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Dear Linda

Wolverhampton Adult Social Care Peer Challenge – 14th -16th March 2016

I write to give you formal feedback following the Commissioning for Better Outcomes peer challenge visit 14th to 16th March 2016. This builds on the provisional feedback we shared with you at the end of the challenge visit on 16th March 2016. (A copy of our presentation is attached as an appendix).

I was pleased to lead the peer challenge and I was joined by Liam Waldron - Expert by Experience; Councillor Pamela Hamilton - Cabinet Member Birmingham; Colin Marsh - Assistant Director Sandwell Council; Sukhdev Dosanjh - Assistant Director Herefordshire 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 Wolverhampton 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 also the quality and breadth of the information that was provided ahead of the visit

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Peter Hay CBE, Strategic Director for People

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 which many types of council may benefit from.

I would also like to thank 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 welcome and our thanks to Janti Champaneri 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 in the commissioning arena. Equally the level of understanding across the workforce, with partners and the wider system about the scale of the challenge facing health and social care was evident, and the energy and commitment to find solutions was tangible. You asked for the peer challenge to focus on Commissioning for Better Outcomes and to help us focus the peer challenge asked for three specific areas to be considered and 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 four specific questions you asked us to consider were:-

Shaping our Market

- a. Does our Market Position Statement provide a clear direction of travel for future commissioning and help to support service re-design?
- b. Are commissioning cycles and processes robust and do they help support financial efficiency

2. Integrated Commissioning with Health

- a. Delivering the Better Care Fund 20/20 agenda through better partnership with Health Partners; is integrated commissioning working?

3. Personalisation and Customer Engagement

- a. Does our commissioning provision enable maximum choice and control for the Service User and carers

Summary

The peer challenge team felt that the invitation of the council to focus the peer challenge on commissioning for outcomes was commendable and an indication of the desire to improve in this important area of work. It also demonstrated the commitment of the programme to the West Midlands ADASS Sector Led Improvement programme which would welcome any feedback on the process to further develop the programme going forward.

It was apparent to the team, through all of the methods that were used to provide evidence that the council has clear and purposeful leadership, with the credibility to take commissioning to the next stage across people and place. It has a clear vision of what it wants to achieve by 2030, and the strong sense of an increasingly joined up council offers the potential to further enhance that vision with a stronger people and public health offer. As part of this the care contribution to the City's economic contribution could be strengthened for example by more of a focus on technology at the heart of care and support and driving a wider range of care employment opportunities.

The council leadership is respected by NHS partners, and is keen to work together to invest more in community services, reducing spend in bed based provision which is a very tangible example of the positive relationships that exist at a senior level amongst partners. The work already underway to align pathways across health and social care through the Better Care Fund is the right direction and the focus on ensuring discharge home to assess approaches as part of rebalancing the system to focus on prevention rather than acute NHS care should continue. The many examples of good initiatives that are underway was very positive, however the overarching Promoting Independence commissioning plan needs to be further expanded to improve coherence and traction enabling delivery at scale. This would also ensure that the benefits of a changed approach on better value for money and improved quality are captured. An example of where it was felt further commissioning work could be considered is the Older Person's pathway and the underpinning financial model to make sure that any changes maximise all of the opportunities for improvement.

The council has made many positive steps forward on Personalisation, and has some excellent examples of where Direct Payments are making a positive difference to individual's life. It needs to further build on this, and should in doing this consider further whether the panel led process of securing resources and services, with associated business process could be speeded up. Some stakeholders and partners did report variable consistency in engagement and commissioning during periods of commissioning change and ensuring sufficient contract change notice is given. HealthWatch reported that during the commissioning process it had undergone commissioners were helpful and responsive. The peer challenge team did also hear that many changes in the People directorate have occurred in the last 12 months, and that the decommissioning of the care homes had been very well led and managed. The team met some very committed and enthusiastic council staff, who has already delivered some real innovation such as the community wellbeing hubs, and the public health work undertaken to reduce city smoking rates was a great example of how already the council is commissioning for better outcomes. The creation of a 1million public health transformation pot and some of the early results are very positive as a contribution to building a Public Health Army. This alongside a sense from all who met with the peer challenge team that making the available resources work with a 'can do' approach means the council is well positioned to work across health, housing and care at scale to build resilient communities and a strong economy.

Shaping our Market

- a. Does our Market Position Statement provide a clear direction of travel for future commissioning and help to support service re-design?
- b. Are commissioning cycles and processes robust and do they help support financial efficiency

Strengths

The peer challenge team felt that the market position statement and the people that they met clearly demonstrated an understanding of where demand for adult social care originates from, the needs that people present with, and how services are currently configured and provided. The commissioning challenges faced are clearly articulated and at a high level the direction of travel for commissioners, providers and partners a shared view is emerging. In Supported Living the council's commissioning intentions are clearly set out as part of the market position statement.

The launch of the Council's commissioning Cycle and its relationship based approach, alongside the 'meet the commissioner' events has been welcomed by providers, the third sector and partners. The team felt that the whole council focus on building relationships as a key part of the shift to commissioning for outcomes is a positive step forward.

The council was able to evidence that there are examples of commissioning cycles where it is already delivering improved outcomes at reduced cost for younger adults and children.

The commitment the council has made to continuous improvement in the area of commissioning is impressive, for example its links with Wolverhampton University and this could be further enhanced by connecting this to public health education and wider sharing across the council.

Areas for Consideration

In the area of older people the picture of demand, the current expenditure and the future financial model need to be further developed as to the peer challenge team they did not appear to be sufficiently aligned. As part of this the impact of the adults transformation programme on demand and associated costs needs to be fully worked through.

Linked to ensuring financial plans are deliverable, the commissioning plans for reablement and domiciliary care which are integral to the Better Care Fund, appear to require some further discussion with providers, users/carers and NHS partners to ensure that there is a shared view on outcome measures, how the changes will be led and the timescales that need to be achieved.

Some people who met with the team reported that the contracting and procurement approach was still too focused on a traditional model of social care commissioning that focused on task and time. Alongside this the peer challenge team felt that further consideration should be given to embedding commissioning cycle as a whole council activity with the full involvement of procurement, legal and finance whilst simultaneously ensuring that the legal obligations on the Director of

Adult Social Care and Cabinet Lead member were able to be discharged in a timely way.

An opportunity exists to enhance the council's community and third sector approach by reviewing and learning from previous Community Interest Companies developments. This could include a specific focus on how community assets could further support the prevention agenda and personalisation as part of market shaping activity.

2. Integrated Commissioning with Health

a. Delivering the Better Care Fund 20/20 agenda through better partnership with Health Partners; is integrated commissioning working?

Strengths

The council clearly recognises the importance of strong relationships as part of its shift to commissioning for better outcomes and this approach is having a positive impact with partners. The CCG and NHS provider trusts have confidence in the interim senior leadership of the People directorate and this offers a solid platform for moving forward particularly given the challenges facing the local system. The Integrated Commissioning Board is a welcome development stimulated by the Better Care Fund and there is a strong commitment to push forward on a bold development plan.

The peer challenge team felt that the discussions between the council and the NHS provider trust relating to the use of technology to support people across acute and community care is a real opportunity to make rapid change. Connecting into the 'Real Time Hospital' initiative to support demand management and reduce in efficiency is an example of this.

Transforming the service offer for younger adults is clearly a high priority, and reviewing the plans and in discussions with commissioners there was a tangible sense of energy, commitment and enthusiasm to make a real difference to individuals lives.

Areas for Consideration

After reviewing all of the evidence, and hearing from commissioners the team felt for older people, and including the Better Care Fund the NHS and the council need to ensure that their respective financial plans including savings are aligned. For older people, the underpinning financial model and the integrated commissioning plans going forward together with the impact on demand going forward need to be further developed.

Discussions with the NHS on how best to configure respective commissioning need to continue and be sharpened as the June 2016 Strategic Transformation Plan (STP) deadline for submission approaches. As part of these discussions further consideration should be given on how best to deliver at a macro level integrated commissioning that will complement the development at a micro level integrated primary health and social care working.

The council should also consider a greater focus and leadership for carers including increased capacity as much of the current work appeared to the team to be focused on operational change.

3. Personalisation and Customer Engagement

- a. Does our commissioning provision enable maximum choice and control for the Service User and carers?

Strengths

The peer challenge team were particularly impressed by the partnership working on personalised budgets and the numbers of people who had a personalised health and social care budget. This is supported by some excellent market relationship working, and active market shaping activity for example the work with agencies to supply Personal Assistants.

The developing infrastructure to support choice and control, which includes a PA register as part of WIN, the Individual service Funds, the expansion of the pre paid card scheme are all very positive developments. The work undertaken to nurture micro providers to support the shift away from building based day services to a broader day opportunity offer is again very encouraging as evidence of the council's commitment to promoting choice and control.

The team heard many good examples of good engagement activity such as the People's Parliament and the Experts by Experience Panel who were clearly involved in shaping specific projects and commissioning activity. Another positive example was the co-produced dementia strategy where health and social care commissioners have worked alongside service users, carers and communities to develop plans for the future.

Areas for consideration

To accelerate personalisation, and further embed the voice of users and carers in commissioning activity and redesign the team felt that the council should consider how it collects information on outcomes of interventions and feeds them into the commissioning cycle. The SUIT team model used by public health to involve service users as part of the local drug and alcohol system is a very positive and adapted perhaps could be rolled out to others areas of commissioning activity.

To further strengthen commissioning intelligence and design a menu of alternative services and shape change further thought could be given to the best way for operational care management could identify and feedback unmet need. Opportunities such as the end of block contracts should be maximised to ensure that they the offer can be reshaped to give more individuals 'more control over their day'.

The team understood that the resource allocation system has recently been reviewed and improved, and that the speed of implementation across all client groups needs to be maintained. However it also felt that in the light of the council commitment to an asset based approach, and the requirements of the Care Act to promote wellbeing further review should take place of whether the current approach is fit for purpose in the medium term.

Recommendations

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

1. The compelling vision for the City could be enhanced by developing a stronger set of words and numbers connecting people and place with a clear plan for delivering improved outcomes and financial sustainability. The council should consider how it can better connect its work and plans on economy with its People commissioning Plans
2. The council should consider further shaping a shared approach across health, social care and housing that would include:-
 - Debate at the Health and Well Being Board and agree what the offer to delivering the City vision is across all ages including considering whether the challenge for Wolverhampton on older people is really a public health challenge and how this perspective might inform the commissioning activity to deliver the city vision
 - Explore the role of adult social care leadership and commissioning activity to work with the Acute NHS provider, and the CCG to deliver changes that would support greater investment in community health and social care
 - Embedding public health leadership, with the skills and knowledge it brings including evaluation techniques at the heart of people commissioning
 - Agreeing and putting in place with partners the right leadership capacity to enhance and connect people and place based commissioning, including the delivery of the combined health and social care and continuing care workstream
 - Strengthen plans from a health and well being perspective for future housing (social and private) to reflect the needs of the city and your ambition
3. Where contract changes allow, rapid shifts to an Individual Budget approach should be implemented, and a clear plan to deliver accelerated personalisation and a shift away from case management should be developed to support demand management and improve service user experience.
4. The recent redesign of process including forms is recognised by the peer challenge team; however the PSW should also prioritise addressing the cultural change needed to change practise including the low level of carers assessments.
5. The connection between commissioners and social workers needs further development, and the case management system needs to increasingly reflect the intentions to offer more alternatives and greater intelligence on demand and outcomes.

6. Further thought should be given to the capacity and capability required to focus on quality and disruptive innovation to maintain momentum on improvements and deliver the transformational and ambitious commissioning and partnership agenda that is required to deliver the financial and quality targets. As part of this the team believe the council should consider whether a thematic commissioning approach rather than a client group approach would be beneficial.

Conclusions

The team recognised the significant work the council has already completed in its commissioning for better outcomes work and the many examples of excellent practise and innovation that we heard about. It was also very impressed by the commitment demonstrated by the council leadership team and politicians to move forward in a planned way to improve outcomes for service users and their families in Wolverhampton as part of the City vision 2030.

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 September 2016 a review of progress takes place through a discussion between the Lead Director of Adult Social Care (DASS) and Coventry 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



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