

TELFORD & WREKIN COUNCIL**HEALTH AND SOCIAL CARE SCRUTINY COMMITTEE – MONDAY, 4 NOVEMBER 2013****ADULT SOCIAL CARE UPDATE****REPORT OF DIRECTOR OF HEALTH, WELLBEING & CARE****LEAD CABINET MEMBER – CLLR ARNOLD ENGLAND****PART A) – SUMMARY REPORT****1. SUMMARY OF MAIN PROPOSALS**

1.1 This report provides the Health and Social Care Scrutiny Committee with an update on the following areas relating to Adult Social Care:

- Peer Challenge
- Financial position
- New Options
- Care and Support Bill
- Integration of Health and Social care

1.2 It outlines the need to step up our approach to personalisation transformation and financial improvement and steps now in place to take this forward.

1.3 In addition the report sets out the work being undertaken to review the Council's in-house provider services, as well as flagging up major new transformation programmes on the horizon, the Care and Support Bill (including funding reform) and the health & social care integration agenda.

2. RECOMMENDATIONS

2.1 Scrutiny Members note the Adult Social Care update in respect of the areas listed below and consider whether and when they require any further updates on these areas.

2.2 Scrutiny Members consider their response to the recommendation that the Peer Challenge Team made specifically to Scrutiny.

3. SUMMARY IMPACT ASSESSMENT

COMMUNITY IMPACT	Do these proposals contribute to specific Co-operative Council priorities?	
	Yes	<i>Vulnerable Children & Adults Health and Wellbeing</i>
	Will the proposals impact on specific groups of people?	
	Yes	Will impact on people who are ill or disabled, who need support and on their family carers.

TARGET COMPLETION/DELIVERY DATE	See attached actions.	
FINANCIAL/VALUE FOR MONEY IMPACT	Yes	<p>The Care and Support Service Area faces significant financial challenges going forward. The Personalisation Transformation Plan and the Financial Improvement Plan. Are key to addressing these challenges and it is vital that the actions within these plans are delivered.</p> <p>Full agreement is yet to be reached on the amount that the CCG will contribute towards CHC related costs in 13/14 and failure to obtain this will have a significant impact on the Council's overall 2013/14 financial position. Further assumptions on CCG funding have been reflected in the Council's medium term financial plan which could be at risk if the CCG continue to experience reductions in their own funding allocations.</p> <p>The financial implications of any additional actions within these plans resulting from the Peer Challenge have not yet been assessed but will need to be met from within existing resources.</p> <p>The Service have sufficient one off resources to fund the additional staff required to deliver the Personalisation Transformation Plan.</p> <p>The financial implications of the Care & Support Bill, the reformation of Care funding and the introduction of the Integration Transformation Fund (ITF) will need to be fully assessed as work towards their implementation progresses.</p> <p>£200m additional national funding in 2014/15 has been announced to assist local authorities in the implementation of the ITF. This increase will continue into the national ITF pooled budget of £3.8bn in 2015/16. Individual allocations of funding for 2014/15 and 2015/16 will be announced as part of the Government's Autumn statement.</p>
LEGAL ISSUES	Yes	<p>As outlined in the body of the report and appendices, there are significant changes ahead in the field of Adult Social Care.</p> <p>The Care Bill was introduced into the House of Lords on 9th May 2013.</p> <p>The Bill entered the Report Stage in the House of Lords on 9 October 2013 and will consolidate and modernise existing care and support law from over a</p>

		<p>dozen Acts into a single framework.</p> <p>The Bill and subsequent Statute, once it receives Royal Assent, will be accompanied by relevant Statutory Instruments and Guidance.</p> <p>Legal advice and support upon specific issues can be either provided by or obtained by Legal Services upon request.</p>
OTHER IMPACTS, RISKS & OPPORTUNITIES	No	
IMPACT ON SPECIFIC WARDS	No	Borough-wide impact. However the New Options Review may impact on services located in specific wards, though serving the whole community.

PART B) – ADDITIONAL INFORMATION

4. INFORMATION

4.1. This report provides an update for the Health and Social Care Scrutiny Committee on the following areas relating to Adult Social Care:

- Peer Challenge
- Financial position
- New Options
- Care and Support Bill
- Integration of Health and Social Care

Peer Challenge

4.2 Telford & Wrekin volunteered to be the pilot Local Authority for the Peer Challenge approach to sector led improvement in the West Midlands region.

4.3 The Peer Challenge team consisted of:

- Andrea Pope-Smith - Lead DASS (Dudley)
- Brendan Clifford - Assistant Director (Dudley)
- Karen Murphy - Assistant Director (Solihull)
- Stuart Lackenby - Head of Service (Dudley)
- Liam Waldron - Expert by Experience (Solihull)
- Keymn Whervin - Expert by Experience (Solihull)
- Eddie Clarke - West Midlands Coordinator (Former DASS)

They were on site for 3 days during the period 22-26 July 2013 and engaged with staff, managers, service users, carers and elected Members. They also considered a range of performance data and other relevant information provided to them by the Council.

- 4.4 The key lines of enquiry which we asked the team to review were:
- **How well are we addressing our original principles and priorities relating to introduction of Personalisation to underpin our approach to the delivery of community care services** particularly in the context of service user and carer experience, especially around choice and control.
 - **The sustainability of our model** given the future opportunities and challenges presented by demographic and funding pressures, legislative change such as the Care Bill and the national cross-party 'integration' agenda.
- 4.5 The final letter setting out their findings is attached at **Appendix One**. Officers considered the findings were balanced between support and challenge and constructive to the Council in moving forward.
- 4.6 In summary they identified the following strengths:
- dedicated, hard working and loyal workforce
 - real commitment from partners
 - clear insight into challenges and issues
 - Cabinet Member focused on budget strategy and need for transformation
 - understanding of the financial challenges
 - support for carers
 - strong partnership working with the Clinical Commissioning Group (CCG)
 - good basis of joint commissioning with the CCG which can be re-launched and extended
 - robust safeguarding response to Winterbourne
 - engagement with service users and carers
 - innovative workforce development
 - vibrant, well informed voluntary and community sector (VCS) - keen to be more involved
 - commitment and potential for greater integration with NHS
 - enablement integrated with Health
 - hospital discharge processes are lean with good support
 - budget strategy and efficiency plans in place
 - significant level of efficiencies already achieved
- 4.7 They also stated, *“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 our own Councils”*.
- 4.8 However whilst the Peer Challenge Team identified these strong foundations to build on, they also identified that the:
- Personalisation journey had stalled and *“would benefit from a fundamental review”* and re-launch *“to develop the step change”* required.
 - *“That the sustainability of the budget strategy is predicated upon the transformation plans that need revision, and clear leadership to ensure delivery by the Council”*

- *“Co-production with people who use services and family carers is central to the success of personalisation and this should be exploited in developing further transformation plans.*
- *“Challenges faced by the Directorate, like all Councils, are immense and there will need to be consistent and further leadership and support from senior Elected Members and the Corporate centre of the Council to assist the response to the challenges”.*

4.9 In summary the following areas were set out for the Council to consider in moving forward:

- corporate visibility of adult social care.
- stronger relationship between finance, performance and operational management.
- whole system vision to underpin transformation programme.
- dedicated transformation resource and expertise for budget and service redesign.
- allow time for staff and managers to come together to learn, share and deliver the vision.
- actions required on culture, performance and leadership.
- re-launching choice and control and achieving/sustaining cultural shift.
- further work needed on Resource Allocation System (RAS).
- approach to personalisation needs to be more creative and embedded.
- implement new market development strategy - emphasise building community capacity.
- signposting - single source, better recording in CareFirst, fuller role for VCS.
- embed integration of teams and expertise.
- focus on service user reviews.
- use of common language.

4.10 The Health and Social Care Scrutiny Chair was interviewed by the Peer Challenge Team and they made a specific recommendation to Scrutiny, *“...Scrutiny may wish to consider how it secures a good overview of the progress on personalisation, performance and budgetary management”.*

4.11 Unlike the former inspection regime there is no statutory requirement to publish the findings or consider them formally within a Council Committee. However the approach we have taken is in line with the Council’s co-operative principles and the letter, with the agreement of our Cabinet Member, has been shared widely, including all who took part in the process, including our partner agencies, providers of care, voluntary organisations, etc.

4.12 Actions to address the “areas for consideration” have been incorporated within the existing Personalisation Transformation Plan and the Financial Improvement Plan. The Council had, ahead of the findings of the Peer Challenge, agreed to use one off monies on an invest to save basis, to ensure that Adult Social Care has the capacity to deliver on these plans.

4.13 A series of team sessions led by Karen Kalinowski have taken place during September and October to feed back the key messages to frontline staff and seek their views, suggestions and support to take this forward. Key messages have also

been fed back to stakeholders and partners during September and October through existing, established meetings.

- 4.14 Fundamental to delivering the personalisation agenda and taking forward savings in adult social care will be the introduction of Personal Budgets for all service users in receipt of community care funding, calculated through a Resource Allocation System (RAS) embedded in the assessment form. This will ensure that there is a fair and equitable system in place so that people with the same level of need receive an equal level of resource which is sufficient to meet their eligible, unmet needs. The Council purchased such a system last year, with Council approval which we have been testing. We now need to move forward as soon as is practical to use it as an integral part of our community care process. Initially this will be for all new cases and on a phased basis for all existing service users, as recommended by the Peer Challenge Team.
- 4.15 Use of a RAS based system for allocation of personal budgets will require a revision of existing Community Care Policies & Procedures to be agreed by Council. We intend to bring a report to Cabinet in December seeking approval of the new approach to community care with a view to implementing for all new service users early in 2014 and at point of next review for all existing service users.

Financial Position

- 4.16 Adult Social Care's budget accounts for 36% of the Council's spend. With the Council having to make £50m savings since 2009/10, largely as a result of cuts in Government grant, inevitably this has impacted on Adult Social Care, who even with some protection have already had their budget reduced by £7m. Up until now this has largely been achieved through efficiencies, new ways of working and staff reductions. In addition to this, given the Council must find a further £23m of savings by 2015/16, Adult Social Care is expected to find £6.5m of this total.
- 4.17 However in the current financial year, Adult Social Care Services are projecting an overspend of £2.8m relating to the cost of care packages and an overspend of £0.33m on staffing related to in house services (previously included in the cost of care packages variation). There are also pressures relating to Supporting People which is £0.5m over budget and the care leaver's budget which is also projected to be £0.5m overspent at year end. Combined the overall overspend is currently projected at £4m. This is an improvement of just under £0.2m compared to the position reported to Cabinet on the 17 October in the financial monitoring report. One-off funds from the CCG are being used in 2013/14 to help offset an element of the significant ongoing additional cost pressures relating to Continuing Health Care clients consistently reported throughout last year.
- 4.18 Of course this is all happening at a time when the demographic make up of our population means that more people are likely to need care and support. Whilst there are national policy drivers that expect local government to support a whole health and social care system which increasingly looks to meet the needs of people outside of a hospital environment, which places additional demand on the social care system.
- 4.19 As a result of this situation we have had to step up our approach and have put in place a financial improvement plan, that is being robustly monitored through regular meetings with the Managing Director, Assistant Director of Finance, Audit and Information, our Cabinet Member and the Cabinet Member for Finance & Enterprise.

4.20 The plan is based on making further savings by:

- reducing care provider costs.
- reducing the amount of care provided.
- using assistive technology in place of more costly care alternatives where possible
- reviewing all care packages people receive to make sure they are getting the support they are entitled to and not more.
- maximising an individual's and/or family income for care related benefits to reduce the cost to the Council.
- supporting people to help themselves and make more use of community resources.

4.21 Well over 80% of our budget is spent directly on providing care to people so in reality this is where savings have to be made to meet these targets. A Panel process has been re-introduced to challenge all requests for new or additional funding, which is chaired by either the Director or Assistant Director. This does build delays into the process and does take up significant officer time, with 50 or more cases having to be presented most weeks. However we believe it is important to use Panel to effectively manage the limited resources available and to set out a clear position statement for our staff, who are having to work with people at a time when expectations often outweigh the resources we have available. Panel has been in place for 6 weeks now and is resulting in a reduction in costs in some cases, however, the net impact to date of all cases going through the process is an increase of £0.240m for the year. Recent analysis indicates that there continues to be an underlying growth in the number of people needing services compared with the number of people leaving the service.

4.22 To support the Panel approach and ensure that the public, partners, service users and carers are aware of the impact of the Government grant reductions on the Council and in particular on the Adult Social Care budget, we have developed a communications plan which involves media briefings and presentations to existing meetings we have with all stakeholders. In addition we are about to write individually to all stakeholders, including service users, explaining the background to why we will over the course of the next few months be reviewing all care packages with a view to:

- considering where we can reasonably pay less for the same amount of care.
- reduce the amount of care provided by finding alternatives ways of meeting the need.
- ensure we are only meeting eligible need to a reasonable level.

4.23 In addition we will as a matter of urgency be re-considering our approach to the continued low level of Continuing Health Care funding being provided by the NHS locally through the CCG.

New Options

4.24 New Options is a review about the future of the Council's in-house care provider, providing services for adults with a learning disability, such as:

- Residential Care – Carwood and Downing house
- Day Opportunity Services – from a number of sites

- Community Support – a specialist domiciliary care provider
 - Shared Lives – supported placements with a family setting
- 4.25 Change is required both to ensure the service provided is personalised and enabling and will be able to offer value for money services when people are free to use their personal budget on the services of their choice. At the same time, as with all other areas of the Council, this service is expected to reduce its budget – with a view to making £500,000 savings out of a £5m budget. This figure is included in Care & Support's total savings proposals identified within the Council's medium term budget strategy.
- 4.26 After an initial period of engagement with service users and their parent carers, and taking account of their views, a proposal for change was put forward for consultation. The proposals involve a redesign of the existing services, to focus their activity on community enablement, community activity & wellbeing and skills & enterprise. They also propose a rationalisation of building based sites currently used within Day Opportunities and an option for one of our residential homes (Carwood) to be converted to a housing based service.
- 4.27 The consultation process commenced at the beginning of September and will close on the 3 December. It involved a Launch Event on the 3rd September 2013, New Options Web Site, New Options Booklets, Service user workshops, Family Carers Information Events, Staff Information Events, Partnership Boards, groups, service meetings etc; Social Media: Email, Facebook /Twitter.
- 4.28 So far 224 people attended the Launch Event, 120 attended service user's workshops, and we have received 322 comments from service users, 329 comments from parents and carers, 74 comments from staff, 74 comments from others.
- 4.29 All the consultation feedback will be available from December 2013 and a summary and analysis of the findings will be prepared and available in early 2014. This is with a view to finalising proposals ahead of sharing with users, family carers and staff, entering into formal staff consultation process, seeking Cabinet approval to take forward final proposal and starting to implement the changes from April 2014.

Care and Support Bill & Reforming what and how people pay for their care

- 4.30 The first part of this update focused on major change and pressures that the service is having to deal with now. This and the next section provide a brief summary of major transformation that will have to take place by April 2015, but for which we need to start planning now.
- 4.31 The Care and Support Bill currently going through Parliament will establish a new legal framework for adult social care, marking the biggest transformation to care and support law in over 60 years, and will replace more than a dozen pieces of incoherent legislation. The Act will place additional responsibilities on Councils to help people to stay well and independent, rather than wait for them to reach crisis point. It will clarify entitlement to care and support, develop a national eligibility criteria, give carers additional rights, provide guarantees for people who move from one local authority to another and provide flexibilities to facilitate greater integration.

- 4.32 The Bill will also be used to reform the way in which people pay for their care with a view to ensuring:
- Everyone receives the care they need and more support goes to those in greatest need.
 - An end to the unfairness of and fear caused by, unlimited care costs.
 - People will be protected from having to sell their home in their lifetime to pay for care.
- 4.33 Whilst the legislation will not apply retrospectively, from April 2016 a cap will be introduced on the costs that people have to pay for care over their lifetime - £72,000. Financial help will be provided to people who have up to £118,000 rather than the current £23,250. However the Care Cap will only apply to care related costs and people in care homes will remain responsible for what is described as living costs, of up to £12,000 a year. From April 2015 all people in a care home, who own their own home, can defer selling their home to meet care costs until they die.
- 4.34 Nationally there is a high level of concern about the additional assessment activity which will be generated by the legislation and whether sufficient additional funding will be passed through to local government to meet the additional assessment activity and care costs that will fall to local government. There has been a formal consultation process taking place on the funding reform which closed on 25 October, to which we have contributed. Our views are consistent with those set out in the West Midlands ADASS response to the consultation (See Appendix 2).
- 4.35 All LAs are being urged to start their planning early and will be expected to complete a modelling exercise early in the new year aimed at costing more accurately the impact of the Bill. We will also need to have an implementation plan in place demonstrating that we have a programme and lead officer in place, that we understand the scale of the changes required including workforce, IT systems, numbers of self-funders and costs, stakeholder engagement, etc. However there are also concerns that unless Government quickly sets out more detail that normally is set out in Regulations and Guidance that follow later, that this modelling exercise will have a significant level of uncertainty and risk built into it.
- 4.36 In addition this does nothing to address the current funding pressures, and when taken together with the further transformational change described below, will place significant additional pressures on a service already under pressure.

Integration of Health and Social Care

- 4.37 The Health and Social Care Act, 2012 set out expectations around greater integration of health and social care services to provide more effective pathways and better outcomes and value for patients/service users. The spending review at the end of June 2013 set out the requirement to set up an Integration Transformation Fund (ITF) by April 2015, with at least a minimum value of CCG and Council monies included in the ITF. The national value of this funding in 2015/16 is £3.8bn and it includes the continuation of the 2014/15 NHS transfer to local authorities. The spending review announced an increase to this transfer in 2014/15 by £200m to help local authorities prepare for the implementation of the ITF and make early progress on priorities.

- 4.38 On 17th October, NHS England and the Local Government Association jointly released a letter titled “Next Steps on implementing the ITF”. There is an expectation that Health and Wellbeing Boards will oversee the development of a shared plan for the totality of health and social care activity within their area and that over time the level of total funding the CCG and LA will commit into the ITF will increase. The letter suggests that a fully integrated service calls for a step change in our current arrangements to share information, share staff, share money and share risk.
- 4.39 Nationally there is a requirement to put our local share of £3.8billion identified as the minimum amount to be included in the ITF. This money is not new money but there is an expectation the Council and CCG will agree to use the money to take forward a new shared view. The local value of our proportion of the £3.8billion is still to be totally identified but include the local NHS proportion of £1.9billion of current NHS funding and the local proportion of another £1.9billion that currently is made up of existing funding badged as Carers Breaks Funding, CCG reablement funding and capital funding (including Disabled Facilities Grant).
- 4.40 The fund will be allocated to local areas where it will be put into a pooled budget under joint governance between the CCG and Council, with a condition that they must have a jointly agreed plan which meets certain requirements set nationally. There are 6 national conditions:
- Plans to be jointly agreed.
 - Protection for social care services (not spending).
 - 7 day services in health and social care to support patient discharge from hospital and prevent unnecessary admissions at weekends.
 - Better data sharing between health and social care based on the NHS number.
 - Joint approach to assessments and care planning, funding used for integrated packages and a named accountable professional in all cases.
 - Agreement on the consequential impact of changes in the acute sector.
- 4.41 Elements of the ITF will be performance related amounting to £1billion of the national £3.8billion total. Of this £1billion, 50% will be paid at the start of 2015/16 based on 14/15 performance and that there is a joint plan in place. The other 50% of the £1billion will be paid in the second half of 2015/16 based on in-year performance. Performance measures include delayed transfers of care, emergency admissions, effectiveness of re-ablement, admission levels to residential and nursing homes, patient and service user experience.
- 4.42 Health and Wellbeing Boards will have to return a planning template (we have received the draft template) by 15 February 2014.
- 4.43 Joint discussions are underway with the CCG to agree our approach, and ensure we meet the deadlines set. A report will be taken shortly to Cabinet to agree the Council’s approach to this national requirement with a view to agreeing the governance arrangements through the Health and Wellbeing Board.
- 4.44 Clearly the ITF provides significant opportunities to build on the very good examples we have locally of integrated working, but there will be huge challenges on the way, some of which have been highlighted earlier in this report

5. **IMPACT ASSESSMENT – ADDITIONAL INFORMATION**

6. **PREVIOUS MINUTES**

None.

7. **BACKGROUND PAPERS**

- 7.1 Peer Challenge Review Letter
- 7.2 Health and Social Care Act, 2012
- 7.3 Various Reports to Services & Financial Planning Committee
- 7.4 New Options – Doing Things Differently – Proposals for Change
- 7.5 Care and Support Bill
- 7.6 A Vision for Adult Social Care – Capable Communities and Active Citizens, DH, 16 November 2010
- 7.7 Care and Support White Paper – HM Government, 11 July 2012
- 7.8 Care and Support Bill – HM Government, 11 July 2012,
<http://www.dh.gov.uk/health/2012/07/careandsupportwhitepaper/>
- 7.9 Caring for our future: progress report on funding reform – HM Government
<http://www.dh.gov.uk/health/2012/07/scfunding/>
- 7.10 Integrated Care and Support: Our Shared Commitment – National Collaboration for Integrated Care and Support – May 2013
<https://www.gov.uk/government/publications/integrated-care>
- 7.11 Letter inviting expression of interest for Health and Social Care Integration Pioneers -
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/198746/2013-05-13_Pioneers_Expression_of_Interest_FINAL.pdf
- 7.12 Policy statement on care and support funding reform and legislative requirements -
<https://www.gov.uk/government/publications/policy-statement-on-care-and-support-funding-reform>
- 7.13 The Care Bill explained: including a response to consultation and pre-legislative scrutiny on the draft Care and Support Bill - <http://www.official-documents.gov.uk/document/cm86/8627/8627.asp>
- 7.14 Care Bill factsheets - <https://www.gov.uk/government/publications/the-care-bill-factsheets>
- 7.15 Caring for our Future – Consultation on reforming what and how people pay for their care and support – Department of Health – July 2013

www.gov.uk/government/consultations/caring-for-our-future-implementing-funding-reform

7.15 Next Steps on Implementing the Integration Transformation Fund – LGA/NHS England Letter – 17 October 2013

Report prepared by Paul Taylor, Director: Health, Wellbeing & Care Telephone: 01952 381200

Appendix 1

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Our ref: 364/EC/APS/gj

9th August 2013

Mr Paul Taylor
Interim Director
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TF3 4NT

Dear Paul

TELFORD AND WREKIN ADULT SOCIAL CARE PEER CHALLENGE – 22/23/26 JULY 2013

I write to give you formal feedback following the Peer Challenge. This builds on the presentation we shared with you at the end of the challenge on Friday 26 July 2013.

I was pleased to lead the peer challenge and I was joined by Keymn Whervin, Expert by Experience Solihull, Liam Waldron, Expert by Experience Solihull, Karen Murphy, Service Director Solihull, Stuart Lackenby, MIR Programme Lead Dudley, Brendan Clifford, Assistant Director Dudley, and Eddie Clarke, WMADASS Peer Challenge Programme Lead.

I would like to thank you for putting Telford and Wrekin forward to host the “pilot” and the team appreciated the experience offered by the peer challenge. There were many things that we will take away from our visit, not just about the process itself, but also some of the good practice to share back in our own Councils.

I would like to thank all the people who use services, family carers, staff, partners and Elected Members who participated in the challenge. We were made very welcome and the process was very well organised by Julie Gradwell and Clare Hall-Salter. We were very impressed with the openness and honesty of everyone and this helped make the peer challenge constructive and fruitful.

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Overview

The Peer Challenge Team (hereafter referred to as the Team) identified a strong level of commitment and loyalty from all staff to the Council and Adult Care and Support. We were impressed by the consistency of understanding of the financial challenges and that these would be on-going.

Partner agencies such as the CCG and the Voluntary and Community Sector were positive about the opportunities for further collaboration and service developments for the benefit of all citizens requiring health and social care support. This included the enhancement of existing joint commissioning arrangements with the CCG.

There were established mechanisms for engaging with people who use services and family carers. The User Led Organisation, Listen Not Label, was enthusiastic about future partnership work with the Council in order to take forward personalisation.

A robust response, along with Shropshire, to Winterbourne View was acknowledged.

The Team was clear that in order to make further progress on the key challenges of personalisation and finance, there would need to be a step change in culture and performance, along with strong, effective leadership.

Personalisation and the Customer Journey

The Council asked us to consider how well the Council has addressed the 2011 Review's original principles and priorities, particularly in the context of the service user and carer experience, with particular focus on choice and control.

Strengths

The Council had previously established a process for implementing personalisation, including training for staff, some exploration of micro-enterprise development, and setting up Access and Direct Payment Support Teams.

Workforce development, especially with the independent sector, whilst focused on mandatory requirements, impressed as it was both whole sector and in places innovative in its approach, such as the Theatre Project.

The MyLife Portal has commenced and provides information for people requiring information about eligibility and services.

Also, Enablement services are in place in partnership with the NHS and hospital discharge arrangements include home support services provided by the Red Cross. Delayed Transfers of Care are low at 5.3 per 100,000 for 2012/13 with the Family Comparator Group being 6.5 (provisional data for all 2012/13 indicators).

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There were positive experiences stated by service users relating to Shared Lives and Extra Care Sheltered Housing. Alongside this feedback to the Team it was identified that as regards performance, new admissions to care homes was comparatively low in 2012/13 and there was strong performance for people with mental health issues in paid employment and supported to live in their own home or with their family.

The Council has registered with Making It Real and is has started consultation on agreeing the three priorities with service users, family carers, and staff.

There had been good joint commissioning with the PCT but some of this had been disaggregated with the change to the CCG. However, the Team was impressed by the very enthusiastic and positive attitude to enhancing partnership work by the CCG. This was complemented by a similar keenness to develop partnership work by both the Voluntary and Community Sector and the User Led Organisation, Listen Not Label. These partners together offer an exciting platform for building up personalised services, creating a wider range of community services, and pursuing integration and joint commissioning options with the CCG.

An area of excellence was the support to family carers. At the meeting with carers there were many positive comments about the support received, the engagement arrangements through the Carers' Partnership Board, and the effective role played by commissioning. Carers stated that they were well supported and specific mention was made of dementia services.

Areas for Consideration

Progress on moving on from the initial stages of implementing a more personalised, person centred adult social care system had stalled. This was evidenced by the low performance on improving the take up of direct payments – the percentage of people with a direct payment was 8.1% with the Family Comparator Group at 14.4%. The Team concluded that that there needed to be a re-launch of personalisation in the Council that should be aimed at achieving a step change and cultural shift across the organisation and partners that establishes a truly creative support planning process and an improved focus on outcomes. The whole adult social care system needs to be preventative and enabling.

This cultural shift should be supported with action to widen access to more bespoke services and support via commissioning and brokerage – for example, improved access to personal assistants, micro-enterprise development, and community bridge builder staff to assist service users and family carers to engage with leisure, educational and other community facilities. An organisation called Community Catalysts can provide advice and guidance about these community developments. This would fit well with Telford and Wrekin being a Co-operative Council and its approach to Localism.

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This work should address the needs of all communities and specific attention should be given to how services can support black and minority ethnic people in need of adult social care services. The completion of market position statements can assist this development. Also, the Transitions Service would benefit from a more personalised approach that was consistently able to work with people to create support plans that better promote independent living and an improved quality of life that should also provide savings for the Council.

Direct Payments, aligned with creative, person-centred, support planning should become a default position for those people eligible for support. At present there was some evidence of direct payments neither fulfilling the ambition nor the processes that should be expected. Some service users said that direct payments went straight to the provider and they had no choice in the provider, or they were not consulted on their support plan. Whilst there were some positive experiences of direct payments these were by no means universal or extensive.

The Team was informed that there was currently no Resource Allocation System in place although a pilot is to start in September 2013. This is a major risk for the Council which leaves it open to legal challenge, as there is no robust, transparent and written policy/procedure for linking assessed needs to an indicative budget, an eventual personal budget and a possible direct payment. This requires an immediate remedy if the Council is to reduce the risk of legal challenge. A written policy and procedure should be made available as soon as possible to support the proposed pilot.

The Access and Signposting services require a review to ensure they are being fully effective in directing people to information and support if they are not eligible for adult social care, including self funders, and to ensure those in need of an assessment can promptly receive one. There does not appear to be a single signposting service to which the Access staff can refer people. This could be an opportunity for the VCS or a micro-enterprise. The MyLife Portal includes the Adult Social Care Services Directory and this means that people may simply download it instead of exploring the Portal. This should be re-considered.

Additionally the functionality of CareFirst could be improved with an identifier number being used for all contacts, including those that do not lead to an assessment. This would enable a more accurate recording of those who are signposted. Duplicate paper systems for those cases requiring allocation should be ceased.

The performance on Case Reviews was noted as being at 58% of people receiving at least one annual review. It had fallen from 79.6% in 2009/10, though performance is improving in the current year. The Team saw this as presenting both safeguarding and resource management issues. If nearly half of service users are not receiving a review for over a year then this poses risks for the Council as Health, Wellbeing and Care could not be assured that people are safe and that they are receiving an appropriate level of service. This should be remedied promptly.

Transformation and Budget Challenges

The Council asked us to consider how sustainable is the Directorate's model given the future opportunities and challenges presented by demographic and funding pressures, legislative change such as the Care and Support Bill, and the national cross party "integration agenda".

Strengths

From all our interviews and meetings it was clear that all staff were dedicated and very committed to supporting the citizens of Telford and Wrekin and they demonstrated a strong loyalty to the Council.

The Team heard views from all staff and managers that indicated there was a good knowledge of the financial challenges faced by the Council and the Directorate – and that there were more challenges to come.

There were various budget and development action plans in place and these were overseen by the Transformation and Performance Boards. There were clear examples of good performance as evidenced by the comments in the previous section about care home admissions and low delayed hospital discharges. Also, there is a welcome review of the commissioning and contracting of home care services that will address the high unit costs and multiplicity of providers.

A significant level of savings has been achieved to date and further savings plans have been outlined. For this and next year savings representing 27% of the Directorate's budget are to be made.

The relationship with the CCG had been influenced by the pressures associated with Continuing Health Care that had been identified at one stage as amounting to a budget pressure of £8.5m for the Directorate. However, the Team were encouraged by the willingness of the CCG to enhance the partnership, including integration. There were existing signs of strong collaboration such as the smooth transfer of the "Lansley" monies.

The new Cabinet Member had already secured a good grasp of the pressures on the Directorate and that transformation needed further emphasis. This was mirrored by the Managing Director and there was a recognition that some additional leadership resource would be needed to deliver transformation and to respond to the budget and demographic pressures.

Areas for Consideration

The challenges faced by the Directorate, like all Councils, are immense and there will need to be consistent and further leadership and support from the senior Elected Members and the Corporate centre of the Council to assist the response to the challenges. This includes Scrutiny, which may wish to consider how it secures a good overview of the progress on personalisation, performance and budgetary management.

The Council had previously centralised some functions such as finance and performance. Whilst this was understandable in order to achieve efficiencies in support services, similar to other Councils, some work is required to strengthen the collaboration to improve the sharing of expertise and knowledge about budget and transformation plans.

For adult social care a whole system vision and transformation programme should be developed. Whilst there are various existing plans these have not yet achieved the change desired or planned and a coherent and succinct strategy should be established. This should focus on the three main areas that can enable the Council to achieve more personalised care and efficiencies/savings: personalisation; integration (with the NHS), and prevention services. It will be important to set clear milestones and targets so that delivery and clear outcomes are visible to all.

Part of the vision and plans should include “horizon scanning” such as the Care and Support Bill so that future implications for the Council can be identified at an early stage and planned for as necessary. For example, the introduction of national eligibility criteria will mean that the Directorate’s plan to consider savings from a change in criteria levels is no longer possible.

In the light of the refreshed vision for the Directorate there should also be a review of the savings plans and their viability. The Team noted the existing budget overspend over the last two years and the overspend in the current year. Extra savings have been required for this year, on top of those already planned, amounting to £800,000. The Team is of the view that further savings are possible in areas like Personalisation (via implementing an effective RAS), Transitions, and Shifting the Balance of Care - from care home services to community services, especially in services for people with a learning disability where over 50% of the budget is on funding care home places. A target of moving towards 40% over the next few years should be set and supported by increasing the availability of cost effective housing and community based options.

Any significant change in adult social care support has a risk of legal challenge. The Team would recommend that the Directorate receives good legal advice on any significant changes such as any “maximum expenditure policy” for placing a financial limit on care packages for people living in their own home or similar.

The Council cannot fetter its discretion in such cases and, whilst there is no indication it intends to, it will need to demonstrate that there is not an arbitrary limit or cap on care packages.

There is a judicial review hearing pending with Worcestershire and it would be sensible to monitor the outcome of that case in order to ensure that, if the Council proceeds, its policy and arrangements are sound legally.

With all the substantial change faced by communities and by frontline staff it will be important to support staff through strong and clear leadership alongside the vision and further transformation plans to be developed. Staff should have opportunities to share their own ideas and views at regular sessions with senior managers so that they are fully engaged with shaping plans. This holds true too for people who use services and family carers who have an important contribution to make in co-producing different approaches and services. The User Led Organisation, Listen Not Label, is aspirational about their involvement with the Council in delivering a transformed adult social care landscape. This should be grasped fully with them and other similar organisations.

Conclusions

The Team concluded that:

- There was a strong foundation of commitment to build upon throughout the Council and partners
- The work on the personalisation journey would benefit from a fundamental review in order to deliver step change
- Co-production with people who use services and family carers is central to the success of personalisation and this should be exploited in developing further transformation plans
- The sustainability of the budget strategy is predicated upon the transformation plans that need revision, and clear leadership to ensure delivery for the Council

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. We hope that you are able to receive positively the comments in this context. 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 our own Councils.

We have identified some learning points about the peer challenge process itself and we are grateful for those submitted by yourselves to Eddie Clarke. WMADASS will consider these and any necessary changes to the programme.

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Mr P Taylor
9th August 2013

Finally I would like to thank you for hosting this initial peer challenge and for your positive contribution to achieving a successful outcome.

Yours sincerely

A handwritten signature in black ink, appearing to read 'Andrea Pope-Smith', written in a cursive style.

Andrea Pope-Smith
Director of Adult, Community and Housing Services
(on behalf of the Peer Challenge Team)

cc Peer Challenge Team
Richard Partington
Julie Gradwell