

**Meeting of the Adult Social Care Select Committee
Wednesday 20th November, 2024 at 6.00pm
in Committee Room 2 at the Council House,
Priory Road, Dudley, DY1 1HF**

**Revised 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 18th September, 2024 – (Pages 4-21).
5. Adult Social Care Select Committee Progress Tracker and Future Business – (Pages 22-25)
6. Public Forum
7. The Dudley Telecare Service – (Pages 26-36)
8. To consider any questions from Members to the Chair where two clear days' notice has been given to the Deputy Monitoring Officer (Council Procedure Rule 11.8).
9. Urgent Item - Annual Adult Safeguarding Report and Deprivation of Liberty Safeguards (DOLs) – (Pages 37-53)
10. Urgent Item - Corporate Performance Report Q2, 2024 – (Pages 54-88)





Interim Chief Executive

Dated: 14th November 2024

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 18th September, 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, A Hopwood, A Qayyum, C Reid, T Russon, and I Sandal.

Dudley MBC Officers:

M Bowsher (Director of Adult Social Care), T Curran (Complaints Manager – Access and Prevention, Commissioning, Performance and Complaints), D Phillipowsky (Head of Adult Mental Health) (Directorate of Adult Social Care), and L Jury (Democratic Services Officer) (Directorate of Finance and Legal).

Also in attendance:

One Member of the Press

11 Apologies for Absence

No apologies had been submitted for this meeting.

12 Appointment of Substitute Members

No substitutes were appointed for this meeting.

13 Declaration of Interest

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

14 **Minutes**

Resolved

That the minutes of the meeting held on 17th July, 2024, be confirmed as a correct record and signed.

15 **Public Forum**

No issues were raised under this item.

16 **Change in Order of Business**

Pursuant to Council Procedure Rule 13(c) is was:

Resolved

That the order of business be varied and that the agenda items be considered in the order set out in the minutes below.

17 **Comments By the Director of Adult Social Care**

The Director of Adult Social Care apologised to those Members who had received the original agenda and advised that the Integrated Care Board had requested that the item on Continuing Healthcare be deferred to the next meeting of the Committee as several cases included in the report were under dispute and the learning from this process and the outcome would be included in the future report.

18 **Adult Social Care Complaints, Comments and Compliments**

Members considered a report of the Director of Adult Social Care on an overview of the Adults Social Care Complaints Annual Report for the period 1st April 2023 to 31st March 2024.

In introducing the item, the Director of Adult Social Care referred to the previous meeting where supporting evidence had been submitted to this Committee for consideration and would also be submitted to the Care Quality Commission prior to the forthcoming inspection. The annual Complaints, Comments and Compliments report was a statutory report and Tracey Curran, the Complaints Manager had been invited to attend the meeting to present a summary of the report to Members.

In presenting the report, the Complaints Manager advised Members that the report was submitted to the Committee as Members were requested to comment on the content of the report and grant approval for public publication in line with the statutory requirement.

The Complaints Manager advised that the report provided an overview of the complaints that had been received for the period 1st April 2023 to 31st March 2024 and an example of the type of complaints that were submitted was presented. This included complaints regarding deprivation, where during a financial assessment it had become evident that someone had deliberately deprived themselves of assets in order to reduce the level of contribution that they needed to provide. Complaints were also received regarding 'top-ups', which was an additional contribution required from family members after a Council had funded a residential placement and the Local Authority had paid a standard contracted rate for residential care and if the care home was considered not suitable for that person for any reason, any difference in funding would be required. Complaints were also received from external providers and people receiving care, in relation to financial charging and delays in assessments.

In relation to the number of complaints that had been received for this period, it was noted that there had been a 25% decrease in the overall number of complaints. The complaints were broken down into forty-two statutory complaints and ninety-six corporate complaints and it was advised that a significant amount of training had been undertaken with the Local Government Ombudsmen to ensure that the complaints had been registered correctly and proceeded through the complaints system. No significant reason for the decrease in complaints had been established, however the complexity of the complaints was acknowledged which could include a number of services and external services in providing a co-ordinated response.

The timescales for resolving all complaints during the period 2022/2023 was presented, as set out in the report, and the improvement in performance in this area during 2023/2024 was noted.

The number of statutory and corporate complaints received that had been upheld or partially upheld in comparison to last year was presented, and an increase in performance during 2023/2024 was noted in relation to the number of complaints that had been resolved within the timescale for resolving complaints. It was noted that thirty-five informal comments that had been received would all receive a response.

Reference was made to the two Ombudsmen cases that had been received, in comparison to seven cases in the previous period, one relating to Assessment and Independence and one relating to Dudley Disability Services preparing for Adulthood, and it was noted that both cases had been upheld, as detailed in the report.

In conclusion, the Complaints Manager advised that 296 compliments had been received, an increase from the previous year.

The Director of Adult Social Care advised that the Complaints Manager presents to the Management Team on a quarterly bases in Adult Social Care and themes that were emerging were considered to determine whether immediate action was required, and it was noted that many of the themes in the report were also reflected in the improvement priorities. In terms of the Ombudsmen, it was particularly encouraging to see that cases that had been upheld had decreased from last year which demonstrated that the processes in place to deal with issues locally in the first instance, were effective.

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

- (a) Councillor A Aston commented that a healthy organisation demonstrating good governance was one that learnt from its complaints and stated that it was reassuring to hear that the way complaints were dealt with were regularly reviewed, and emphasised that the number of compliments received, doubled the number of the complaints received in 2023/2024 and that this should be celebrated and acknowledged. Referring to page 66 of the report, clarification was sought on whether complaints made against a private care provider counted as a corporate complaint, if it had been referred via the Council. In response, the Complaints Manager advised that regardless of where the complaint had come from, such as a resident or external provider, it depended on the nature of the complaint, which would then be considered against statutory regulations.

- (b) In response to the Chair's request for an example of a statutory and corporate complaint that could be received, the Complaints Manager advised that a complaint that related to a delay in an assessment would be categorised as a statutory complaint as it would be a deprivation of someone's liberty and it was noted that this was an area that the Directorate paid particular attention to. A corporate complaint could relate to how a person was dealt with or spoken to by a particular person and this would not have a direct impact on a person's care.
- (c) In relation to the corporate comparison chart, the Chair sought assurance that the complaints that had been received, as set out in the chart in the report, were against the Council. In response, the Complaints Manager advised that if a complaint was received from a relative or a person receiving care for issues such as, a carers attitude or persistent lateness, because the Local Authority externally commission the service, it would ultimately be the Local Authority's responsibility to hear the complaint and this would be how the Ombudsmen would view the complaint. The complaint, however, would be forwarded on to the external provider to investigate and provide their findings which the Local Authority would consider and provide a response to the service user. It is the Local Authority's legal responsibility to ensure that the person's specific needs were being met. The Local Authority would require evidence from the external provider that the issue had been addressed and then would liaise with the family to ascertain their satisfaction and it was important that this data was feedback into the Commissioning team.
- (e) In response to a question raised by Councillor A Aston in relation to who a complainant should contact in the first instance and the process followed by other Local Authorities, the Director of Adult Social Care advised that the administration of the complaints process differed in Local Authorities. Dudley's view would be in the first instance that the service user should try to resolve the issue with the care provider (if the complaint pertained to quality of care), as the care provider would wish to understand and address the issue. However, if the complainant felt that their complaint had not been addressed, they would have the right to bring the complaint to the Local Authority.

- (f) In response to a concern raised by Councillor A Davies in relation to the increase in complex cases and whether this should be reflected more in the report due to an increase in resources required and time to deal with such cases, the Complaints Manager responded that the expectation of the complainants had increased as sometimes a complaint could involve several internal and external providers and the challenge was to co-ordinate and manage the expectation of the complainant within the timescale. However, if the complexity of the complaint was evident, the Local Authority would contact the complainant to explain that their case involved several services to make them aware of a possible delay in a response. It was noted that other services such as the NHS often had different timescales to respond, and in this situation, if the Local Authority's response had been completed and further information was required from the NHS, the Local Authority would forward the response to them and ask them to either send the response directly to the complainant or co-ordinate with their response. It was reported that corporate complaints that had been issued over the set timescale were monitored by the Corporate Management Team (CMT).
- (g) In response to a question raised by the Chair in relation to the Ombudsmen, the Complaints Manager advised that the Ombudsmen had changed their approach in the way they handled complaints due to the number of complaints that they were receiving. Before a full investigation takes place, the Ombudsmen now makes an initial consideration as to whether it is likely that the complaint will be upheld, therefore, when the Council have a case referred to the Ombudsmen, it is unknown if it will be investigated or not until they have reviewed the information the Council have been asked to supply. Once the information had been reviewed, they then inform the Council if they are pursuing the case and will appoint an investigator. It was noted that in 2022/2023 ten cases had been investigated by the Ombudsmen.

Resolved

- (1) That the information presented in relation to Adult Social Care Complaints, Comments and Compliments for the period 1st April 2023 to 31st March 2024, and the comments made by Members as above, be noted.
- (2) That, in line with statutory requirements, the report be published.

19 **Woodside Day Service – including the views of citizens**

Members of the Committee considered the report of the Director of Adult Social Care on a 12 week programme offered by Woodside Day Service and the move of the preventative offer to Aspire4U, to provide support to citizens managing their mental health at home.

In introducing the item, the Director of Adult Social Care advised that this item had been carried forward from last year's scrutiny programme as Members had requested an update on the changes that had been introduced to the service and what assurance could be given on the effectiveness of the new model and D Phillipowsky, Head of Adult Mental Health, had been invited to the meeting to present the report to Members.

The Head of Adult Mental Health presented the report, and in doing so, advised that the 12 week programme in question had run from April to June 2024 and was an outcome focused and recovery focused programme, hence the time limit. Community Engagement staff from the Adult Mental Health Service had been involved in producing the new programme which specifically focused on outcomes, building social networks, understanding healthy lifestyle choices and exploring creativity with the service users. A total of fifty-two citizens had come through this cohort, however only sixteen attended the final session, with the citizens citing various reasons for non-attendance such as, current commitments and losing interest in the programme as they did not find it engaging enough.

An evaluation of the service users was undertaken and comments received were presented as set out in the report, and it was noted that the overall rating of the programme given by the citizens was 4.2 out of 5. An evaluation of the exit strategy was also undertaken to ascertain the outcome of the programme and how successful it had been in signposting people to other community services, and the comments made by the sixteen citizens were included in the report. It was noted that one person was now attending the gym at Russell's Hall Hospital, one person attended a weekly arts and crafts group, one person had been referred to Aspire4U and was satisfied with the service they were receiving, and one person felt confident to access the community independently and had obtained a volunteer position. It was noted that the exit strategy had scored an overall rating of 4.3 out of 5 and all citizens who had attended had been given contact details of the Social Care Access Team and information on community services available.

It was advised that although the criteria to access the programme had been expanded, and opened up to all adult social care, and the programme had been promoted, the numbers coming through were not sufficient to sustain the programme, therefore, the preventative offer was moved to Aspire4U, a service already commissioned by the Council who already provide a similar 10 week programme. The programme provided a wide variety of activities across the Borough, therefore users would not be limited to one location in Dudley, and which would help to maximise the use of existing resources and ensure continuity of support. It was noted that people had already been signposted to the service and had stated that they were satisfied with the service provision.

In conclusion, the Head of Adult Mental Health, advised that a drop in session would continue to be provided at the Community Centre but on a Friday only and it was proposed to maximise the commissioned service with Aspire4U as the Council were not currently utilising all the hours that the contractor did commission. It was advised that by scaling back from five days per week to one day per week at Woodside would achieve a saving of £14,000 for the General Fund.

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

- (a) In response to a question from Councillor C Reid in relation to where Aspire4U were situated in Dudley, the Head of Adult Mental Health advised that the service used a variety of different venues across the Borough such as, churches and community halls. It was noted that Aspire4U were an innovative, forward thinking service who were also using a variety of social media platforms to promote their service and engage with people, especially young people.
- (b) Councillor C Reid commented that she was pleased to hear that the service would now be more accessible to people throughout the Borough and requested that information be sent to Members advising on the location of the Aspire4U service. The Director of Adult Social Care undertook to produce a list which would be circulated to Members.
- (c) In response to a further question raised by Councillor C Reid in relation to the referrals process, the Head of Adult Mental Health advised that the usual route was a referral through the Access Team in Adult Social Care who would then refer onto the preventative offer Aspire4U, the same process that had been used to access Woodside.

- (d) In response to a question raised by the Chair in relation to the retention of the one-day drop in service and what that would offer, the Head of Adult Mental Health advised that the service could offer an informal chat if that was all that was required or support, advice and guidance could be provided from a professional or signposting to other particular services if necessary, and volunteering opportunities could be provided within the service to build on confidence. It was noted that the service offered was particularly mental health focused but could be offered more widely, for example, those caring for relatives or friends with a mental health condition who required guidance and support.
- (e) In response to a concern raised by Councillor C Reid in relation to people with mental health issues who were unaware of the services or were not engaging with the access team or GP's and challenges faced with regard to language barriers and isolation and how they could access the service, the Head of Adult Mental Health advised that people should be directed to the Access Team in adult mental health in the first instance who would consider the person's needs and signpost to the appropriate service. The Director of Adult Social Care proposed that a flow chart be produced in relation to the referral pathway process to follow which would be circulated to Members.
- (f) Councillor A Davies requested an update on the current position with the WorkWell Partnership being piloted in the Black Country although he was aware that it had not been launched yet across the whole of the Black Country and any possibility of linking with Aspire4U. In response, the Director of Adult Social Care referring to a range of employment support initiatives for people with learning disabilities, advised that it was likely that people accessing Aspire4U were not well enough to be looking at employment as an option at this time. The Director of Adult Social Care proposed that the Council's internet pages and the Dudley Community Directories be updated with information with regards to the WorkWell Partnership launch and services on offer to raise staff awareness.

- (g) In response to a question raised by Councillor A Qayyum in relation to any increase or decrease in costs by downscaling the service provision to one-day a week, the Head of Adult Mental Health advised that due to Aspire4U already being commissioned by the Council, there would not be any additional costs to using the service. It was noted, however that due to rent that was currently paid to hold the one-day drop in session in the community centre, the service was investigating if additional savings could be made if the session could be held in locations such as libraries across the Borough.
- (h) Councillor T Russon questioned whether an increase had been seen in people taking up the service since it had been moved to Aspire4U. In response, the Head of Adult Mental Health advised that the number had been fairly consistent and it was noted that it tended to be a core cohort of people with long standing mental ill health that accessed this type of service to receive low level support to live independently within the community.
- (i) In response to a question raise by the Chair in relation to why the service had relocated from the Woodside Day Service to the community centre, the Director of Adult Social Care updated Members on the move from Woodside to the Community Centre close to Woodside some 12 months ago due to the significantly dilapidated condition of the building which would cost in excess of £1 million to repair and it was considered that it was no longer a fit and proper environment to hold a service. Therefore, the Council were able to continue to offer the support it was committed to do from the community centre and was now being supplied by Aspire4U. It was noted that staff from Woodside who have built a good relationship with people who had attended the service were becoming involved in support planning, reviewing and dealing with some of the waiting lists that was really important to ensure that everyone received at least an annual contact with the service.

Resolved

- (1) That the information submitted informing Members of transition of the 12 week programme offered by Woodside Day Service to Aspire4U, and cease the Local Authority running the programme, and comments made by Members as stated above, be noted.

- (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.
 - (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.
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20 **Better Care Fund**

A report of the Director of Adult Social Care was submitted appraising Members of the Better Care Fund activity and performance to date within Social Care, the uses and benefits of the fund monies, the results from the internal audit, and achievements and challenges faced, including areas where improvements have been achieved.

The Director of Adult Social Care presented the report, and in doing so made reference to the purpose of the Better Care Fund, and the breadth of services, as set out in the report, which were funded by the BCF which totalled around £70 million and included; the Reablement Service, elements of home care, support to carers, occupational health, disabled grants, dementia gateway and some investments in the voluntary sector. The ring fenced funding was received in the form of a pooled budget with the Council and the Integrated Care Board (ICB), and it was noted that the Government had a clear expectation in relation to performance and plans for the usage of the money were submitted describing what performance benefits were expected to be achieved as a result of the schemes that were created.

It was advised that a Joint Commissioning Committee, with the Council and the ICB, monitored the day-to-day and month-to-month performance of the BCF and performance was also reported through the Dudley Health and Wellbeing Board who challenged and assured the progress that was being made.

Specific reference was made to the work that has been undertaken this year on establishing a reablement service with the aim to getting a person back on their feet and independent as soon as possible, from a post hospital discharge or a community route, and it was noted that 90% of recruitment to the service had now been achieved. Reference was made to the performance now evident in terms of decreasing spend on long-term care but it was acknowledged that more work was needed to maximise the number of people who were independent for six weeks plus and Member's attention was drawn to the performance data in the report that showed the work on hospital avoidance. Emphasis was given to the importance of avoiding hospital admissions, wherever possible, to free up capacity and work undertaken to support this was presented and included, emergency respite, and Telecare.

Reference was made to the chart on page 40 of the report that considered daily discharges, noting that on average, there were five discharges a day for Russell's Hall Hospital. However, it was noted that flexibility was required when the hospital were particularly busy and daily telephone conferences took place three times a day to focus on the discharges to ensure that the three pathways out of hospital were working. Specific reference was made to Pathway 1, a person going home from hospital with domiciliary care, as a growth had been seen in domiciliary care packages and performance, and intermediate care to try to maximise independence alongside the reablement offer and it was noted that two case studies had been attached as appendices for Members to consider.

In conclusion, the Direct of Adult Social Care advised on the current performance noting that as of 17th September, for the first time in approximately four years, there had been zero delayed transfers of care attributed to the Council from Russell's Hall Hospital and it was felt that the Council were in a very positive position in terms of performance, however, the challenge as always would be the winter months where the demand for hospital beds increased and a situation that was also being monitored for possible impact was the opening of the new Midland Metropolitan Hospital in October.

Following the presentation, Councillor A Aston paid tribute to the excellent intermediate care that a relative of his had received from both Tiled House and the reablement service and referring to the services funded by the BCF, questioned whether staff vacancies were impacting these services. In response, the Director of Adult Social Care referred to the spending controls the Council were operating under and the restrictions around recruitment. However, assurance was given that the services that were statutory in nature and were subject to a ring fence grant, recruitment was still continuing and priority was being given to social work capacity linked to the hospital and community teams. It was noted, however, that there was still in excess of £4 million worth of vacant posts across the Directorate which was creating additional pressure in terms of casework, and the pressure on staff and support being given was being monitored and resources moved where appropriate. Reference was made to performance data for assessment and review times and it was noted that over the last few months, performance had started to plateau and a slight increase in performance had become evident.

Resolved

- (1) That the information presented in relation to the effective use of the Better Care Fund and the collaboration with health partners supporting residents within the Dudley Borough, and the ongoing evaluation of improvement delivery, and the comments made by Members as stated above, be noted.
 - (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.
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21 Adult Social Care Strategies

A report of the Director of Adult Social Care was submitted to provide Members with an opportunity to review the updated Strategies which would form the main framework for workers in Adult Social Care.

The Director of Adult Social Care presented the report and in doing so, referred to the previous meeting where readiness for the Care Quality Commission (CQC) forthcoming inspection had been discussed. As a result, Members had questioned where information could be obtained in relation to Adult Social Care strategies and policies to enable them to consider the work that had been undertaken to review and update the offer of social care in the Borough. It was advised that the full documents had been uploaded on to the authority's Committee Management Information System (CMIS) for Members to consider further and an overview of the purpose and objectives of each of the documents would be presented to the Committee.

It was advised that included in the information were the key strategies that were currently being worked on such as, the vision and strategy for the next 5 years which had been undertaken through consultation and engagement with people who used the service and support, carers, care providers in the Borough, staff, and statutory partners. Also included were details relating to the Continuous Development Plan, which set out the areas of improvement that needed to be achieved to meet statutory requirements and also provide assurance in terms of quality.

Reference was made to the Co-production Strategy where local people were involved in the way the Directorate set its priorities, reviewed and designed its services, and influenced the services that were commissioned, and the importance of the document was acknowledged and it was noted that not all Councils had a Co-production Strategy.

Reference was made to the Commissioning Strategy which set out, how public money was used to buy care services in the Borough, provide information on sufficient supplies and where further work was required to develop new forms of care and support, and how the service would meet the needs of a growing population. Information had also been provided on the market position statement that detailed what had been commissioned, where from and whether the quality was sufficient.

Reference was made to the Prevention Strategy that detailed the services that were currently provided under the Care Act, which provided support that could be offered to people who did not require regulated care and provision but were beginning to experience a need for support, from such services as the Dementia gateways, the Carers hubs, the Telecare team, and the joint projects provided with Public Health on nutrition and balance, and support available in the communities around mental health which had been referred to earlier in the meeting. The strategy set out the services that were currently available, their impact, and what more needed to be achieved to develop prevention in the Borough.

Referring to the Carers Strategy, the Director of Adult Social Care advised that as a result of a meeting he had recently attended with carers, it had become very evident that more needed to be done to identify and reach people and promote services available more effectively before carers became isolated and started to struggle. It was advised that work would be undertaken with Communication and Public Affairs (CAPA) to consider information that could be displayed in public areas such as, GP surgeries, transport services, libraries, religious establishments, to raise people's awareness. It was noted that the strategy provided information on respite and training programmes on issues such as dementia, welfare benefits, and winter warmth advice.

Reference was made to the Dementia Strategy which focused on earlier diagnosis and earlier support for people, linked to the commissioning work that had been developed, to provide the right kind of care for people going forward as dementia impacted on many people's lives.

Referring to the Autistic Strategy, it was noted that this was a legal requirement, that had been co-produced with the Learning Disability and Autism Partnership Board and was currently being refreshed by people with Autism to provide their aspirations of life in the Borough, and the Learning and Development Strategy that provided information on the training provided to the authority's staff and the services commissioned by the authority to train their care workers and staff.

Referring to the Workforce Strategy, the Director of Adult Social Care emphasised that this was an area where more work was required due to the challenging growing pockets of areas of recruitment such as, Occupational Health, Mental Health and qualified Social Workers. The strategy considered how the authority recruited staff, how it encouraged people to work for the authority, how it could maximise apprenticeships, and how to ensure that there were sufficient skilled staff to discharge its statutory duties, and this needed to be considered in the context of the Council's economic position. It was noted that more work was required on communication as the pandemic had highlighted the difference in people's communication needs and, therefore, the Council needed to adapt to this.

In conclusion, the Director of Adult Social Care, advised that as Members considered the documents in further detail, it was likely that they may wish to consider some of the policies and strategies in more detail at future Committee meetings.

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

- (a) Councillor A Davies acknowledged the considerable work that would have been involved in producing the strategies, built on the experience of the team on areas that they knew worked well, did not work, and where improvements were required. In response to a question raised in relation to the significant number of residents in the Borough that this year would not be eligible for the winter fuel allowance and the impact that this might have on the Council, the Director of Adult Social Care referred to the pre-existing fuel issues that residents had been experiencing as prices had spiked in the last 2-3 years and stated that it would be difficult to know what impact the removal of the grant would have at present. Although he was aware that there would be some targeted support available to the lowest income households such as, the Household Support fund, the authority needed to identify the proportion of Dudley residents that would be impacted and ensure that advice and support services were targeted towards them as quickly as possible. Reference was made to fuel poverty in general and issues associated with this such as, respiratory problems due to people living in damp conditions, and the issue of people using alternative fuel to stay warm and the dangers associated with this, was highlighted. It was emphasised that any increase in poverty would have a significant impact in terms of social care demand.

In order for Members to signpost any residents in need to services available throughout the Council, the Director of Adult Social Care undertook to produce a list of services with contact details, including any services available through the voluntary sector, and this be circulated to all Members.

- (b) Councillor C Reid commented that she believed that those living in sheltered schemes in the Borough were at a slight advantage as they were more closely monitored and the buildings kept warm and felt that support needed to be targeted to the elderly living in small bungalows in the community who were more at risk of poverty especially those isolated with no family support. In response, the Director of Adult Social Care advised that contact would be made with colleagues in Housing for advice on challenges faced in some of Dudley's Housing stock in relation to the standard of living conditions and ensure that people were made aware of support available to them.

- (c) Councillor A Aston questioned whether the service were confident that they could provide assurance to the CQC that all of the Adult Social Care strategies and policies were regularly refreshed, reviewed and co-produced, and were in line with the changing health and social care landscape. In response, the Director of Adult Social Care referring to the information that the CQC would expect the Council to provide prior to their inspection as discussed at the last committee meeting, confirmed that the Continuous Development Group had identified the information required, considered when the information had been reviewed, and commenced writing new strategies to ensure that any gaps were addressed and the strategies and policies were appropriate given the changing nature of support on offer, and the constant job to review and ensure relevance was acknowledged. It was noted that the report submitted included most of the information that would be expected to be submitted to the CQC and with the exception of the Workforce Strategy that required more work before completion, as discussed earlier in the meeting, the service could account for their performance, their strategy and vision, account for any risks, and were becoming confident that they could describe specifically what they delivered, and identify issues where improvements were required.
- (d) In response to a question raised by the Chair in relation to the Workforce Strategy, the Director of Adult Social Care commented that the strategy needed to reflect the nature of what could be done in terms of recruitment by virtue of the financial restrictions the Council and many other Councils were facing. The service needed to be able to evidence why it had prioritised some posts over others and become more creative in areas such as apprenticeships.

The Director of Adult Social Care emphasised that it was important that the strategies, provided a clear account of what care and support was like in the Borough from the perspective of the people who used it and from the prospective of the authority's carers and staff and advised that as Members considered the full strategies and policies uploaded on CMIS, should they feel that any areas needed to be changed or needed further clarification, issues could be added to the work programme and consideration at future meetings.

The Director of Adult Social Care advised that an awards evening for Adult Social Care staff had been organised to acknowledge and give thanks to the work that many staff undertake above and beyond their role on a daily basis and an invitation was extended to Members to attend. The ceremony would be held in the Council Chamber and further information would be circulated to Committee Members.

Resolved

- (1) That, the information presented in relation to Adult Social Care Strategies that had been reviewed and updated and would form the main framework for workers In Adult Social Care, and the comments made by Members as stated above, be noted.
 - (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.
 - (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.
 - (4) That any Member of the Committee wishing to attend the Adult Social Care awards in December, should notify the Director of Adult Social Care no later than the end of October.
-

22 Questions under Council Procedure Rule 11.8

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

The meeting ended at 7.35pm.

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>	Completed and circulated to Members.
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	

Adult Social Care Strategies	<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 2023/24

<u>Date of Meeting</u>	<u>Work Programme</u>	<u>Responsible Officer/Area</u>	<u>Notes</u>
20 th November 2024			
	The Dudley Telecare	Nicola Boerm-Hammond (Call Centre Manager) Marie Spittle - Head of Service (Access and Prevention)	
	Annual Adult Safeguarding Report and Deprivation of Liberty Safeguards (DOLs)	Christine Conway – (Head of Adult Safeguarding)	
	Corporate Performance Report Q2, 2024	Leigh Steel (Performance Manager)	
	Continuing Healthcare Funding In Dudley	Matt Bowsher/Emma Matthews (Head of Dudley Disability Services)	
23 rd January 2025	Scrutiny of Revenue Budget and Medium-Term Financial Strategy 2025-2027	Overview and Scrutiny Select Committee	

	Corporate Quarterly Performance Report 2024/25 – Quarter 3 (deferred)	Matt Bowsher	
	Care Quality Commission Inspection (deferred)	Matt Bowsher	
5 th March 2025	Annual Report and Draft Scrutiny Programme –	Democratic Services	
	Market Sustainability Update Workforce/Recruitment		

Meeting of the Adult Social Care Select Committee – 20th November 2024

Report of the Director of Adult Social Care

The Dudley Telecare Service

Purpose of report

1. To provide an update to members regarding the implementation of the digital alarm receiving centre (ARC), charging policy and our progress towards the replacement programme as part of the analogue to digital switchover.

Recommendations

2. It is recommended that Select Committee Members: -
 - Note the delay to increase the telecare service charge from October 2024 and that the charge will increase from April 2025.
 - To scrutinise the analogue to digital switchover programme and progress to-date.

Background

3. Dudley has a population of approximately 323,495 people. By 2031 it is projected, the population will increase by 13,990 (4.4%), seeing a rise in the 65 and over age group, with the 85+ age group increasing by 70%.
4. A new charging policy for Telecare came into effect from 1st April 2023, seeing all customers connected to the service, regardless of their tenure, charged for the service they receive. A further uplift had been proposed of 4.88% for October 2024, however, this has been delayed until April 2025, to provide time for the customer base to stabilise.

5. To ensure we adhere to the MTFs plan, we propose to implement an uplift to the Telecare monthly equipment hire and service charge by 9.88% from April 2025. The current monthly charge is £21.30 +VAT, if the suggested uplift is approved, this will see the monthly charge rise to £23.40 + VAT.
6. Telecare have MTFs to achieve in 2024/25 of £0.400m. Following a functional review, additional MTFs of £0.200m has been agreed for 2025/26, with a further £0.104m in 2026/27.
7. The 9.88% uplift in April 2025 would generate additional income in 2025/26 of £0.117m.
8. Adult Social Care staff through the ongoing development of a strength-based approach, must consider technology to support individuals and carers to maximise independence and make best use of resources.
9. A national move to digital, enforced by phone providers across the country has meant that all Telecare solutions must switch from the current analogue system to digital by 2025. To undertake this, and to ensure the safety of those connected already to the service, Telecare has procured a new digitally enabled alarm receiving centre (ARC) to ensure those connected remain so without any discontinuation of service.

Award of new Digital ARC

10. The procurement concluded in May 2024 and the tender awarded to Enovation.
11. The timeline to go live is forecast for early December 2024.

Analogue to Digital

12. A steering group has been set up to provide oversight, membership includes Adult Social Care, Housing, Procurement and Digital and Technology ahead of the national switchover. The next phase is to explore a procurement framework to purchase the telecare equipment.
13. We attend the regular information sessions provided by the Local Government Association and Technology Enabled Care (TEC) Services Association, to gain updates on the telecommunication upgrade plans

and best practices, to support the implementation of our replacement programme.

14. We have worked with the major network providers such as Virgin and BT to complete data sharing agreements to safeguard the Telecare customer base. This will minimise un-announced and bulk migration switchovers, and allow a partnered, planned approach.
15. BT have delayed the forced migration to 2027 for their customers.

Technology Enabled Care

16. The Adult Social Care Digital Transformation Fund has allowed the Black Country Integrated Care System (ICS) access to funding to assist with:
 - Adoption of a Digital Social Care Record (DSCR) across the Care Home Sector.
 - Sensor Based Falls prevention technology.
 - Other technology (not already being funded through other national allocations i.e. Remote Monitoring and Supporting Independence Through Technology (SITT).
 - The task is to reach targets during the 3 year duration of the programme, concluding in March 2025.
17. Currently Dudley, working alongside the ICS and other local authorities, are working through delivery of the above schemes, and it is expected that the System will deliver the following throughout the life span of the programme:
 - 85% of adult social care CQC registered providers will have adopted a digital social care record by March 2025.
 - 20% of social care provider will have acoustic monitoring solution or equivalent care tech in place by March 2025. This would be targeted at the 20% most at-risk residents with social care providers. The mandate for this was limited to year 1.
 - Full deployment of at least one other type of care tech, driven by the benefits case and local need. Supporting Independence Through Technology (SITT) has been agreed as the other type of Care Tech and must be piloted by March 2025.



Progress so far

18. There has been agreed focus with the ICB on Digital Social Care Records (DSCR) and Supporting Independence Through Technology (SITT).

Digital social care records –

- We have achieved circa 80% applications for the DSCR and expect to exceed out target of 85% by March 2025 through our monthly discussions with providers.
- We are working directly with Tiled House, Intermediate Care Unit in Dudley, as an exemplar to uncover problems and provide solutions.

SITT –

- The Bid Award was announced on 15th January after the review of bid submissions. Connected Care Services (Ethel Care) will be the contracted supplier.
- After extensive testing of the Ethel Care system and several software updates, we went live with the pilot on the 9th September 2024.
- The evaluation period will conclude by mid-February 2025, whereby a decision will be made to procure the services into business-as-usual or revert to the previous way of working.

New Initiatives

19. Commercial opportunities are being explored to realise the medium-term financial strategy. They include exploring call monitoring opportunities for other organisations that have not invested to remain compliant, following the analogue to digital switchover.
20. We are also exploring the potential delivery of the corporate lone worker system, which is currently outsourced, following the implementation of the digital ARC.
21. Funding has already been secured to support the Ethel care project through the installation and decommissioning of equipment by Telecare staff, with a further business case being submitted to fund virtual wellbeing calls that will replace in person care visits.

Challenges

22. We continue to work with staff to develop their digital skills and undertake all training required to fully maximise the efficiencies a digital ARC can provide. Training is extensive and will require time to fully onboard and embed, promoting the culture that is required across the team, ensuring we are ready for the analogue to digital switchover, and the changes required to reach our full potential as a service.

Finance

23. The Dudley Telecare Service is funded through the general fund, private income, and the Housing Revenue Account for all Sheltered Housing Schemes and the out of hours services provided by Telecare. Additional investment for the replacement programme and SIM card costs in the future is being progressed with Housing, Adult Social Care and Commercial colleagues and any recommendations regarding future charges will be progressed through Cabinet and the appropriate Select Committee.
24. To make best use of resources we have already started to:
- Buy hybrid equipment, so that once the switchover is completed, the digitally enabled equipment will already be in situ in the customer's home, but equally currently works via analogue.
 - We are utilising all 'appropriate' appointments to replace analogue equipment with hybrid to ensure each visit is maximised. This will reduce the number of future visits required for 'replacement only'.
25. For the 2024/25 financial year, based on the following client numbers and discount rates:
- 1,187 council tenants (56% with CTR discount).
 - 2,855 private tenants (15% with CTR discount).
26. It is expected that we will see an over-achievement on private tenant income of £0.022m and a shortfall on council tenant income of £0.242m against target. Net position is a shortfall of £0.220m.

27. We are currently on target to offset this income shortfall with savings against vacancies and other expenditure within Telecare and Access Front of House.
28. Since the February update there has been a net reduction in clients of 143 (+20 private tenants, -163 council tenants). This is due to the 50% discount ending for existing council tenant clients.
29. Previously a target was applied to assume a +15% increase to the telecare client base, assuming that the client base would stabilise and increase after the initial loss of clients from the charging strategy.
30. This has been removed at present from assumptions. Telecare are currently managing the risk of the digital switchover for all active clients and therefore not actively promoting the service. It is anticipated that the switchover will be complete by the end of the calendar year.
31. At this point new targets will be explored to help maximise client numbers and income in 2025/26.
32. Assuming the same client numbers as 2024/25, with the 9.88% uplift applied, there is predicted to be a shortfall on income of £0.297m in 2025/26. This includes estimated full year income of £0.030m as a result of charging for installation.
33. If 2.08 FTE vacant posts remain held until at least 31/03/26, and DFG capital funding is maximised in year for purchase of new hybrid equipment, £0.221m of the above shortfall can be offset with expenditure savings. This leaves a net pressure of £0.028m.
34. Telecare would need an additional +118 new clients for the full year to offset the remaining pressure of £0.028m. This assumes 56% have CTR discount applied.

35. We are proposing a 3year uplift plan from 2026 with the following options:
- 3% inflation for 3 years from 2026/27 would generate additional income of £121k (2% of this is likely to be assumed in our council targets)
 - 5% inflation for 3 years from 2026/27 would generate additional income of £206k (additional £85k to 3% option)
 - 10% inflation for 3 years from 2026/27 would generate additional income of £432k (additional £226k to 5% option/additional £311k to 3% option)

Further details/breakdown of this can be found in (Appendix 1.0)

36. There is ongoing work between Accountancy and Telecare to ensure all customers in receipt of the service are paying. There is a discrepancy at present between the number of active telecare customers and number of clients billed on Unit4 Business World. This does add risk to the forecast, and we are cross checking data sets to understand why this is and ensure the data sets match up.

Law

37. Dudley Telecare Service supports statutory responsibilities. Section 2 of the Care Act 2014 states: where the local authority provides or arranges for care and support, the type of support may itself include support such as assistive technology in the home or equipment/adaptations, and approaches to meeting needs should be inclusive of less intensive or service-focused options.
38. Section 4 of The Care Act states that local authorities should facilitate local markets to encourage a sufficiency of preventative, enablement, and support services, including support for carers to make caring more sustainable where services such as Telecare are utilised to assist people achieve more independence and support the outcomes they want.

Risk Management

39. Working closely with all stakeholders in the Analogue to Digital Steering Group, we can identify risks throughout project and ensure we take



actions to mitigate any risks identified. The main risk identified, is to ensure our customers remain connected throughout the switchover, minimising any loss of service provision. The actions taken to mitigate this risk, is a data sharing agreement, with both major network providers, BT and Virgin.

Equality Impact

40. The service is available to anyone in need, living in the borough of Dudley, and shall be delivered in line with the councils Equality, Diversity, and Inclusion strategy 2022-2025, to adhere to equality legislation.
41. To provide a positive impact on marginalised groups is evidenced throughout the report, such as those protected by equality legislation based on their age, being a carer, and supporting an ageing population.

Human Resources/Organisational Development

42. All necessary changes to the operating staffing structure were completed as part of the previous telecare review through consultation with those affected, involving recognised trade unions, ensuring Council HR policy and Procedures are adhered to.

Commercial/Procurement

43. Systems and equipment continue to move forward with the imminent nationwide telephony shift from analogue to digital by 2025. We are working with colleagues in Housing, Procurement, Commercial and the Corporate Steering Group, to ensure the procurement of the digitally enabled equipment for the replacement programme is realised.
44. We continue to manage the outcomes and financial impact of the implementation of the Telecare Charging Policy, giving time for the customer base to recover.

Environment / Climate Change

45. We continue to maximise each visit made to our customers, taking the opportunity to switch out old analogue TEC once the primary reason for the visit has been addressed, during the analogue to digital upgrade. Doing this reduces the need for 'upgrade only' visits in the future,



as we recognise this is considerably more environmentally friendly and cost effective, supporting the council's vision to address climate change. We will also plan and minimise travel for all planned installations/upgrades, to reduce our carbon footprint.

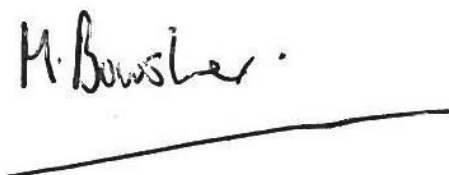
Council Plan

Financial sustainability, efficiency and providing best value.

- 46. Telecare is working within tighter spending controls, as shown in sections 21-23, making savings against vacancies and other expenditure.
- 47. The procurement of our new Digital ARC will enable operational efficiencies and allow the opportunity to explore how the new cloud hosted solution, which will reduce reliance on our own ICT department, can support the wider council with their lone worker solution, which is currently outsourced.

Delivering for our customers, residents and communities

- 48. Digital TEC is now being deployed from Telecare gives greater choice and control over how those connected to it remain independent in their home. Digital TEC no longer requires a land line which, we know previously prevented some taking the service due to its additional cost.



Matt Bowsher
Director of Adult Social Care

Report Author: Nicola Boerm-Hammond
Call Centre Manager
Telephone: 01384 817457
Email: Nicola.Boerm-Hammond@dudley.gov.uk



Marie Spittle
Head of Service (Access and Prevention)
Telephone 01384 817456
Email: marie.spittle@dudley.gov.uk

Appendices

- Appendix 1 – Annual price increase uplift options

Options for price increase over the next 3 years

Option 1 - 3% uplift from 2026/27 for 3 years

Year	% Uplift	Monthly Charge	Income from uplift
2024/25		£21.30	
2025/26	9.88%	£23.40	£117,112
2026/27	3.00%	£24.10	£39,044
2027/28	3.00%	£24.82	£40,170
2028/29	3.00%	£25.56	£41,303
Total 2026/27 to 2028/29			£120,517

Appendix 1

Option 2 - 5% uplift from 2026/27 for 3 years

Year	% Uplift	Monthly Charge	Income from uplift	Variance to Option 1
2024/25		£21.30		
2025/26	9.88%	£23.40	£117,112	£0
2026/27	5.00%	£24.57	£65,224	£26,180
2027/28	5.00%	£25.80	£68,553	£28,383
2028/29	5.00%	£27.09	£71,913	£30,610
Total 2026/27 to 2028/29			£205,691	£85,174

Option 3 - 10% uplift from 2026/27 for 3 years

Year	% Uplift	Monthly Charge	Income from uplift	Variance to Option 2
2024/25		£21.30		
2025/26	9.88%	£23.40	£117,112	£0
2026/27	10.00%	£25.74	£130,449	£65,224
2027/28	10.00%	£28.31	£143,313	£74,759
2028/29	10.00%	£31.14	£157,780	£85,866
Total 2026/27 to 2028/29			£431,541	£225,850

Summary

3% inflation for 3 years from 2026/27 would generate additional income of £121k. (2% of this is likely to be assumed in our council targets).

5% inflation for 3 years from 2026/27 would generate additional income of £206k (additional £85k to 3% option).

10% inflation for 3 years from 2026/27 would generate additional income of £432k (additional £226k to 5% option / additional £311k to 3% option).

Meeting of the Adult Social Care Select Committee – 20th November 2024

Report of the Director of Adult Social Care

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

Purpose of report

1. The purpose of this report is to summarise the last 12 months of performance in relation to Adult Safeguarding and Deprivation of liberty safeguards (DoLS) and ongoing preparations to meet the regulatory framework for the Care Quality Commission (CQC) Inspection of Adult Social Care.

Recommendations

2. It is recommended that the Select Committee Members
 - Scrutinise the report and seek assurance about the safeguarding of adults in Dudley Borough
 - Considers the new priorities Mental Health, Transitional Safeguarding and Exploitation for the Safeguarding Adults Board and Dudley Safeguarding People Partnership (DSPP) and the DSPP Strategic Document 2024-2026 for comment and scrutiny.

Background

3. The local authority continues to experience increased numbers of safeguarding concerns. Key performance data illustrates the increase in concerns. Dudley is 3rd highest within the 14 regional Local Authorities for the number of safeguarding concerns received which is the pattern since 2016/2017. There is a slight decrease in the conversion rate however we remain 7th highest (of 14) for the absolute numbers of Section 42 Safeguarding enquiries within the region. The overall proportion of concerns within the 18-64 age group remains the highest proportion by age group (40%)

and consistently over the past 8 years, females at 55% continue to form the highest proportion of all concerns with 46% of alleged perpetrators known to the victim.

4.

Year	Concerns	Enquiries	Conversion
2022/23	6434	604	9.4%
2023/24	7155	665	9.3%
5. National and regional data demonstrates there continues to be an increase in the Deprivation of Liberty Safeguards (DOLS) applications with a national increase of 11% and a regional increase of 17.5% . This increase is reflected in Dudley and although assessments completed have also increased due to the growing backlog the time estimated to complete the “not completed” based on current performance and resources continues to be high.
6.

	Received	Completed	Not completed	Time to complete.
2022/23	690	505	540	13 months
2023/24	1,055	925	660	9 months
7. The CQC regulatory framework includes specific expectations and Quality statements around Safeguarding and Safe systems and the need to develop aspects of Safeguarding as part of the Adult Social Care Improvement Plan.
8. We continue to be a key partner in the Safeguarding Board as part of Dudley Safeguarding People Partnership (DSPP) and have worked towards the priorities of:
 - Neglect across the life course.
 - Exploitation across the life course
 - Adopting a Think Family approach

Key Achievements during 2023/2024

9. The Multi Agency Safeguarding Hub (MASH) screens and determine the appropriateness of referrals ensuring that safeguarding enquiries only progress where relevant. The higher referral rate continues to reflect a greater awareness of safeguarding and of the MASH and the success of the multi-agency partnership Dudley Safeguarding Peoples Partnership (DSPP) and the Safeguarding Board and the impact of the citizen and professional portals. The lower percentage rate to conversion to Section 42 Enquiries is reflected



nationally and illustrates that the MASH is effective in ensuring that safeguarding enquiries only progress where relevant.

10. A high proportion of concerns received into Adult MASH from professionals continue to relate to care management concerns and are not safeguarding. To address this the MASH and the Safeguarding Board has developed training and a flow chart to ensure that professionals have a greater understanding of when to refer to Adult Social Care and to offer support and guidance for making safeguarding adult referrals. To ensure the training is accessible to the maximum numbers of professionals MASH staff are working with the Safeguarding Board to develop a podcast based on the training package which agencies can utilise with all of their staff and staff can access at any time to promote greater understanding.
11. Use of the citizen and professional portals continues to increase with access via the DSPP and local authority websites. This diversity of access allows new concerns to be inputted directly into the Liquid Logic (LAS) electronic recording system. Communication with the referrers continues to improve as they can be informed of outcomes more easily and securely and the portal forms have been extensively tested with citizens to ensure they are easy to navigate and understand and there continues to be positive feedback.
12. Self-Neglect enquires have increased and they remain the highest proportion of all enquiries in Dudley at 24.5% followed by Neglect and Acts of Omission 20% and Psychological/ Emotional abuse 16%. Working in partnership through the DSPP Neglect priority a comprehensive Adult Neglect Strategy 2024-2029 has been developed. The Strategy aims to reduce the incidence of neglect in Dudley; put an emphasis on prevention in all multi-agency learning opportunities and improve strategic and operational working between children and adult services, enabling a whole family approach, to support an effective transition into adulthood for all. Although Neglect is not a standalone priority 2024-2026 it will be a thread through the new priorities of Mental Health, Transitional Safeguarding and Exploitation and outcomes from the Strategy will be measured through action plans and multi-agency audits of adult neglect cases to identify learning and good practice.
13. It's widely estimated that between 2% – 5% of the population may have symptoms of a hoarding disorder. It is estimated that only 5% of hoarders come to the attention of statutory agencies. Based on the 2021 census, Dudley has approximately 135,000 households, therefore, potentially there could be between 2,700 – 6,750 households affected by hoarding to some degree. It



was recognised Self-Neglect and Disorganised living affect both children's and adults in Dudley therefore a Hoarding toolkit has been developed across services for Children's and Adults to provide consistency in assessing risk to adults and children. The tool kit has been launched through all agencies in the DSPP partnership with the Local Authority's Adults and Children's services providing joint training to their practitioners.

14. The Person in a Position of Trust (PiPOT) process which provides a framework for managing cases where allegations have been made against a person in a position of trust (anyone who works, either paid or unpaid, with adults with care and support needs) continues to evolve with a multi-agency governance and evaluative process to provide scrutiny and assurance. The framework looks at risks and ensures appropriate actions are taken to manage allegations, regardless of whether they are made in connection with the PiPOT's employment, in their private life, or any other capacity. This process applies to the local authority, all partner agencies and commissioned local authorities' relevant partners, and those providing care and support services. The PiPOT lead and Local Authority Designated Officer (LADO) in Childrens services work together to ensure there is a streamlined service and potential risk is identified and mitigated in the most applicable way.
15. Dudley continues to submit National Referral Mechanism (NRM) referrals for adults who are suspected of being subject to coercion, control and abuse in relation to Modern Slavery. The Adults exploitation subgroup of the Dudley Safeguarding Peoples Partnership (DSPP) continues to support the delivery of this priority and has strong partnership leadership led by the Police who also chair the Dudley Safe and Sound Board (Community Safety Partnership), this ensures consistency and avoids duplication between the two partnerships. The subgroup continues to implement the Exploitation Strategy which will strengthen the pathway for referrals around exploitation meaning a robust approach can be taken to concerns of exploitation. A whole life exploitation pathway and screening tool is being developed which will also support the new priority of Transitional Safeguarding. MASH continue to be a partner on the Channel Panel and training is available to all partners ensuring that practitioner knowledge around PREVENT is current and embedded in practice.
16. Dudley Trading Standards' Scams Unit continue to promote the preventative and proactive approach to raising awareness, through the establishment of a Dudley Financial Abuse Alliance with financial institutions, 'friends against scams' training and providing information and advice. The Trading Standards team continue as a proactive partner with the MASH, receiving referrals for

alleged financial abuse cases and working in a coordinated way to respond to referrals, investigate concerns and support people.

17. The Deprivation of Liberty Safeguards (DoLS) are part of the Mental Capacity Act 2005. The safeguards provide a number of legal protections and aim to make sure that people in care homes and hospitals are supported to live the best life they can while ensuring any restrictions in place, to ensure their safety, does not inappropriately restrict their freedom. Deprivation of Liberty in the Community (CDoL) requires an application to the Court of Protection and is a protection for people over 16 who are in supported living, extra care housing or in their own homes. Both schemes can only be authorised for a maximum of 12 months and have to be renewed. Nationally and Regionally DoLS numbers continue to rise but reducing the waiting lists for DoLS Assessments is part of the Development plan for Adult Social Care with key performance indicators. We continue to work with our regional and national colleagues to explore innovations and benchmark good practice to ensure we utilise the most efficient operating model within the restricted resource framework. The DoLS infrastructure has been increased with 2 full time equivalent permanent DoLS assessors, increased use of internal rotas and remote and equivalent assessments utilised when proportionate to do so.
18. The Health and Care Act 2022 gave the Care Quality Commission (CQC) new powers to assess local authorities and the integrated care system. Their role is to understand the quality of care in a local area or system and provide independent assurance to the public. As part of their assessment framework, there are a number of quality statements with two relating to safe systems and safeguarding. Safe systems, pathways and transitions- We work with people and our partners to establish and maintain safe systems of care, in which safety is managed, monitored and assured. We ensure continuity of care, including when people move between different services. This is wider than safeguarding as it covers internal and external partnerships and how the “system” operates to ensure Dudley citizens who fall within the provisions of the Care Act 2014 are able to access the support they need to ensure their wellbeing. Safeguarding- We work with people to understand what being safe means to them as well as with our partners on the best way to achieve this. We concentrate on improving people’s lives while protecting their right to live in safety, free from bullying, harassment, abuse, discrimination, avoidable harm and neglect. We ensure we share concerns quickly and appropriately. The Safeguarding quality statement covers all aspects of safeguarding under the legal framework in the Care Act for how local authorities and other parts of the

system should protect adults at risk of abuse or neglect as defined by the Care Act.

19. As part of our Adult Social Care Development plan a Safeguarding dataset and improved performance management arrangements were formulated underpinned by the Safeguarding Practice Guidance and Key performance indicators. The audit program through the Quality Assurance Framework interrogates practice through the Key performance indicators and provides assurance, identifies good practice and areas for development. The Safeguarding Dashboard has been developed further and provides increased oversight of practice in teams , across the service and overall governance through the Adult Social Care Leadership Team.
20. Compared to many other Local Authorities we continue to have a very high number of safeguarding concerns which is in part due to the way contacts are recorded. This continues to be a challenge due to limited resources, but we continue to look at the way we record concerns into Adult Social Care to ensure there is a true reflection of what is safeguarding at the secondary triage stage and work with partners to ensure referrals are more proportionate and valid. This will not increase risk or cause any delay but coupled with the key performance indicators and learning from audits will increase assurance, ensure figures truly reflect activity and allow greater oversight, scrutiny and emphasis on performance.
21. A clear strength in working towards the CQC Quality Statements and our Development plan continues to be our proactive multi-agency partnership through the Safeguarding Board and DSPP and the Safe and Sound Board. We participate in all aspects of both Board's activity and help to drive improvements through the subgroups and Boards. Multi -agency partnership scrutiny and assurance have been developed further through the DSPP subgroup Quality Assurance and Performance, which the Local Authority chair. This has been achieved through the development of a multi agency data set, the recruitment of a data analyst and ongoing multi-agency audits of practice. This provides further scrutiny and assurance by assessing the quality of practice and lessons to be learned in terms of both multi-agency and multi-disciplinary practice. Through the Think Family approach and Exploitation subgroup we have developed more robust oversight of Transitional arrangements for young people 16-18 years who are at risk of exploitation. This will be built on further through the new Transitional Safeguarding priority 2024-2026. Capturing the voice of the individual remains paramount and as well as our ongoing collection of feedback we continue to support independent

research by Healthwatch Dudley to improve our understanding of individuals experience through safeguarding while exploring further opportunities for co-production.

Ongoing Themes

22. Increased Domestic abuse-related incidents and violence rates continue to be a priority nationally, regionally and in Dudley. We continue to be an active partner in all aspects of the work through the Safe and Sound Board and the MARAC (multi-agency risk assessment conference) recognising while all victims of domestic abuse are vulnerable due to the risks they face, some victims falling under the provisions of the Care Act face an even greater risk if exposed to domestic abuse. We work closely with our partners to ensure there is a greater recognition of domestic abuse in Dudley, staff are trained appropriately, and victims are signposted to resources. We work with our partners to identify learning from Domestic Homicide Reviews and Domestic Abuse Related Death Reviews and ensure this is embed in practice.

Finance

23. The provision of Adult Safeguarding and DoLS are funded through the service base budget.
24. The Safeguarding Board is financially supported by the Local Authority, West Midlands Police and Dudley ICB and the Board Budget is identified as part of the Annual Report.

Law

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

This is not an exhaustive list.



Risk Management

26. All risks are reported on and managed and mitigated by ongoing data analysis, feedback from individuals and families and by local, regional and national data sets and surveys underlined by a risk register where applicable.
27. The increase in safeguarding concerns and conversion rate is mitigated by a highly skilled staffing resource, increased performance management with key performance indicators, robust reporting and action tracking. Further risk mitigation continues to be provided by the scoping of recording mechanisms, learning from internal and multi-agency audits and targeted learning and training.
28. The CQC regulatory framework is evolving and there remains a limited number of Local Authorities who have been assessed so there is a lack of full assurance at this stage on how this will be implemented in Dudley. This risk is mitigated by continuing to work with regional and national colleagues to develop a coordinated response and to prepare with a rigorous self-assessment that has been co-produced and peer reviewed. This provides the foundation for the Adult Social Care Development Plan which continues to evolve and includes building on our strong partnerships with among others, Dudley Safeguarding Peoples Partnership, Safe and Sound Board (Community Safety Partnership) and internal partners such as Children's services and Housing, among others.
29. There is a risk that DoLS referrals are increasing and the capacity to complete assessments remains strained which might lead to the increase in citizens being illegally detained; the Local Authority being at risk of legal challenge, non-compliance with a statutory function and reputational damage. There is a risk there will be a lack of sustained improvement due to lack of resource but this risk is mitigated by increasing capacity by maximising existing resources such as an internal rota system; developing a more proportionate assessment with regional and national colleagues and by re purposing staffing time to ensure there is a proactive response to maximise the use of renewals and equivalent assessments. Increased technical support through the development of a portal enables greater efficiency in allocation of assessments and more robust and timely data collection.

Equality Impact



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

Human Resources/Organisational Development

33. There are no Human Resources or Organisational Development implications in relation to the contents of this report.

Commercial/Procurement

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

Environment / Climate Change

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



Council Plan

Financial sustainability, efficiency and providing best value.

36. Adult Safeguarding is working within tighter spending controls, making savings against vacancies including a DoLS Assessor post.
37. Development of a new operating model has increased output and will allow the opportunity to explore further efficiencies.

Delivering for our customers, residents and communities

38. The safeguarding duty is a statutory duty, and it is essential for the council in fulfilling its legal duties and its responsibilities to local people to ensure there are services and arrangements to protect adults who have need for care and support and are experiencing, or are at risk of, abuse or neglect, and as a result of those needs are unable to protect themselves against the abuse or neglect.
39. This aligns to the council priority area as through safeguarding arrangements and Making Safeguarding Personal (MSP) residents are supported to live their lives as safely as possible while empowering them to work towards the outcomes they desire.



Matt Bowsher
Director of Adult Social Care

Report Author: Christine Conway, Head of Adult Safeguarding
Telephone: 01384 815295
Email: christine.conway@dudley.gov.uk

Appendices

Appendix 1 – [DSPP-Strategic-Document-2024-2026-FINAL.pdf](#)



Dudley Safeguarding People Partnership (DSPP) Priorities 2024-2026

In February 2024, the DSPP held a collaborative development session to decide on the priorities for 2024 – 2026. This included for the first time, representation from education settings. We also welcomed input from our voluntary and community sector colleagues alongside the statutory partners. The DSPP recognise that there are many priorities within the safeguarding arena however we asked what were the top three priorities to our partners and these were considered alongside data and themes from our Safeguarding Adults Reviews (SARs) and Child Safeguarding Practice Reviews (CSPRs).

This document sets out the ‘why’ the priority was chosen. This will include the motivating factors leading to the theme being selected as a priority for 2024-26. Considerations also included the contributions of partners via the consultation processes, as well as information and evidence from the practice reviews and multi-agency audits.

The document also covers ‘what we will do’. This includes the activities that the Partnership is committed to delivering over the next two years. We recognise that many of our priorities represent system challenges which we may not be able to address purely through this plan and Partnership lens, however we have tried to identify activities that may enable impactful incremental change to benefit children, young people and adults with care and support needs in Dudley.

Finally, we set out ‘how we will monitor progress and change’. This includes the range of data that is shared with the Partnership and will be considered in relation to each priority theme, as well as other sources of information that may help us understand progress and change.

This plan will come into effect from April 2024 for a period of two years. Over that period progress in each of the areas will be considered by understanding activity of partners and the sub-groups and monitoring a range of data sources. The data measures listed for each priority will be developed into a Partnership performance dashboard. This dashboard will be considered at the quarterly Quality and Assurance (QAP) sub group with key trends or concerns escalated to the Dudley Safeguarding Children Partnership Group (DSCPG) and Dudley Safeguarding Adults Board (DSAB) for strategic consideration before being shared with the Executive Group for oversight and comment. It will also be shared with other sub-groups where relevant to their remit. Progress against the activities listed for each priority will also be reported to the QAP sub group quarterly, as well as a standing overview report being shared with the Executive Board. The sub-groups will be asked to report on activity relevant to each priority on a quarterly basis. Where barriers or challenges are identified to the delivery of activity, or in making system improvements, these will be reported to the DSCPG or DSAB and finally the Executive Board where needed.

To understand the effectiveness of this strategic plan, and in view of a commitment to flexibility to emerging need and insight, a 12-month 'check-in' will be undertaken in early 2025. This will consolidate activity undertaken, challenges experienced, and insights from data monitoring to understand whether the plan is making a difference to the priority themes, and whether the plan remains fit for purpose. This 'check-in' will be reported both to the DSCPG and DSAB.

The DSPP also recognise that there will cross cutting themes that underpin all of the priority work. We will continue to have a focus on:

- Neglect and self-neglect including the impact of our newly launched Hoarding Toolkit
- Think Family
- The voice of children, young people, and adults with care and support needs
- Experts by experience, whose voice will underpin all of our priorities.

These areas will be considered throughout the work of the DSPP and the priorities. As we move forward into 2025, there will also be a focus on collaboration and continuing to embed the learning from reviews.

PRIORITIES

Priority 1: Mental Health of Children, Young People and Adults with care and support needs, including the impact of parental mental health

Children, young people and adults with care and support needs to be supported in their social and emotional wellbeing and receive early intervention in line with their needs. This also includes children and young people in care who we know are vulnerable.

Why?

Mental health needs and services for children, young people and adults with care and support needs was the most suggested priority in the consultative partner workshops alongside parental mental health. Schools and education settings have shared anecdotal feedback that increasing safeguarding concerns are being noted regarding student mental health. An increase is reported in students needing support and schools not being able to adequately safeguard children who do not have access to support. Partners working with adults noted an increase in mental health concerns particularly with self-neglect and substance misuse and limited access to services.

The mental health and emotional wellbeing of children and young people is an important cornerstone in their development and overall wellbeing. The mental health of adults with care and support needs is paramount in their ability to protect themselves whilst ensuring Making Safeguarding Personal is central.

Children and adults with care and support needs who have parents or carers with mental health issues may be impacted in several ways. It is important that the needs of children and adults with care and support needs still living in the family home, including any wider implications and risks, are considered for each person in a family. Individual's may be affected differently depending on the nature and severity of their parents'/Carers' mental health concern, their age, their developmental stage, and other contextual factors.

Learning from DSPP practice reviews highlights themes relating to

- a lack of insight into the impact of parent mental health issues on children
- insufficient focus on how deteriorating mental health impacts on a parent's/carer's capacity to care for children and adults with care and support needs
- the extent of parent mental health concerns not being fully explored in assessments of risk to children's safety
- children's views and adults views on the support they want not being sought
- individual incidents not being viewed in context of other known information,
- safety plans not being shared with other relevant professionals
- Lack of consideration of the mental health of others in the family home and the impact this may have.

What will we do?

1. Ensure that children, young people and adults with care and support needs with mental health concerns are supported with the impact of their diagnosed

condition on their mental health, are appropriately recognised and responded to, and vice versa, by services.

2. Seek assurance that young people and adults with care and support needs continue to receive support to prevent deterioration of their mental health.
3. Require our partners to provide an overview of services that are available across the borough to support children, young people and adults with care and support needs emotional health and wellbeing and mental health, to ensure parity.
4. Lobby Government to address system challenges in service provision for children, young people and adults with care and support needs.
5. Monitor the number of Deprivation of Liberty (DoLs) and ensure timely process.
6. Ensure all partner agencies understand and apply the Mental Capacity Act (MCA) effectively and appropriately.
7. Work with Public Health in Dudley to align work around mental health.
8. Develop a children, young people's and adults with care and support needs mental health page on the DSPP website.
9. Understand whether children are being routinely considered protective factors for their parents or carers mental health concerns through a Multi Agency Assurance of Practice Audit (MAAP)
10. Understand the impact and review of the ICON programme.
11. Work with Dudley Safe and Sound Partnership where mental health is a factor in learning reviews, which cross-over to children and adults with care and support needs.
12. Pursue the inclusion of a standard question in our services for adults to determine if a person is a parent or carer.
13. Better understand preventative work in Mental Health and consider the impact of social media.
14. Raise awareness of Mental Health and resources that are already available for example pathways and policies.

How will we monitor progress and change?

Data will help us primarily help us however a complete 'mapping exercise' to understand the offer in Dudley is required.

ICB/BCHFT:

- No. monthly admissions for mental health related admissions
- No. A&E/MIU attendances for mental health related admissions ¹
- No. A&E/MIU attendances for mental health complaint
- No. incidents received in GP's & Urgent Treatment Centre.

DMBC:

- No. children and young people open to Children's Social Work Services with concerns about mental health

¹ Recognising information sharing may be an issue

- No. of adults with care and support needs open to Adult Social Care with concerns about mental health
- No. Requests for Support (children/adults) where the primary reason is mental health, emotional health or wellbeing
- No. children and young people, adults open to Children's Social Work Services/Adult Social Care where concerns about the mental health of a parent or carer are indicated
- No. children and young people open to Children's Social Work Services where concerns about the mental health of another person in the household is indicated
- No. Request for Support where primary concern is the mental health, emotional health or wellbeing for an adult
- No. Early Help plans with parent mental health concerns noted
- No. Incidents reported at schools/colleges
- No. Incidents reported in care homes

Dudley Police

- No. of people detained under s136 Mental Health Act

Probation

- No. incidents reported in prisons

DSPP Business Unit

- Themes from SARs, CSPRs and Domestic Homicide Reviews (DHRs)

Priority 2: Transitional Safeguarding

Why?

Transition is the process of changing from one state to another and it is experienced differently for each individual. In social care, particularly safeguarding, transition can represent a definitive change at the age of 18². On their eighteenth birthday, children legally become adults, leading to shifts in assumptions about their capacity and eligibility for support. The complexities of safeguarding both children and adults have increased, with issues like violent crime, gang culture, domestic abuse, modern slavery, trafficking, and sexual exploitation. These issues highlight the difficulties we face in safeguarding children transitioning to adulthood. Adversity in childhood can make some adolescents particularly vulnerable to harm, with effects that persist into adulthood. Consequently, some adolescents may need immediate support from Adults' Services or may require it later. Research indicates that unresolved trauma can increase risks in adulthood, leading to more challenging lives and potentially higher costs for support later.

(adapted from Research in Practice, 2018)

Transitional Safeguarding was a key priority for all partners at the collaborative event. Whilst transitional safeguarding can underpin almost all areas of

² This could be considered from should be considered from 14 years- this is evidenced with the Type 1 diabetes CYP. This can be discussed via the sub group.

safeguarding, the DSPP felt it was important to focus specifically on this as a priority area.

What will we do?

1. Recognise that the needs of young people do not change or stop when they reach 18.
2. Support care leavers who enter adult safeguarding arena
3. Provide support for young adults who may experience safeguarding concerns post 18 who may not otherwise be eligible for a safeguarding response unless they have a formal mental health diagnosis, physical health condition or diagnosed learning disability.
4. Align services for child and adults and encourage partnership cultures to respond better to the changing needs of adolescents and young adults.
5. Ensure the needs of SEND young people are considered in transition.
6. Consider the impact of MCA, DOLs, best interests and Fraser competency.
7. Have an overarching partnership response which aligns our approach to transitional safeguarding, including exploitation, substance misuse and mental health.
8. Develop a Transitional safeguarding page on the DSPP website.
9. Develop a Transitional protocol.
10. Create a space for children / adult frontline practitioners to share information in readiness for transition to adulthood.

How will we monitor progress and change?

1. Creating an approach to safeguarding that moves through developmental stages, rather than just focusing on chronological age, building on best practice and learning from both adult and children's services.
2. Young adults at risk may not be covered by Care Act duties therefore a commitment to working in partnership to develop approaches to reducing risk of exploitation for all adults via the Adults at Risk team.

Priority 3: Exploitation, ensuring effective multi-agency practice to protect those at risk of exploitation, in all its forms

Why?

The Partnership recognise that children and adults can be at risk of exploitation and that exploitation can be revealed in many ways. This was a priority for the DSPP during 2022-24 and it was agreed that it should remain a priority for 2024-2026. This will cover changes to exploitation including Online Harm/Safety.

Exploitation is a form of abuse. It occurs where an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a child, young person, or adult (including those with care and support needs) into any activity that results in financial or other advantage for the perpetrator or facilitator. Activity includes arranging or facilitating the involvement or travel (trafficking) of a child, young person, or adult (including those with care and support needs)

Specific types of exploitation include:

- Modern Slavery (including human trafficking)
- Sexual Exploitation
- Criminal Exploitation
- Financial Exploitation (including scams, doorstep crime and rogue traders)
- Radicalisation to commit acts of terrorism
- Any other Exploitation that enables services or benefits of any kind, including:
 - Removal of organs
 - Forced marriage
 - Illegal adoption

The victim may still be exploited even if the activities that they are engaging in appear consensual. Exploitation does not always involve physical contact; it can also occur through the use of technology, and this encompasses Online Safety. Multiple types of exploitation can occur alongside one another or as part of other forms of abuse.

What will we do?

1. The DSPP will provide scrutiny and challenge to partners to evaluate the effectiveness of pathways that are in place.
2. Understand the level of impact of childhood trauma on the lives of young people / adult at risk of exploitation
3. Understand the effectiveness of transition from exploited child to exploited adult.
4. Identify whether current pathways are understood and effective.
5. Use Experts by Experience – user feedback to inform continuous improvement and development.
6. Continue work on an all-age screening tool and pathway.

How will we monitor progress and change?

1. Evidence that learning from audits and reviews are effectively embedded
2. Enhanced guidance for safeguarding practitioners is embedded.
3. Effective identification and prioritisation of partnership intervention based on risk.
4. Reduction in the number of children/adults assessed at risk of exploitation
5. Published all age exploitation policy
6. A completed exploitation profile for Dudley.
7. Review of the impact of the priorities on the performance dashboards at the SAB and DSCPG
8. Improved risk mitigation of the strategic priorities.
9. Utilising the health exploitation service (fixed term 12 months) to help measure impact.
10. Use the Dudley Vulnerability Tracker which provides specific exploitation data.

Meeting of the Adult Social Care Select Committee – 20th November 2024

Report of the Director of Adult Social Care

Corporate Performance Report – Q2, 2024

Purpose

1. To present the Corporate Performance report of the financial year 2024-25, covering Q2.

Recommendations

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

Background

3. The performance report provides our Adult Social Care Select Committee with progress against the delivery of the 2024-25 Council Plan.

Within Adult Social Care there are 2 measures across 1 Council Plan priority:

Delivering for our customers, residents and communities – 2 measures

- PI.2700 No. of people on a waiting list for an assessment of any kind (including Deprivation of Liberty Safeguards (DoLS), Occupational Therapy (OT), Care Act assessments)

- PI.2701 % of S42 individuals with outcomes expressed, fully and partially achieving their outcomes

Performance Summary

4. In Q2, both measures to be reported have available data. However, 1 measure (PI.2701) is reported 2 months in arrears. This is due to a lag in which the data becomes available for reporting.
5. The outturns for the measures show:
 - 1 measure “Exceeds or on target” (PI.2701)
 - 1 measure “Within tolerance” (PI.2700)

Directorate Service Delivery

6. Inclusive to the report, the Adult Social Care Directorate Scorecard provides a detailed account of service delivery. Please refer to Appendices for detailed information on service delivery for Quarter 2.

Finance

7. This is the Corporate Performance report of the financial year 2024-25, covering Q2 only.

Law

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

Risk Management

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

Equality Impact

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

No proposals have been carried out.

No proposals have been made, therefore does not impact on children and young people.

Human Resources/Organisational Development

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

Commercial/Procurement

12. There is no direct commercial impact.

Environment / Climate Change

13. There are no specific environmental / climate impacts.

Council Plan

14. The Council Plan and Corporate Performance Management Framework enables a consistent approach for performance management across the organisation, aligning the Council Plan, Borough Vision and Fit for the Future Programme and provides that golden thread between them.
15. Our Council Plan is built around five key priority areas, and our Fit for the Future Programme. The Council Plan is a 1-year '[Plan on a Page](#)'. Each directorate has a number of measures which align to one or more key priorities and will reflect our focus on becoming a financially sustainable organisation.
16. Performance management is key in delivering the longer-term vision of the Council. This will help to enable the council to deliver the objectives and outcomes of the Council Plan and in turn the Borough Vision.

M. Bowsher

Matt Bowsher
Director of Adult Social Care

Report Author: Leigh Steel, Performance Manager
Telephone: 01384 816667
Email: leigh.steel@dudley.gov.uk

Appendices:

Appendix 1: Adult Social Care Directorate Scorecard (September 2024)



Adult Social Care

Monthly Directorate Level Scorecard



September 2024



Working as One Council in
the historic capital of the Black Country



Group	Indicator	Name	Current Value		Target	Nat/Loc	Success	Reporting Period	Analyst	Comments
A&I	AI01	Number of new people aged over 65 into residential care or nursing care	59	↑	31	Local	Smaller is better	Latest Month	AS	
A&I	AI02	Number of new people aged over 65 receiving a long term care package (home care) in the community	101	↑	75.5	Local	Bigger is better	Latest Month	AS	
A&I	AI03	Number of people awaiting a Care Act review where the last review or assessment was over 12 months ago	887	↑	832	Local	Smaller is better	Latest Month	AS	
A&I	AI04	Number of new Care Act assessments carried out for people aged over 65	71		n/a	Local	Neutral	Latest Month	SM	
A&I	AI05	Number of home care hours being provided for people aged 65 and over	21441		n/a	Local	Neutral	Rolling Year	AS	
A&I	AI06	Number of new reablement packages in month	139		n/a	Local	Neutral	Latest Month	AS	
A&I	AI07	% packages ended completely (no ongoing care) post reablement	65	↑	56.9	Local	Bigger is better	Latest Month	AS	
A&I	AI08	% of people remaining in pathway 1 / 2 or 3 over 6 weeks	29	↓	40	Local	Smaller is better	Latest Month	SM	
A&P	AP01a	Number of new contacts over the age of 18	2443	↓	n/a	Local	Bigger is better	Latest Month	SM	
A&P	AP01b	Number of contacts from existing service users over the age of 18	608	↓	n/a	Local	Bigger is better	Latest Month	SM	As of Apr 24, all data now sourced from LAS
A&P	AP02	% of new contacts diverted from formal Care Act Assessment	37.9	↑	5	Local	Bigger is better	Latest Month	SM	
A&P	AP03b	Awaiting Financial Assessment – Awaiting allocation over 4 weeks	3	↑	10	Local	Smaller is better	Latest Month	SM	
A&P	AP04	Total number of carers assessments completed by Carers Network	16	↑	19	Local	Bigger is better	Rolling Average	SM	
A&P	AP04b	% of assessments meeting eligibility criteria for carers and unpaid carers by Carers Network	75		n/a	Local	Neutral	Latest Month	SM	
A&P	AP04c	Total number of carers assessments completed across ASC	20	↓	30	Local	Bigger is better	Latest Month	SM	
A&P	AP04d	% of assessments meeting eligibility criteria for carers and unpaid carers completed across ASC	85		n/a	Local	Neutral	Latest Month	SM	



Group	Indicator	Name	Current Value		Target	Nat/Loc	Success	Reporting Period	Analyst	Comments
A&P	AP05	Number of people receiving telecare devices distributed / installed (month)	76	↓	65	Local	Bigger is better	Latest Month	NBH	
A&P	AP06	Number of new Direct Payment arrangements	9	→	9	Local	Bigger is better	Calendar Month	AS	
A&P	AP07	Number of new CARERS Direct Payment arrangements	16	↑	n/a	Local	Bigger is better	Calendar Month	AS	
OT	OT01	Number of new OT assessments (18+)	219	↑	200	Local	Bigger is better	Rolling Average	SM	
OT	OT02	Number of people awaiting an OT assessment (18+)	376	↑	349	Local	Smaller is better	Latest Month	SM	
DDS	DDS02	Number of people aged 18 - 64 in residential or nursing care	170	↓	178	Local	Smaller is better	Latest Month	AS	
DDS	DDS03	Number of people aged 18 - 64 in supported living and living in the community with care	472	↑	n/a	Local	Bigger is better	Latest Month	AS	
DDS	DDS04	No. of people awaiting a Care Act review where the last review or assessment was over 12 months ago	404	↑	365	Local	Smaller is better	Latest Month	AS	
DDS	DDS05	Number of Care Act needs assessments carried out	41		n/a	Local	Neutral	Rolling Year	SM	
DDS	DDS06	Number of reviews completed	85		n/a	Local	Neutral	Latest Month	AS	
Adult Safeguarding	AS01a	Safeguarding concerns logged	629		n/a	Local	Neutral	Rolling Average	SM	
Adult Safeguarding	AS01b	Safeguarding enquiries logged	53	↑	54	Local	Bigger is better	Rolling Average	SM	Data reported 2 months in arrears
Adult Safeguarding	AS02	DOLS Referrals in month	89		n/a	National	Neutral	Calendar Month	AS	
Adult Safeguarding	AS03	DOLS Assessments Completed in month	87		n/a	Local	Neutral	Latest Month	AS	
Adult Safeguarding	AS04	No of S42's completed	55	↑	52	Local	Bigger is better	Rolling Average	SM	Data reported 2 months in arrears



	Group	Indicator	Name	Current Value		Target	Nat/Loc	Success	Reporting Period	Analyst	Comments
	Adult Safeguarding	AS06a	% of S42 individuals with outcomes expressed, fully achieving their outcomes	57.8	↑	61	Local	Bigger is better	Rolling Year	SM	Data reported 2 months in arrears
	Adult Safeguarding	AS06b	% of S42 individuals with outcomes expressed, fully and partially achieving their outcomes	92.8	↑	94.5	Local	Bigger is better	Rolling Year	SM	Data reported 2 months in arrears
	Adult Safeguarding	AS07	Initial Screening – 2 days from receipt of concern	93.8	↓	n/a	Local	Bigger is better	Latest Month	TBC	
	Adult Safeguarding	AS08	Threshold Decision - 5 days from receipt of concern	64.4	↑	n/a	Local	Bigger is better	Latest Month	SM	
	Adult Safeguarding	AS09	Return of Caused Enquiries from External Partners – % within 28 days	0	↓	n/a	Local	Bigger is better	Latest Month	SM	
	Adult Safeguarding	AS10	Maximum Length of Worker Enquiry – % within 10 weeks	44	↑	n/a	Local	Bigger is better	Latest Month	SM	
	Adult Commissioning	AC01	% of care homes compliant with national tracker	8700	↑	n/a	National	Bigger is better	Latest Month	PS	Data relates to the previous month
	Adult Commissioning	AC02	No. of Adult Social Care Commissioned Providers currently under suspension	5	↓	n/a	Local	Smaller is better	Rolling Year	PS	
	Adult Commissioning	AC04	% of Adult Social Care Providers with a CQC rating of Inadequate	1	↑	n/a	National	Smaller is better	Latest Month	PS	
	Adult Commissioning	AC05	% of Adult Social Care Providers with a CQC rating of Requires Improvement	0.33	↑	n/a	National	Smaller is better	Rolling Year	PS	
	Adult Commissioning	AC06	% of Adult Social Care Providers with a CQC rating of Good or Outstanding	0.65	↓	n/a	National	Bigger is better	Latest Month	PS	
	Adult Commissioning	AC07	Average weekly cost of an older person residential placement	see charts		n/a	Local	Smaller is better	Latest Month	PS	
	Adult Commissioning	AC08	Average weekly cost of an older person nursing placement	see charts		n/a	Local	Smaller is better	Latest Month	PS	
	Adult Commissioning	AC09	Average weekly cost of a working age residential placement	see charts		n/a	Local	Smaller is better	Latest Month	PS	
	Adult Commissioning	AC10	Average weekly cost of a working age nursing placement	see charts		n/a	Local	Smaller is better	Latest Month	PS	
	Adult Commissioning	AC11	Home Care average hours per person per week	16	—	n/a	Local	Smaller is better	Latest Month	PS	



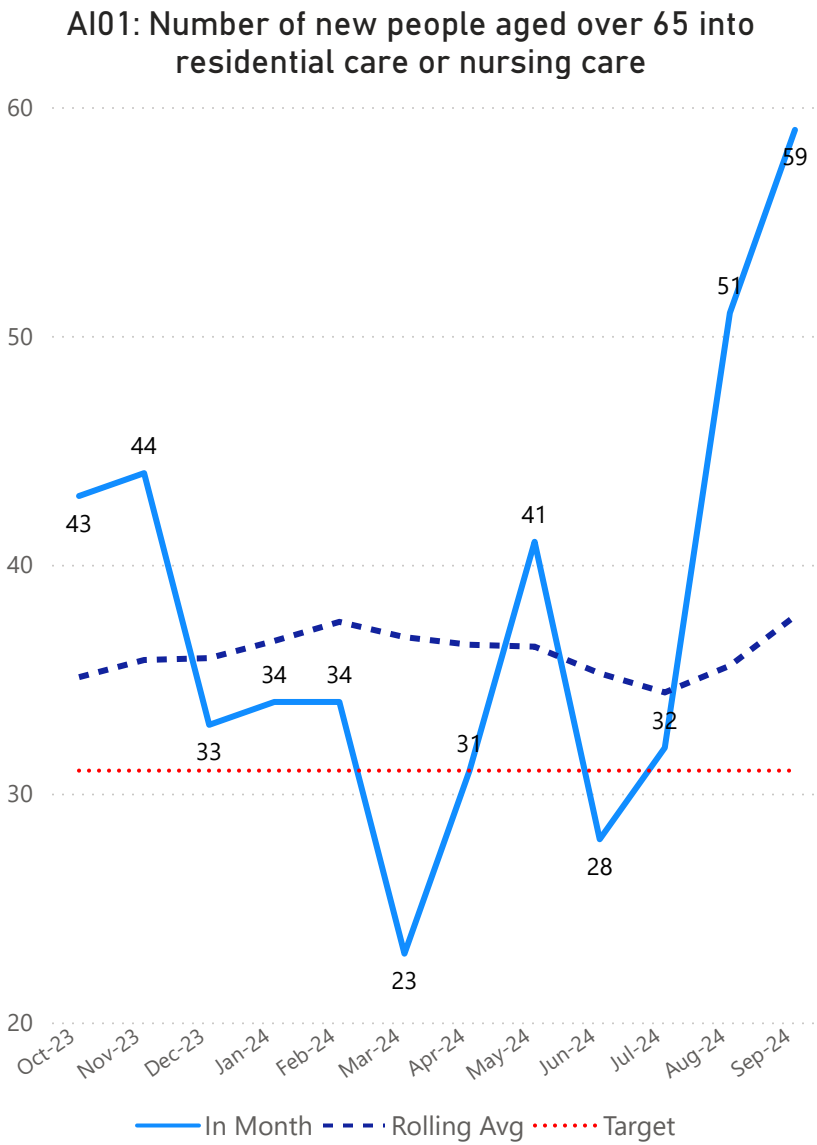
Group	Indicator	Name	Current Value		Target	Nat/Loc	Success	Reporting Period	Analyst	Comments
Adult Commissioning	AC12	Supported Living average hours per person per week	81	↑	n/a	Local	Smaller is better	Latest Month	PS	
Accountancy	ACC01	Average cost of residential care for older people	699.42	↑	n/a	National	Smaller is better	Bi-Monthly	AS	
Accountancy	ACC05	Average cost of nursing care for older people	1084.81	↑	n/a	National	Smaller is better	Bi-Monthly	AS	
Mental Health	MH02	Number of new people into residential care	2	↑	3	Local	Smaller is better	Rolling Year	AS	
Mental Health	MH03	Number of new people into Supported Living	2	↓	3	Local	Smaller is better	Rolling Year	AS	
Mental Health	MH04	Number of people awaiting a Care Act review where the last review or assessment was over 12 months ago	115	↓	137	Local	Smaller is better	Rolling Year	AS	
Mental Health	MH05	Number of Care Act assessments carried out for all clients	28	↓	27	Local	Bigger is better	Rolling Average	SM	Reported one month in arrears
Mental Health	MH06	Number of Adults on S117	929	↓	n/a	Local	Smaller is better	Latest Month	SM	
Mental Health	MH07	Number of reviews completed	36	↓	26	Local	Bigger is better	Latest Month	AS	
Approved MH Practice	AMHP01	No. Referrals to the Advanced Mental Health Practitioner team	47		tbc	Local	Neutral	Rolling Average	TBC	
Approved MH Practice	AMHP02	No. of Mental Health Act assessments completed	20		tbc	Local	Neutral	Latest Month	TBC	
Approved MH Practice	AMHP03	% of MHA assessments where outcome involved admission to hospital	35.48	↑	tbc	Local	Smaller is better	Latest Month	TBC	
Approved MH Practice	AMHP04	% of MHA assessments where outcome was a section 140	0	—	tbc	Local	Smaller is better	Latest Month	TBC	
Service-wide	ALL01	No. on a waiting list for an assessment of ANY kind (DoLS, Ots, Carers, Care Needs assessments)	1163	↓	1130	National	Smaller is better	Latest Month	SM	
Service-wide	ALL01a	No. on a waiting list awaiting a DoLS assessment	590	↓	598	National	Smaller is better	Latest Month	SM	
Service-wide	ALL01b	No. on a waiting list awaiting a carers assessment	36	↓	42	National	Smaller is better	Latest Month	SM	



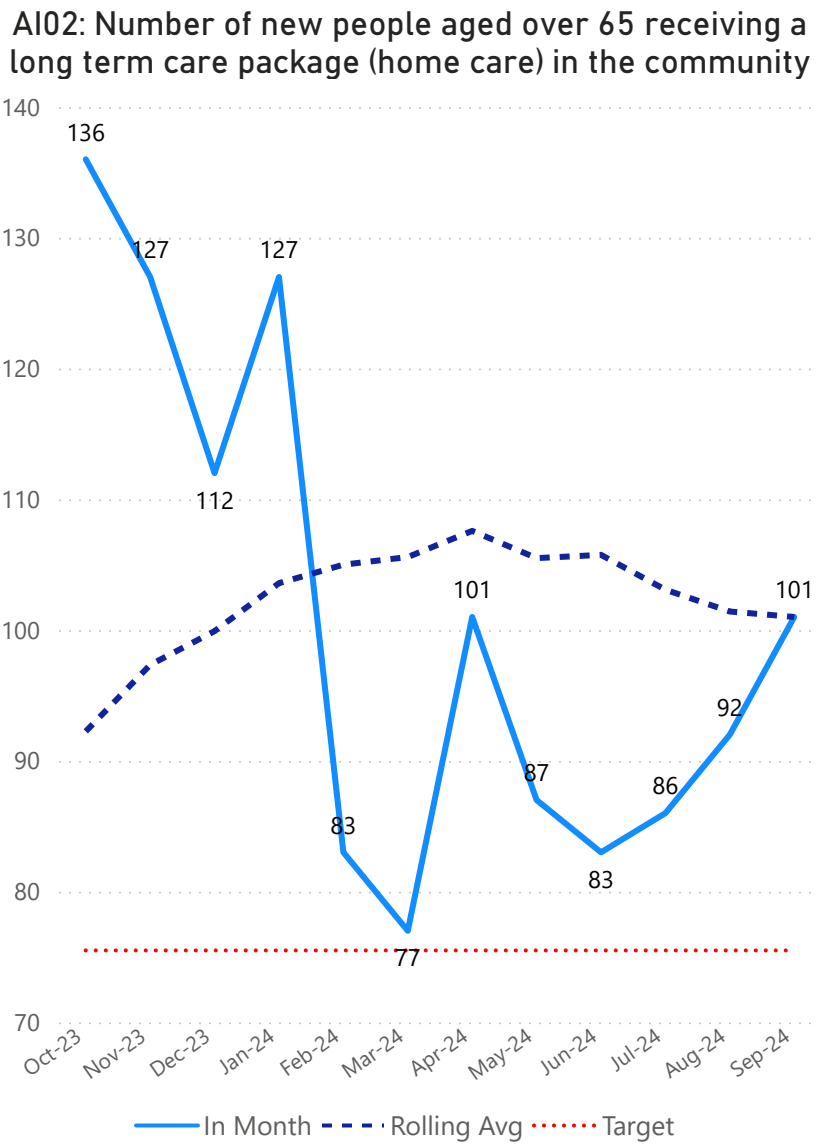
Group	Indicator	Name	Current Value	Target	Nat/Loc	Success	Reporting Period	Analyst	Comments
Service-wide	ALL01c	No. on a waiting list awaiting a needs assessment	153	↓	139	National	Smaller is better	Latest Month	SM
Service-wide	ALL02	No. waited over 6 months for ANY assessment	209	↓	207	National	Smaller is better	Latest Month	SM
Service-wide	ALL03	No. had an assessment and are now waiting for care and support or for a direct payment to be made	91	↑	88	National	Smaller is better	Latest Month	SM
Service-wide	ALL04	Number of overdue reviews of care plans (over 12 months as stipulated in the Care Act)	1331	↑	1241	National	Smaller is better	Latest Month	SM
Service-wide	ALL05	% Needs Assessments completed within timescales	19	↑	n/a	Local	Bigger is better	Latest Month	LS
Service-wide	ALL06	Average caseload across ASC	9	↓	n/a	Local	Smaller is better	Latest Month	LS



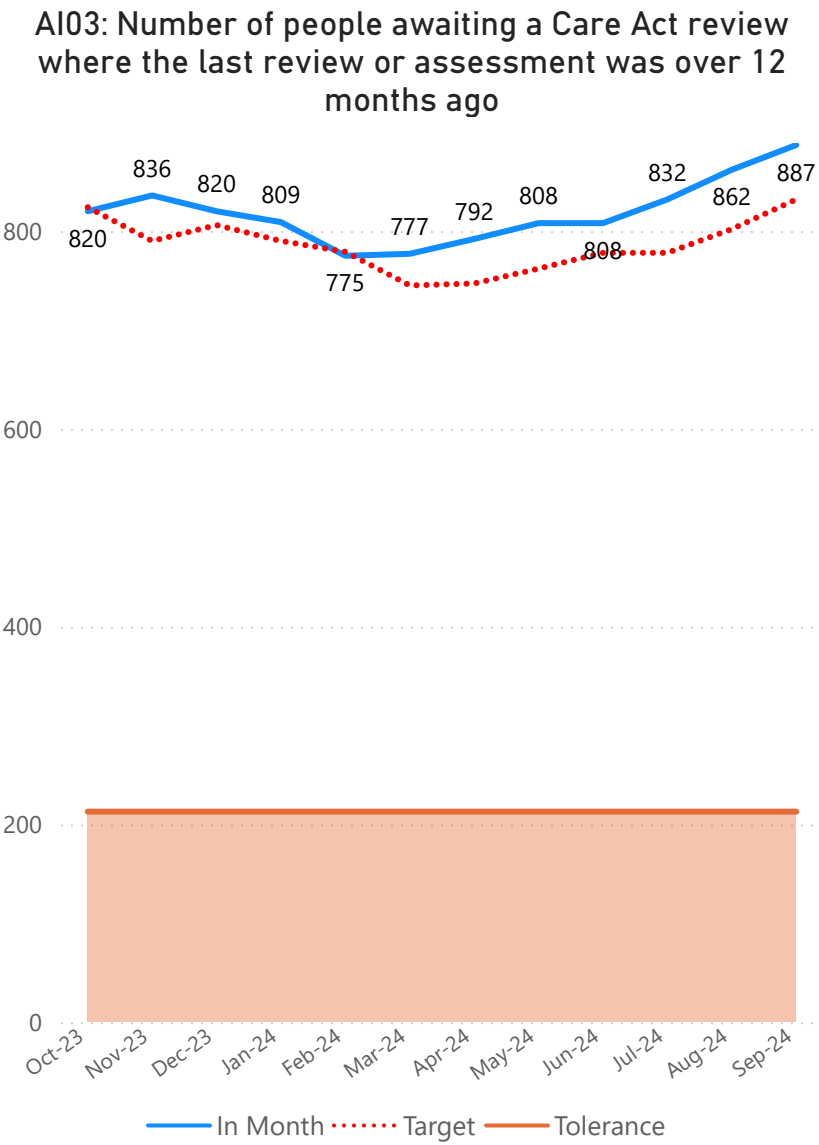
Assessment & Independence



Current Value	Target	Nat Average	Success	Reporting Period
59	31	tbc	Smaller is better	Latest Month



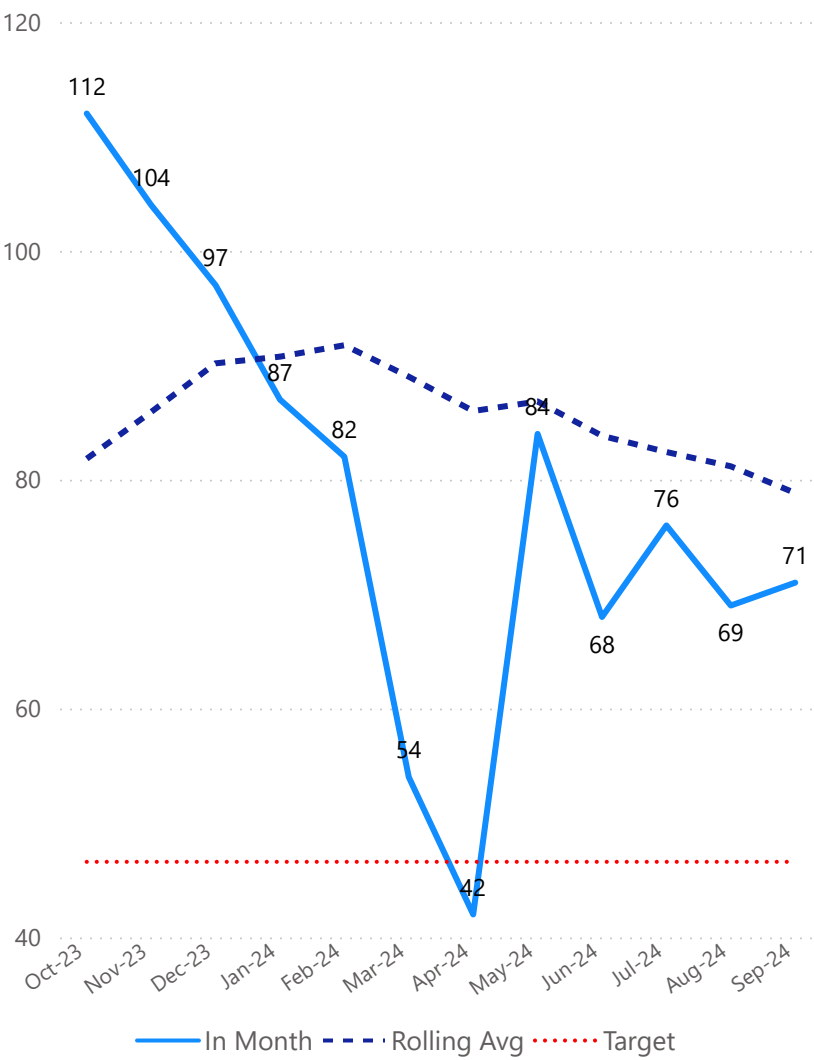
Current Value	Target	Nat Average	Success	Reporting Period
101	75.5	tbc	Bigger is better	Latest Month



Current Value	Target	Tolerance	Success	Reporting Period
887	832	213	Smaller is better	Latest Month

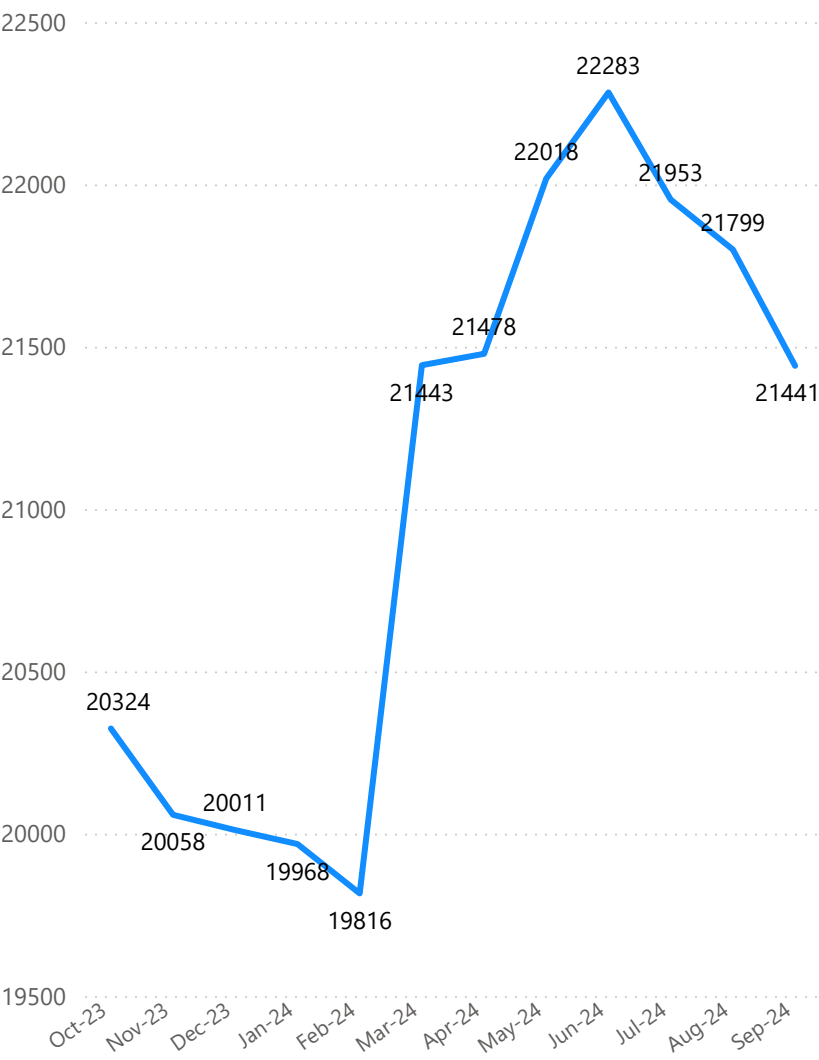
Assessment & Independence

AI04: Number of new Care Act assessments carried out for people aged over 65



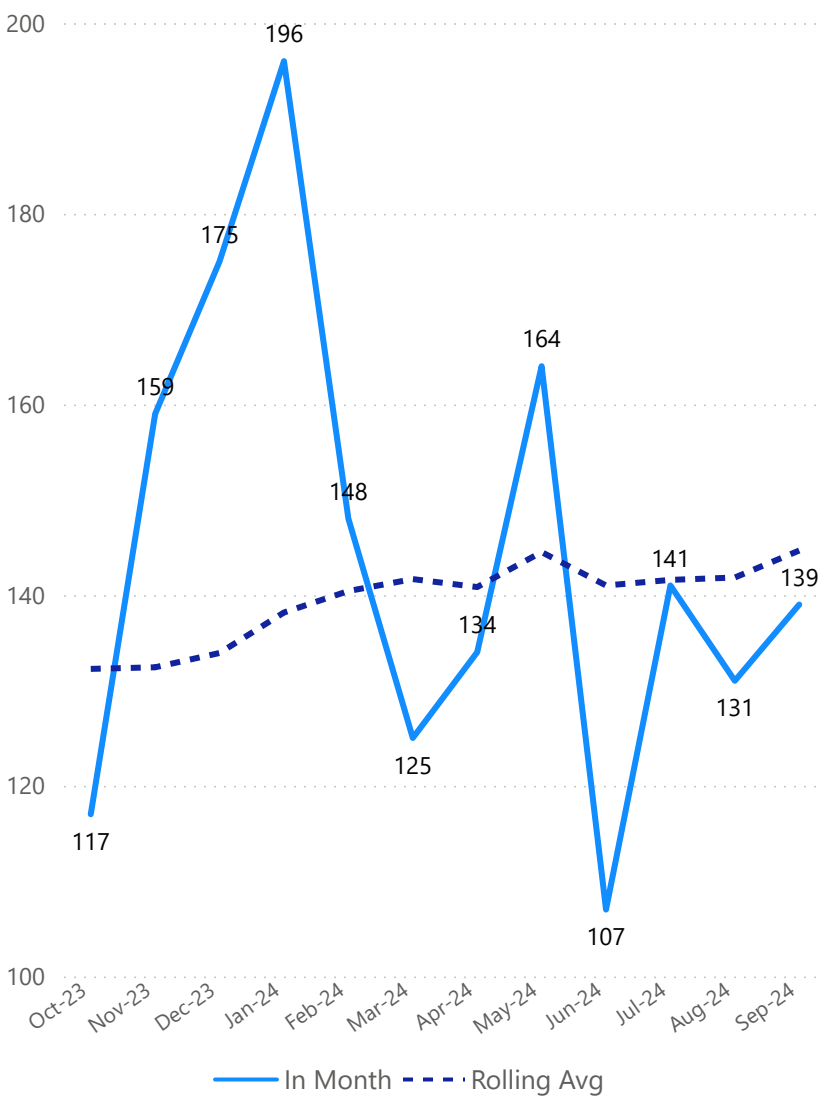
Current Value	Target	Nat Average	Success	Reporting Period
71	n/a	tbc	Neutral	Latest Month

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



Current Value	Target	Nat Average	Success	Reporting Period
21441	n/a	tbc	Neutral	Rolling Year

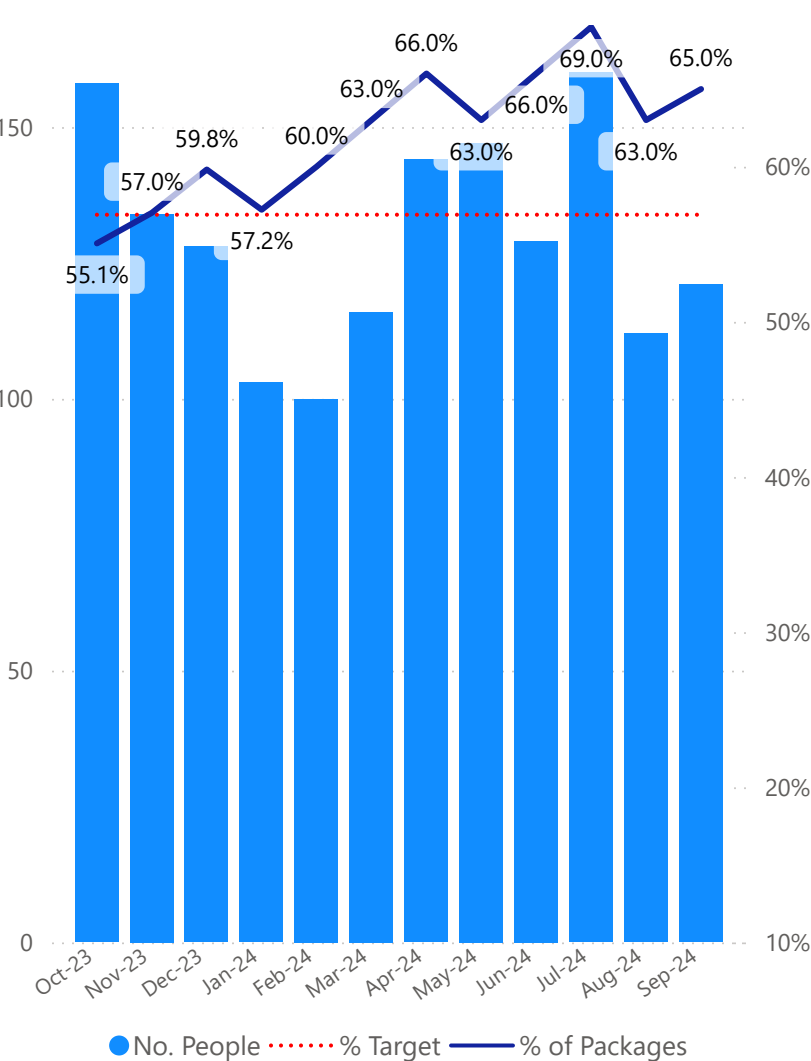
AI06: Number of new reablement packages in month



Current Value	Target	Nat Average	Success	Reporting Period
139	n/a	tbc	Neutral	Latest Month

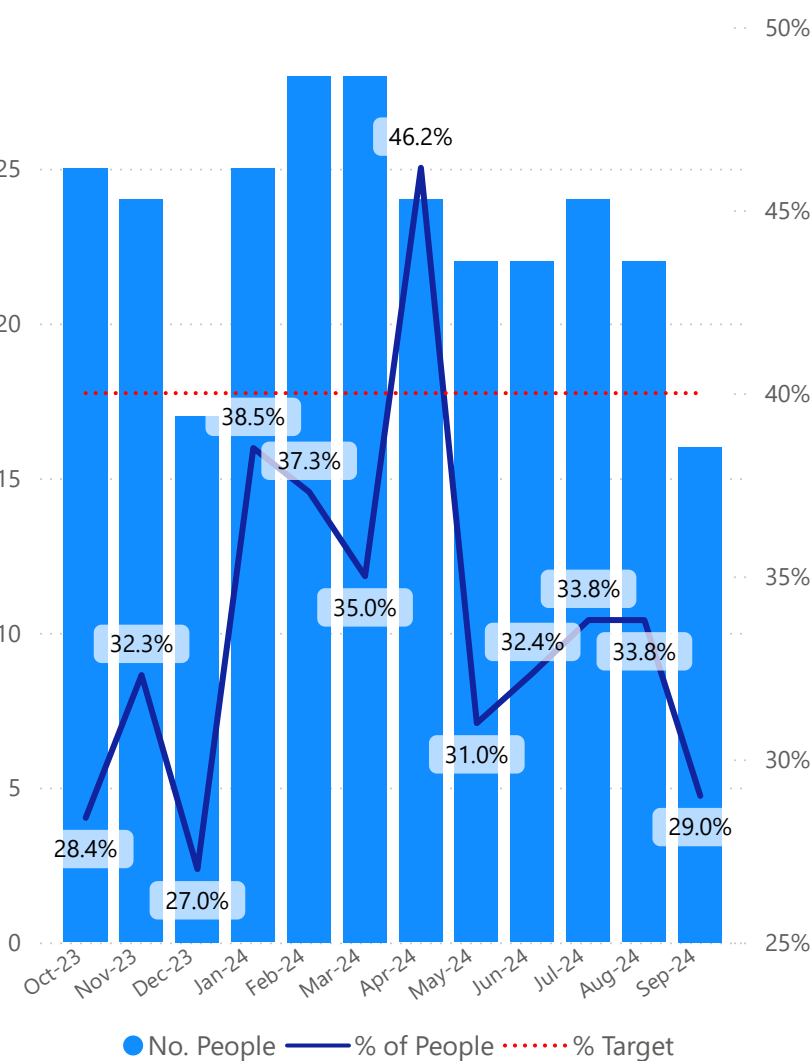
Assessment & Independence

AI07: % packages ended completely (no ongoing care) post reablement



Current Value	Target	Nat Average	Success	Reporting Period
65	56.9	tbc	Bigger is better	Latest Month

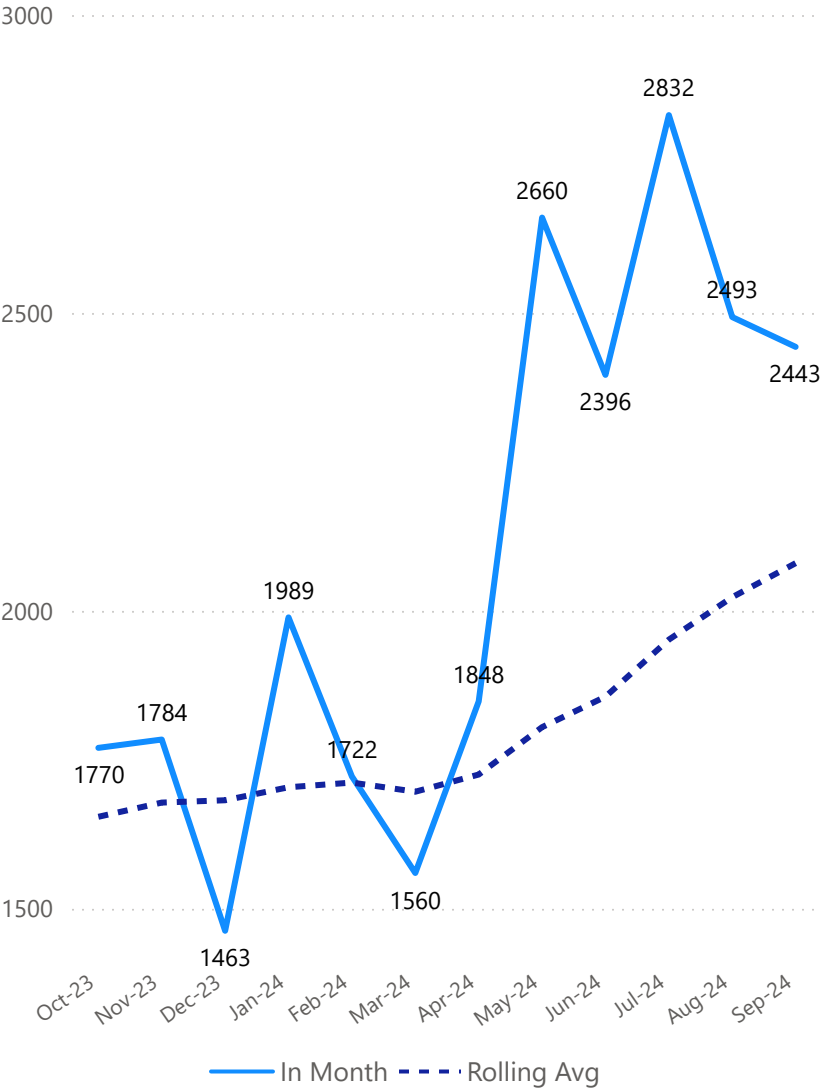
AI08: % of people remaining in pathway 1 / 2 or 3 over 6 weeks



Current Value	Target	Nat Average	Success	Reporting Period
29	40	tbc	Smaller is better	Latest Month

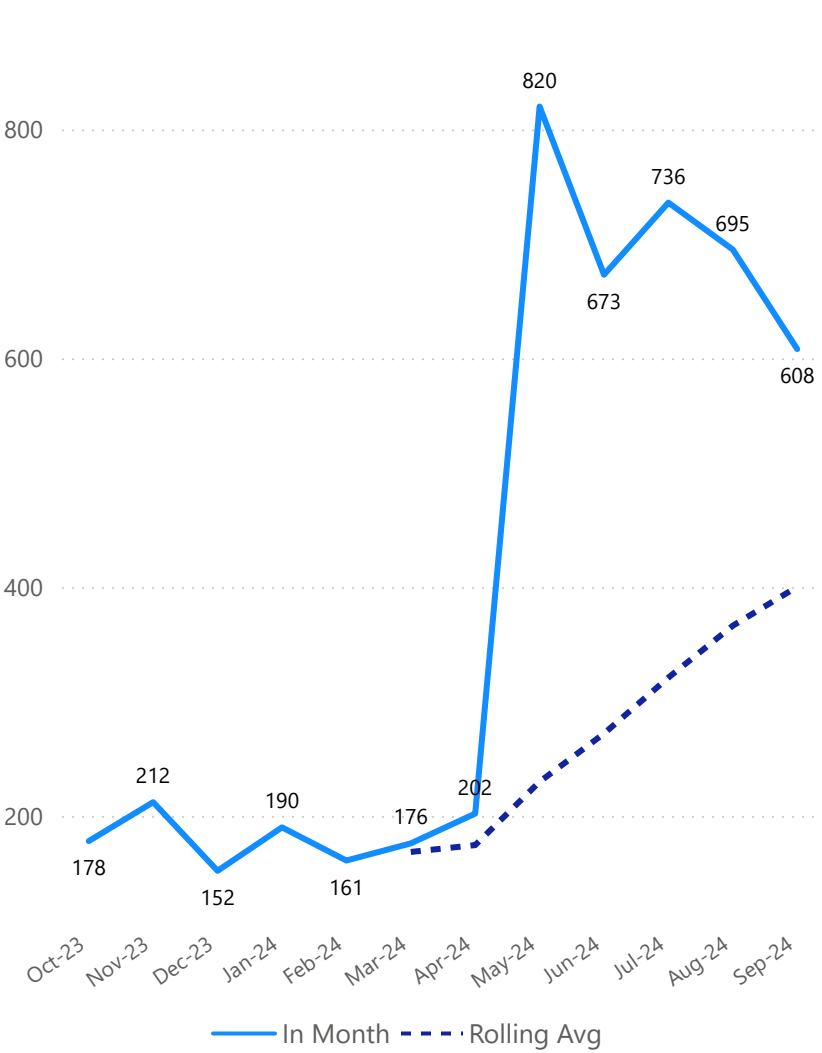
Access & Prevention

AP01a: Number of new contacts over the age of 18



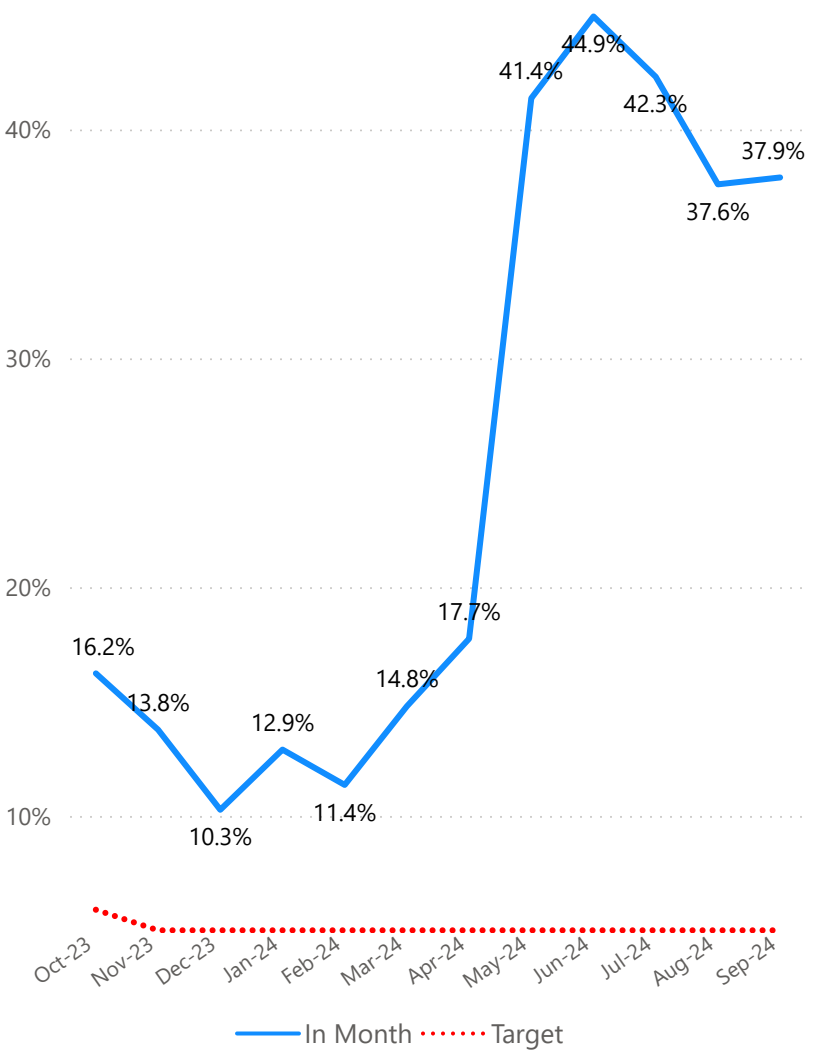
Current Value	Target	Nat Average	Success	Reporting Period
2443	n/a	tbc	Bigger is better	Latest Month

AP01b: Number of contacts from existing service users over the age of 18



Current Value	Target	Nat Average	Success	Reporting Period
608	n/a	tbc	Bigger is better	Latest Month

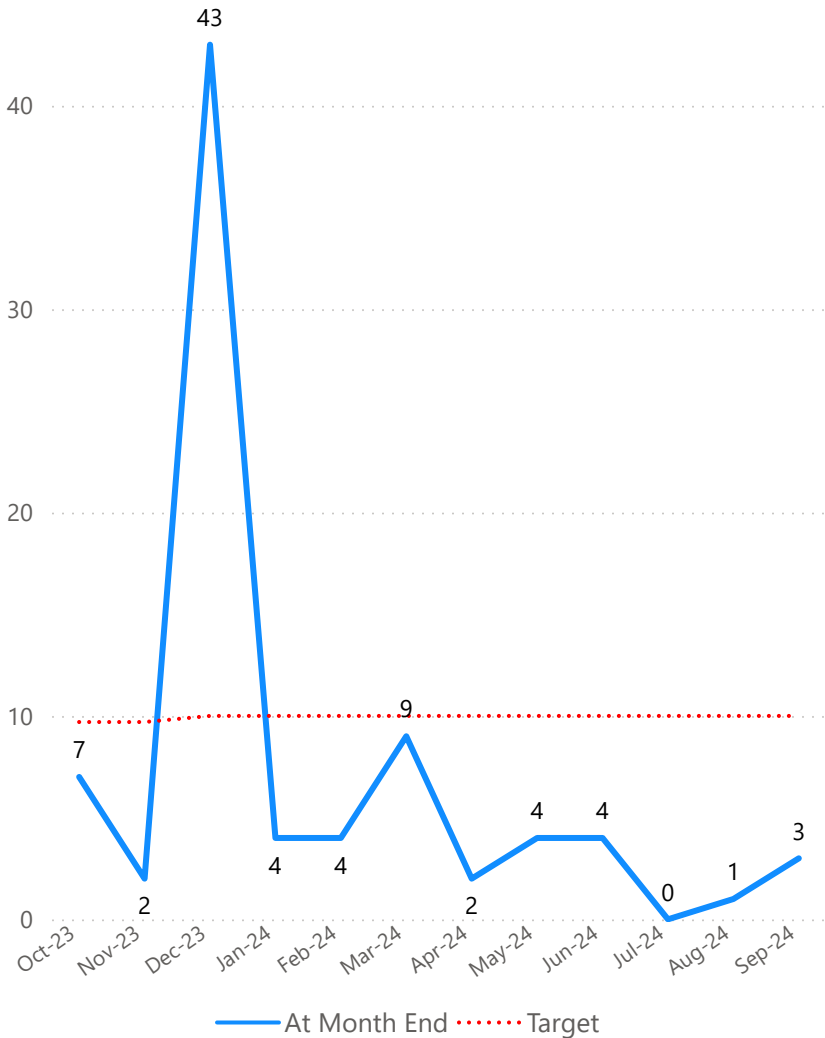
AP02: % of new contacts diverted from formal Care Act Assessment



Current Value	Target	Nat Average	Success	Reporting Period
37.9	5	tbc	Bigger is better	Latest Month

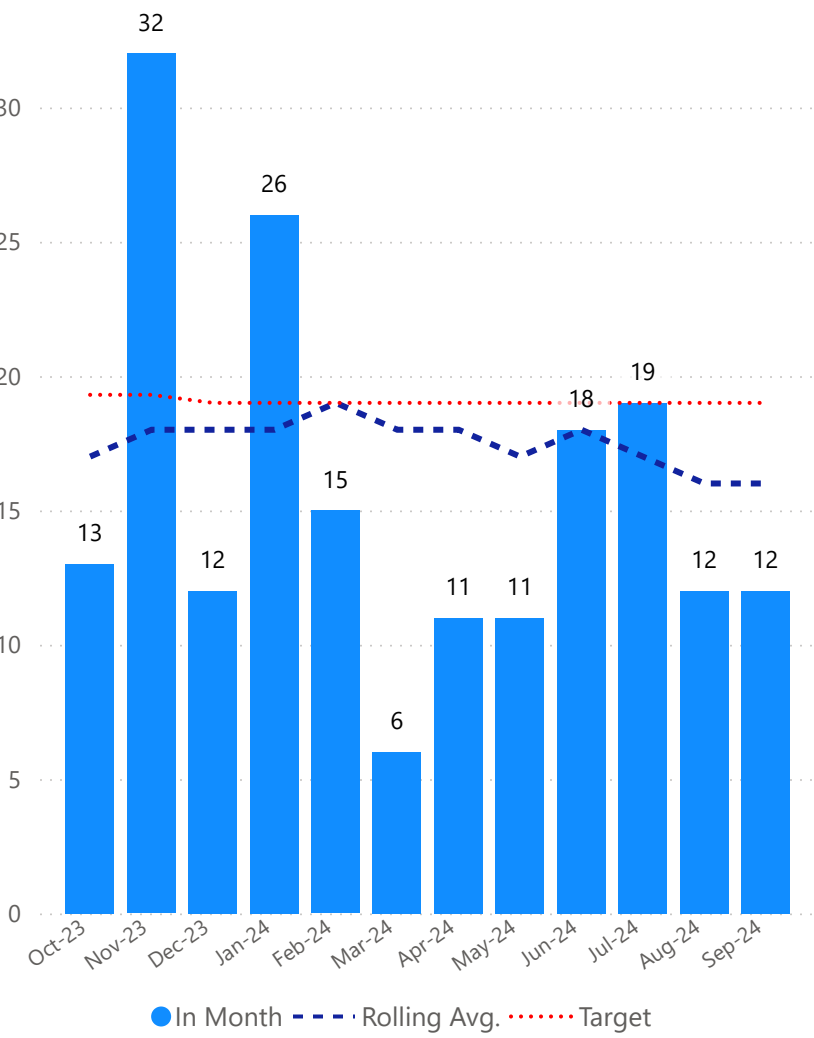
Access & Prevention

AP03b: Awaiting Financial Assessment – Awaiting allocation over 4 weeks



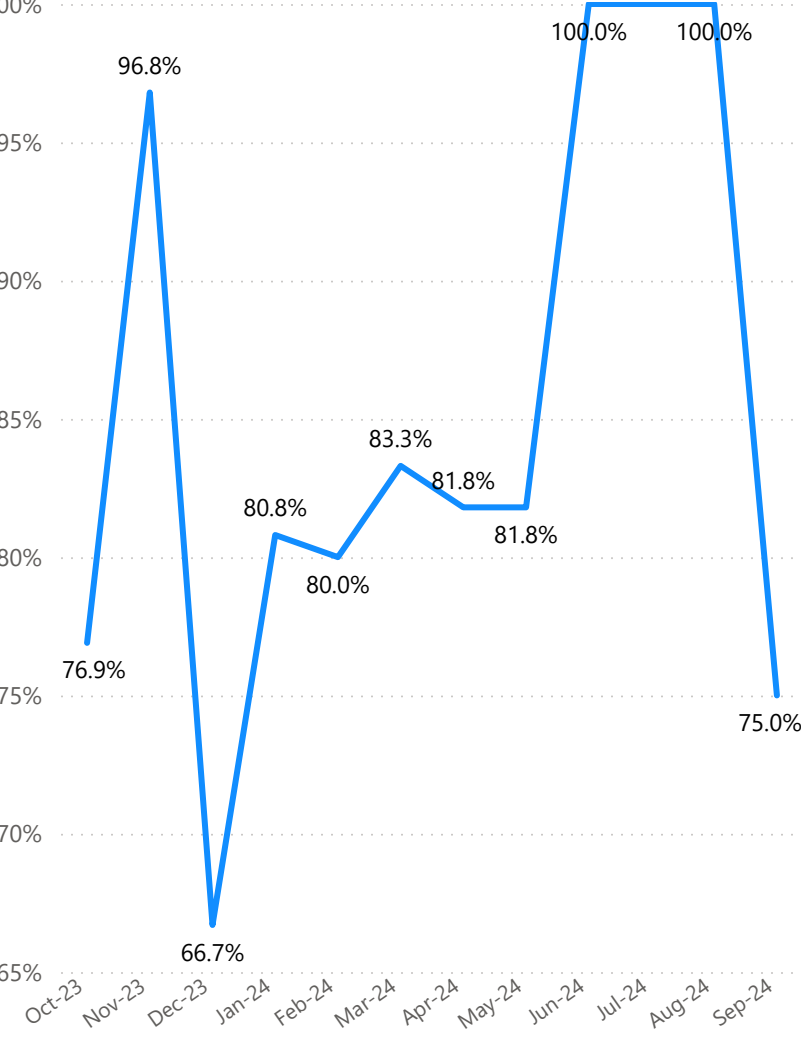
Current Value	Target	Nat Average	Success	Reporting Period
3	10	tbc	Smaller is better	Latest Month

AP04: Total number of carers assessments completed by Carers Network



Current Value	Target	Nat Average	Success	Reporting Period
16	19	tbc	Bigger is better	Rolling Average

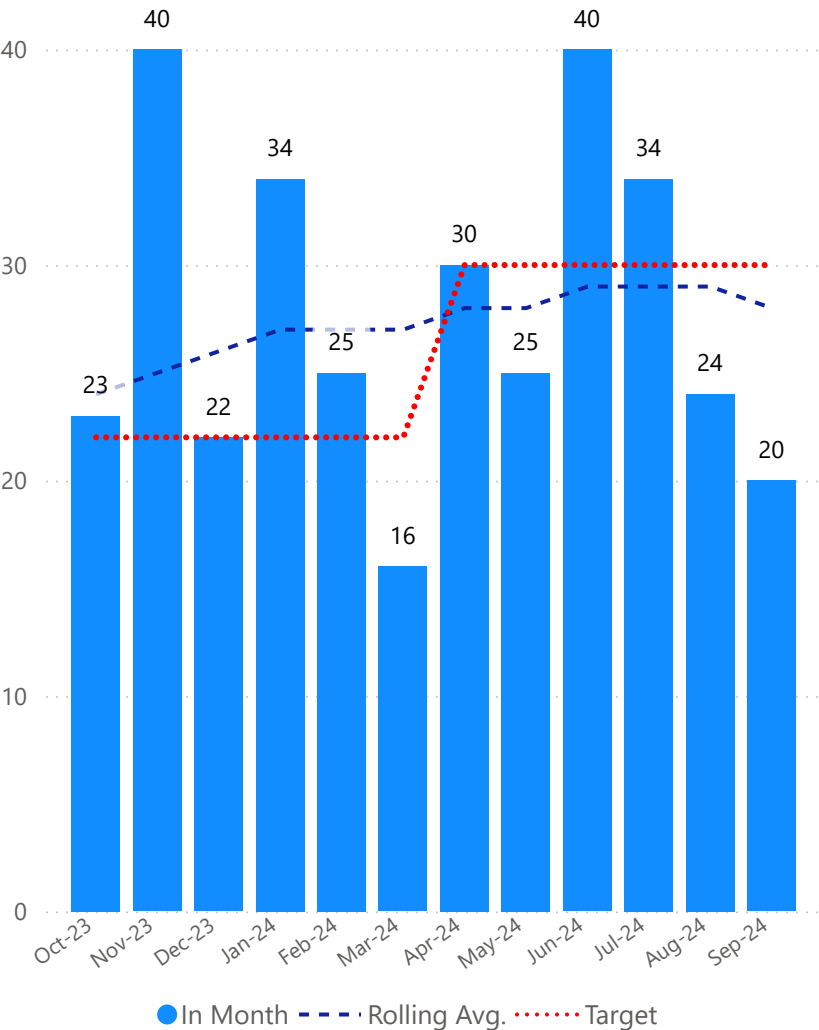
AP04b: % of assessments meeting eligibility criteria for carers and unpaid carers by Carers Network



Current Value	Target	Nat Average	Success	Reporting Period
75	n/a	tbc	Neutral	Latest Month

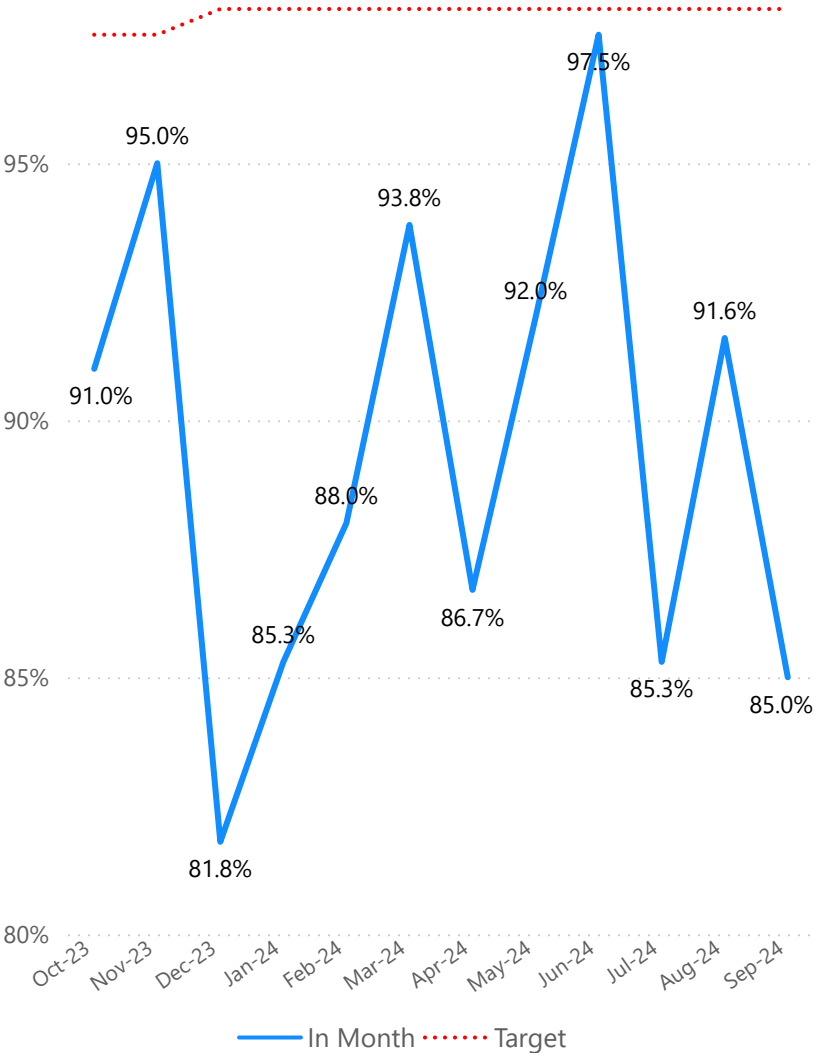
Access & Prevention

AP04c: Total number of carers assessments completed across ASC



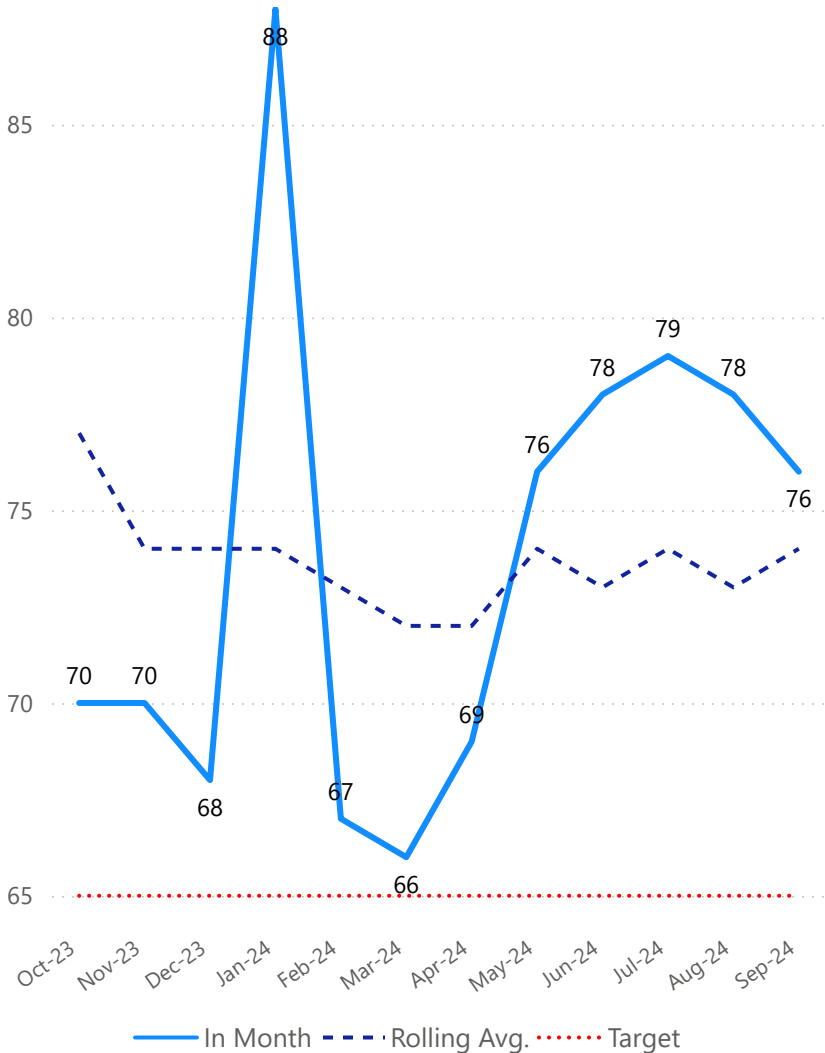
Current Value	Target	Nat Average	Success	Reporting Period
20	30	tbc	Bigger is better	Latest Month

AP04d: % of assessments meeting eligibility criteria for carers and unpaid carers completed across ASC



Current Value	Target	Nat Average	Success	Reporting Period
85	n/a	tbc	Neutral	Latest Month

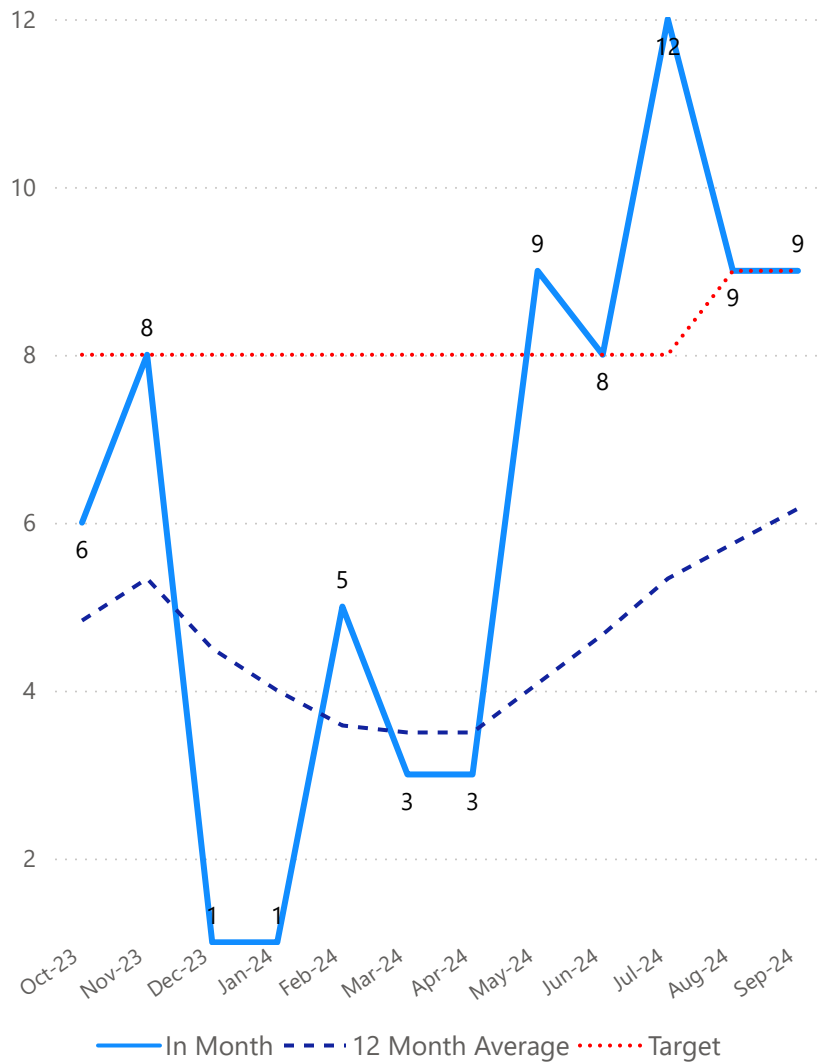
AP05: Number of people receiving telecare devices distributed / installed (month)



Current Value	Target	Nat Average	Success	Reporting Period
76	65	tbc	Bigger is better	Latest Month

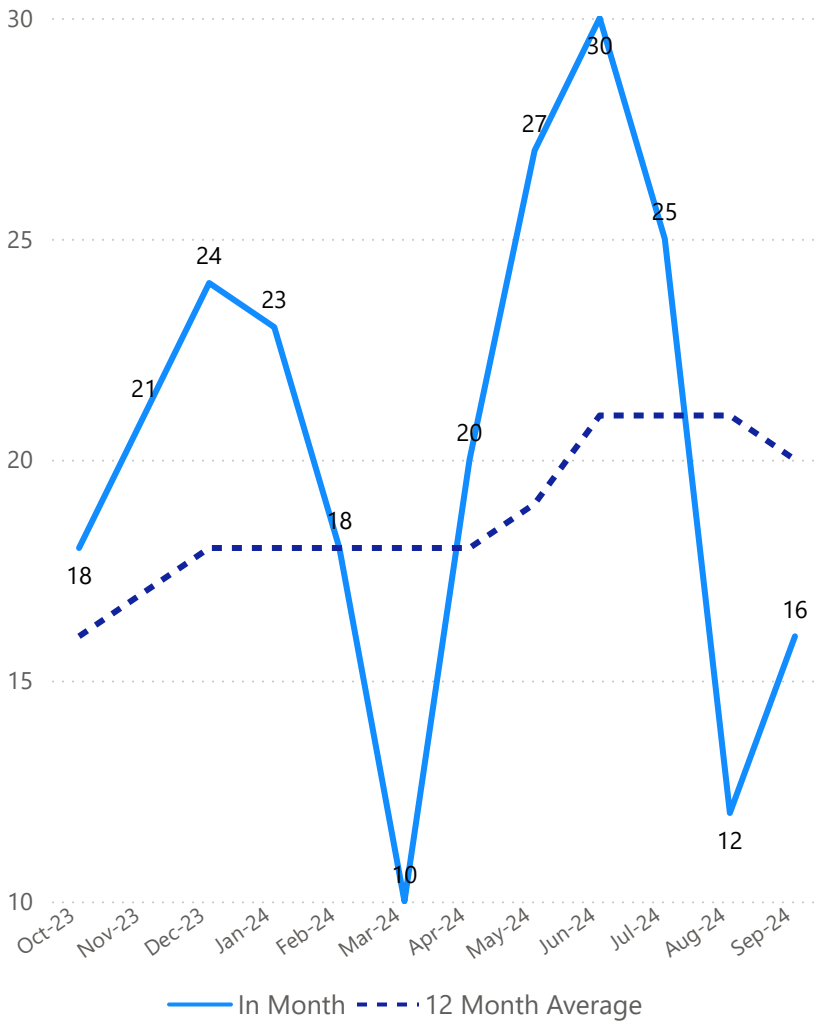
Access & Prevention

AP06: Number of new Direct Payment arrangements



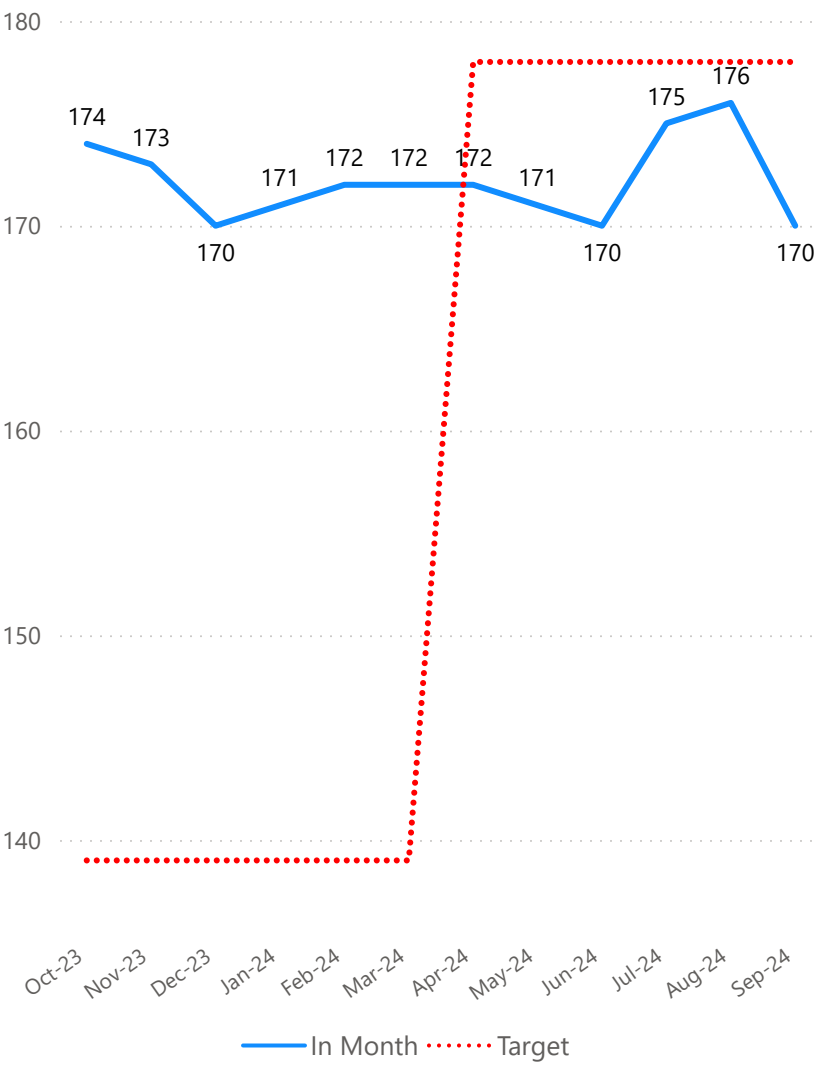
Current Value	Target	Nat Average	Success	Reporting Period
9	9	tbc	Bigger is better	Calendar Month

AP07: Number of new CARERS Direct Payment arrangements



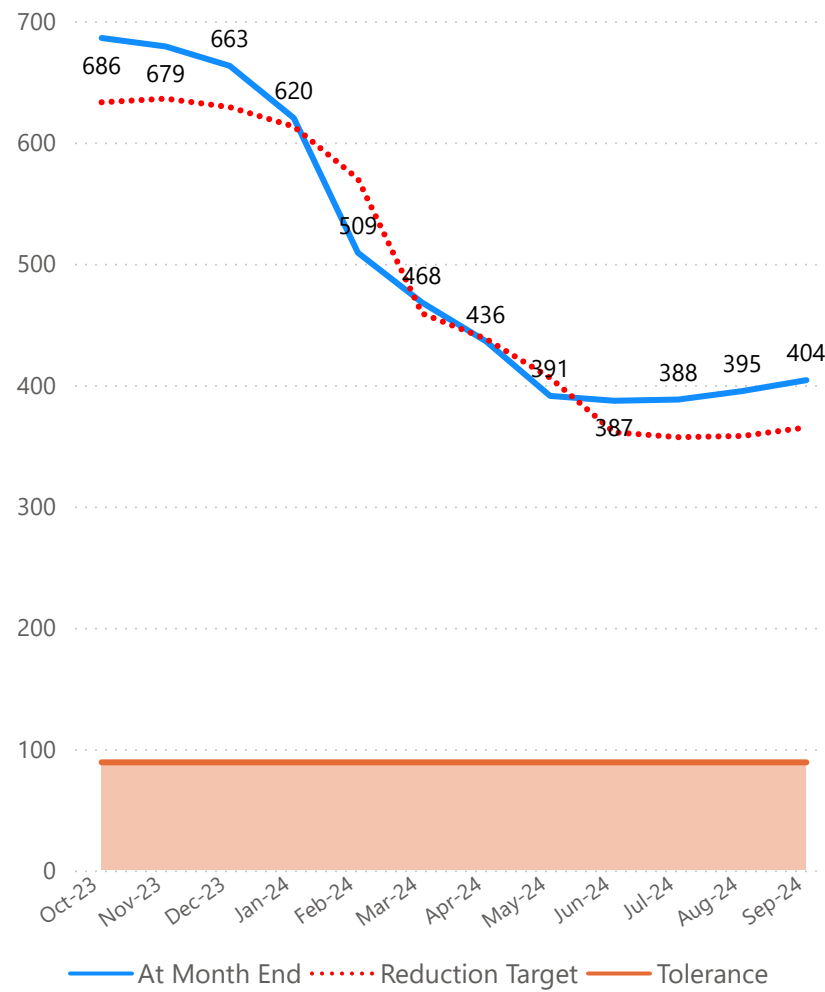
Current Value	Target	Nat Average	Success	Reporting Period
16	n/a	tbc	Bigger is better	Calendar Month

DDS02: Number of people aged 18 - 64 in residential or nursing care



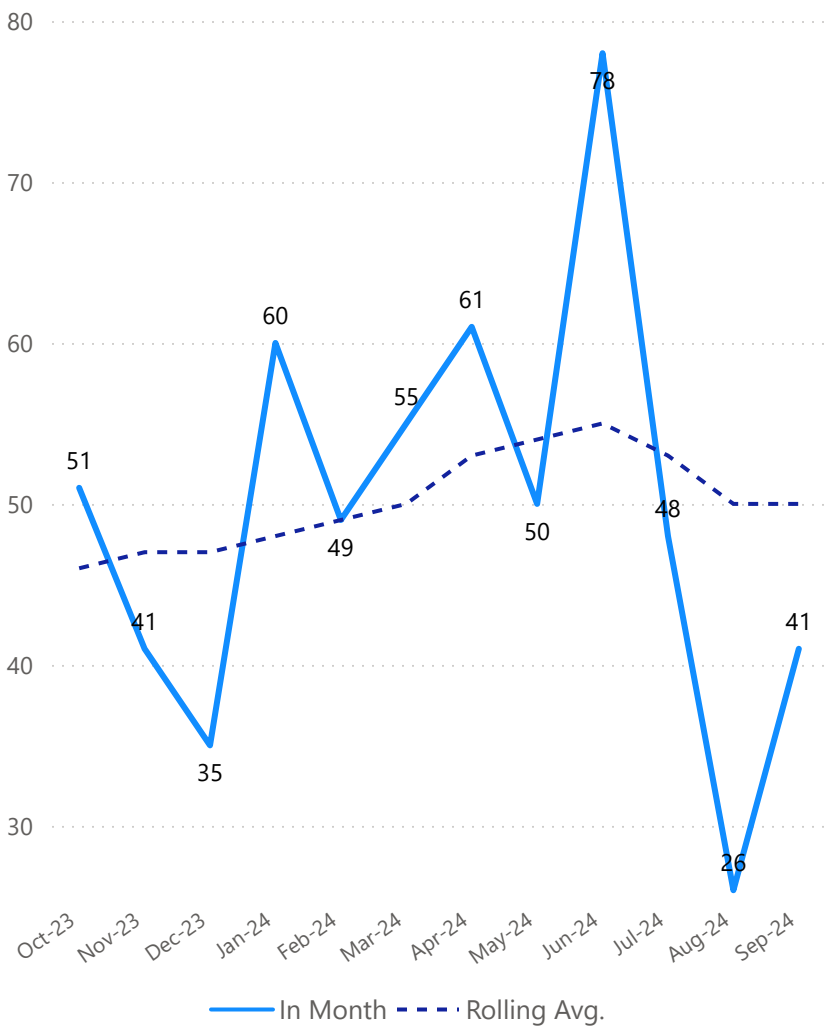
Current Value	Target	Nat Average	Success	Reporting Period
170	178	tbc	Smaller is better	Latest Month

DDS04: No. of people awaiting a Care Act review where the last review or assessment was over 12 months ago



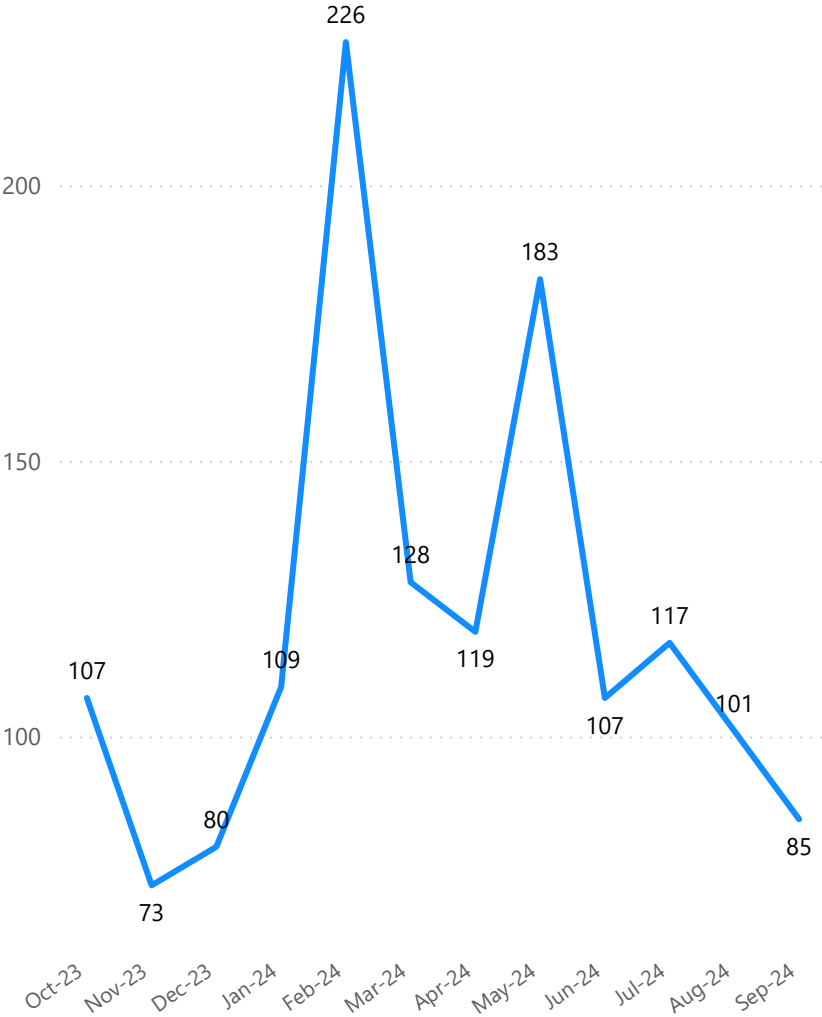
Current Value	Target	Tolerance	Success	Reporting Period
404	365	89	Smaller is better	Latest Month

DDS05: Number of Care Act needs assessments carried out



Current Value	Target	Nat Average	Success	Reporting Period
41	n/a	tbc	Neutral	Rolling Year

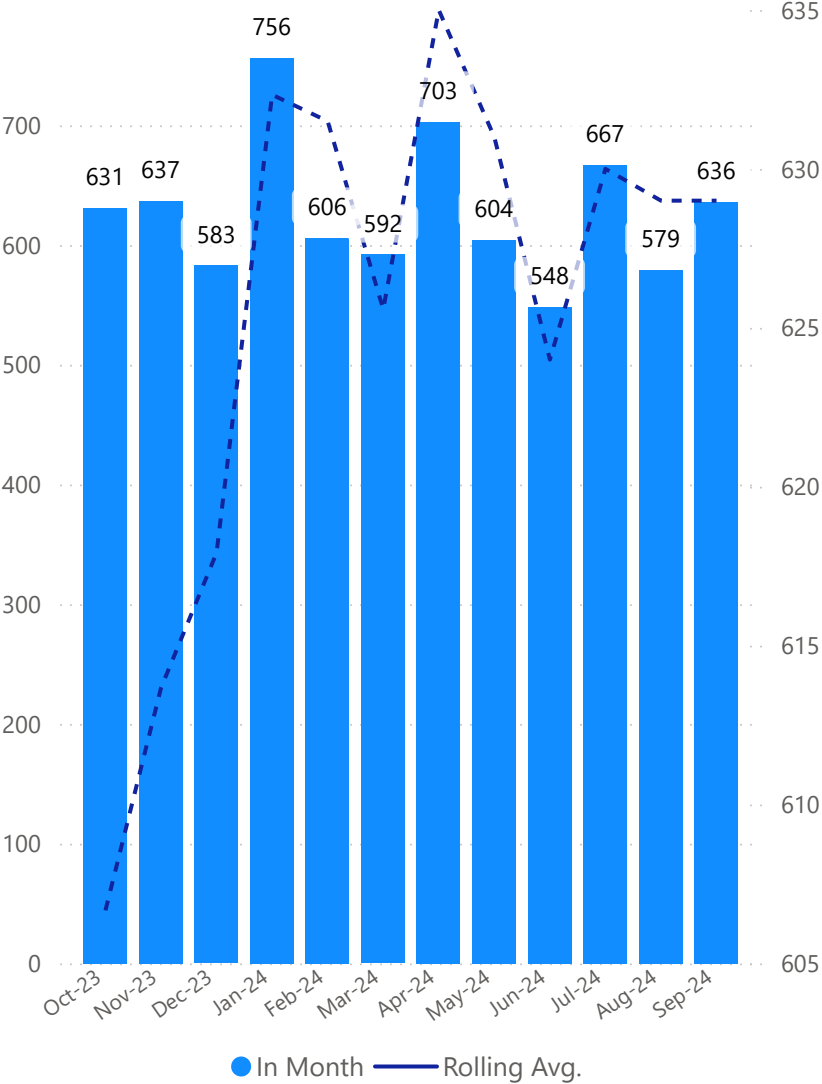
DDS06: Number of reviews completed



Current Value	Target	Nat Average	Success	Reporting Period
85	n/a	tbc	Neutral	Latest Month

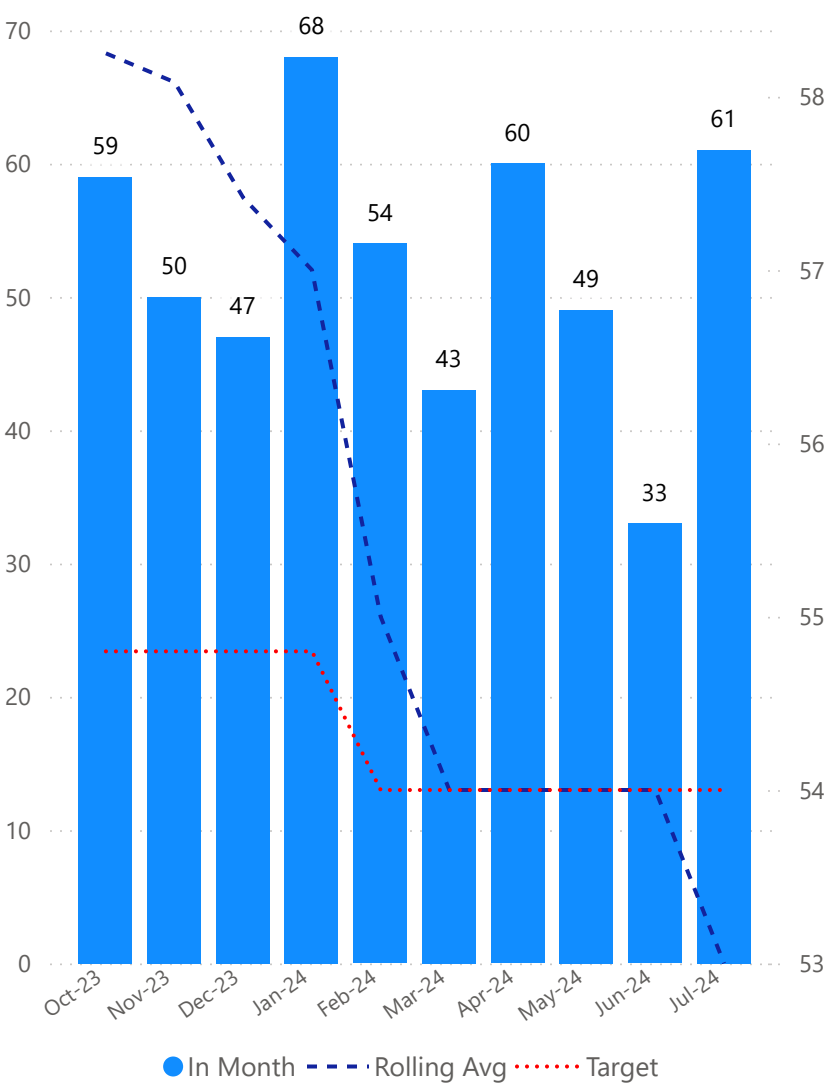
Adult Safeguarding

AS01a: Safeguarding concerns logged



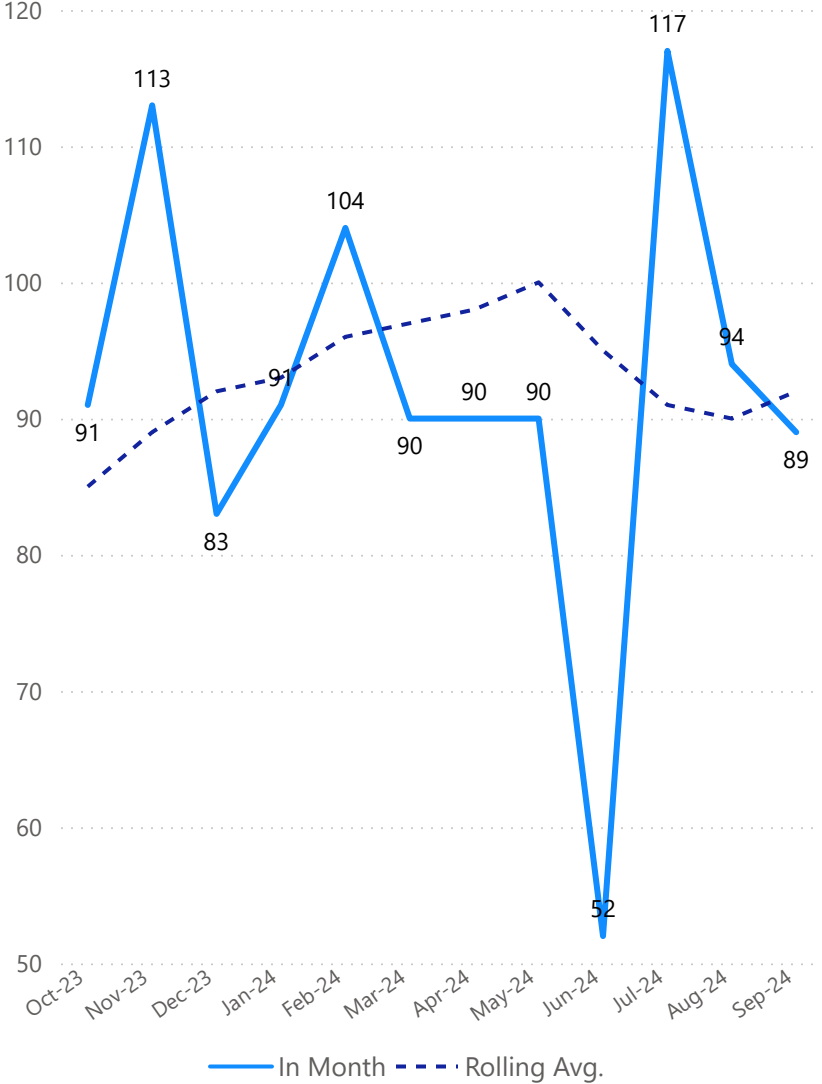
Current Value	Target	Nat Average	Success	Reporting Period
629	n/a	tbc	Neutral	Rolling Average

AS01b: Safeguarding enquiries logged



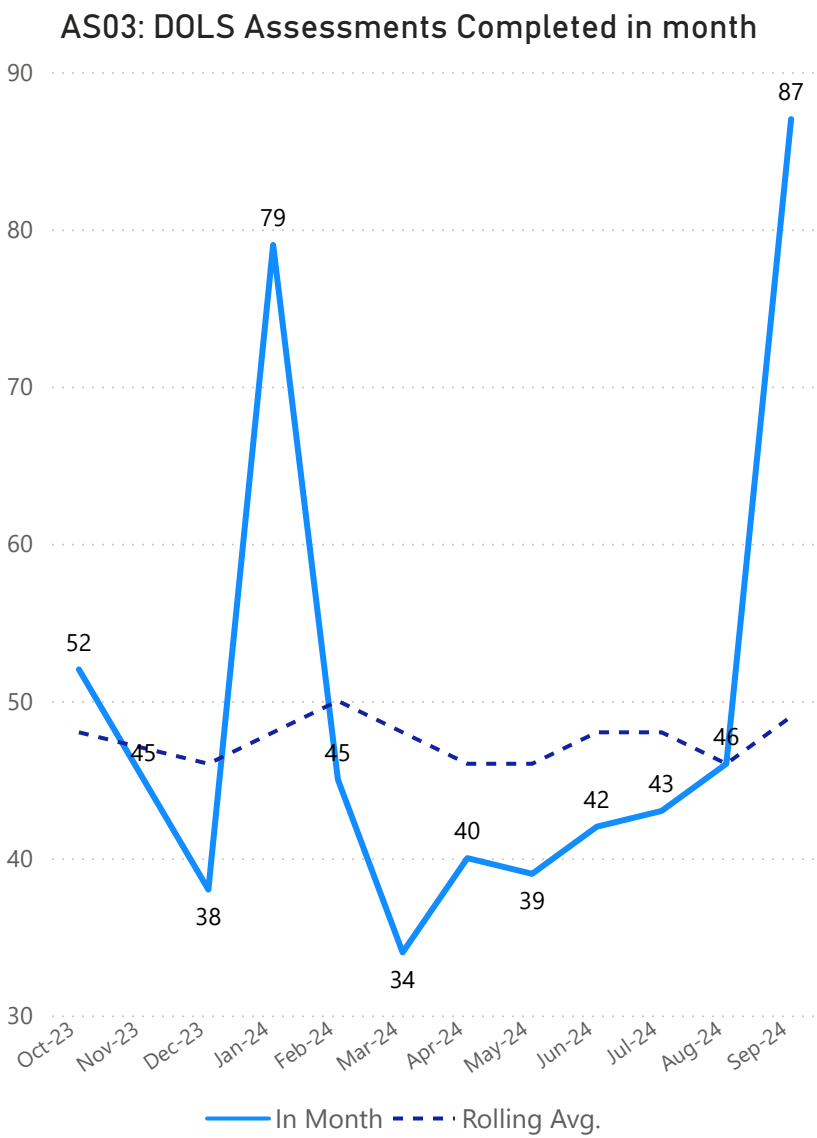
Current Value	Target	Nat Average	Success	Reporting Period
53	54	tbc	Bigger is better	Rolling Average

AS02: DOLS Referrals in month

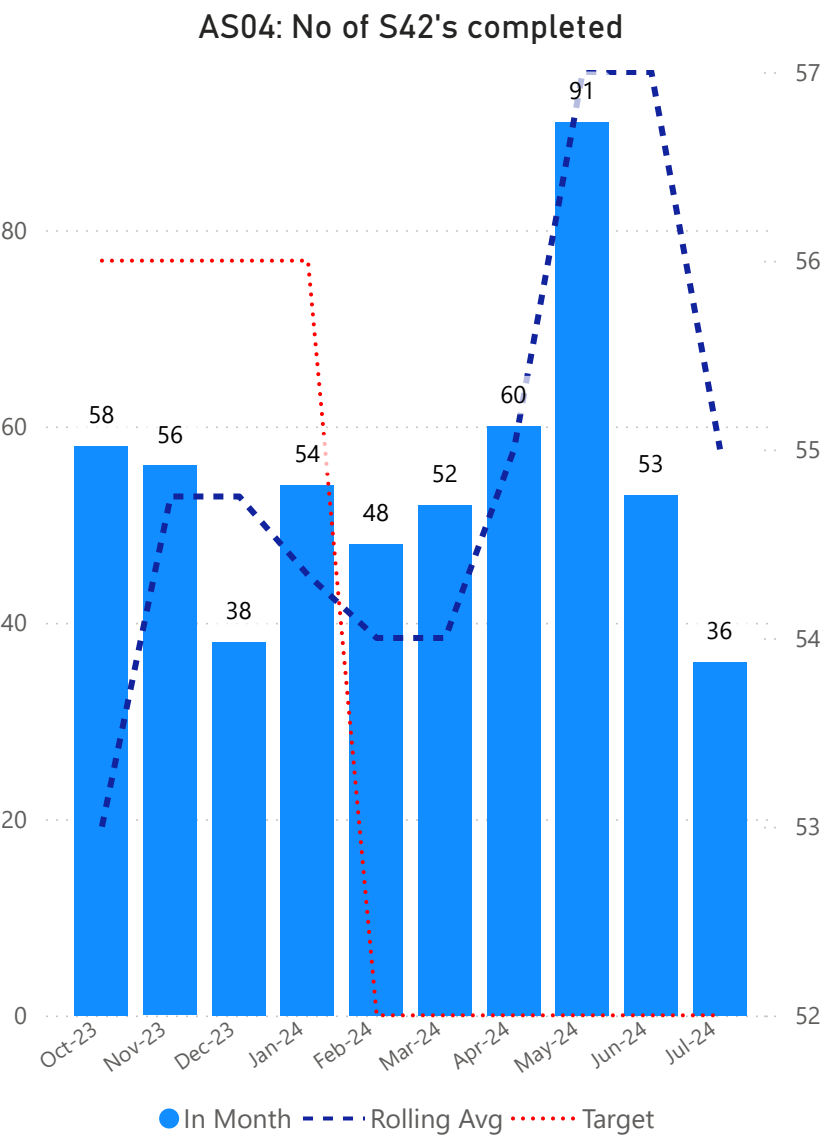


Current Value	Target	Nat Average	Success	Reporting Period
89	n/a	tbc	Neutral	Calendar Month

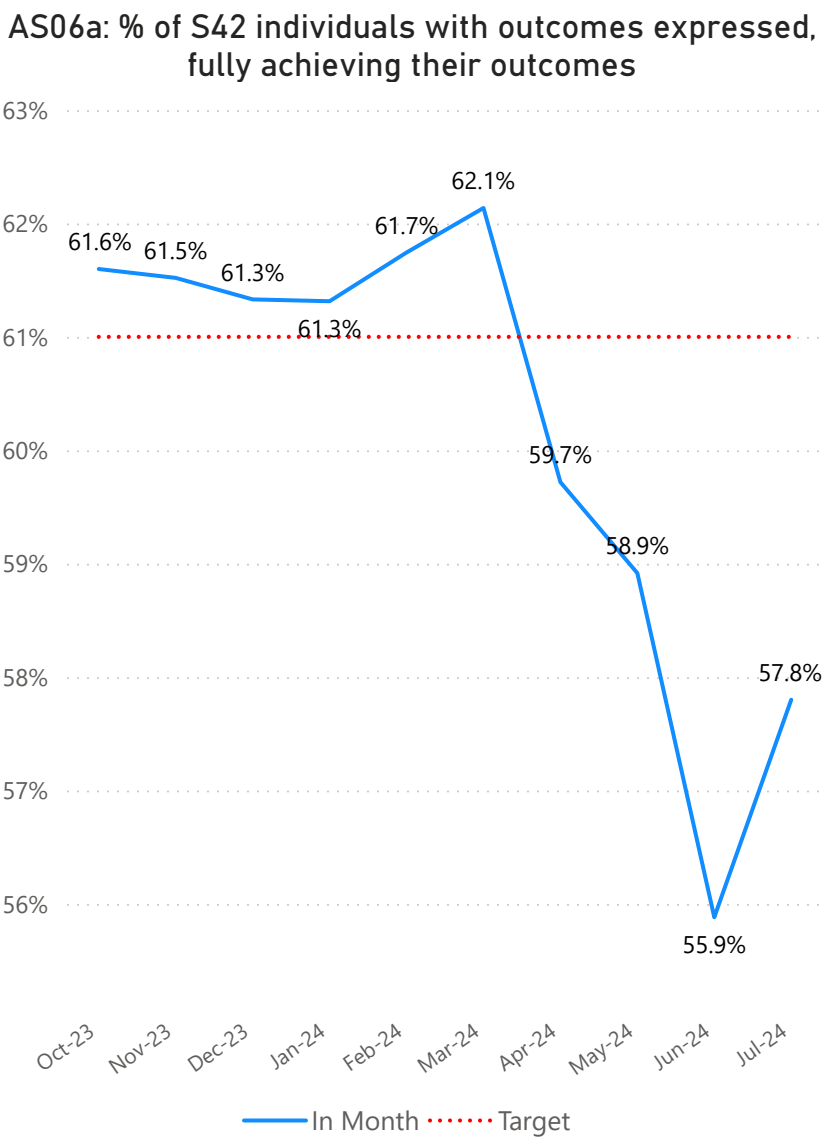
Adult Safeguarding



Current Value	Target	Nat Average	Success	Reporting Period
87	n/a	tbc	Neutral	Latest Month



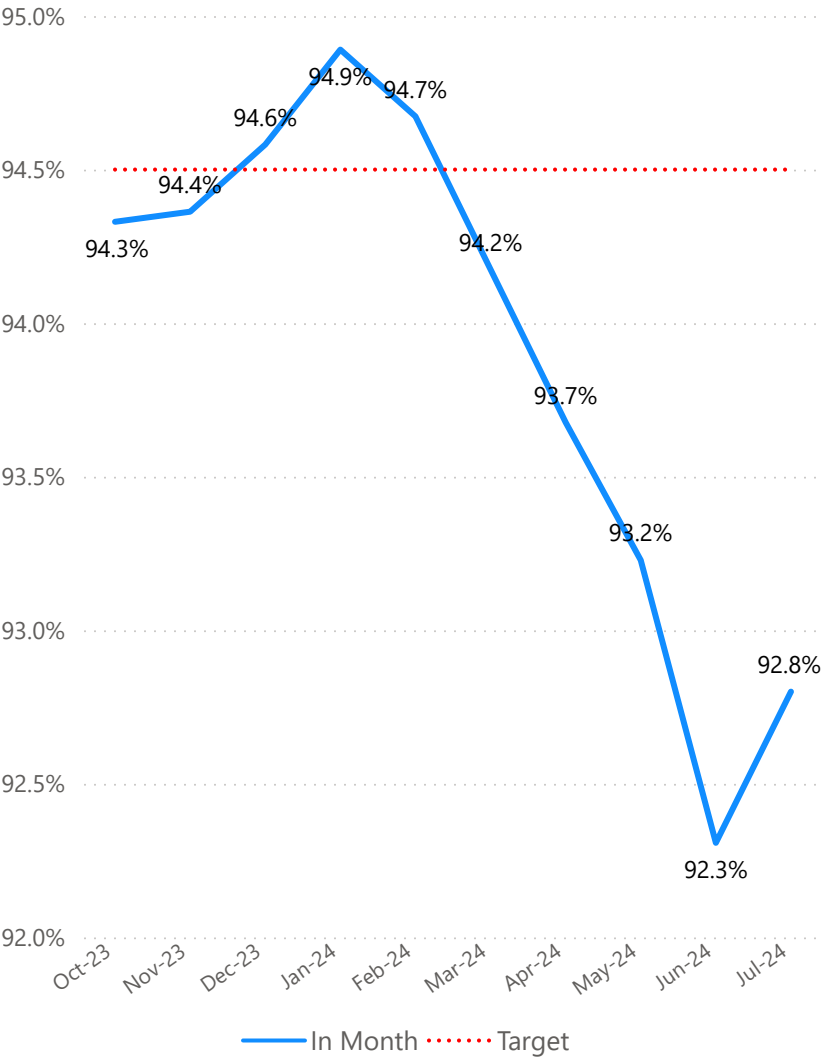
Current Value	Target	Nat Average	Success	Reporting Period
55	52	tbc	Bigger is better	Rolling Average



Current Value	Target	Nat Average	Success	Reporting Period
57.8	61	tbc	Bigger is better	Rolling Year

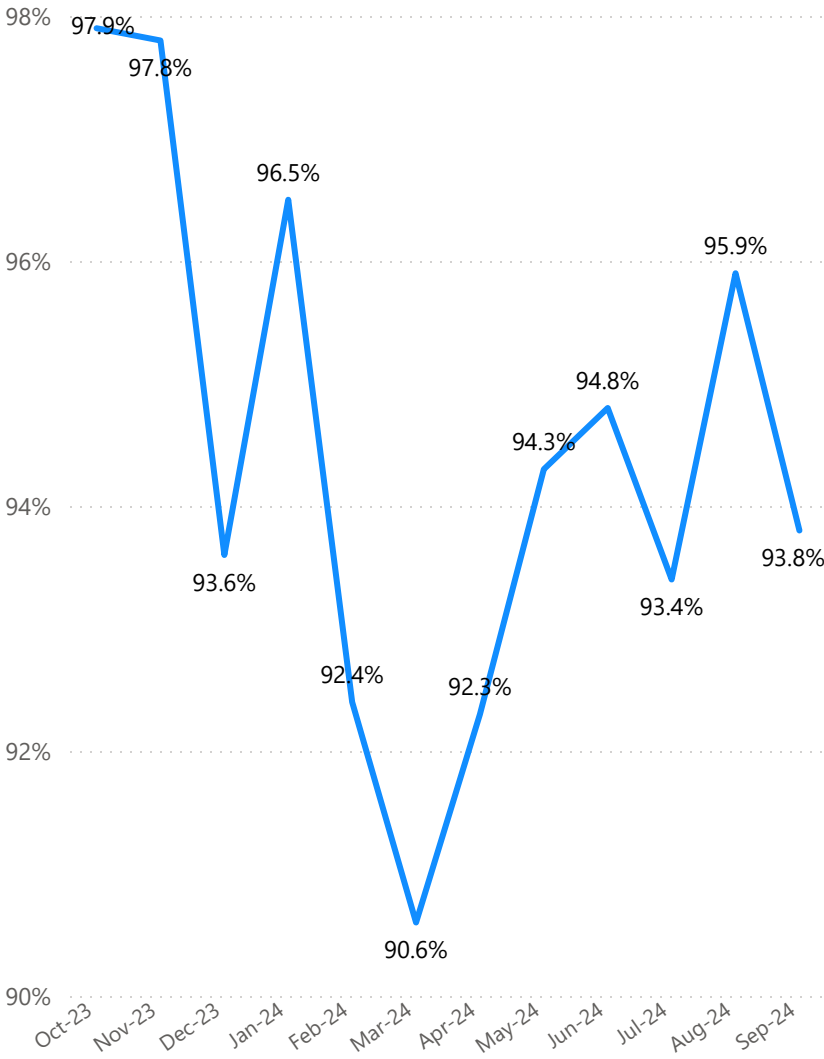
Adult Safeguarding

AS06b: % of S42 individuals with outcomes expressed, fully and partially achieving their outcomes



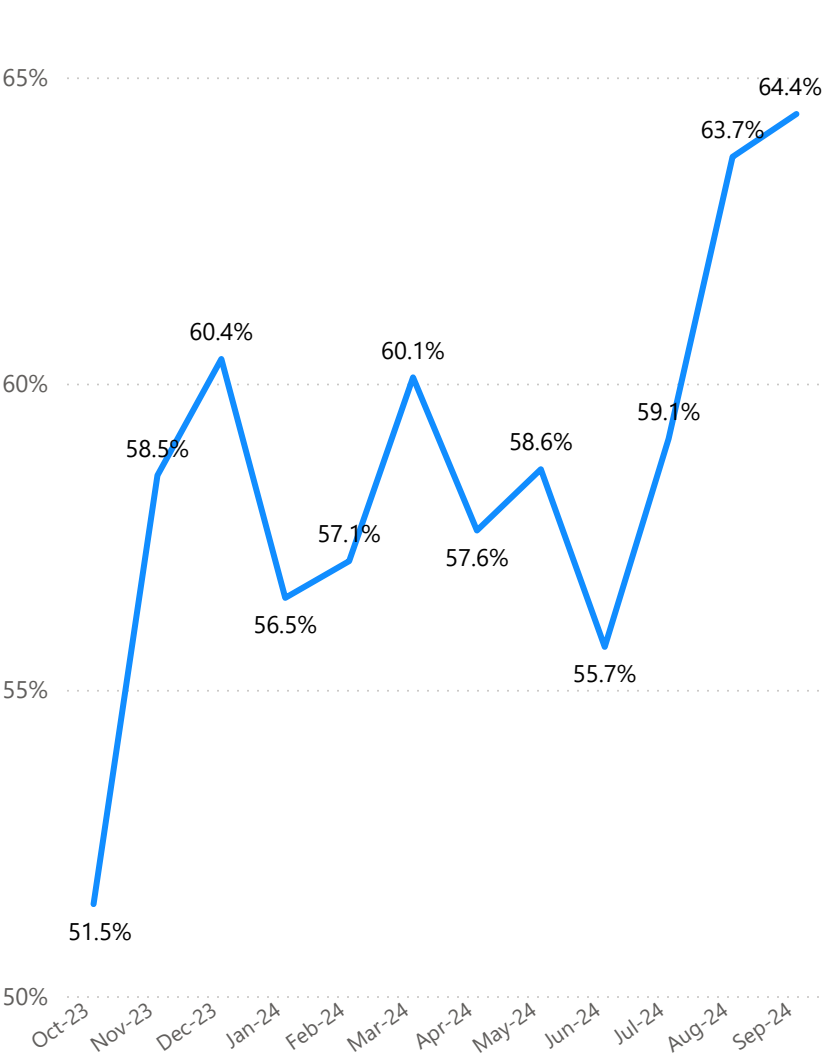
Current Value	Target	Nat Average	Success	Reporting Period
92.8	94.5	tbc	Bigger is better	Rolling Year

AS07: Initial Screening – 2 days from receipt of concern



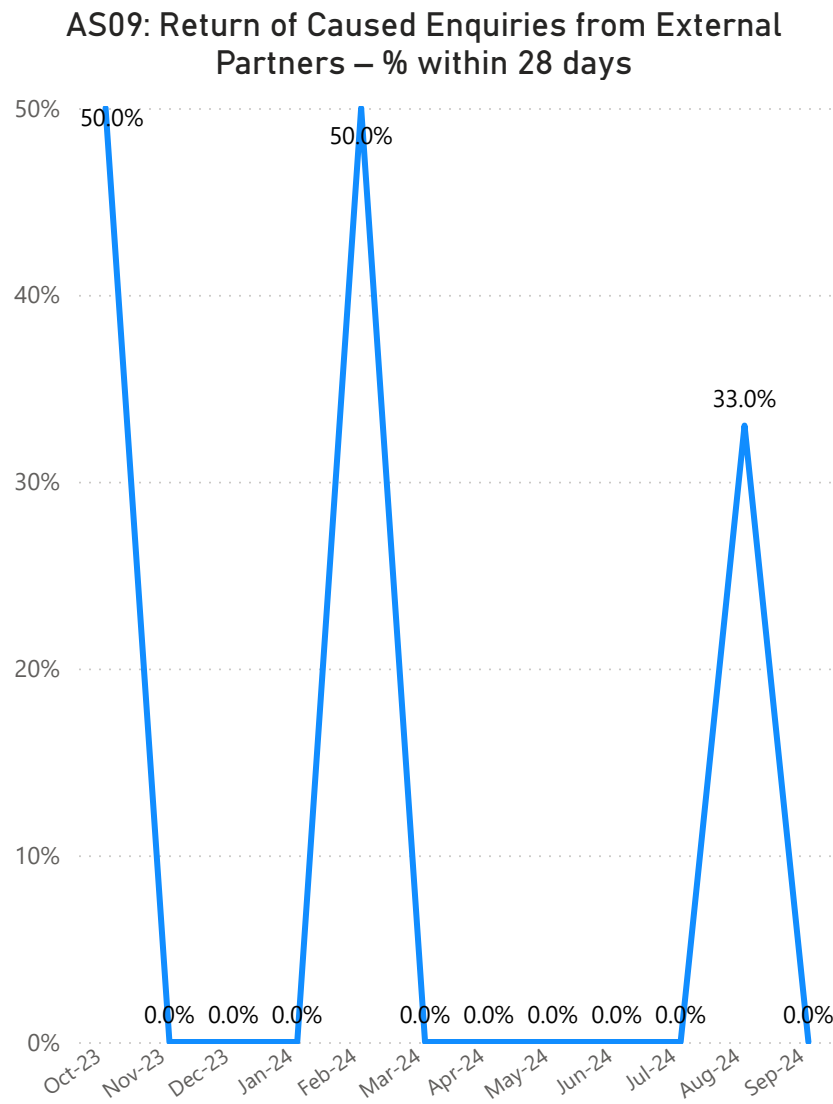
Current Value	Target	Nat Average	Success	Reporting Period
92.8	94.5	tbc	Bigger is better	Rolling Year

AS08: Threshold Decision - 5 days from receipt of concern

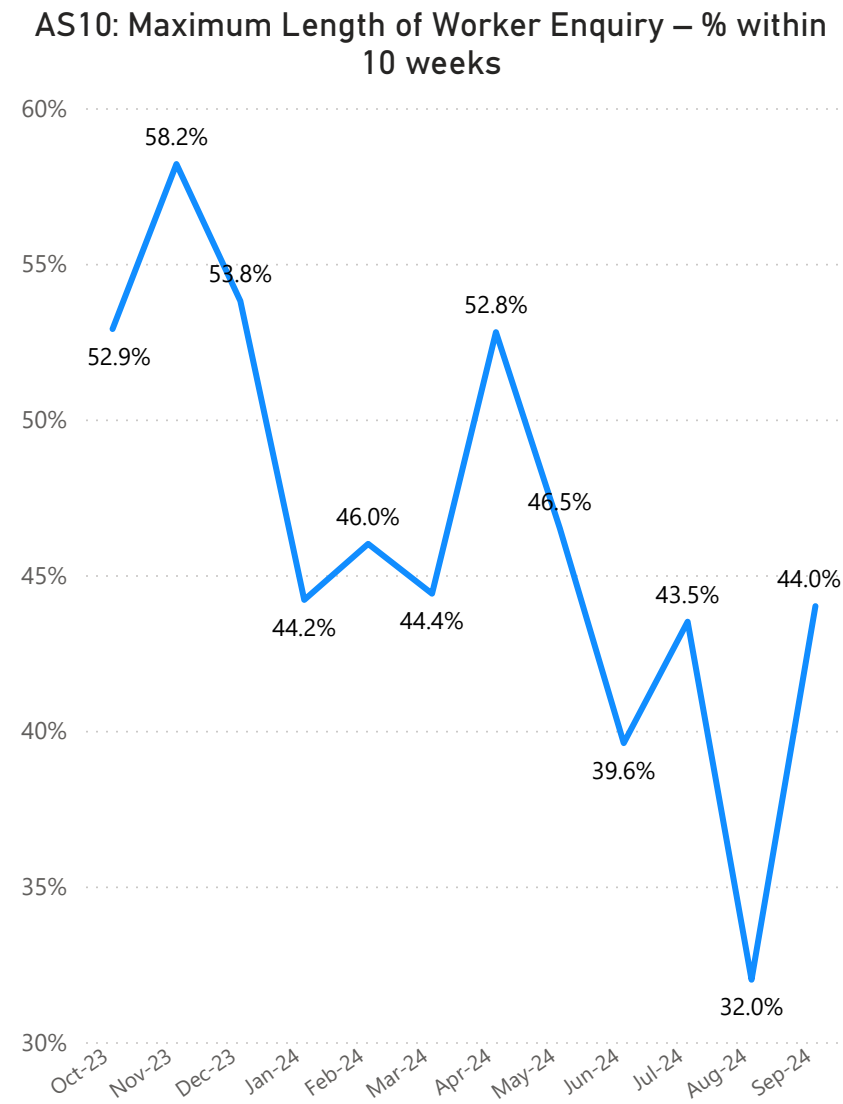


Current Value	Target	Nat Average	Success	Reporting Period
92.8	94.5	tbc	Bigger is better	Rolling Year

Adult Safeguarding



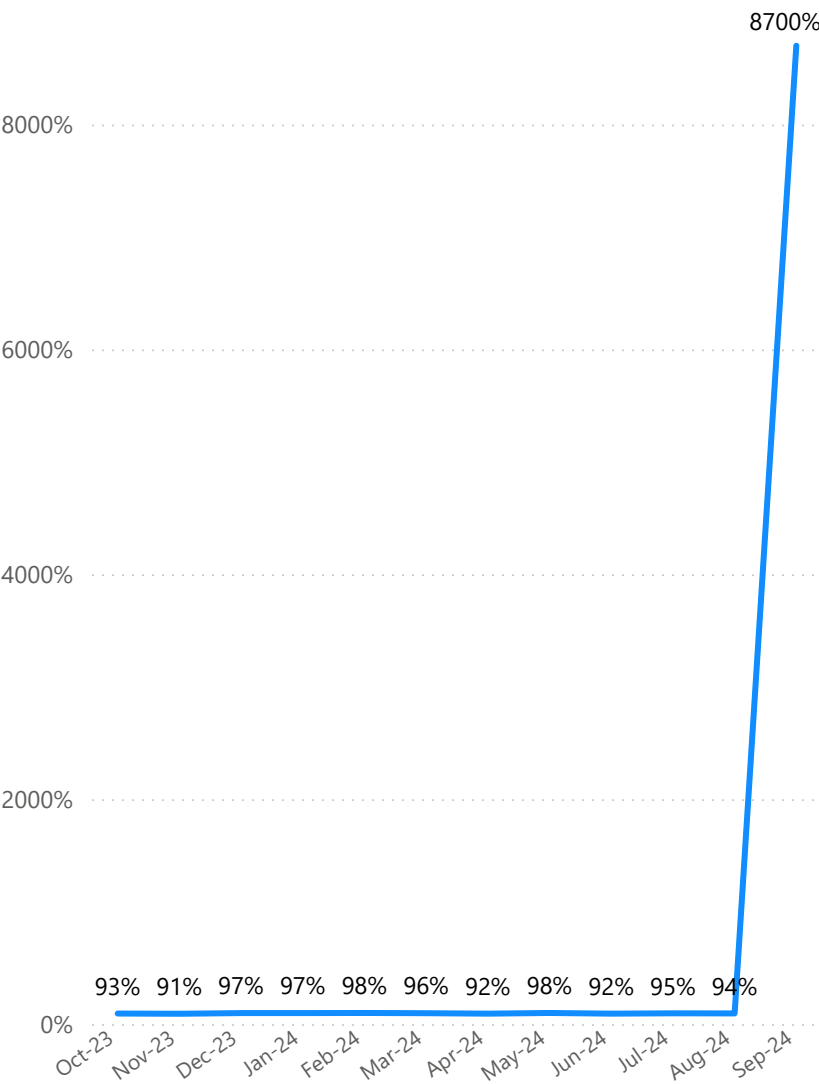
Current Value	Target	Nat Average	Success	Reporting Period
92.8	94.5	tbc	Bigger is better	Rolling Year



Current Value	Target	Nat Average	Success	Reporting Period
92.8	94.5	tbc	Bigger is better	Rolling Year

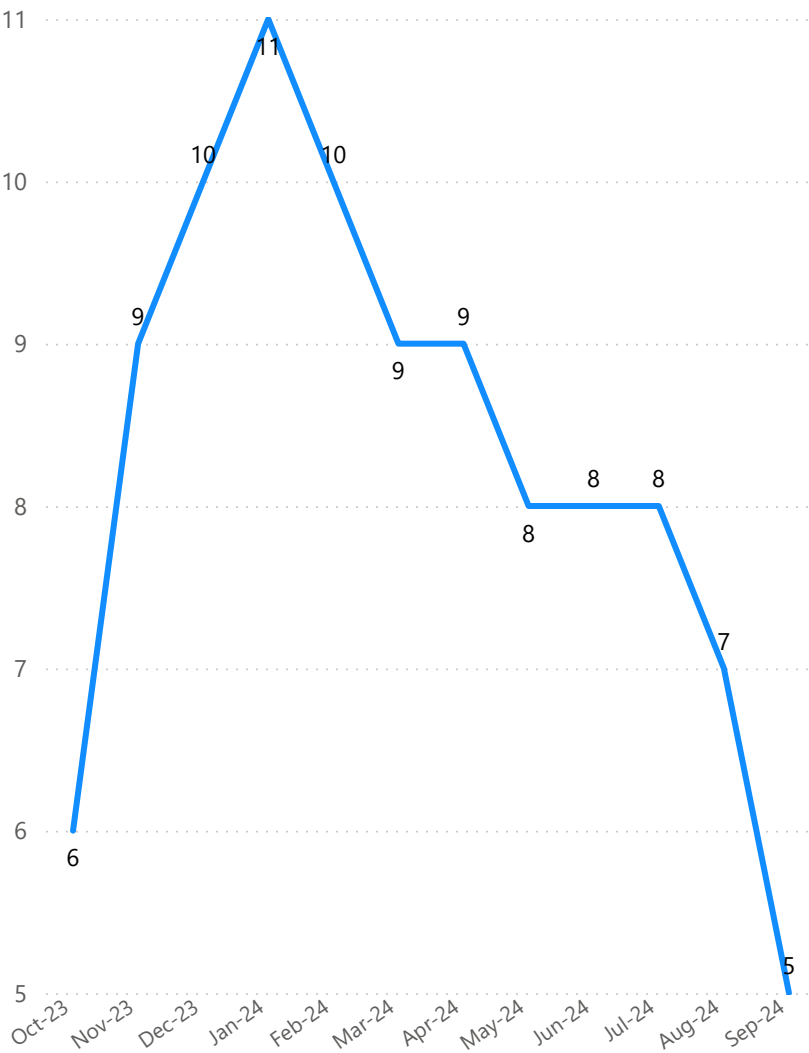
Adult Commissioning

AC01: % of care homes compliant with national tracker



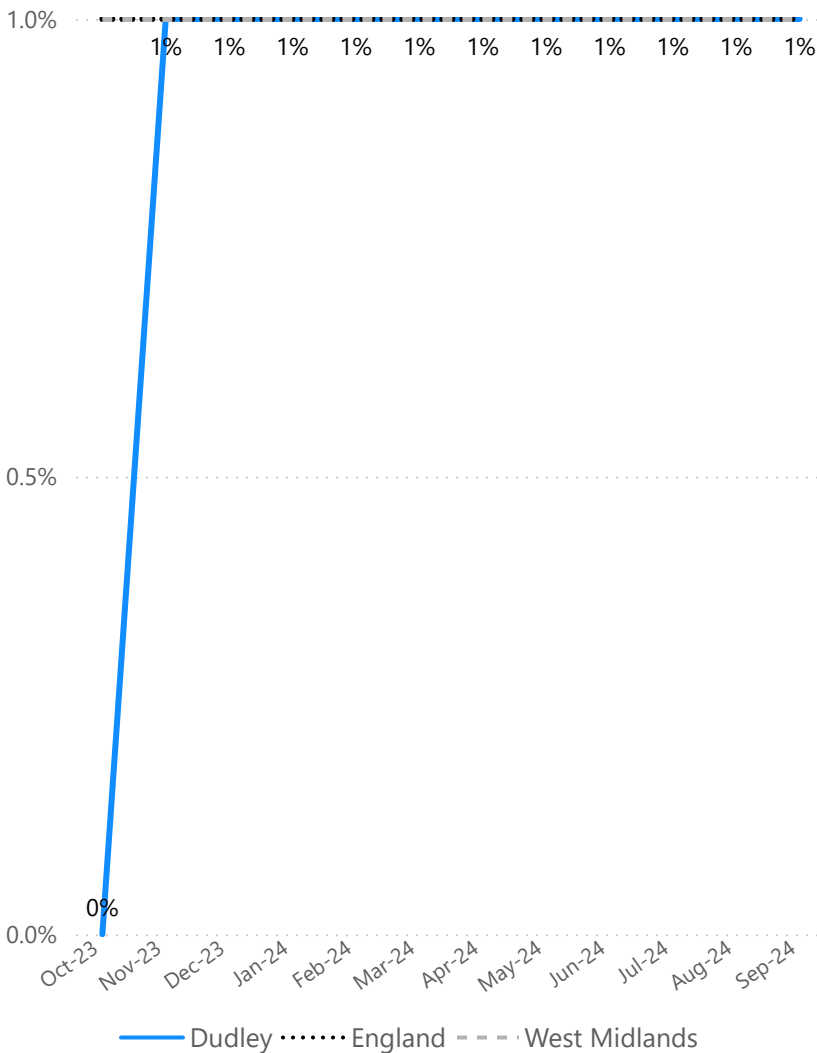
Current Value	Target	Nat Average	Success	Reporting Period
8700	n/a	tbc	Bigger is better	Latest Month

AC02: No. of Adult Social Care Commissioned Providers currently under suspension



Current Value	Target	Nat Average	Success	Reporting Period
5	n/a	tbc	Smaller is better	Rolling Year

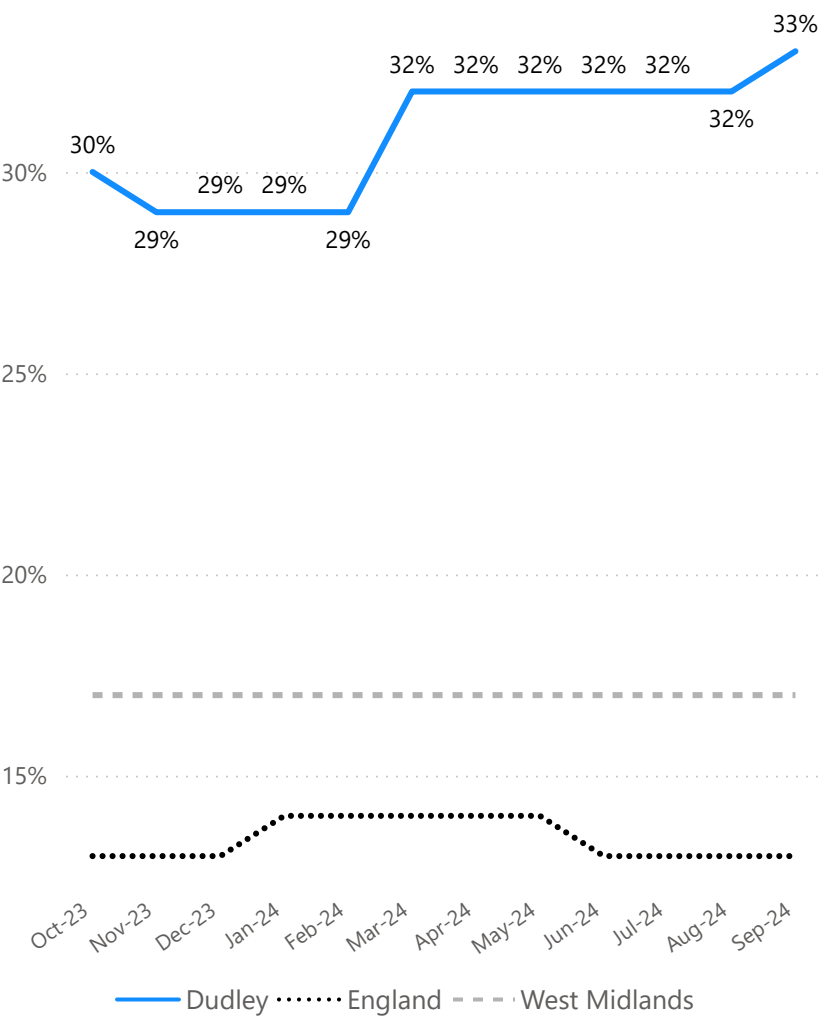
AC04: % of Adult Social Care Providers with a CQC rating of Inadequate



Current Value	Target	Nat Average	Success	Reporting Period
1	n/a	tbc	Smaller is better	Latest Month

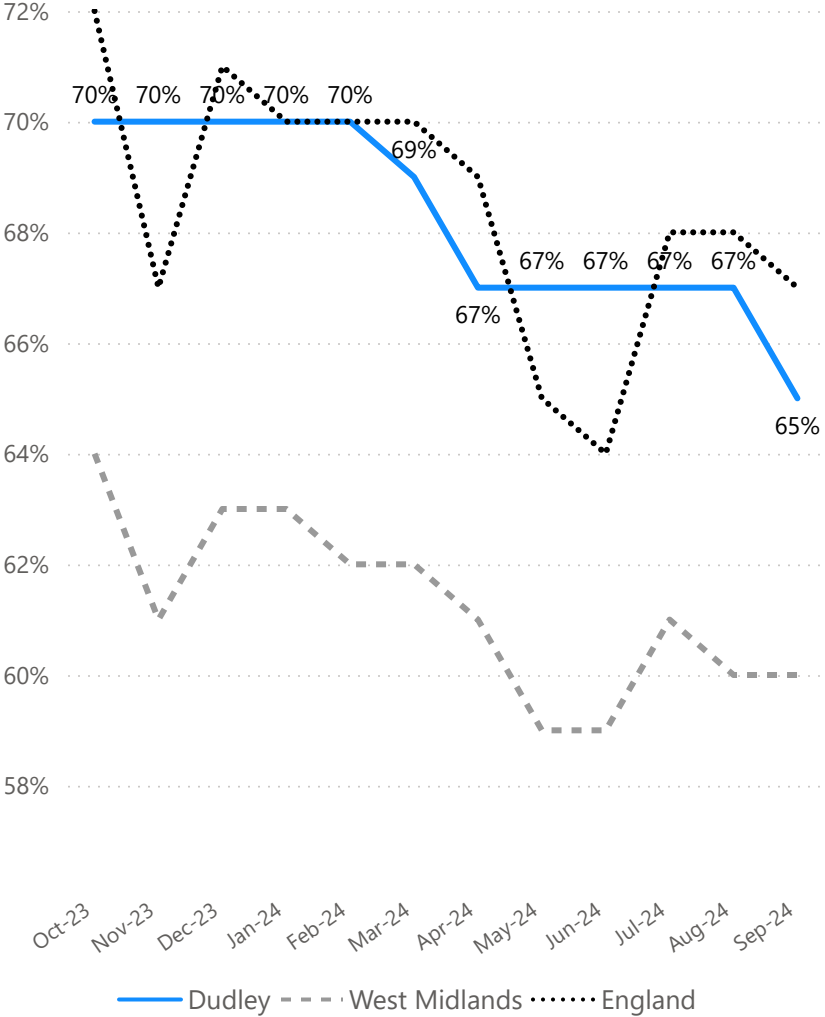
Adult Commissioning

AC05: % of Adult Social Care Providers with a CQC rating of Requires Improvement



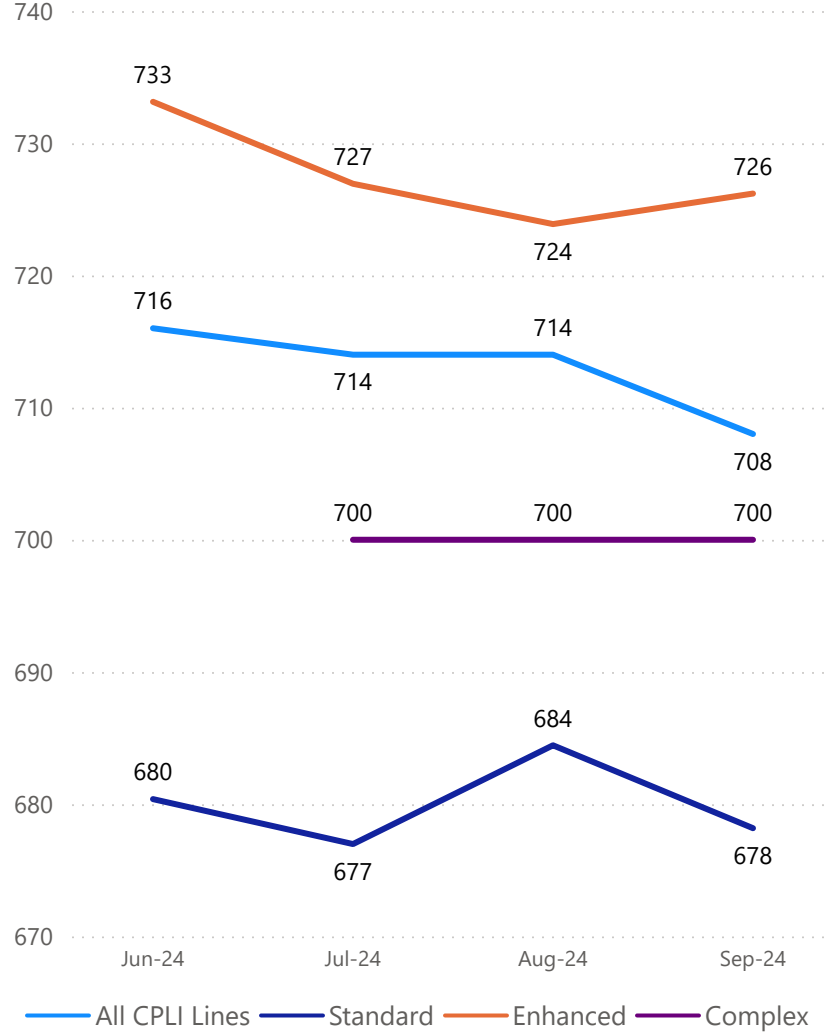
Current Value	Target	Nat Average	Success	Reporting Period
0.33	n/a	tbc	Smaller is better	Rolling Year

AC06: % of Adult Social Care Providers with a CQC rating of Good or Outstanding



Current Value	Target	Nat Average	Success	Reporting Period
0.65	n/a	tbc	Bigger is better	Latest Month

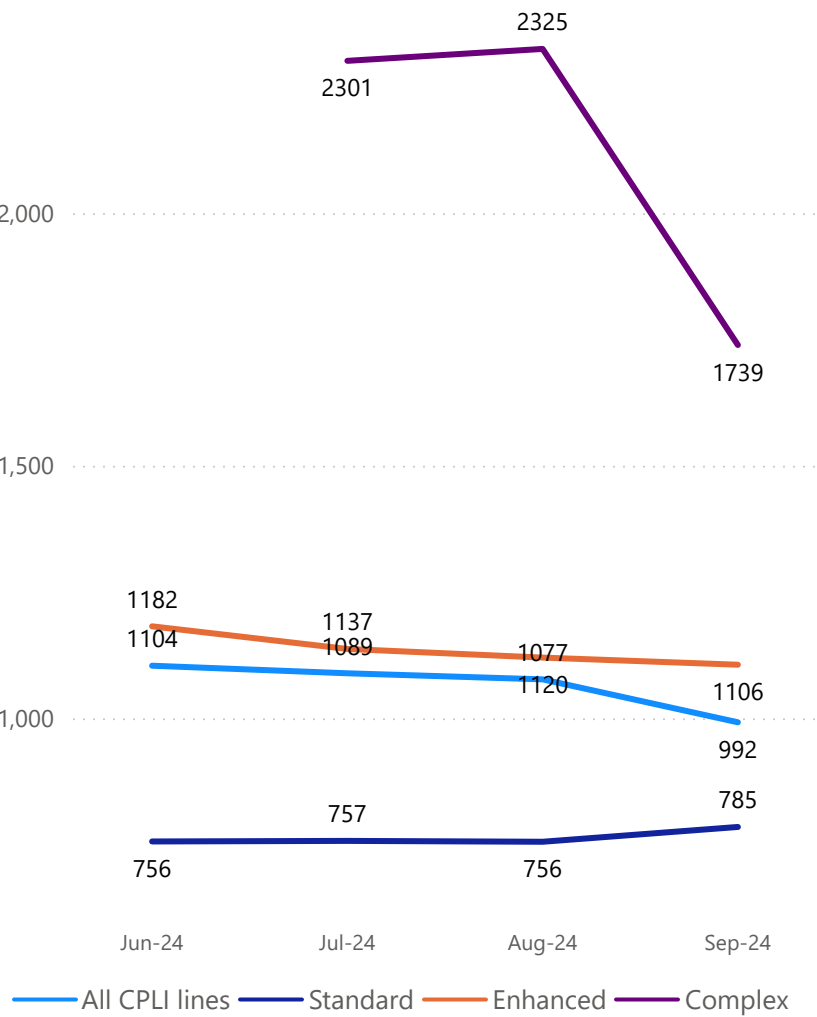
AC07: Average weekly cost of an older person residential placement



Current Value	Target	Nat Average	Success	Reporting Period
see charts	n/a	tbc	Smaller is better	Latest Month

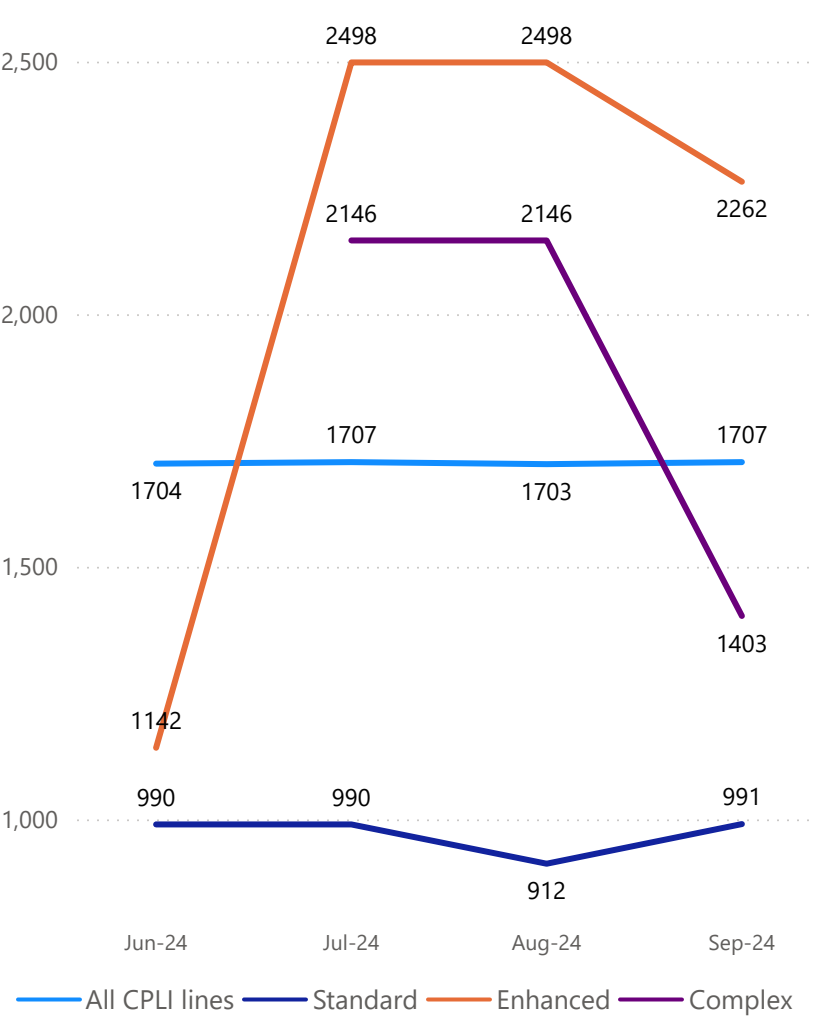
Adult Commissioning

AC08: Average weekly cost of an older person nursing placement



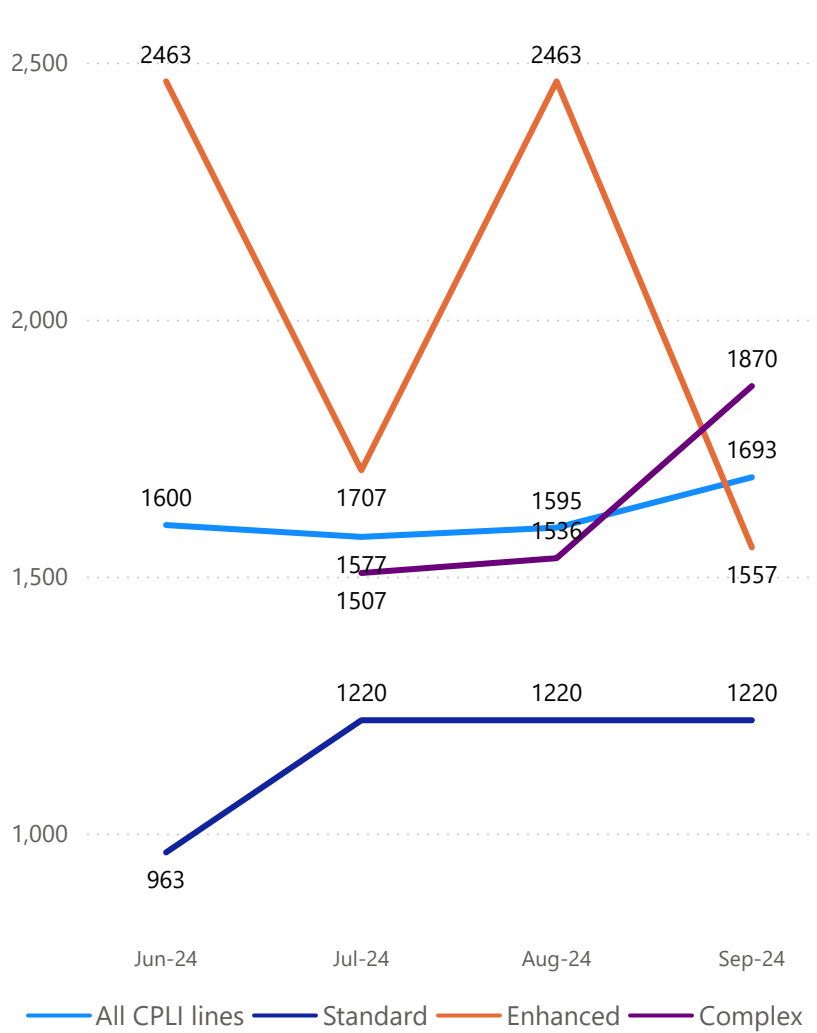
Current Value	Target	Nat Average	Success	Reporting Period
see charts	n/a	tbc	Smaller is better	Latest Month

AC09: Average weekly cost of a working age residential placement



Current Value	Target	Nat Average	Success	Reporting Period
see charts	n/a	tbc	Smaller is better	Latest Month

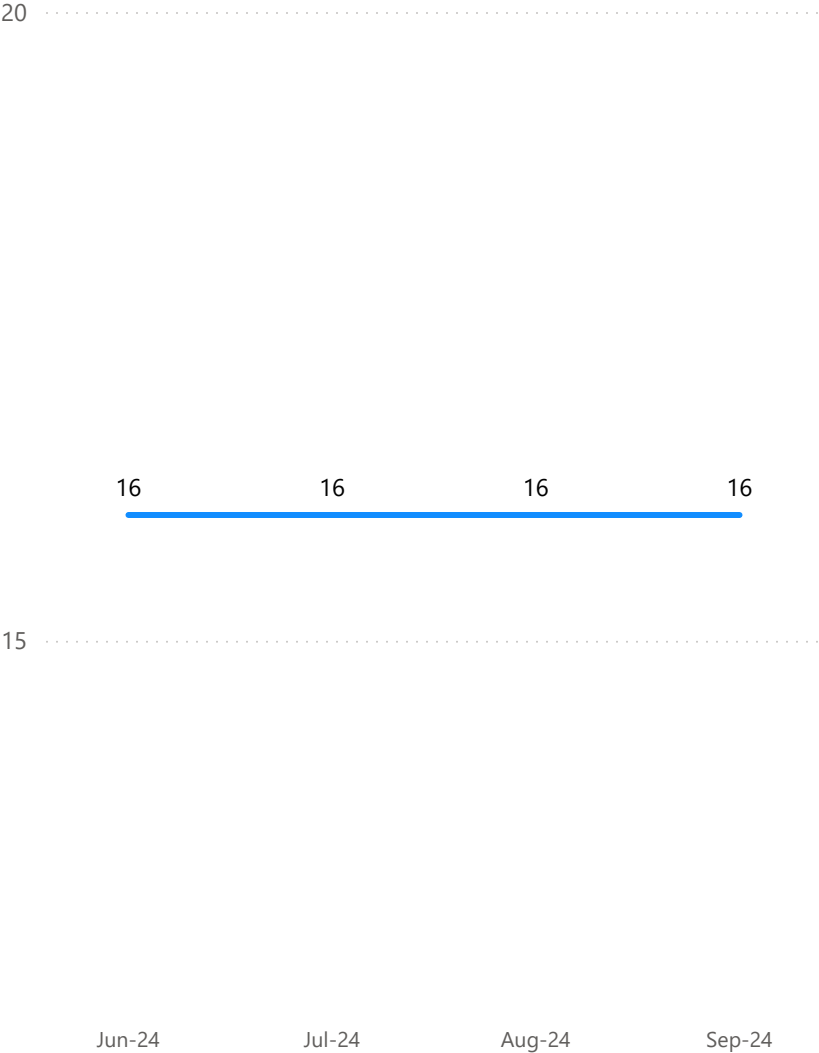
AC10: Average weekly cost of a working age nursing placement



Current Value	Target	Nat Average	Success	Reporting Period
see charts	n/a	tbc	Smaller is better	Latest Month

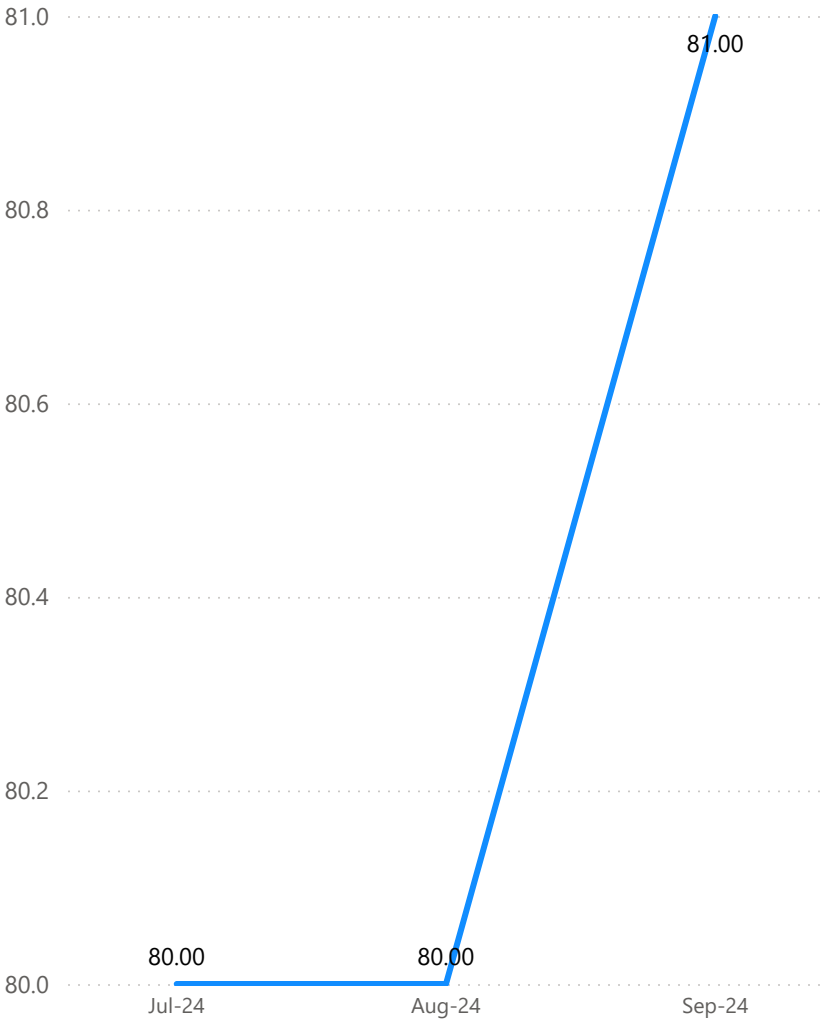
Adult Commissioning

AC11: Home Care average hours per person per week



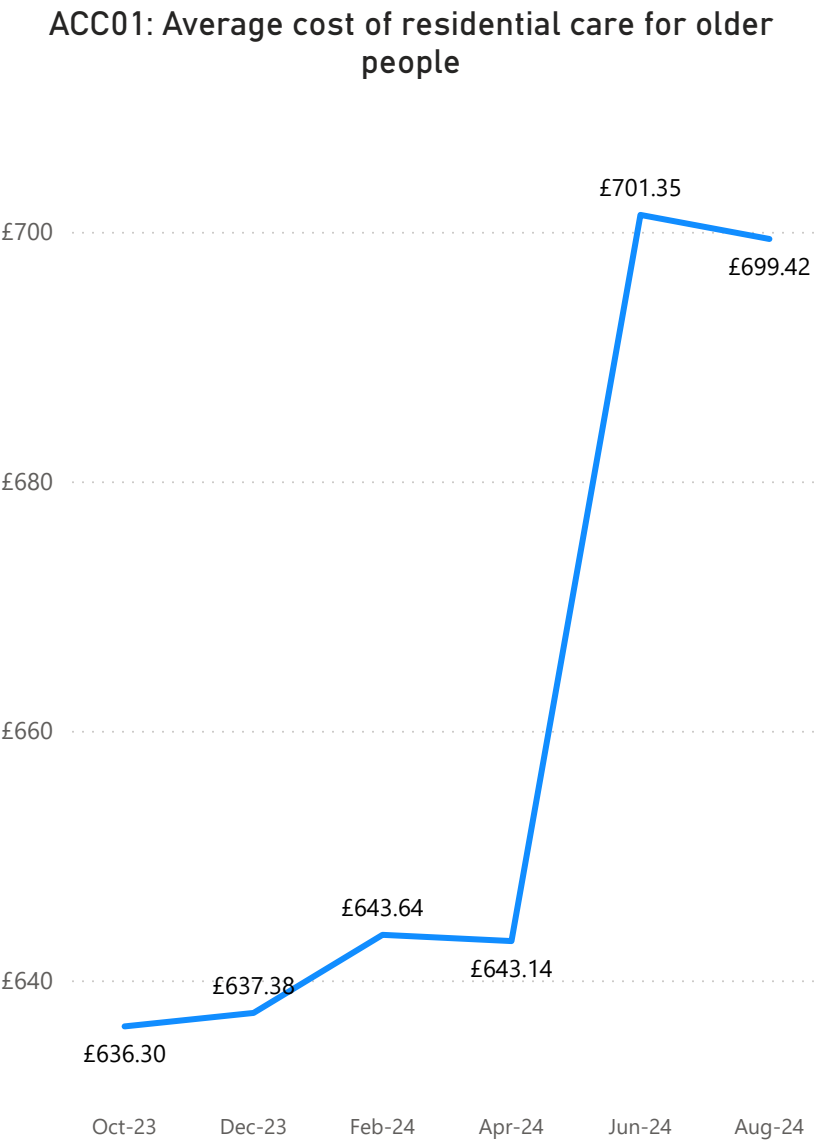
Current Value	Target	Nat Average	Success	Reporting Period
16	n/a	tbc	Smaller is better	Latest Month

AC12: Supported Living average hours per person per week

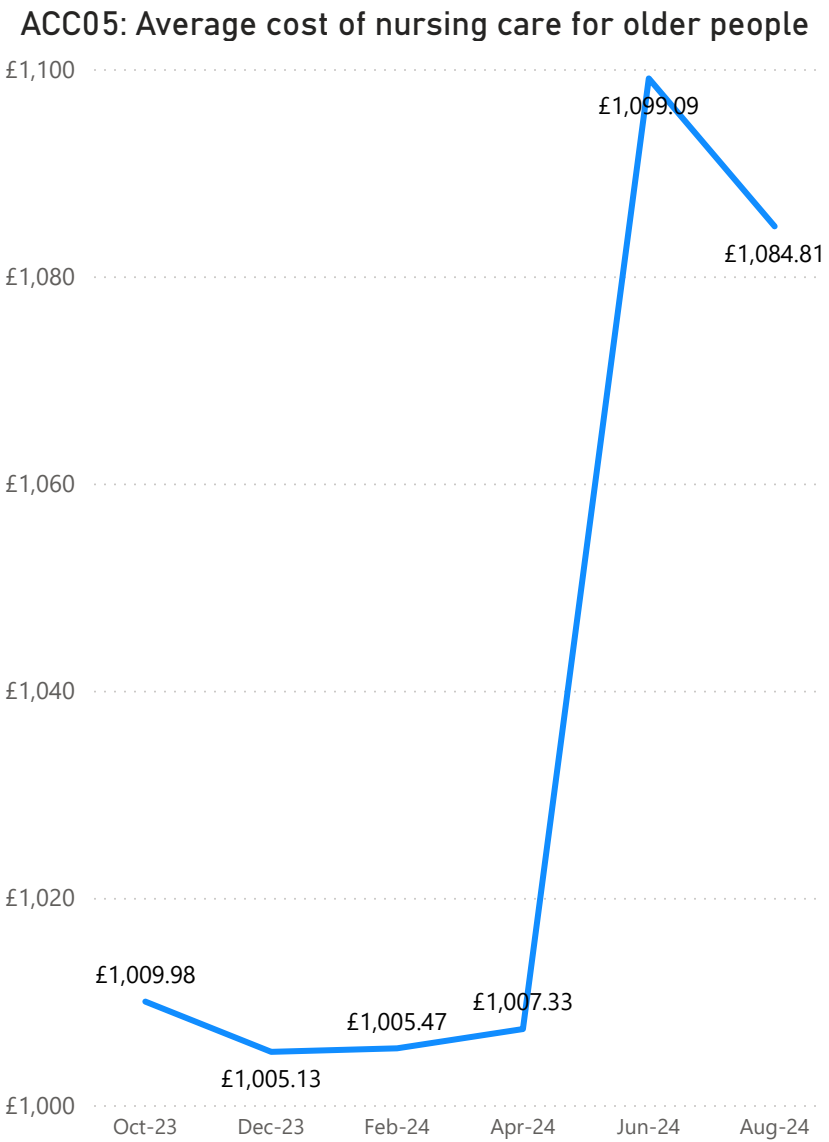


Current Value	Target	Nat Average	Success	Reporting Period
81	n/a	tbc	Smaller is better	Latest Month

Accountancy



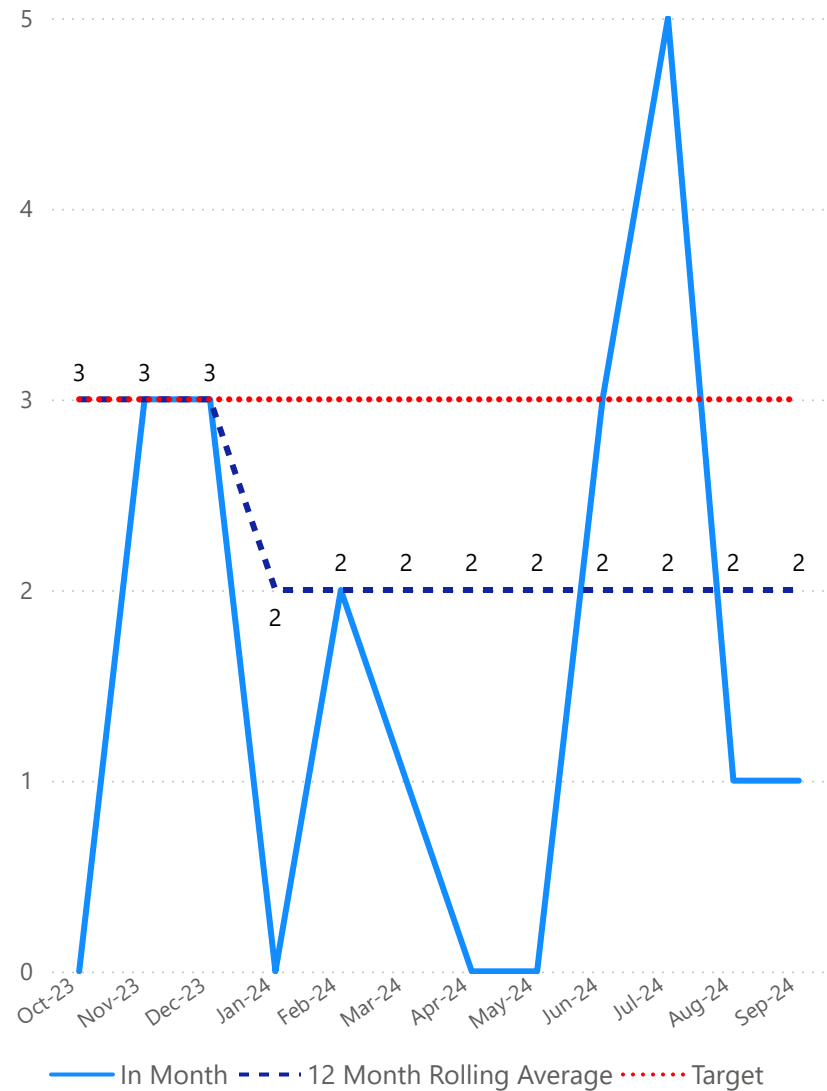
Current Value	Target	Nat Average	Success	Reporting Period
699.42	n/a	tbc	Smaller is better	Bi-Monthly



Current Value	Target	Nat Average	Success	Reporting Period
1084.81	n/a	tbc	Smaller is better	Bi-Monthly

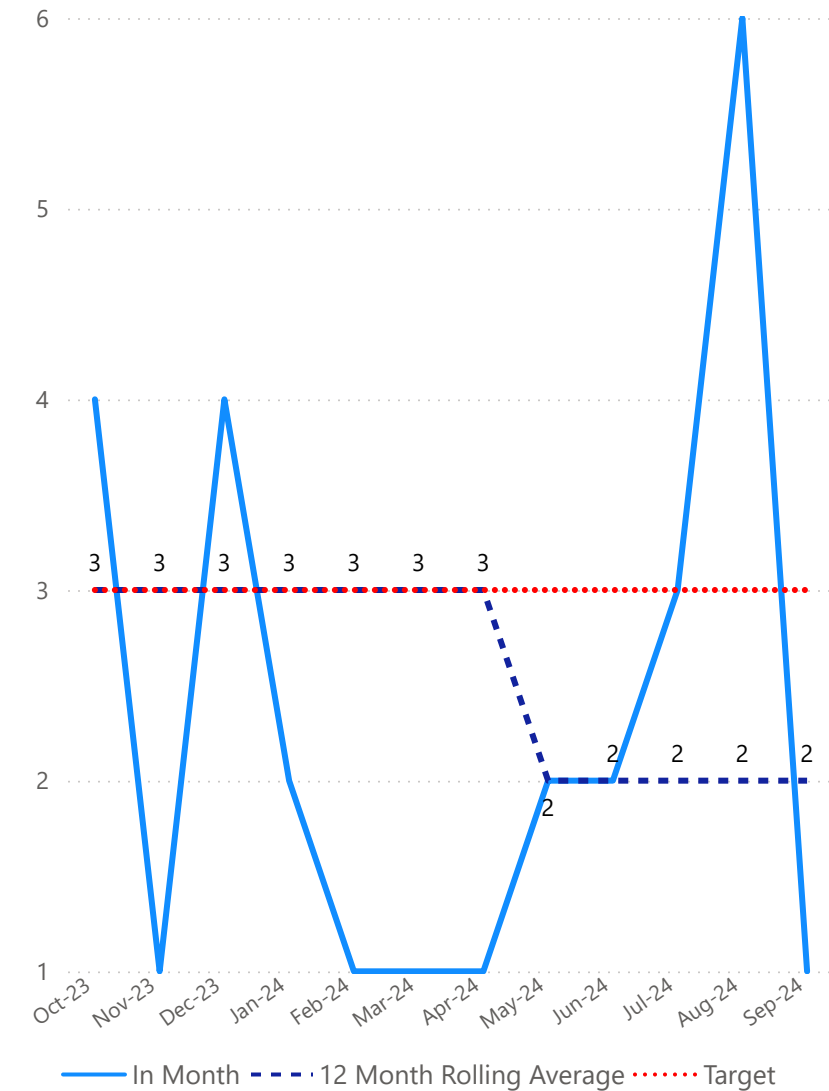
Mental Health

MH02: Number of new people into residential care



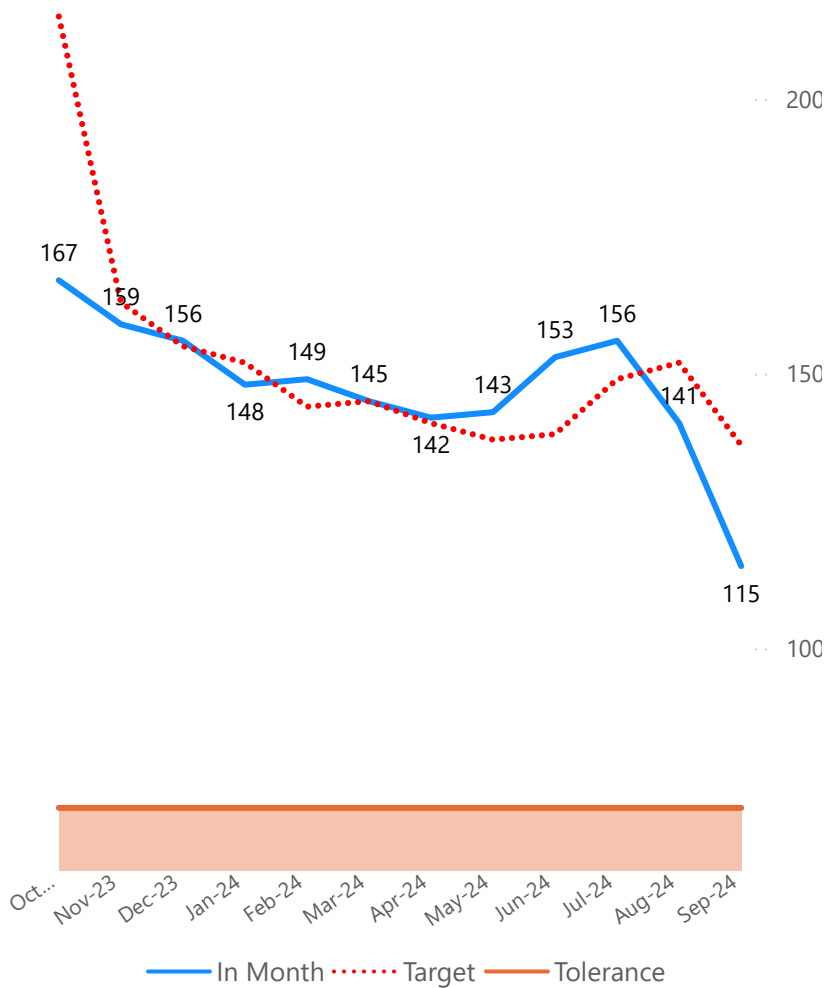
Current Value	Target	Nat Average	Success	Reporting Period
2	3	tbc	Smaller is better	Rolling Year

MH03: Number of new people into Supported Living



Current Value	Target	Nat Average	Success	Reporting Period
2	3	tbc	Smaller is better	Rolling Year

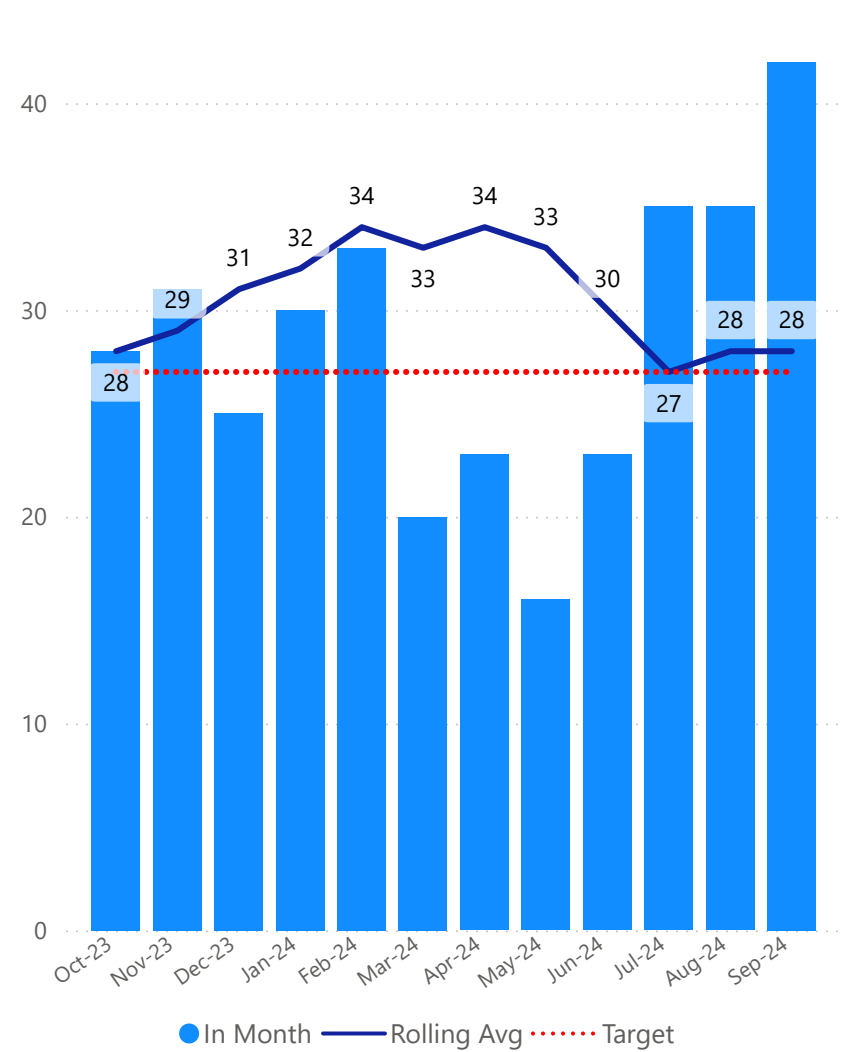
MH04: Number of people awaiting a Care Act review where the last review or assessment was over 12 months ago



Current Value	Target	Tolerance	Success	Reporting Period
115	137	71	Smaller is better	Rolling Year

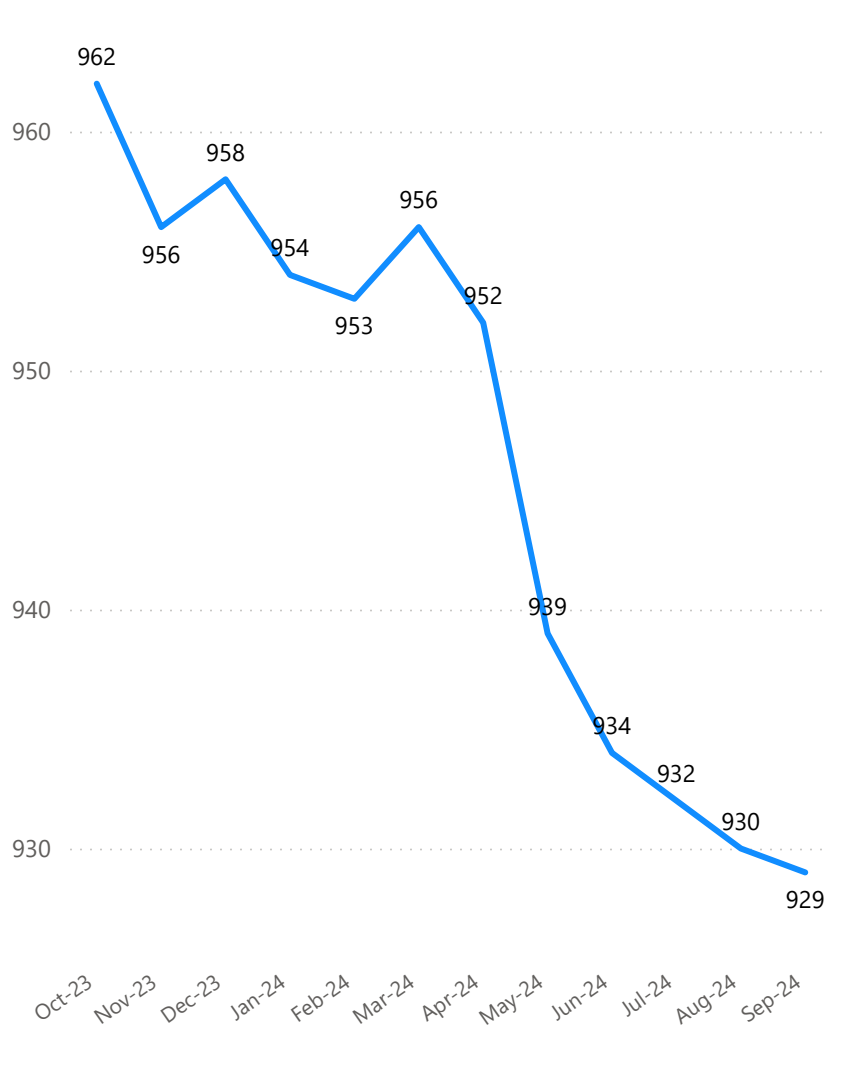
Mental Health

MH05: Number of Care Act assessments carried out for all clients



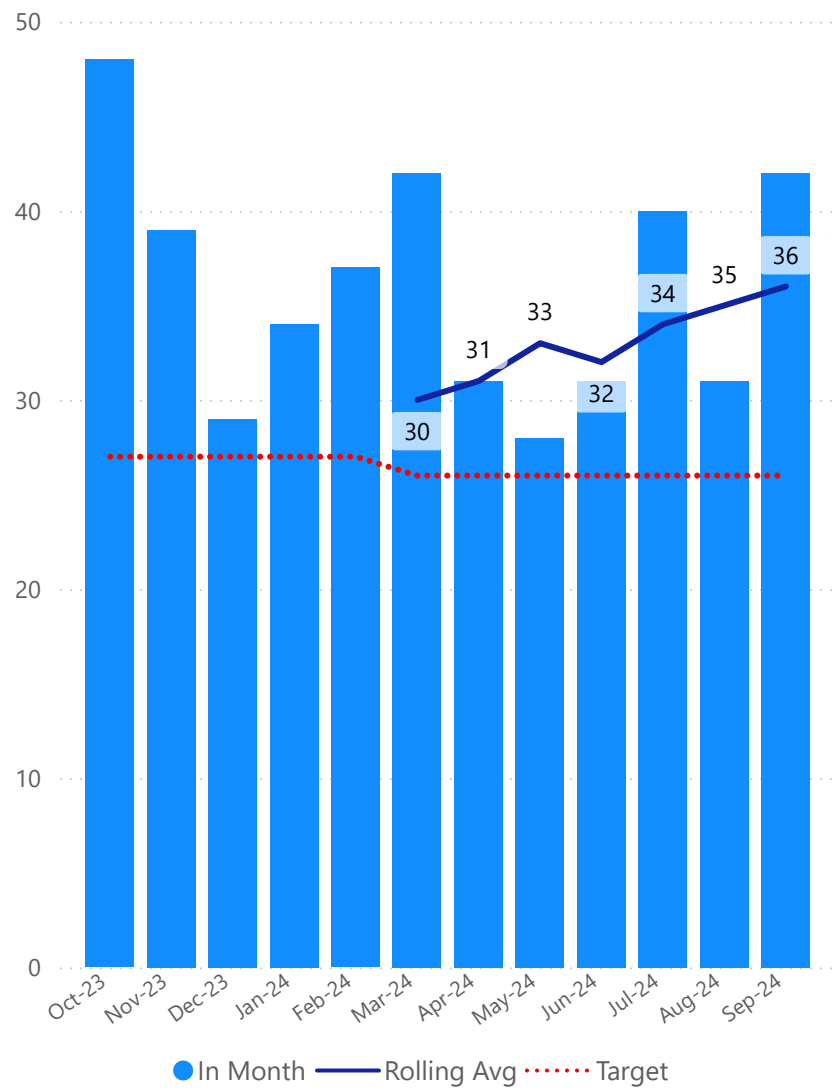
Current Value	Target	Nat Average	Success	Reporting Period
28	27	tbc	Bigger is better	Rolling Average

MH06: Number of Adults on S117



Current Value	Target	Nat Average	Success	Reporting Period
929	n/a	tbc	Smaller is better	Latest Month

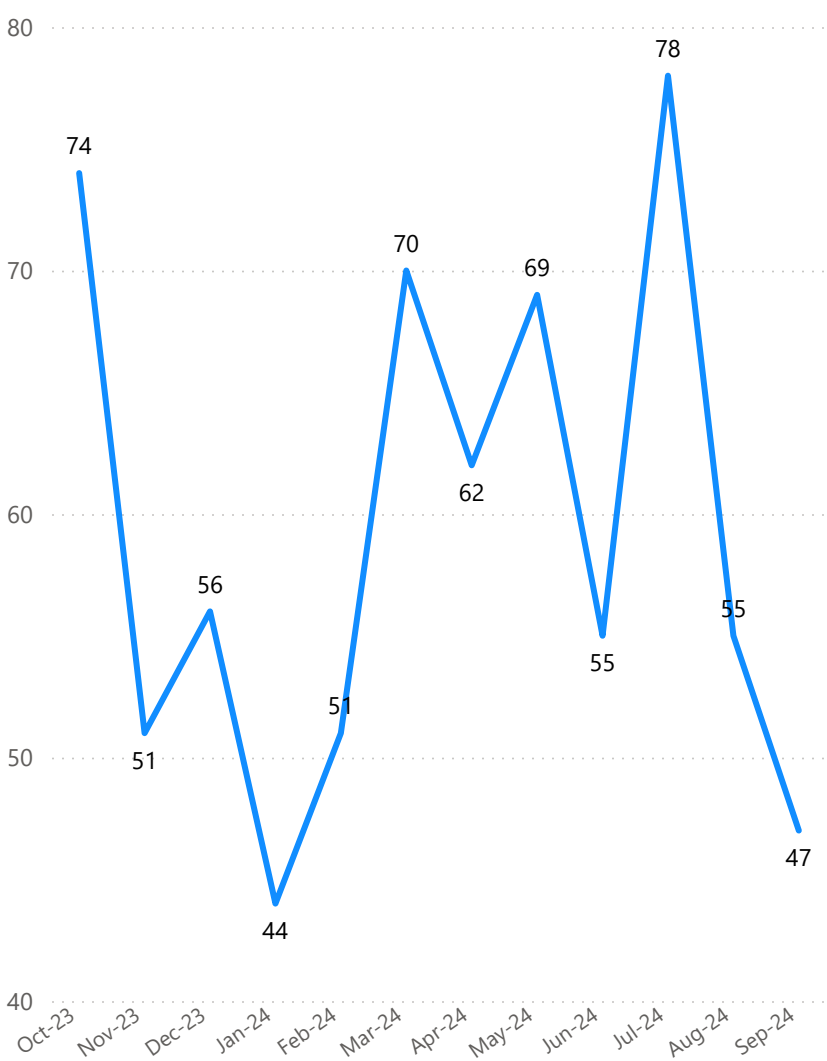
MH07: Number of reviews completed



Current Value	Target	Nat Average	Success	Reporting Period
36	26	tbc	Bigger is better	Latest Month

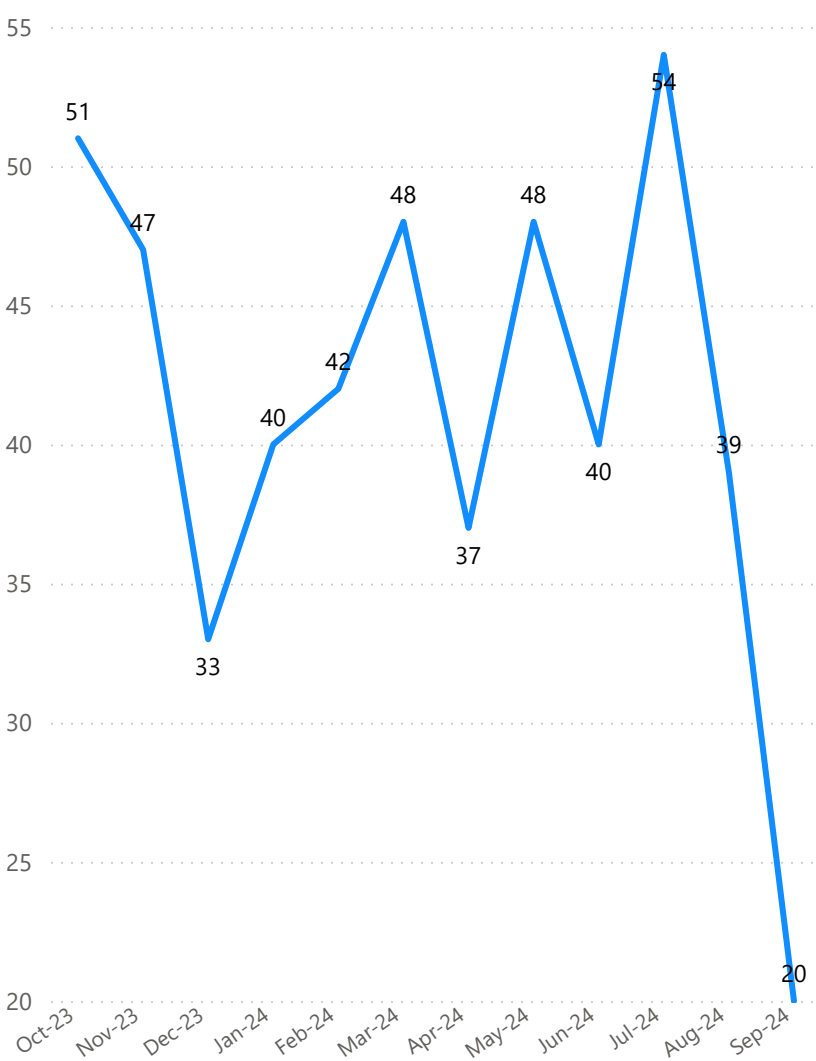
Approved Mental Health Professionals

AMHP01: No. Referrals to the Advanced Mental Health Practitioner team



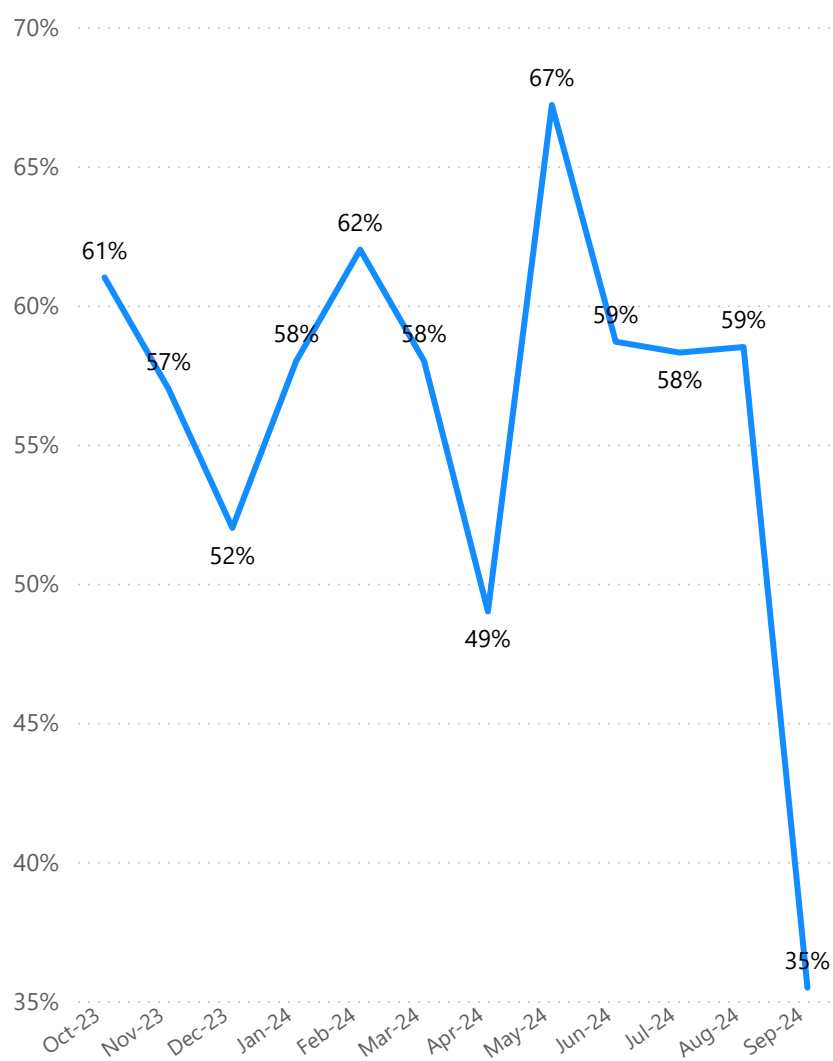
Current Value	Target	Nat Average	Success	Reporting Period
47	tbc	tbc	Neutral	Rolling Average

AMHP02: No. of Mental Health Act assessments completed



Current Value	Target	Nat Average	Success	Reporting Period
20	tbc	tbc	Neutral	Latest Month

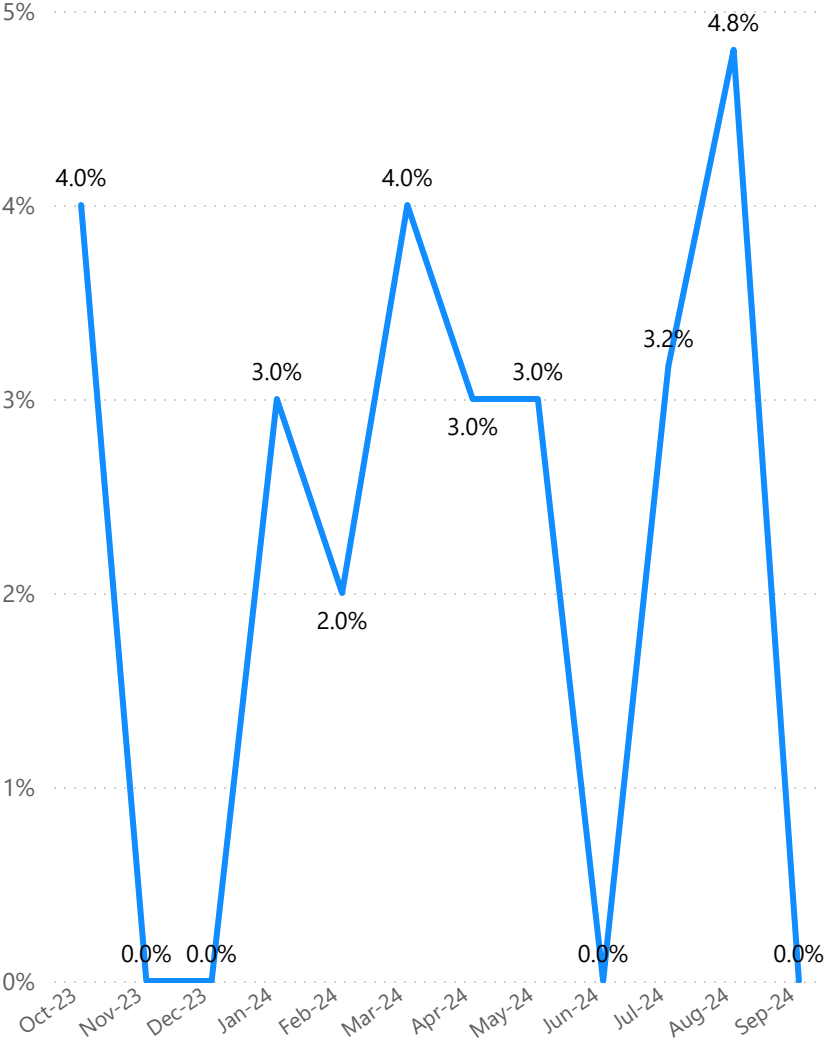
AMHP03: % of MHA assessments where outcome involved admission to hospital



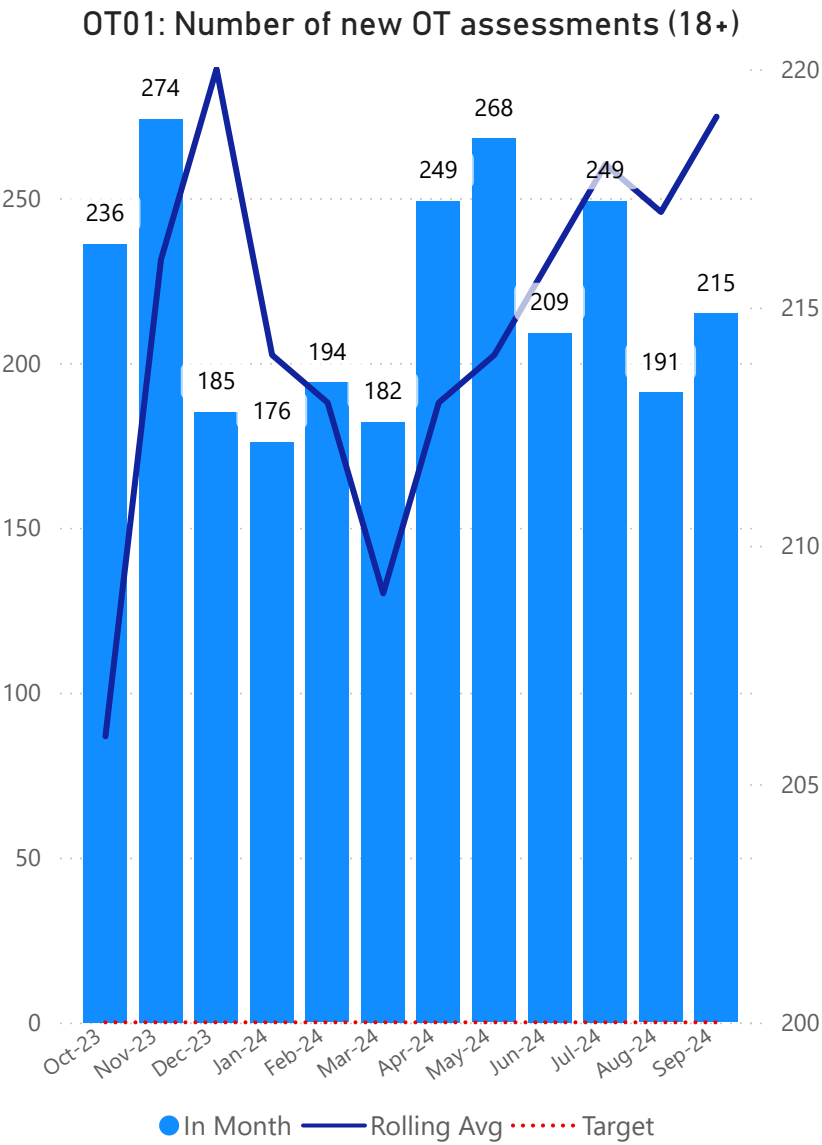
Current Value	Target	Nat Average	Success	Reporting Period
35.48	tbc	tbc	Smaller is better	Latest Month

Approved Mental Health Professionals

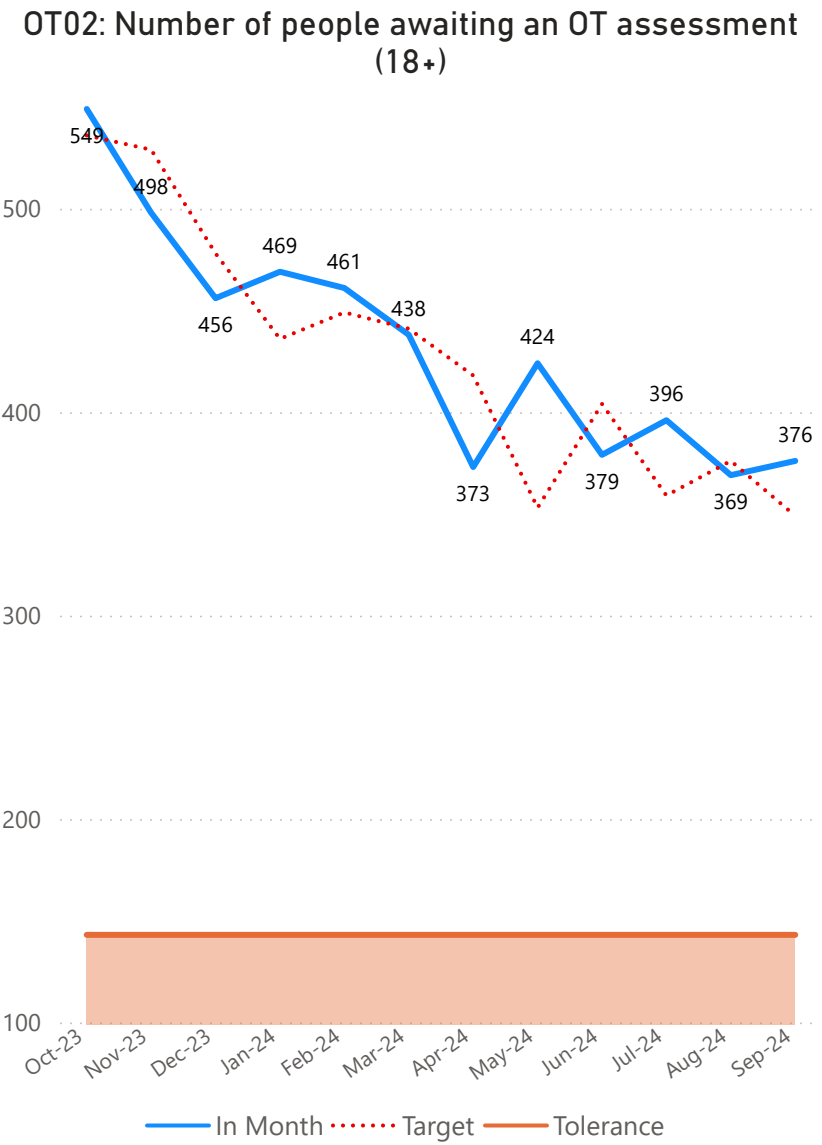
AMHP04: % of MHA assessments where outcome was a section 140



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



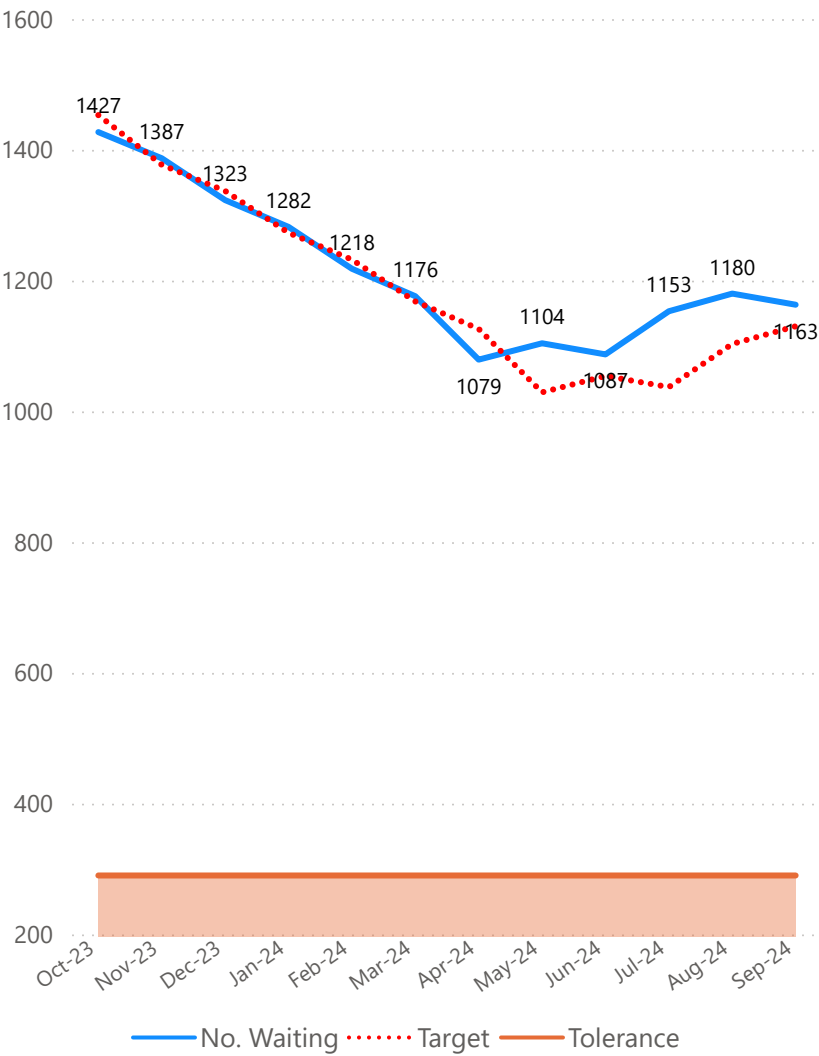
Current Value	Target	Nat Average	Success	Reporting Period
219	200	tbc	Bigger is better	Rolling Average



Current Value	Target	Tolerance	Success	Reporting Period
376	349	143	Smaller is better	Latest Month

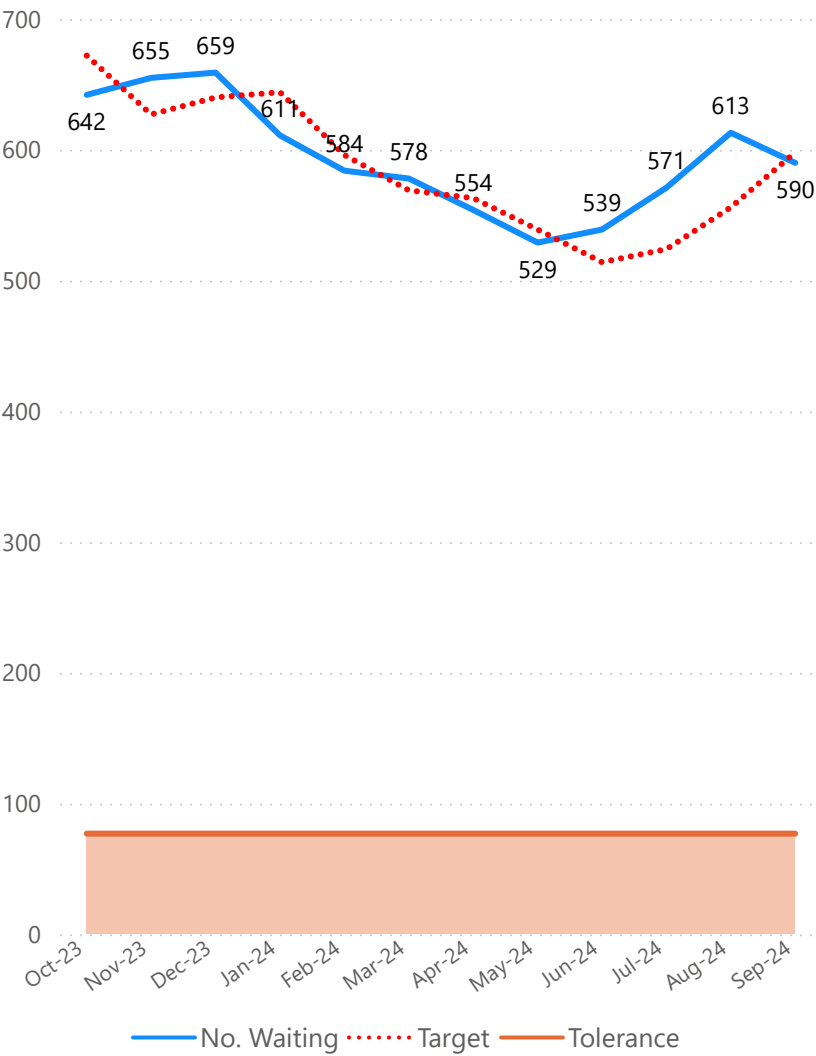
ASC Cross Service Measures

ALL01: No. on a waiting list for an assessment of ANY kind (DoLS, Ots, Carers, Care Needs assessments)



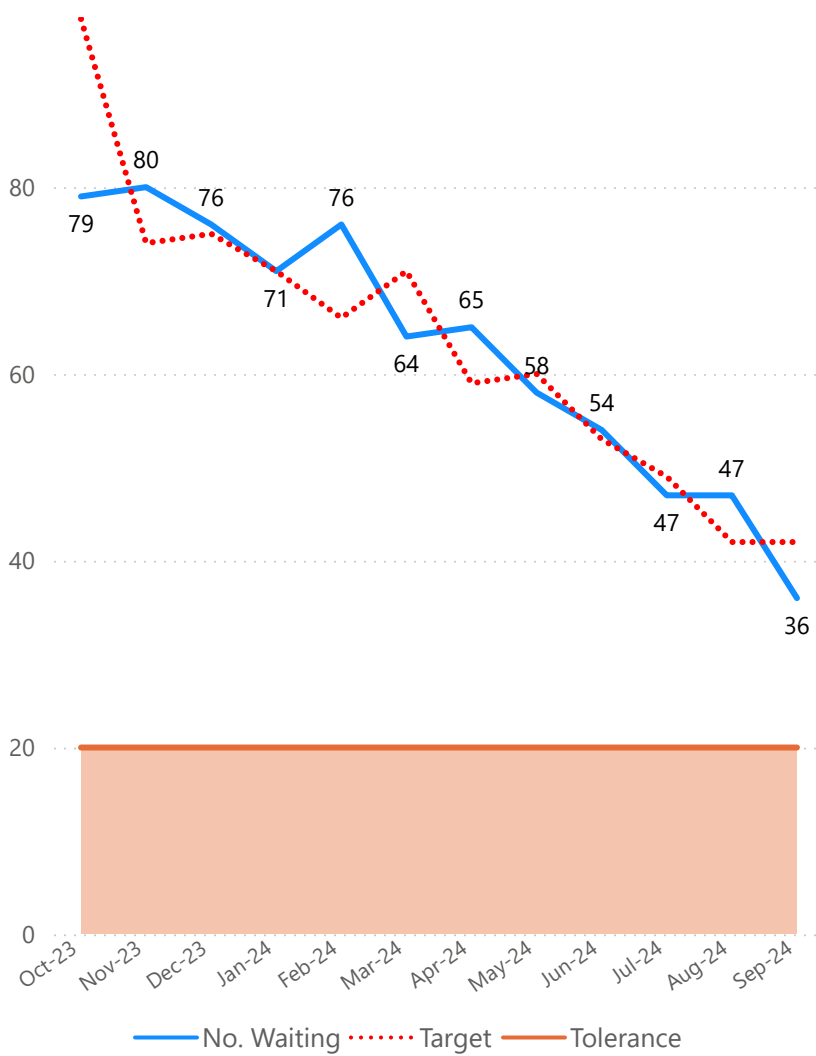
Current Value	Target	Tolerance	Success	Reporting Period
1163	1130	290	Smaller is better	Latest Month

ALL01a: No. on a waiting list awaiting a DoLS assessment



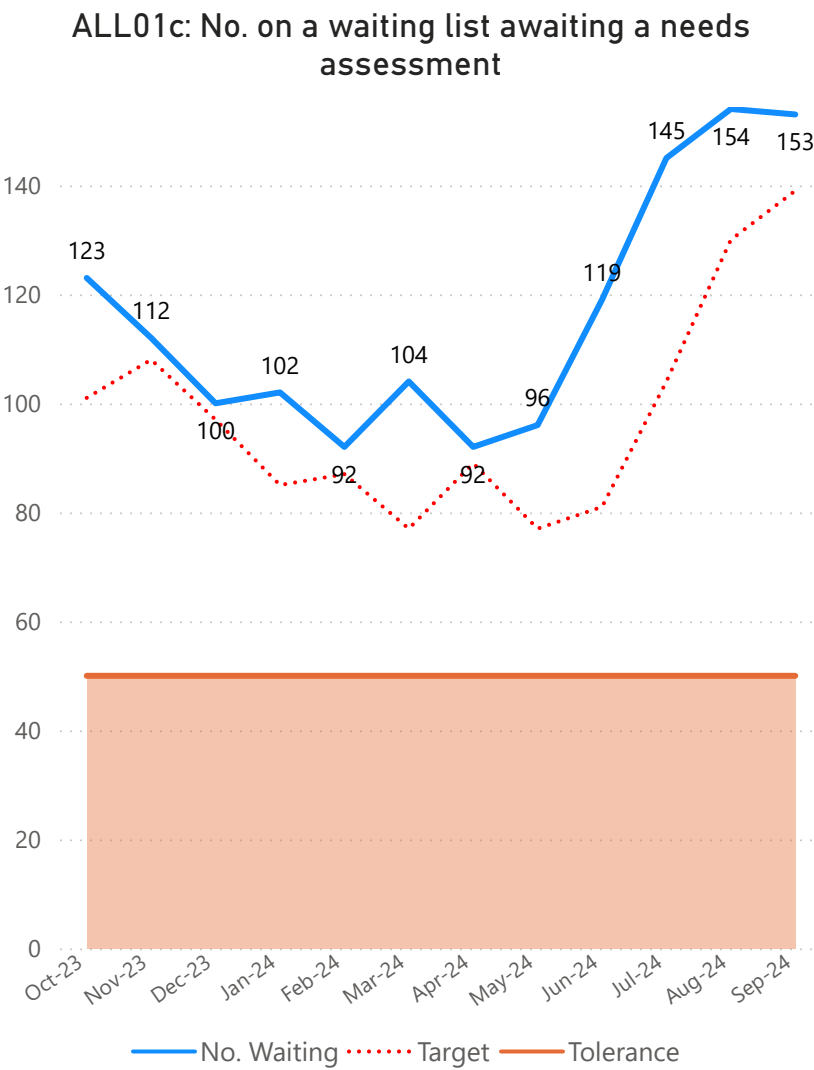
Current Value	Target	Tolerance	Success	Reporting Period
590	598	77	Smaller is better	Latest Month

ALL01b: No. on a waiting list awaiting a carers assessment

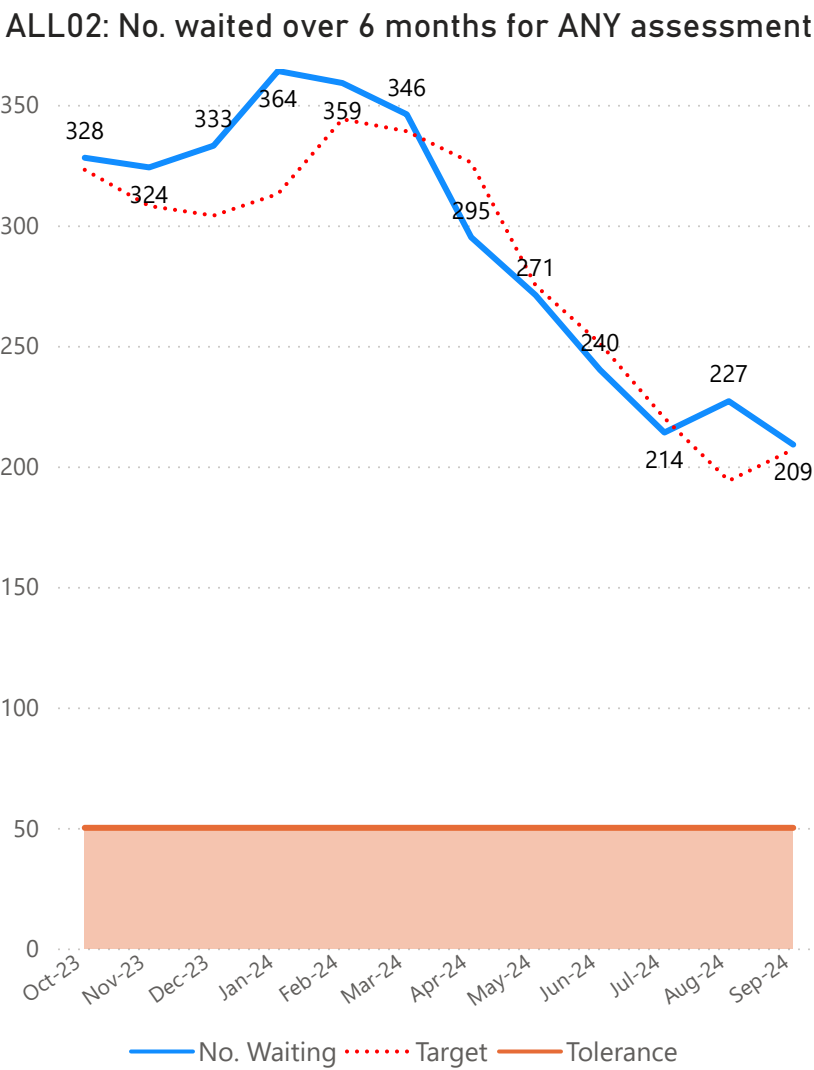


Current Value	Target	Tolerance	Success	Reporting Period
36	42	20	Smaller is better	Latest Month

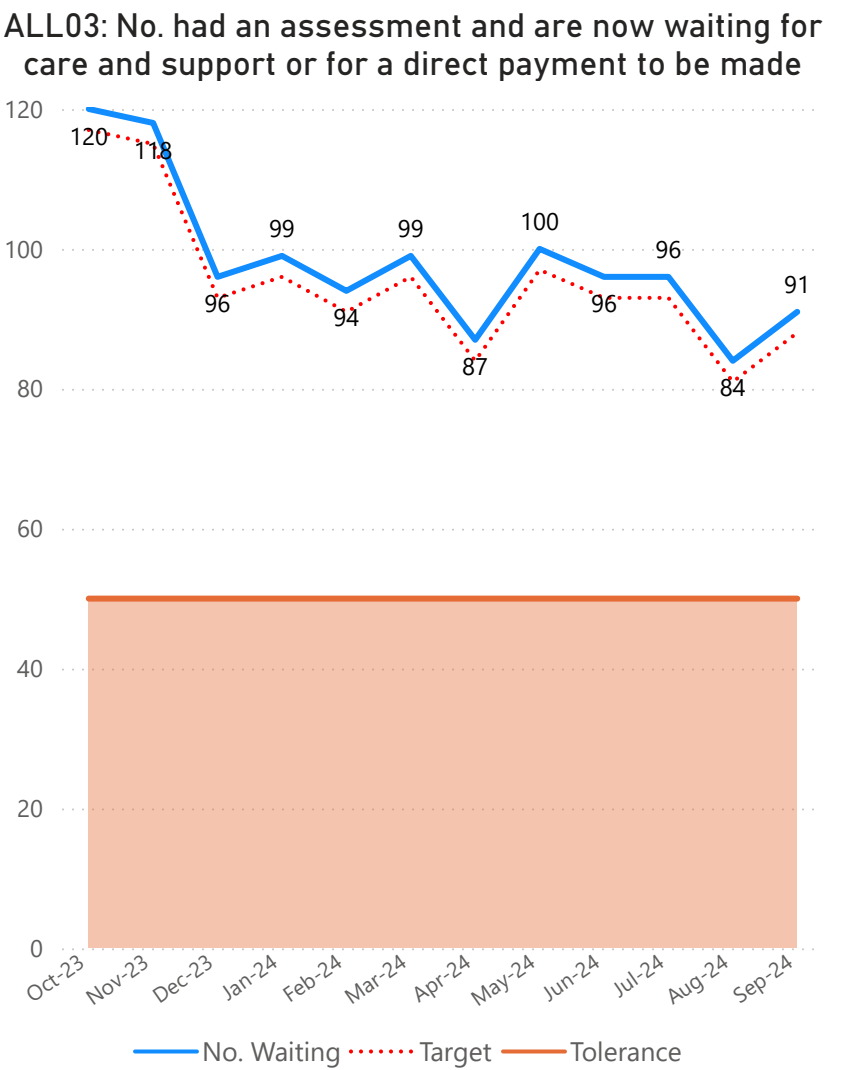
ASC Cross Service Measures



Current Value	Target	Tolerance	Success	Reporting Period
153	139	50	Smaller is better	Latest Month



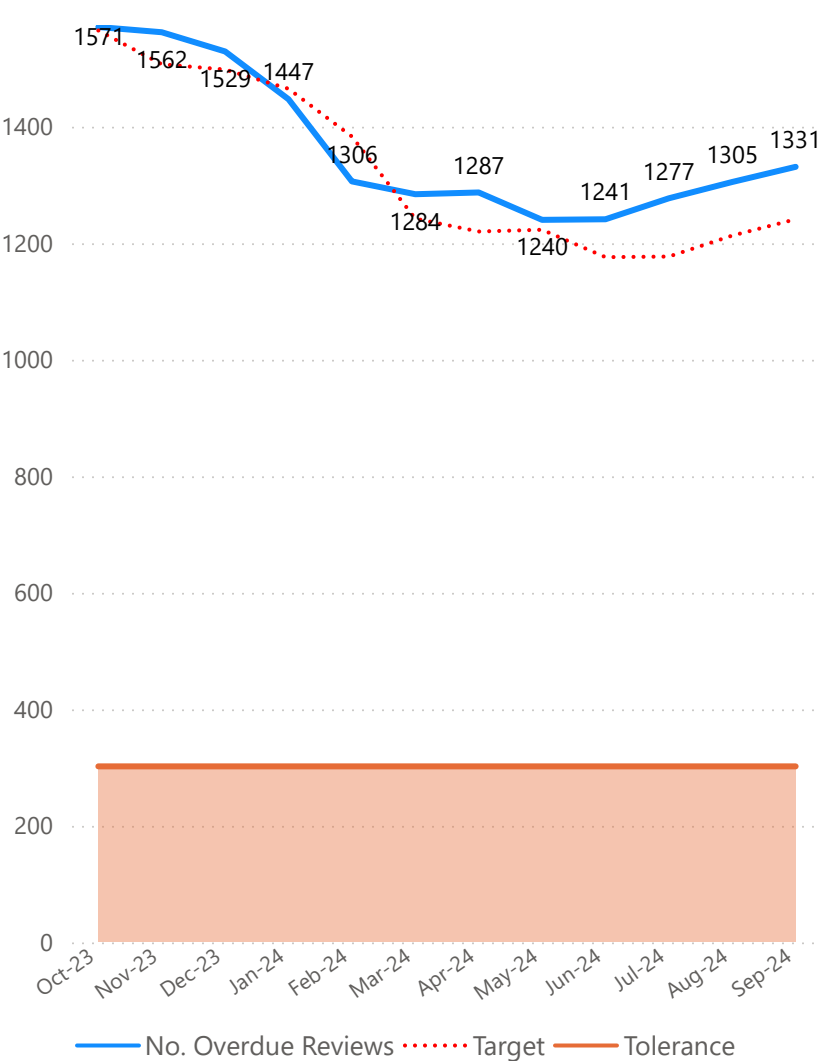
Current Value	Target	Tolerance	Success	Reporting Period
209	207	50	Smaller is better	Latest Month



Current Value	Target	Tolerance	Success	Reporting Period
91	88	50	Smaller is better	Latest Month

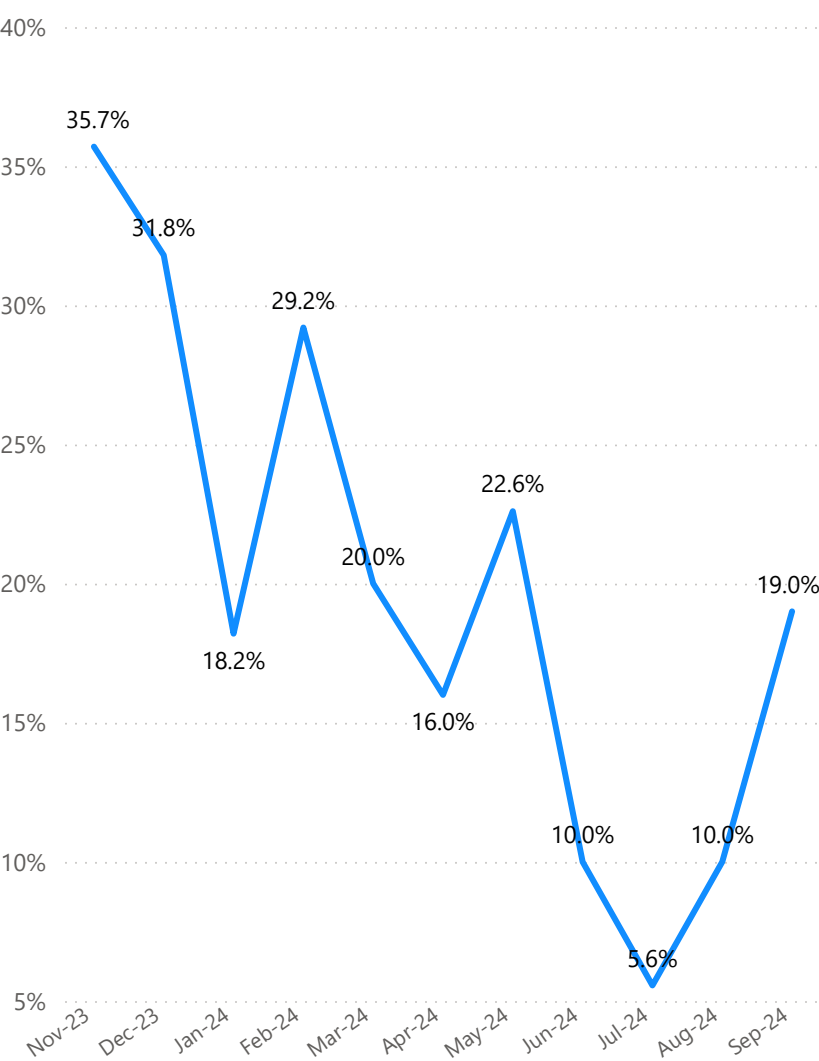
ASC Cross Service Measures

ALL04: Number of overdue reviews of care plans (over 12 months as stipulated in the Care Act)



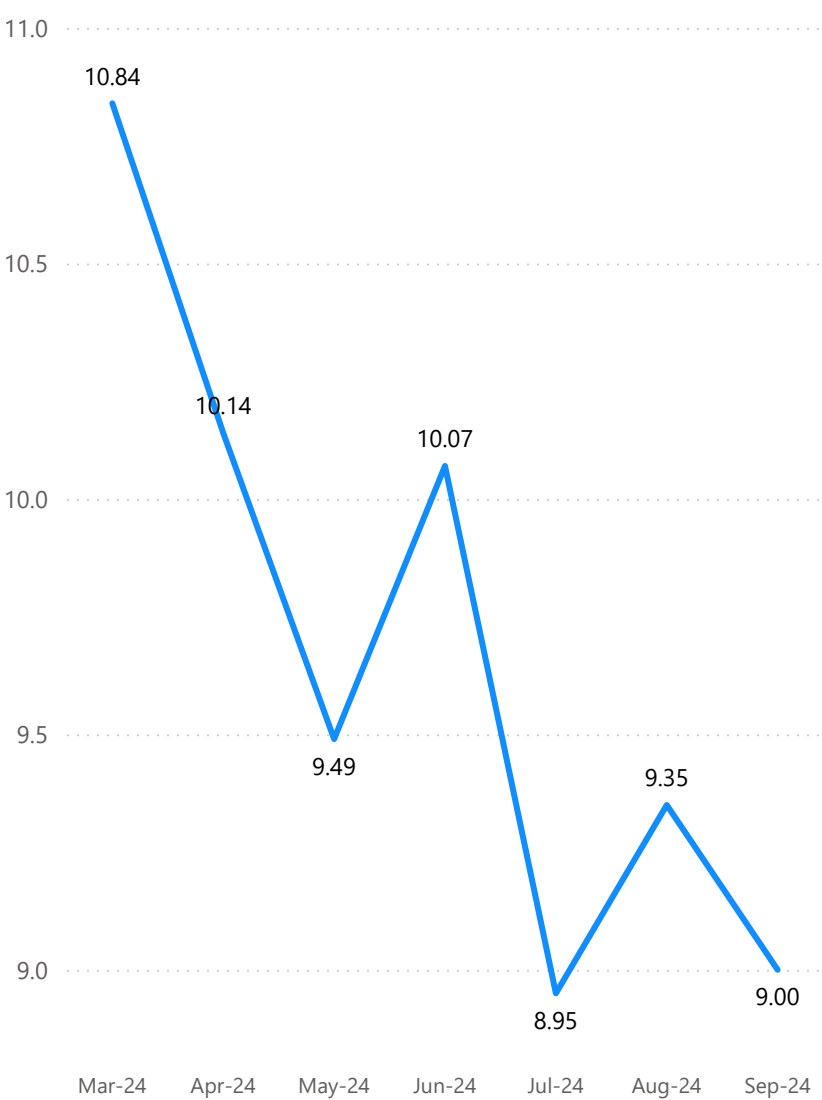
Current Value	Target	Tolerance	Success	Reporting Period
1331	1241	302	Smaller is better	Latest Month

ALL05: % Needs Assessments completed within timescales



Current Value	Target	Nat Average	Success	Reporting Period
19	n/a	tbc	Bigger is better	Latest Month

ALL06: Average caseload across ASC



Current Value	Target	Nat Average	Success	Reporting Period
9	n/a	tbc	Smaller is better	Latest Month