

Mr Tony Oakman *(via Meg Swain)*
Strategic Director for People
Dudley Metropolitan Borough Council
Council House,
Priory Road,
Dudley,
DY1 1HF.

Adult Services
Shropshire Council
Shirehall
Abbey Foregate
Shrewsbury
Shropshire SY2 6ND

Date: 12 August 2016

My Ref:

Your Ref

Dear Tony

Dudley Social Care Peer Challenge – 27th -29th June 2016

I write to give you formal feedback following the Sustainability and Use of Resources Peer Challenge visit which took place between the 27th and 29th June 2016. This builds on the provisional feedback we shared with you at the end of the challenge visit on the 29th June 2016. *(A copy of our presentation is attached as an appendix).*

I was pleased to lead the Peer Challenge, joined by Kevin Rudge, Expert by Experience; Councillor Lee Chapman, Cabinet Member Shropshire Council; Ruth Taylor, Strategic Finance Partner Herefordshire Council; Kay Murphy, Sandwell Council; and Helen Coombes, West Midlands Peer Challenge Lead.

The process also included a case audit and this was led by Mark Godfrey Improvement & Efficiency West Midlands, and undertaken by members of the Principal Social Worker Network West Midlands.

I would like to thank you for putting Dudley forward to host this Peer Challenge and for taking the opportunity to focus on an area which is so challenging for many types of council. It was also very much appreciated the flexibility the council demonstrated in responding to requests for more information, and the quality and breadth of the information that was provided ahead of the visit

There were many positive areas of good practice and policy that we will take away from our visit, which I will share with regional colleagues across West Midlands ADASS more widely and from which many types of council may benefit from.

A further thanks to all the people who use services, carers, staff and partners, Leader of the Council, Leader of the Opposition, Cabinet Member, and Scrutiny members who participated in the challenge.

We were made very welcome and our thanks to Aaron and Karen and the administrative team in your office for their organisation before and during our visit. We were very impressed with the level of achievements and progress you have already made to try and use the resources you have available to achieve the best outcomes possible for the residents of Dudley, and in particular the high quality relationships you have developed with the NHS, voluntary sector and community partners.

You asked for the Peer Challenge to focus on the areas of sustainability and use of resources using the Peer Challenge process to focus on three specific areas. This letter provides our findings and recommendations plus the findings from the Case Audit (*attached as an appendix*).

The Peer Challenge Team (hereafter referred to as the Team) identified a number of main strengths and challenges which are in the following summary. This is followed by a section on the additional three specific areas of the scope.

The three specific questions you asked us to consider were:-

- 1) *Are commissioned services a) best value and b) sustainable?***
- 2) *How effective and proportionate is the Assessment and Care Management Review function? What potential is there for further improvement and efficiency?***
- 3) *How efficient is the hospital discharge process? How can cost pressures for the council be reduced?***

Summary

The council, and in particular the senior leadership team, has a very high level of self-awareness, it has and is using a variety of approaches to baseline and understand its current position in people services before it develops new models of care. The focus of the Adult Social Care Peer Challenge is another example of this commitment and is a real strength given the ambition for integrated models of care with the NHS.

The Peer Challenge developed an impression that was evidenced in discussions with external stakeholders, the workforce and NHS colleagues that the People Directorate senior leadership team has developed very positive relationships at a strategic level that is enabling operational change to take place. Mutual respect, shared understanding of the pressures and a commitment to using what resources are available effectively to deliver the best outcomes for the residents of Dudley across partnerships was apparent during the visit.

Despite the significant financial challenges, the need to make structural changes, particularly at a senior leadership level and the wider public service pressures in Dudley, the Adult Social Care Outcomes Framework (ASCOF) performance has been maintained.

In addition, the Peer Challenge Team were very impressed with way the council has decisively responded to immediate financial challenges, rapidly implementing a new organisational structure at a senior level and in mid-year re-basing of budgets. Benchmarking would indicate that the council does have some areas of adult social care spend that are higher than the unitary average which the team felt offered an indication savings planned in 16/17 are deliverable.

Utilising data and business intelligence to drive decision making was felt to be an important feature of the council's future plans, and the hospital discharge dashboard was an operational example where this approach has been used to drive change. The Peer Challenge Team heard a number of examples where this approach could be used to better effect, such as ensuring the cost benefit of the integrated telecare service to the NHS. This would also apply to exploring and agreeing the impact of prevention at scale investment on demand in the short and medium term across all pathways. Linked to this the Peer Challenge team felt that with the Care Act now fully in place, it would be timely to discuss with the wider system and people who use services how adult social care can contribute to resilient communities, which could help manage expectations but also provide a building block for integrated pathways.

The resilience, commitment, enthusiasm and willingness to continue to adapt ways of working was very evident from all of the workforce we met during the Peer Challenge. Alongside this, Dudley has the lowest staff turnover rates according the ASC National Minimum Data Set (NNMDS) at 15.9%. Work has already begun to address what appears to be high levels of sickness in some parts of the service which, if effective, would provide some immediate capacity and cost avoidance.

Dudley has already achieved much in developing and implementing operational and strategic integrated plans with the NHS, relationships are clearly good at the strategic level and front line staff are increasingly working in an integrated way as characterised by the hospital discharge service. The Multi Community Provider (MCP) discussions are another example of positive intent, and to enhance these discussions the impact of housing and other wider partnerships would benefit from greater focus.

The team heard across the council, at officer and political level, strong support for the implementation of an integrated model as the way to deliver the best outcomes for the residents of Dudley. The budget setting has clearly recognised the financial risks and pressures facing the adult social care budget.

We formed a view that there was a clear and credible approach to deliver the integrated ambition of the system, supported by the right leadership that was respected internally and externally by stakeholders.

1. Are commissioned services a) best value and b) sustainable?

Strengths

The maintenance of performance against the national indicators despite all of the financial and strategic challenges during 15/16 was impressive. The integrated commissioning approach across all ages is a positive step forward but at the very early stages. The aspirations and direction of travel offer a significant opportunity for aligning activity and removing duplication. The team felt that the service plan for 16/17 when delivered will provide a firm foundation for integrated commissioning going forward. As part of this the team felt the focus embedding a core set of values and behaviours as part of culture change in the commissioning hub was a real strength. This will ensure that the structural changes to develop the hub will not just mean people have a different job title and are co-located. Alongside this the very evident commitment to shifting to a data driven commissioning approach, working in partnership with the Health and Well Being Board should mean that there will be a noticeable positive impact on health outcomes over time.

The People directorate has delivered through its market shaping work increased capacity in the care market, particularly in the home care market and the team heard that commissioning continues to work effectively with providers through partnerships such as the West Midlands Care Association. The commissioning activity and decisions taken in relation to prices of residential and community care markets has mitigated some of the financial risk that arose from the Care Act and the Living wage. There are also examples of effective work on managing quality, with the council providing training and development and the Dudley Quality Standard (DQS).

Areas for Consideration

Recent work on the implementation of the commissioning hub has brought many benefits, and the positive impacts of the approach are already been felt. However, whilst recognising it is still early days the team felt that in 16/17 further focus is needed on what the specific commissioning intentions are, for both this year and next year. This focus would enable greater clarity about what resources, skills and capacity are needed and what the benefits of the activity will be, both in financial terms and in delivering better outcomes for individuals. The team felt that by gaining greater focus on a number of key areas such as the 18 -64 commissioning, greater certainty could be gained about the savings being delivered to expected timescales, and the different skills; particularly commercial negotiating capacity, required to support.

Data and business intelligence is collected about the care market, and the team recognised that it is planned to use this more effectively to inform decision making. In the short term the team felt that specifically in the residential and nursing home market, there should be a more systematic approach to ensure that the council was able to deliver on its market shaping and provider failure duties under the Care Act. A more systematic approach would also enable an in-depth discussion to take place with the market about commissioning intentions over the next two years, and potentially a different approach to contracting which would support market sustainability.

The care market in Dudley makes a significant contribution to wider economic growth in the locality, including the role of community and voluntary sector organisations as part of that care market. The team felt that better use could be made of a co-production and co design approach incorporating use of the Social Value Act to support local sustainability.

2. How effective and proportionate is the Assessment and Care Management Review function? What potential is there for further improvement and efficiency?

Strengths

The Peer Challenge team were impressed with the level of commitment to improving outcomes and productivity, and the activity to make this a reality is clearly driven and well led. It was very clear that Dudley's People Directorate is on a journey of improvement which includes restating the purpose of adult social care in an environment of significant volatility. The operational restructure that has been undertaken has many positives, particularly the intentions to align functions with community health and primary care functions.

It was evident that a clear focus and strong leadership of assessment and review, how these functions contribute to reducing cost but also maximising independence and the relationship with other health pathways has been prioritised. The team heard that it is clearly understood that the changes are 'work in progress' and that there are further opportunities to change existing practise and increase capacity.

The team felt that the introduction of social workers into primary care, the development of some capacity to build relationships and engage in MDT decisions was a very positive and courageous move at a time when financial pressures are apparent. It was felt if possible this approach should be further developed.

Areas for Consideration

The adult social care offer is under development, and the recent restructure though implemented is still being fine-tuned. In this context the team observed a number of areas that still require further development. These include a review of the traditional control mechanisms in place for authorisations of care packages, checking that across all teams the customer journey and practice is still consistent, that new blockages have not appeared in the system, and that all documentation is Care Act compliant. The team heard that this work had already started during the Peer Challenge. Issues that were raised by the case audit relating to safeguarding had already been addressed by the service, and where the team heard about potential inconsistencies in the adult safeguarding pathway this is already under review as part of the discussions to develop a Multi-Agency Safeguarding Adults hub (MASH).

The team were surprised by the data that showed that around 50% of all new people receiving adult social care, receive it as a result of a hospital discharge. This needs further exploration as it needs to be understood whether these individuals are still in effect in a health rehabilitation phase, and have an ongoing social care eligible need. Alongside this the team were very impressed with the positive relationships that exist between the council and the NHS in relation to Continuing Healthcare. However the council should explore whether service users rights and access to funded nursing care is being sufficiently

promoted across all client groups. In addition to further enhance partnership working and embed skills in the wider teams a review of the current social worker roles within the CHC team could be reviewed and rotational posts be explored.

3. How efficient is the hospital discharge process? How can cost pressures for the council be reduced?

Strengths

The team were very impressed with the work that has been done on developing and agreeing a core data set across health and social care, and then distilled into a memorandum of understanding setting out flow and capacity expectations across the discharge to assess pathways. Performance on delayed discharges is improving, and relationships are positive both strategically and operationally with a real sense of mutual respect across the different professional groups and organisations.

There are in place a wide range of social support services such as those provided by the Red Cross to support discharge and these are clearly supported and valued by health and social care staff. Alongside this the rapid response service designed out of the previous in house service appeared to the team to be delivering an excellent service, and is very well regarded by the NHS and wider partners.

The data coming out of the recent review of the very new reablement model is demonstrating that savings are on track to be delivered, and that the changes have not had any adverse impact on flow from the hospital.

Areas for Consideration

Whilst the reablement and rapid response model are working well, the team did hear of examples that may suggest that the social care interventions are absorbing many health care related tasks. This impression was further compounded by looking at the data on where the new people for adult social care were originating from; which was through the hospital discharge process. The team acknowledge that some funding is provided by the NHS under the Protection of Adult Social Care element of the Better Care Fund, however we heard about interventions which are clearly health rehabilitation or nursing tasks and would not be eligible need under the Care Act. Discussions should take place going forward about how these interventions are funded in the future.

The work that has already been undertaken to reduce delayed discharges of care is impressive, but it does need to be under continuous review and in line with national guidance. The work with Russell Hall needs to be completed with other hospitals that admit Dudley patients.

Recommendations

The team identified a number of recommendations that it felt the council should consider going forward

1. The scale of the challenge facing adult social care both from a local and national perspective is significant. The council should consider how it resources the change programme including adequate capacity, appropriate capabilities and focused delivery of specific priorities within realistic timescales.
2. Adult Social Care within the context of the wider council ambition is in a position to re state its purpose and position within a place based economy. We recommend that by communicating an agreed vision, articulating the purpose, confirming the role and function, and defining the limits of the offer, this will create the best conditions for success of the proposed MCP.
3. Strengthen the professional workforce leadership and management to harness the commitment and enthusiasm of the workforce, and set the conditions for success that will encourage innovation and transformational change (devolution of responsibilities and accountabilities) including exploring new roles within an integrated pathway context.
4. The organisation should recognise the critical role that commissioning delivers in market shaping. In line with its place based aspirations then it must engage actively with the market, with clarity of purpose and be adequately resourced to do so.
5. In accordance with its wider community council approach the senior leadership team should consider whether it is currently using all of the tools available including governance to support and position adult social care to best effect both internally and with partners
6. A focus on a wider employee wellbeing offer and different ways of working including the use of technology at a council wide level may be an opportunity to support adult social care to reduce its sickness levels and increase efficiency that should be explored.

Conclusions

The team recognised the significant changes in structure and the development and improvement of relationships the council has recently made. The level of enthusiasm, commitment and support from front line staff, carers, service users and other stakeholders was clearly evident. The team was also very impressed by the commitment demonstrated by the council leadership team and politicians evident in the budget setting.

Finally, we have sought to make the findings of the Peer Challenge constructive and helpful to the council and also to strike an appropriate balance between support and challenge. In line with the west midlands Peer Challenge approach, we would ask that the council considers the recommendations, develops an action plan in response, and in November

2016 a review of progress takes place through a discussion between the Lead Director of Adult Social Care (DASS) and Shropshire DASS. It is also agreed in the West Midlands that councils will publish their Peer Challenge final letter and subsequent action plan to demonstrate its commitment to sector led improvement.

We hope that you are able to receive positively the comments and recommendations the Team has made. The regional Care and Health Improvement Advisor Pete Jackson is a resource that is available to support councils to develop action plans to drive change as a result of a Peer Challenge. We have learnt from the process ourselves and we have really appreciated the opportunity to take away some good examples of care and support that we can share with councils across the West Midlands.

On behalf of the Team, I would like to thank you for hosting this Peer Challenge and for working so positively with us. I hope that you will agree this has resulted in a helpful and constructive outcome.

Yours sincerely

A handwritten signature in black ink, appearing to read 'A. Begley', written in a cursive style.

Andy Begley
Director of Adult Services
Shropshire Council

Andy.Begley@shropshire.gov.uk
01743 252421

cc Helen Coombes, WM Peer Challenge Lead