
45. Dudley stands out for having the highest proportion of qualified social care staff in the West Midlands, with 54.8% of the workforce holding relevant qualifications. This emphasis on qualifications is essential for ensuring high-quality care and supporting professional development within the sector.
46. The turnover rate in Dudley is 27.8%, slightly below the regional average of 28.8%. Although still relatively high, this indicates ongoing challenges with retention, a common issue in the social care sector. Addressing factors such as workload, pay, and career progression could help reduce turnover.
47. In the West Midlands, including Dudley, the Adult Social Care workforce faces demographic trends and challenges. These require urgent attention to ensure the sector's sustainability and inclusiveness. The key risks for the Dudley social care market and commissioning are
 - Market Sustainability: Historic low rates have strained the social care market.
 - Workforce Issues: COVID-19 worsened recruitment and retention challenges. They hurt service quality and availability.
 - Service Quality: Low rates affect providers' ability to attract, train, and keep staff. This leads to inconsistent care and support.
48. The Adult Social Care Commissioning Strategy in Dudley lists key elements to ensure the sustainability of social care services and their workforce. It stresses the link between the National Minimum Wage (NMW) and council rates. Fair pay is vital to sustaining social care

services. Providers must ensure their staff are trained, experienced, and competent. It includes proof of ongoing supervision and monitoring. It shows the need for continuous staff training and accountability in care. Providers must keep their staffing and workforce development policies up to date. They must meet the care sector's evolving needs. Providers must have enough qualified staff. This is key to maintaining consistent service delivery and, thus, the quality of care.

49. The Council has put in place support measures. They aim to help providers with workforce challenges and to maintain high care standards.
- **Quality Assurance Visits:** Providers benefit from advice on quality and training, as well as on recruitment and retention. These engagements offer critical support in maintaining workforce standards and improving service quality.
 - **Recruitment Campaigns:** Initiatives aim to attract new entrants to the care sector. They help address recruitment challenges and promote careers in social care.
 - **Partnerships and Resources:** We collaborate with groups like West Midlands Care Association, Skills for Care, and ADASS. They provide resources and support for recruitment, including international recruits. These partnerships widen the candidate pool and offer recruitment best practices.
 - **Training and Forums:** Providers can access vital, targeted training, like infection control training. It helps maintain high care standards. Provider forums enable discussions on workforce issues. They foster shared learning and problem-solving.

Finance

50. The Adult Social Care service has a total establishment budget of £37.9m for the financial year 2024/25.
51. Given the changes to employer national insurance, assumed pay award and incremental scale changes, the need for the council to deliver a balanced budget sees the 2025/26 Adult Social Care budget drop to £37.5m.
52. This is a result of deleting 46.33 full time equivalent vacant posts from the establishment and savings proposals that will affect a further 48 full time equivalent posts.

53. There are no financial implications in receiving this report

Law

54. There are no direct law implications in receiving this report.

Risk Management

55. There are no material risks in relation to performance.

Equality Impact

56. There are no special considerations to be made with regard to equality and diversity in noting and receiving this report.

Human Resources/Organisational Development

57. There are no specific direct human resource issues in receiving this report.

Commercial/Procurement

58. There is no direct commercial / procurement impact.

Environment / Climate Change

59. There is no direct environmental impacts arising from the content of this report.

Council Plan

60. This report highlights how Adult Social Care is working to meet the aims and objectives for workforce development aligned to the council's priorities and the improvement plan through Leadership and culture.

E. Matthews.

Emma Matthews
Interim Director of Adult Social Care

Report Author: Name: Paul Lynch

Telephone: 01384 811316
Email: paul.lynch@dudley.gov.uk






Appendices:

Appendix 1: Adult Social Care Workforce Analytics (December 2024)

Workforce capacity & planning

Our ASC Workforce (as at 31st March 2024)



<p>Headcount 806</p> 	<p>Average Age 49</p>	<p>Sexual orientation 1.06%</p> <p>Gay/Lesbian or Bisexual We have sexual orientation data for 60% of our staff</p>																			
<p>Gender diversity Male - 133 Female - 673</p>  <p>Baby boomers 1937-1966 • Male 36 - Female 212 Generation X 1967-1980 • Male 53 - Female 266 Millennial & Generation Y - Post 1980 • Male 44 - Female 195</p>	<p>Disability 7% of employees have declared a disability</p>  <p>We have disability data for 59% of staff (349 employees have a blank field on PIMS)</p>																				
<p>Starters & Leavers 2023-24 New Starters - 113 Leavers - 102</p>	<p>Length of Service</p> <p>Less than 2 years: 163 (23%) Between 2-5 years: 115 (14%) More than 5 years: 508 (63%)</p>																				
<p>Sickness 2023-24 Days lost per FTE: 16.28</p> <p>Top 3 reasons: Cold/Flu/Cough: 124 (15%) Covid – Symptoms/Positive Test: 103 (12%) Diarrhoea and/or Sickness: 95 (11%)</p> 	<p>Religion % of Headcount</p> <table border="0"> <tr> <td>Agnostic 0.02%</td> <td>Atheism 0.47%</td> </tr> <tr> <td>Buddhist 0.35%</td> <td>Catholic 1.06%</td> </tr> <tr> <td>Christian 39.74%</td> <td>Hindu 0.83%</td> </tr> <tr> <td>Islam 0.24%</td> <td>Jewish 0.12%</td> </tr> <tr> <td>Muslim 3.42%</td> <td>Sikh 1.53%</td> </tr> <tr> <td>Other 2.59%</td> <td>No Religion 20.87%</td> </tr> <tr> <td>Undisclosed 23.70%</td> <td></td> </tr> <tr> <td>Prefer not to disclose 4.83%</td> <td></td> </tr> </table> <p>We have religion data for 20% of staff (including where they have selected 'prefer not to disclose')</p>	Agnostic 0.02%	Atheism 0.47%	Buddhist 0.35%	Catholic 1.06%	Christian 39.74%	Hindu 0.83%	Islam 0.24%	Jewish 0.12%	Muslim 3.42%	Sikh 1.53%	Other 2.59%	No Religion 20.87%	Undisclosed 23.70%		Prefer not to disclose 4.83%					
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Adult Social Care Select Committee - 5th March 2025

Report of the Interim Director of Adult Social Care

Care Quality Commission (CQC) Inspection Readiness and Performance

Purpose of report

1. To provide an overview of Adult Social Care readiness for CQC assessment and current view on performance.

Recommendations

2. It is recommended that Members;
 - Challenge the progress of the Council in readying itself for CQC inspection.
 - Review the performance data tabled in the report and scrutinise it, identifying areas where further detail and development is required.
 - Understand what will be required by the council as a result of the CQC inspection from notification of assessment to the onsite visit.

Background

3. The Health Care Act 2022 gave the Care Quality Commission (CQC) new regulatory powers to undertake independent assessment of local authorities' delivery of regulated care functions set out in Part 1 of the Care Act (2014). This will provide independent assurance to the public of the quality of social care in Dudley.
4. Dudley received notification of the Local Authority Assessment from CQC on Monday 10th February 2025. The first part of the assessment is the information return. The second part will be an on site visit. Notification of our site visit could be up to 6 months from receipt of our letter, which will mean approximately July 2025.

5. The 38 Information Return (IR) were submitted 3 weeks after the date of notification. In addition, names and contact details of organisations that we work closely are provided to CQC. Before the site visit CQC will analyse this information, and publicly available data and interview key contacts who work with Dudley including community and voluntary groups. *Appendix 2* details the requirement of the information return.
6. We have coproduced a Self-Assessment which has also been submitted to CQC prior to their on site visit. The self-assessment tells the story of Social Care in Dudley, highlights our achievements and recognises our areas for development. Our self-assessment was co-produced with people who use our services, their families and carers, providers, partners and staff to ensure it is both accurate and is providing true view of Adult Social Care in Dudley.
7. When we are notified of the on site visit, between 6 and 8 weeks of the inspection notification, we will be asked to provide a list a 50 case files for scrutiny by CQC. The requirement for the cases is that they have been carried out within the last 12 months and must cover the following people:
 - older people
 - young people who have transitioned to adult service
 - people who have recently come out of hospital and are receiving care
 - people with a learning disability and autistic people
 - people with mental Health needs or substance misuse
 - people with physical disabilities or long-term care conditions
 - unpaid carers
8. CQC will then select 10 cases (6 cases and 4 on a reserve list if consent from the person does not agree). We have identified 50 best practice case examples from across the Directorate and audited them ourselves using our Quality Assessment Audit Framework to ensure they are suitable
9. From March 2025 until the Inspectors onsite visit, the Senior Leadership Team in Adult Social Care will continue to progress our development plan to ensure the staff, partners and key stakeholders are engaged and prepared for the Inspection
10. We are developing a Leadership presentation which will outline how Dudley Adult Social Care is structured, what and how services are provided and

how we work with our key stakeholders. This will be presented to CQC prior to their visit via a 3.5 hour on line meeting, involving other colleagues from the Council and Integrated Care Board.

11. Partners in Care and Health, in partnership with West Midlands Association of Directors of Social Services (WM-ADASS) and Local Government Association (LGA) will be providing support to help prepare frontline staff and managers.
12. The Continuous Development Group (CDG), chaired by the Interim Director of Adult Social Care will continue to meet monthly to oversee the improvement programme up to inspection and beyond. This improvement work is underpinned by the Adult Social Care Risk Register to ensure we are dealing with our priority actions for development, in relation to Care Act requirements.
13. The on site visit will be for 2-3 days and will have an inspection team of 10 people. This will include the CQC Assessment Director, Lead Assessment Management, Assessment Manager, Lead Inspector, 3 Inspectors, a Director of Adult Social Care from another authority, a specialist advisor and Executive Reviewer. Throughout the 3 days there will be approximately 40 sessions which will include interviews and focus groups for staff, stakeholders and Members, which may include;
 - Leader
 - Chief Executive
 - Cabinet Member for Adult Social Care
 - Shadow Cabinet Member for Adult Social Care
 - Select Committee Chair and Vice Chair
 - Director of Adult Social Care
 - Director of Public Health
 - Principal Social Worker
 - Safeguarding Board Independent Chair
 - Frontline Social Work and Prevention Teams
 - Commissioning Teams
 - Equality, Diversity and Inclusion Leads
 - Integrated Care Board / NHS Trusts
 - Occupational Therapy
 - Carers
 - Provider Forum

- Staff Drop in Sessions

14. CQC uses a Single Assessment Framework, with 4 themes consisting of 'quality' and 'I' statements to provide an overall rating for Adult Social Care, using a four-point rating scale; Inadequate, Requires Improvement, Good or Outstanding.
15. Following the onsite assessment a draft report will be produced by CQC. This will include scores for all the quality statements and an overall rating. CQC will undertake internal quality assurance and send Dudley a copy to check its factually accuracy. CQC will also undertake an internal bench-marking exercise to review and calibrate the scores and ratings, to ensure consistency across other Local Authorities. This process can take up to 10 weeks.
16. Score and ratings for Local Authorities are published on the CQC website once enough evidence has been gathered to make a judgement. They will then publish ratings; overall rating and score for each quality statement. The score will indicate where a local authority sits within a rating, showing whether it is nearer the upper or lower threshold.

Performance data

17. The data below shows the improvements in performance that Adult Social Care has achieved over the past 22 months.
18. We have made significant reductions in the number of people waiting for an assessment of any kind:

April 2023	April 2024	January 2025
1703	1079	947

This is a reduction of 756 people or 44.4% decrease over a 22-month period since April 2023.

19. Progress can also be seen on the numbers of people overdue a review:

April 2023	April 2024	January 2025
1678	1287	1340

This is a reduction of 338 people or 20.1% decrease over a 22-month period since April 2023.

20. Across England we are measured and compared with other councils via an Adult Social Care Outcomes Framework (ASCOF), which measures how well care and support services achieve the outcomes which matter the most to people. ASCOF indicators are used to identify strengths and weaknesses across the system and within individual councils' provision of services.
- Of the 22 ASCOF indicators for 2023/24, we can see improvement in our reported figures on 12 indicators compared to the previous reporting year.
 - Our performance when ranked to other local authorities has increased on 10 indicators. Additionally, 6 measures have increased in rank relative to other local authorities by 20 places or more.
 - ASCOF shows we have improved in specific areas.
21. We are in the 4th quartile (top 25% of LA's) for 4 measures:
- Carer-reported quality of life (1C)
 - Overall satisfaction of carers with social services (1E)
 - Proportion of carers who find it easy to find information about services (3C2)
 - Proportion of carers who reported that they had as much social contact as they would like (5A2)
22. We are in the 1st quartile (bottom 25% of LA's) for 2 measures:
- Proportion of adults with learning disabilities who live in their own home or with their family (2E)
 - Proportion of carers who receive self-directed support (3D1B)
23. ASC directorate-wide reporting scorecard, providing information to enable decision making based on objective data and containing 64 KPI's across the following operational areas:
- Access and Prevention - 11 KPI's
 - Adult Safeguarding – 12 KPI's
 - Assessment and Independence – 8 KPI's
 - Dudley Disability Service – 5 KPI's

- Mental Health (inc Approved MH Practice) – 10 KPI's
- Occupational Therapy – 2 KPI's
- Others (Finance, Commissioning) – 7 KPI's
- Service-wide Measures – 9 KPI's

24. This is underpinned by service area dashboards and KPIs, produced in the industry standard PowerBI, which allows selection and filtering of specific data sets to enhance operational decision making

Average caseload across all Adult Social Care teams:

March 2024 (earliest recorded)	April 2024	January 2025
10.8	10.1	8.9

Number of people waiting an assessment of any kind for longer than 6 months:

April 2023	April 2024	January 2025
624	295	210

Number of people waiting for a needs assessment

April 2023	April 2024	January 2025
105	87	71

Number of people waiting for a carers assessment

April 2023	April 2024	January 2025
142	65	33

Number of people waiting for a DoLS assessment

April 2023	April 2024	January 2025
541	554	529

Number of new contacts (12 month rolling average):

April 2023	April 2024	January 2025
1543	1725	2276

Safeguarding concerns logged (12 month rolling average):

April 2023	April 2024	January 2025
579	635	628

Number of new people receiving a Telecare package (12 month rolling average):

April 2023	April 2024	January 2025
87	72	71

Number of new people (65+) into residential and nursing care (12 month rolling average):

April 2023	April 2024	January 2025
32.5	36.5	35.3

Number of new people (65+) receiving a long-term care package (home care) in the community (12 month rolling average):

April 2023	April 2024	January 2025
71.9	107.6	88.3

Finance

25. There are no financial impacts relating to this paper.

Law

26. 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

This is not an exhaustive list.

27. The Health Care Act 2022 gave the Care Quality Commission (CQC) new regulatory powers to undertake independent assessment of local authorities' delivery of regulated care functions set out in Part 1 of the Care Act (2014). This will provide independent assurance to the public of the quality of social care in Dudley.
28. The ASC Operational Risk Register is actively managed and all changes in high-risk areas are reviewed at Continuous Development Group each month and all risks are updated with Heads of Service each and every month. It contains all ASC risks, including the ASC corporate risks managed at a corporate level.

Risk Management

29. The publication of the report by the Care Quality Commission has the potential to create reputational damage to the Council; however, it is felt that the remedial actions taken by the Council combined with pro-active communication with local media will mitigate this risk.

Equality Impact

30. Equality and equity of experience form an important part of the CQC inspection. We have assigned our ASC equality lead to work with our Performance Manager to ensure we have a clear equality dashboard and are taking steps to ensure we treat all people with dignity and respect. We have developed several policies and processes to ensure equity of experience for example a Waiting Well Policy which will ensure

equity of experience for those waiting for assessment regardless of which service they are waiting to be assessed by.

31. The recommendations within this report support the Council's organisational development priorities, processes, and people to deliver a quality service by underpinning our ability to respond to and recover from incidents impacting Dudley Borough.

Human Resources/Organisational Development

32. It will be vital that staff are available to participate in the inspection as and when required. We will be preparing them for this with the support of Partners in Care and Health, in partnership with West Midlands Association of Directors of Social Services (WM-ADASS) and Local Government Association (LGA). Authorities who have been through the inspection have stated that if well prepared inspection is an extremely positive experience for staff as it gives them the opportunity to show the inspectors what they do well and the impact of this.

Commercial/Procurement

33. There are no commercial or procurement impacts as a result of this paper.

Council Plan

34. The CQC inspection will demonstrate how Adult Social Care supports the delivery of the Dudley Council Plan.

E. Matthews.

Emma Matthews
Interim Director of Adult Social Care

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Appendices

Appendix 1: CQC Information return documents provided

List of Background Documents

[CQC Single Assessment Framework](#)
[Health and Care Act 2022](#)
[Care Act \(2014\)](#)



Local authority information return

Name of local authority: Dudley Metropolitan Borough Council

Local authority reference ID: E08000027

Date information return sent to local authority: 10 February 2025

Purpose of the local authority information return

This information return is a key part of our assessment of how a local authority is carrying out its adult social care functions in England. Part 1 of the Care Act 2014 describes those functions.

It enables us to review some key documents, information and data before our on-site activity. These will help us plan the assessment, or form part of the evidence we assess. Where relevant, we show which quality statements items relate to. Our [assessment framework](#) for local authority assurance describes the quality statements.

During the assessment, we may need to request more information if we need it to assess a quality statement.

All the information we gather helps us to assess each local authority. It also helps us understand national trends, issues, performance and innovation across England.

Some of the information will inform our national reporting, such as our annual State of Care report. This will be anonymised unless a local authority gives consent.

The General Data Protection Regulation (GDPR) allows local authorities to lawfully provide personal data. This applies where we need the data to carry out our statutory duties. It includes special categories of personal data.

Documentation required

Each local authority's arrangements for delivering Care Act duties will be different. You will have various policies, processes, strategies and other documentation to support this. We do not expect you to have a specific document for every item listed in the information return. Documents may have different titles or information may be within other documents. For example, corporate strategies or partnership documents. We encourage you to use your existing documents and direct us to the relevant sections as needed.

If any of the required information is already available publicly, please provide a link to that information – there is no need to reproduce it. You can add a link to external information against the relevant item on the form below and return the form to us.

- Do not create new documents for this information return. Use existing information that best meets the information request.
- Only include information that most closely relates to the requested items. Don't provide extra information. This will avoid us looking at unnecessary information that may not inform the assessment.
- Data requested (for example, IR3 on compliments and complaints) should cover the last 12 months. You should only include data from outside of this period if an exceptional example falls just outside the 12-month period.
- To keep information succinct please do not provide:
 - terms of reference from meetings or forums
 - blank template documents and forms

- duplicate documents (just refer to the IR number where you attached a particular document)
- contracts or service specifications
- agendas for meetings
- multiple action plans and minutes relating to the same topic (only the most recent one)
- embedded documents
- References to 'people' include both those who use care services and unpaid carers.
- Redact any personal information.

Self-assessment

Self-assessment is an opportunity for your local authority to:

- assess and judge your own performance in relation to the quality statements
- use evidence to support your judgements
- highlight key successes, risks and challenges
- identify actions needed to address the most pressing risks.

The Local Government Association (LGA) and ADASS have produced [guidance to help develop an adult social care self-assessment](#). This has an accompanying workbook. Their guidance states that:

“The completion of an objective, honest and authentic self-assessment of a council’s strengths and areas for improvement is a valuable opportunity to focus improvement planning and delivery in a way that ensures local ownership.”

In our assessment framework, 'self-assessment' is an evidence item in the 'Feedback from staff and leaders' evidence category. It forms part of the overall evidence we will gather and use to assess each of the 9 quality statements.

We will not provide a self-assessment template. You may share your self-assessment in any format you choose, or you can use the comprehensive [self-assessment workbook](#) developed by the LGA and ADASS to support local authorities to prepare for CQC assessments.

There is no mandatory requirement for local authorities to produce a self-assessment for CQC to review. **However, if you choose not to complete a self-assessment, we will need to spend more time in the on-site part of our assessment. This is because we will need to gather and analyse required evidence from various sources.**

Submitting your information return and self-assessment

Submit the information requested below by the dates shown in each section.

Information required within one week should be submitted by email to LAWestMidlands@cqc.org.uk

You must submit all other information through the secure portal. We will tell you how to access the portal, but please contact us at LAWestMidlands@cqc.org.uk if you have any queries.

Each item in the information return has a reference number (for example IR 12). You must add this number to any information or documentary evidence that you submit through the portal so we can easily identify which item your information relates to.

Local authority information return

Section 1: Key contact information required

Information required	Details	Date required
Voluntary organisation information	<p>Contact name, phone number and email address for the chair of the local voluntary sector forum(s).</p> <p>Contact name, phone number and email address for local umbrella body(s).</p> <p>This is so we can seek feedback from them ahead of our site visit.</p>	28 February 2025 to LAWestMidlands@cqc.org.uk
Carer organisation information	<p>Organisation and contact name, phone number and email address for all carer organisations the local authority works with.</p> <p>This is so we can seek feedback from them ahead of our site visit.</p>	28 February 2025 to LAWestMidlands@cqc.org.uk
Advocacy organisation information	<p>Organisation and contact name, phone number and email address for all organisations commissioned to provide advocacy services.</p> <p>This is so we can seek feedback from them ahead of our site visit.</p>	28 February 2025 to LAWestMidlands@cqc.org.uk

Section 2: Information required by 5pm 28 February 2025

Item ref No.	Information item	Theme	Quality statement(s)
IR 1	Local authority self-assessment. See guidance at the start of this information return.	All	All
IR 2	Feedback obtained from people about their experience of assessment and care provision. Include themes, trends, and action taken to address any issues. <i>Covering the preceding 12 months from the date of completing the information return.</i>	All	All
IR 3	Compliments/complaints received by the local authority in relation to Care Act duties. Include a summary of issues, trends, outcomes and actions taken. <i>Covering the preceding 12 months from the date of completing the information return.</i>	All	All
IR 4	Feedback obtained from staff, that the local authority has requested. Include themes, trends, and action taken to address these. <i>Covering the preceding 12 months from the date of completing the information return.</i>	All	All
IR 5	Assessment, care planning and review. Processes and pathways (flowcharts) from first contact with local authority. For each of these activities: <ol style="list-style-type: none"> 1. Care assessments (state if measures vary between different groups or needs) 2. Care reviews (if different) 3. Financial assessments 4. Carer assessments, including young carers and parent-carers provide: <ul style="list-style-type: none"> • waiting list size (on date of this submission) • median and maximum waiting time (for last 12 months) • your target timescale? Themes, if any, on the reasons why any people wait longer. 	1. Working with people	Assessing needs

Item ref No.	Information item	Theme	Quality statement(s)
IR 6	<p>Care Act assessment, support and care funding:</p> <ul style="list-style-type: none"> • arrangements for determining eligibility • number of appeals: themes, trends, and outcomes <p><i>Covering the preceding 12 months from the date of completing the information return.</i></p>	1. Working with people	Assessing needs
IR 7	<p>Direct payments:</p> <ul style="list-style-type: none"> • arrangements for offering direct payments. • arrangements for supporting people to use direct payments, and level of oversight. Include support for people to employ their own personal assistants • the number of people who have stopped using direct payments to meet their ongoing care needs. Include themes, trends and actions taken <p><i>Covering the preceding 12 months from the date of completing the information return.</i></p>	1. Working with people	Supporting people to lead healthier lives
IR 8	<p>Provide your strategy to prevent, reduce or delay the need for care and support.</p> <p>Provide details of your existing services, facilities or other measures to prevent, reduce and delay the need for care and support.</p>	1. Working with people	Supporting people to lead healthier lives
IR 9	<p>Arrangements for access to aids and equipment to promote independence.</p> <p>Include:</p> <ul style="list-style-type: none"> • what role or team carries out assessments • if there is an external equipment provider, please provide contact details. <p>For each of these activities:</p> <p>(a) assessment for equipment</p> <p>(b) provision of equipment</p> <p>provide:</p> <ul style="list-style-type: none"> • waiting list size (on date of this submission) • median and maximum waiting time (for last 12 months) • your target timescale. Themes, if any, on the reasons why any people wait longer 	1. Working with people	Supporting people to lead healthier lives

Item ref No.	Information item	Theme	Quality statement(s)
IR 10	Provision of information and advice to enable people to make informed choices about care and support. How is information and advice provided in a way that is: <ul style="list-style-type: none"> • available • accessible • tailored to the needs of local people? 	1. Working with people	Supporting people to lead healthier lives
IR 11	Arrangements to support inclusion and accessibility. For example, access to interpreting services.	1. Working with people	Equity in experience and outcomes
IR 12	Provide your strategy and actions for: <ul style="list-style-type: none"> (a) identifying, and (b) reducing any inequalities of experience and outcomes relating to Care Act duties.	1. Working with people	Equity in experience and outcomes
IR 13	Provide details of any groups of people in your area identified as being at risk of having unmet needs or poor outcomes because of their protected characteristics. For example, members of groups who may be seldom heard due to their race (including Gypsy, Roma and Travellers), ethnicity, religion, LGBTQ+ identity.	1. Working with people	Equity in experience and outcomes
IR 14	Joint Strategic Needs Assessment: provide a link to your JSNA.	2. Providing support	Care provision, integration and continuity
IR 15	Shaping and sustaining the market. Provide your: <ul style="list-style-type: none"> • market position statement • market shaping plans • market sustainability plan. 	2. Providing support	Care provision, integration and continuity
IR 16	Commissioning strategies (including joint and specialist commissioning). Include arrangements for monitoring and evaluating their impact.	2. Providing support	Care provision, integration and continuity
IR 17	Provide details of out-of-area placements, including:	2. Providing support	Care provision, integration and continuity

Item ref No.	Information item	Theme	Quality statement(s)
	<ul style="list-style-type: none"> the total number of people placed out-of-area at the time of this assessment a summary of the reasons for these placements, including any key themes (for example, because of specialist needs) how many of these placements were made within the last 12 months 		
IR 18	Arrangements for quality monitoring of commissioned services. Include services commissioned from outside of the local authority area.	2. Providing support	Care provision, integration and continuity
IR 19	Social care workforce. Provide your strategy for maintaining enough capacity and capability in the workforce to meet social care needs in your area. For example, a social care workforce strategy, if available.	2. Providing support	Care provision, integration and continuity
IR 20	<p>Market sustainability. For these commissioned service types:</p> <ul style="list-style-type: none"> homecare supported living residential care home nursing home <p>provide details of:</p> <ol style="list-style-type: none"> Contracts handed back early to local authority by providers and reasons why Local authority commissioning embargoes and reasons why <p><i>Covering the preceding 12 months from the date you complete the information return.</i></p>	2. Providing support	Care provision, integration and continuity
IR 21	<p>Demand for care services and capacity. For the following service types:</p> <ul style="list-style-type: none"> homecare supported living residential care home nursing home <p>provide details of:</p> <ul style="list-style-type: none"> the number of times people have had to wait for their service to begin due to lack of capacity 	2. Providing support	Care provision, integration and continuity

Item ref No.	Information item	Theme	Quality statement(s)
	<ul style="list-style-type: none"> the average length of time (in days) people have had to wait <p><i>Covering the preceding 3 months from the date you complete the information return.</i></p>		
IR 22	<p>Provide any examples of work with key partner agencies to deliver shared local and national objectives.</p> <p><i>Covering the preceding 12 months from the date you complete the information return.</i></p>	2. Providing support	Partnerships and communities
IR 23	<p>Use of Better Care Fund (BCF): how has BCF been used to deliver shared local priorities?</p> <p><i>Covering the preceding 12 months from the date you complete the information return.</i></p>	2. Providing support	Partnerships and communities
IR 24	<p>Provide your end-to-end process/pathways when people move between services and agencies.</p> <p>This should include:</p> <ul style="list-style-type: none"> children into adulthood hospital discharge moving to another local authority transitioning between services people who can no longer fund their own care. 	3. Ensuring safety within the system	Safe systems, pathways and transitions
IR 25	<p>Contingency and emergency preparedness plan. Provide your plan for provider failure and other disruptions in the provision of care and support.</p> <p>Include any examples of when this was implemented, and whether it was effective.</p> <p><i>Covering the preceding 12 months from the date you complete the information return.</i></p>	3. Ensuring safety within the system	Safe systems, pathways and transitions
IR 26	<p>Safeguarding Adults Board. Provide the annual strategic plan and annual report.</p>	3. Ensuring safety within the system	Safeguarding
IR 27	<p>Safeguarding Adult Reviews (SARs). Provide details of all SARs and a record of subsequent learning or actions taken.</p> <p><i>Covering the preceding 24 months from the date you complete the information return.</i></p>	3. Ensuring safety within the system	Safeguarding

Item ref No.	Information item	Theme	Quality statement(s)
IR 28	<p>Pathways for managing safeguarding concerns and section 42 enquiries.</p> <p>Include your quality assurance arrangements.</p>	3. Ensuring safety within the system	Safeguarding
IR 29	<p>Provide your plans and actions to address any identified safeguarding themes, trends and key safeguarding risks in your area.</p> <p>For each of these activities:</p> <ul style="list-style-type: none"> • safeguarding referrals awaiting initial review • Section 42 enquiries awaiting allocation • DoLS applications awaiting allocation <p>provide:</p> <ul style="list-style-type: none"> • the number of referrals • the median and maximum waiting time for review/allocation • your target timescale. Themes, if any, on the reasons why any people wait longer <p><i>Covering the preceding 12 months from the date you complete the information return.</i></p>	3. Ensuring safety within the system	Safeguarding
IR 30	Adult social care strategic plan(s) and delivery plan.	4. Leadership	Governance, management and sustainability
IR 31	Governance arrangements for delivery of Care Act duties.	4. Leadership	Governance, management and sustainability
IR 32	Current Adult social care risk register.	4. Leadership	Governance, management and sustainability
IR 33	Strategy for supporting unpaid carers.	4. Leadership	Governance, management and sustainability
IR 34	<p>Learning and improvement plans from:</p> <ul style="list-style-type: none"> • serious incidents • serious case reviews • Coroner Regulation 28 Reports • whistleblowing 	4. Leadership	Learning, improvement and innovation

Item ref No.	Information item	Theme	Quality statement(s)
	<ul style="list-style-type: none"> • Ofsted • SEND • Local Government Social Care Ombudsman. <p><i>Covering the preceding 12 months from the date you complete the information return.</i></p>		
IR 35	<p>Provide your general co-production policy or approach.</p> <p>Include an example of work that was co-produced.</p> <p><i>Covering the preceding 12 months from the date you complete the information return.</i></p>	4. Leadership	Learning, improvement and innovation
IR 36	<p>Workforce development plan. Arrangements for supporting the continuous professional development of local authority staff.</p>	4. Leadership	Learning, improvement and innovation
IR 37	<p>Organisational chart showing all levels of roles involved in the delivery of the Care Act.</p> <p>Include:</p> <ul style="list-style-type: none"> • from Chief Executive, senior leadership to frontline teams • social work/ community teams, commissioning, quality monitoring etc. <p>Please provide a description of the teams and their functions.</p>	General	General
IR 38	<p>Provide details of any key groups, partnerships or networks in the local area we could gather feedback from in relation to the assessment. For example: carers groups, provider forums, partnership boards, seldom heard groups and voluntary sector organisations.</p> <p>Include all groups not just those who are commissioned.</p> <p>Include:</p> <ul style="list-style-type: none"> • name of group, partnership or network • contact details (name, email, telephone number) • purpose of group, partnership or network 	General	General