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Our Ref: DS/SAG  
Your Ref:  
Matter being dealt with by: Mr D Stevens  
Telephone: 0121 569 5887  
Date: 11 July 2014

Dear Helen

I write to give you formal feedback following the Peer Challenge. This builds on the provisional feedback we shared with you at the end of the Challenge Visit on Thursday 26 June 2014.

I was pleased to lead the Peer Challenge and I was joined by Keymn Whervin and Liam Waldron, both Experts by Experience Solihull; Councillor Yvonne Davies Cabinet Member Sandwell; Sue Alexander Head of Service Worcestershire; Chris Lewington Head of Service Warwickshire; and Eddie Clarke WMADASS Peer Challenge Programme Lead.

I would like to thank you for putting Herefordshire forward to host this Peer Challenge. There were many positive things that we will take away from our visit, including the examples of good policy and practice that we all observed.

I would like to thank all the people who use services, family carers, staff, partners, the Chief Executive, and the Cabinet Member (and others) who participated in the Challenge. We were made very welcome and the process was very well organised by Meg Swain and John Gorman. We were very impressed with the way in which people embraced the peer challenge and this helped make it constructive and fruitful.

This letter provides our findings and recommendations on the 3 main subject areas on which you asked the Team to report. The headline scope was:-

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## IL2 - Protect

1. Does the Adult Wellbeing (AWB) Transformation programme have the structures and mechanisms in place to deliver its objectives including the financial plans and closer integrated commissioning and delivery set out in the BCF?
2. Do we have sufficient focus on service user and carer (families) experience and the mechanisms to allow them to influence commissioning, service re-design and audit of delivery to enabling accelerated personalisation?
3. A focus on our workforce is a key priority in the next 12 months. Will our organisational model and improvement plans for our operational staff enable us to deliver our quality, personalisation and financial aspirations?

The following includes an Executive Summary, an initial Overview of the positives we identified and then a section on each of the three main areas of the scope.

### **Executive Summary**

The main points identified during the Peer Challenge visit are:

- ❖ There remain important areas for further focus:-
  - safeguarding
  - service user/carer engagement with real co-production
  - personalisation
  - integration with the NHS
  - community capacity building
  - performance/finance reporting systems
- ❖ Stronger links need to be forged with people who use services, carers, staff and partners to deliver:-
  - market shaping to extend care and support options
  - better commissioning processes and outcomes
  - effective care management and creative support planning
  - which together lead to improved individual and personalised outcomes
- ❖ There is already much progress in developing a vision for adult social care, transformation programmes and related structures:-
  - clear vision and leadership from the Director
  - strong political support
  - buy in from staff

## IL2 - Protect

### **Overview**

The Peer Challenge Team (hereafter referred to as the Team) identified a number of main strengths.

There has been substantial activity in re-integrating adult social care back into the Council following the end of the arrangement with Wye Valley NHS Trust. The Team acknowledged that this had been very onerous for the Council on top of all the other challenges faced across the country for adult social care. There was a clear feel of a brand new Directorate as a consequence.

There is strong leadership and vision from the Director and this was commented on positively by staff and partners. There is a real sense of drive and direction from the new leadership team and staff stated that they were up for change.

There is good support for Adult Well-Being (AWB) from both lead Members and the Chief Executive.

The AWB Transformation Board (internal) and the Health and Social Care Transformation Board (across the Council and the NHS) have the potential to provide effective and co-ordinated leadership on current and emerging change programmes.

The re-launch of engagement Boards and Groups will support better commissioning and outcomes for service users and family carers who now felt they were being heard again.

The focus on the development of the workforce, both Council staff and those employed by external providers, was a real strength too.

What follows are the Team's observations and recommendations on the three main areas of the scope, and the strengths and areas for consideration by the Council and its partners.

## **Main Comments and Recommendations**

- 1. Does the AWB Transformation programme have the structures and mechanisms in place to deliver its objectives including the financial plans and closer integrated commissioning and delivery set out in the Better Care Fund?**

### Strengths

The Team identified that transformation is under-pinned by clear work programme areas and reporting to the AWB Transformation Board. The new Health and Social Care Transformation Board will support a whole system focus and those supporting the new Board acknowledged the benefit to be gained from early service user/carer involvement in shaping innovation.

In discussions with Health partners there was recognition that the Council is committed to partnerships and change whilst facing its own funding and demand pressures.

The Council has some good initiatives to develop community capacity across the County such as those involving libraries.

The re-tender for reablement, including telecare and a 24/7 response service, will enhance the promotion of independence and co-ordinated care.

The Care Act will pose extra challenges and pressures for Councils, and the Team were pleased to note the establishment of a dedicated person to work on the implications of the implementation of the Care Act.

### Areas for Consideration

The Advice and Referral Team (ART), with three staff, appears under-resourced although referral demand is not high at a stated 320 average calls per month. This figure, provided to the Team during the visit, contradicted the reported ASCOF data supplied to the Team of 500+ per month. Even at the lower figure of 320 per month, 25% were going through to an answer machine. The Team did a "mystery shopper" exercise one afternoon and of four calls made in a 40-minute period at 10/15-minute intervals, 50% went through to the answer machine.

- 1. The Team recommends that an analysis is done of the demand and performance of ART in order to improve calls answered in person*

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There are at present multiple ways by which people could receive information and advice, including welfare rights and benefits advice. The options included ART and referral on to the Council's Welfare and Financial Assessments service as well as the Citizen's Advice Bureau. With the advent of the Care Act the demand for information and advice will grow and the Team determined that there should be a single point of access.

2. *The Team recommends that options for a single point of access for information, advice and guidance be explored as part of the preparation for the Care Act*

The Team were informed that Brokerage struggles to respond quickly and that there are delays in procurement, possibly connected to there being only two staff. Also it was stated that it should be a 7-day service. This may be necessary once the 7-day working requirements of the Better Care Fund are in place.

3. *The Team recommends that the Brokerage Service be reviewed with a consideration of whether 7-day working is required now or in the future*

The Council acknowledged that performance and financial information systems and reporting should be more integrated. This will improve the monitoring and reporting of progress on the Transformation programme.

4. *The Team recommends that performance and financial reporting be reviewed to ensure that the Directorate has full and integrated reports on both activity and performance for care support and the related financial framework*

In looking at the reports for the AWB Transformation Board, the Team felt that further details on challenges and progress could be provided, and that the risk rating was at times veering on the side of being overly generous - in terms of not giving due weight to risks, particularly if savings have not yet been achieved or implementation has not yet begun. This meant that the assurance required by the Board might not be sufficiently rigorous.

5. *The Team recommends that enhanced progress reports to the AWB Board be considered and that the risk rating be subject of greater challenge*

## IL2 - Protect

The performance on Personalisation, in terms of direct payments and the establishment of a wider range of care and support, is not strong. There was no clear and visible leadership on personalisation and areas such as support planning could be improved. A culture change is required to drive forward a different and more outcome focussed service from frontline teams.

Northamptonshire has trained over 300 staff in the last year on support planning so as to give greater impetus to personalisation and this may be useful for the Council to follow up.

- 6. The Team recommends that a re-launch of personalisation be considered which includes training and support for social work teams on creative support planning*

A number of staff stated that whilst strategic change decisions are made by the Directorate Leadership Team, the actual implementation could sometimes lag or lack full forethought and preparation. The phrase “unintended consequences” was used by staff to reflect the need to more fully understand the impact of decisions for the frontline services and staff.

- 7. The Team recommends that closer alignment be sought between strategic change and related implementation or delivery*

The Team asked for a copy of the care pathway and were given a very detailed step-by-step guide of the whole process. What was not available was a care pathway “on a page” that was based on prevention, early intervention and reablement such as that utilised by Walsall. Whilst prevention and reablement are part of the Council’s approach to adult social care there did not seem to be a consistent and comprehensive default position undertaken on early intervention and prevention.

- 8. The Team recommends that the care pathway be reviewed including the emphasis given to early intervention and reablement*

It has already been stated that the Council should seek to provide a wider range of care and support as part of its approach to personalisation. This means that there should be a greater focus on market shaping, involving both service users/carers and providers. Commissioners and operational staff should work together to make this happen.

- 9. The Team recommends that market shaping be further developed*

## IL2 - Protect

As the new Health and Social Care Transformation Board is established over the next few months there should be close alignment with the AWB Transformation Board. Without this there is the risk of duplication or for work-streams to be unsynchronised. Worcestershire has two similar programmes with its Well Connected programme across health and social care as well as the Council's own programme. It may be useful to liaise with them to see how they have tackled this risk.

10. *The Team recommends that the AWB Transformation Board and the new Health and Social Care Transformation Board work programmes be closely aligned*

The Team were acutely aware of the history surrounding health and social care integration and the recent dis-engagement from the contractual relationship with Wye Valley NHS Trust, who had managed services including adult social care. However, the Care Act requires that integration be progressed by local health and social care partnerships, although no particular model is prescribed. Therefore, it is essential that integration options and models be explored in Herefordshire that can improve the access and care support services for local people and the outcomes they experience.

11. *The Team recommends that integration options be explored with local Health organisations*

The local acute hospital experiences severe demand pressures similar to others such as that on A&E services and length of stay. No alleviation of these pressures can occur without a joint strategy and approach as envisaged via the Health and Social Care Transformation Board. This will take time and in the meantime there is the opportunity to work with the Wye Valley NHS Trust to examine any impact from the recent changes of re-integration of services back into the Council and the outcome from the new reablement service and rapid response.

12. *The Team recommends that the relationship with Wye Valley NHS Trust be built upon through reviewing the changes in recent arrangements and the effectiveness of the new reablement service*

## IL2 - Protect

One of the national conditions for the Better Care Fund (BCF) was that “Local areas must include an explanation of how local adult social care services will be protected within their plans. The definition of protecting services is to be agreed locally.” The Team could not identify from the local submission any additional funding or investment that was being made to protect adult social care. Other Councils have used the BCF in part to sustain current adult social care services (in addition to any existing S.256 transfer) and/or to fund some of the impact from the Care Act. Neither could be identified from the Herefordshire submission, which means that the Council will be under further demand pressures without the benefit of BCF support.

13. *The Team recommends that any review or refresh of the BCF should include consideration of additional opportunities to protect adult social care in line with the national condition for the BCF*

Some examples of initiatives to develop community capacity were shared with the Team, such as at Kington, but there did not appear to be a comprehensive Council led strategy. This is a key element of prevention and early intervention for health and social care, but is not limited to these areas in terms of communities supporting themselves wherever possible.

14. *The Team recommends that the Council, with partners, consider a more extensive strategy to enhance community capacity building*

A number of people commented to the Team that they felt the impact from the Health and Wellbeing Board had been limited so far. Given the important role the Board has to play on subjects like the BCF and the overall health and social care transformation, it will be essential that the Board has a high profile and effective influence in the future.

15. *The Team recommends that the Health and Wellbeing Board considers how it can extend its impact, influence and future outputs/outcomes across health and social care*

Some elected Members stated that they felt the Scrutiny role could be strengthened, including public participation. Also, that the current Scrutiny arrangements across the Council were under-resourced. The Team also identified that the Scrutiny oversight of adult social care performance and financial plans/spend could be more rigorous.

16. *The Team recommends that:-*
  - i) *The Council consider how the scrutiny function could be strengthened and resourced in the future*



## IL2 - Protect

- ii) *The Scrutiny Panel for Adult Well-Being consider regular (at least bi-annual) reports, and consequent discussion and debate, on the budget and performance of adult social care*

### **2. Do we have sufficient focus on service user and carer (families) experience and the mechanisms to allow them to influence commissioning, service re design and audit of delivery to enabling accelerated personalisation?**

#### Strengths

Parents of people with a learning disability stated that they felt involved in some of the commissioning and shaping of services, such as supported living. They welcomed such opportunities.

The re-launch of the Making it Real Board was similarly welcomed by service users and carers. Representatives from the Voluntary and Community Sector also supported this development.

Carers see Herefordshire Carers' Support as providing strong and effective support.

Representatives from the Autism Partnership Group stated that they felt that they are now beginning to have a voice which is an important step for a group that often feels marginalised or lacking recognition across the country.

The Quality and Review and Monitoring of providers of adult social care services includes service user and staff questionnaires, as well as a provider self assessment. These are used to cross check whether there are commonly viewed strengths and issues in people's experience of their care.

#### Areas for Consideration

The Day Opportunities model introduced at Canal Road is at risk of replicating traditional day centre provision with activities such as arts and crafts and bingo. Day Opportunities should be more focussed on assisting people to improve life options, such as employment, or work experience, or micro-enterprise developments, and the promotion of their independence.

- 17. *The Team recommends that commissioners monitor new service contracts, particularly where a new model is introduced, and ensure that future day opportunities are in line with the commissioning intentions*

## IL2 - Protect

The experience of people with a direct payment was described very negatively, with people stating that they felt dictated to by the Council on what they could spend the direct payment. Examples were given of an apparent inflexible approach to expenditure. Service users said they were scared to spend the money and received inconsistent advice on appropriate expenditure. Also, that the audit of direct payments by the Council was too formal with the records kept by service users being rated by auditors.

18. *The Team recommends that the Council reviews its policy and approach to direct payments with further guidance on appropriate expenditure that offers flexible use of the monies within the policy*

The Team were informed that the Council had “clawed back” £929,000 of unspent direct payments in 2013/14. Given the comments by service users that they were scared to spend the money and received inconsistent advice, there is a risk that this money, at least in part, could have been used to meet appropriate needs.

19. *The Team recommends that the underlying reasons for the “claw back” be assessed and appropriate action be taken on any findings*

The Team were informed that service users and carers were not always involved in care assessments and support plans. People, or their representatives, should always have a copy of their assessment and should contribute fully to their support plan, which should reflect the outcomes to which they aspire.

20. *The Team recommends that the Council considers how it can ensure that service users and carers receive a copy of their assessment and that they contribute fully to their support plan*

The care pathway and processes would benefit from an end-to-end review of access, assessment, support planning and review, with a simple and clear emphasis on prevention, early intervention and reablement.

21. *The Team recommends that an end-to-end review of the care pathway be undertaken through co-production with service users and carers (see also recommendations 6 and 8)*

## IL2 - Protect

The Team asked a number of managers and staff about their understanding of co-production. Inconsistent views were received and the experience of service users and carers was expressed as more one of consultation.

22. *Team recommends that managers and staff work with service users and carers to define and shape the Councils' future approach to co-production on commissioning and service reviews*

The Team were informed that engagement and involvement mechanisms were being re-established for some service user and carer groups such as the Autism Partnership Group and the Learning Disability Partnership Board. However, other groups such as older people, people with a physical disability and people with mental health issues were not involved in similar arrangements. Representatives of Boards and Groups stated that information was not always simple, clear and with contact details.

23. *The Team recommends that engagement mechanisms be established for all service user and carer groups with clear, simple communication and always with contact details*

Both service users and staff were unclear what would happen when the Independent Living Fund (ILF) ceases. They also stated they were unclear on other policies and procedures such as that to do with direct payments.

24. *The Team recommends that:-*

- i) *the position on the ILF be clarified with service users and staff*
- ii) *the Council consider how a wider knowledge of policies and procedures can be better communicated to service users, carers and staff*

The Team were informed that the previous medical model of criteria for access to the Learning Disability social work service was still in place though the team was now not an integrated team.

25. *The Team recommends that the criteria be withdrawn and new guidance be issued to managers and staff*

## IL2 - Protect

The Council acknowledged Adult Safeguarding as an area for further development. In discussion with managers it became clear that there are some significant risks for the Council on the performance of some adult safeguarding practices. Areas where risks exist are in the Deprivation of Liberty Safeguards (as regards timescales for assessments/reviews), the tracking of cases through the safeguarding process, and the historic leadership of the Board (which had queried performance but not ensured that improvements had taken place).

26. *The Team recommends that remedial action is taken to ensure these safeguarding risks are reduced and that practice improvements are made in line with legislation where relevant*

One of the ways in which the Council, and the Safeguarding Adults Board, could be assured about the quality of safeguarding practice is through questionnaires for service users and family carers about their experience of the safeguarding process, and whether their desired outcomes were met. A number of Councils undertake questionnaires and this can play a key part in informing improvements in practice and achieving better outcomes.

27. *The Team recommends that the Council, its safeguarding partners and the Safeguarding Adults Board consider the use of questionnaires regarding the experience of service users and family carers*

**3. A focus on our workforce is a key priority in the next 12 months. Will our organisational model and improvement plans for our Operational staff enable us to deliver our quality, personalisation and financial aspirations?**

### Strengths

The Council has made very good progress on the re-integration of adult social care back into the Local Authority. This has been achieved alongside all the other pressures and transformation plans that are being experienced by all Councils.

There was consistent and strong support for adult social care across political parties from senior Members such as the Leader, Cabinet Member for Health and Wellbeing, Group Leaders and Scrutiny lead Members. This was complemented by equally strong support from the Chief Executive. The challenges for adult social care were well understood.

## IL2 - Protect

As regards the workforce there a strategic multi-agency group, which has an integrated workforce plan on adult social care.

Staff that the Team met stated they felt able to be open and honest. With the AWB Forums for staff this will support constructive dialogue and the staff contribution to service developments and transformation.

There is a good use of “I” statements in the social care commitment action plan for recruitment and staff appraisal/development, and there is a plan to develop a cultural change strategy. Again, these will support staff development and their contribution to both good practice and change initiatives.

### Areas for Consideration

The AWB Forums are a positive development although some staff stated that they were primarily information giving sessions. The Team felt that they were a real opportunity for two-way communication on the challenges and issues faced by the Directorate as well as an information-sharing event.

28. *The Team recommends that the Council consider how the AWB Forums can be utilised for real dialogue and discussion with staff on transformation and change*

Many interviewees expressed concerns about the use of interims and the changes in staffing. It was stated that the retention of staff should be a priority and that home grown talent should be supported further.

29. *The Team recommends that the Council consider how it can reduce the number of interim staff and retain and develop the existing workforce*

Reference has already been made to the important role played by creative support planning in enhancing personalised outcomes for service users and carers. Training should be considered on support planning for staff and frontline managers. See recommendation 6.

Comments were made to the Team about some of the limited functionality of the client database system – Frameworki. The Council had visited Worcestershire, as it used the same system, and had developed it to provide performance and financial data for use by both frontline managers and senior managers. The system has the capacity and capability to be developed further.

## IL2 - Protect

30. *The Team recommends that the functionality of Frameworki be expanded to assist both frontline and senior managers to receive improved reports on activity and performance*

Herefordshire has a large geographical area, and staff often have to travel many miles to visit people who have been referred or who already receive care and support. The development of broadband in the County will assist the increase in mobile and flexible working, which can be a much more efficient way of working for many staff.

31. *The Team recommends that the Council explore the additional benefits that could be realised from increased mobile and flexible working*

Whilst staff stated that they feel they can be open and honest, they also stated that they do not feel empowered to innovate and take risks. They felt that there could be more delegation to frontline staff and managers.

32. *The Team recommends that delegated authority to frontline staff and managers be considered, including both operational and budget decision making*

External provider forums have recently re-commenced with the Council. There will be areas of difference but on-going discussions will be important as transformation and market shaping progress. External providers have a key role to play in contributing to market shaping and commission intentions and they stated that they would wish to engage further with the Council.

33. *The Team recommends that the provider forums be continued and that they be involved in the planning on market shaping*

Staff stated to the Team that some of the training providers were risk averse and not up to date in their workshops and courses. This would be unhelpful in areas like personalisation.

34. *The Team recommends that training programmes are quality monitored and reviewed where necessary*

As the Directorate continues to focus on improvement and transformation, integration with the NHS will again come to the forefront. Workforce issues will emerge during the consideration of integration models and options for the future. These should not prevent the consideration of models and the consequent improvement of access to services and outcomes for service users and patients. See recommendation 11.

## **Conclusion**

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. 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 many good policy and practice examples that we can share with our own Councils.

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 you will agree this has resulted in a helpful and constructive outcome.

Yours sincerely

A handwritten signature in black ink, appearing to read 'David Stevens', with a long horizontal flourish extending to the right.

David Stevens  
Director of Adult Social Care, Sandwell Metropolitan Borough Council

cc:- Alistair Neill, Chief Executive, Herefordshire Council  
Peer Challenge Team Members