Coventry City Council

Agenda

Health and Social Care Scrutiny Board (5)

Time and Date
11.00 am on Wednesday, 29th June 2016

Place
Committee Rooms 2 and 3 - Council House

Public Business

1. **Apologies and Substitutions**

2. **Declarations of Interest**

3. **Minutes**

    (a)   To agree the minutes of the meeting held on 2nd March, 2016
    (Pages 3 - 8)

    (b)   Matters Arising

4. **Adult Social Care Peer Challenge** (Pages 9 - 58)

    Briefing Note of the Director of Adult Services

5. **Any other items of Public Business**

    Any other items of public business which the Chair decides to take as matters
    of urgency because of the special circumstances involved

Private Business
    Nil

Chris West, Executive Director, Resources, Council House, Coventry
Tuesday, 21 June 2016

Notes:
1) The person to contact about the agenda and documents for this meeting is Liz
Knight, Governance Services, Council House, Coventry, Telephone 7683 3073,
E-mail:liz.knight@coventry.gov.uk, alternatively information about this meeting can be
obtained from the following web link: http://moderngov.coventry.gov.uk

2) Council Members who are not able to attend the meeting should notify Liz Knight
as soon as possible and no later than 10.00 a.m. on 29th June, 2016 giving their
reasons for absence and the name of the Council Member (if any) who will be
attending the meeting as their substitute.

3) Scrutiny Board Members who have an interest in any report to this meeting, but who are not Members of this Scrutiny Board, have been invited to notify the Chair by 12 noon on the day before the meeting that they wish to speak on a particular item. The Member must indicate to the Chair their reason for wishing to speak and the issue(s) they wish to raise.

Membership: Councillors F Abbott (By Invitation), R Ali (By Invitation), A Andrews, R Auluck, K Caan (By Invitation), J Clifford, D Gannon (Chair), L Kelly, D Kershaw, D Spurgeon, K Taylor, S Walsh and G Williams

Please note: a hearing loop is available in the committee rooms

If you require a British Sign Language interpreter for this meeting OR it you would like this information in another format or language please contact us.

Liz Knight
Governance Services Officer
Telephone: (024) 7683 3073
E-mail: liz.knight@coventry.gov.uk

Coventry City Council
Minutes of the Meeting of Health and Social Care Scrutiny Board (5) held at 2.00 pm on Wednesday, 2 March 2016

Present:

Members: Councillor D Welsh (Chair)

                                 Councillor M Ali
                                 Councillor J Innes
                                 Councillor T Khan
                                 Councillor J O'Boyle
                                 Councillor D Skinner
                                 Councillor K Taylor
                                 Councillor S Walsh

Co-Opted Member: David Spurgeon

Employees:

                                 V Castree, Resources Directorate
                                 G Faherty, Chief Executive's Directorate
                                 P Fahy, People Directorate
                                 J Fowles, People Directorate
                                 L Knight, Resources Directorate
                                 J Moore, People Directorate
                                 A Walster, Place Directorate

Other Representatives: Sue Davies, Coventry and Rugby CCG
                                 David Eltringham, University Hospitals Coventry and Warwickshire
                                 Veronica Ford, Coventry and Warwickshire Partnership Trust (CWPT)
                                 Simon Gilby, CWPT
                                 Carol Peckham, CWPT

Apologies: Councillor D Galliers

Public Business

58.   **Declarations of Interest**

        There were no declarations of interest.

59.   **Minutes**

        The minutes of the meeting held on 3rd February, 2016 were signed as a true record. There were no matters arising.

60.   **Winter Resilience**

The Scrutiny Board considered a briefing note of the Coventry and Rugby System Resilience Group which provided an update on the current challenges faced within the health economy and the management of these issues. The Board also received a presentation from David Eltringham, University Hospitals Coventry and Warwickshire (UHCW). Sue Davies, Coventry and Rugby CCG, and Veronica Ford, Simon Gilby and Carol Peckham, Coventry and Warwickshire Partnership Trust attended the meeting for the consideration of this item.

The briefing note referred to the delivery of the winter resilience plan and available resources; the recent system challenges and the contribution of the plan to manage these including Delayed Transfers of Care; and the next steps in relation to the Emergency Care Improvement Partnership (ECIP) and transformation programme.

In light of the additional challenges faced during the winter period, an annual winter resilience plan was developed to ensure actions were taken to address these issues. The 2015/16 plan included the following areas of activity aimed at supporting improved performance:
- Communication, education and engagement
- Infection control
- Primary care access, prevention and self-management
- Providing alternatives to hospitals
- Hospital flow
- Supporting discharge.

The Plan also included a continuation of a range of existing initiatives where they were demonstrating success plus some additional new investments. The Board were informed that the total financial resource available for winter resilience for 2015/16 was £2.859m which was a reduction from £3.6m the previous year.

Reference was made to the significant increase in demand for services which meant during the week commencing 25th January the Trust was unable to admit significant numbers of patients from the Emergency Department. Escalation activity facilitated the discharge of over 300 people over a two day period, with a proportion of the winter resilience fund being used to secure additional social care capacity. Further details were provided on the Delayed Transfers of Care at the hospital.

Further information was set out on how local health and social care was working to deliver sustainable improvement through the development of one improvement plan. The next steps to support improvement were:
- Piloting an Ambulance Service Accredited Urgent Care Centre taking up to 25 ambulances per day away from UHCW
- Creating a single point of access to community services for secondary care
- Running Integrated Neighbourhood Teams at scale with alignment with Frailty and Urgent Primary Care Assessment Centre Pathways to ensure a more seamless step up/ crisis community intervention pathway
- Developing frailty services across the system so that they work seamlessly and effectively.

The presentation described the system performance for winter 2015/16, provided comment on the success of the winter resilience plan and described improvement activity being progressed across the Health and Social Care system.

The Board questioned the officer and representatives on a number of issues and responses were provided. Matters raised included:

- Further details about the reduction in Government funding and the funding invested by the Health and Social Care system
- Learning and new ideas from the three perfect week exercises at the hospital
- Additional information about the Ambulance Service Accredited Urgent Care Centre
- Concerns about how the system would be able to cope in future years in light of the increasing demands on the service and the higher numbers of elderly patients
- What was being done to publicise and try and stop patients attending A and E who didn't need emergency care
- Further information about the percentage of patients who shouldn't be visiting A and E and a concern that GPs were referring patients rather than treating them themselves
- The potential effectiveness of the transformation programme
- Were patients attending A and E because they weren't or couldn't register with a GP
- Details about the staff vacancy rates at the hospital and confirmation about total patient capacity
- The implications of the junior doctors strike

RESOLVED that:

(1) The update on the Winter Resilience Plan and the recent system challenges be noted.

(2) A progress report on winter resilience and the initiatives reported be submitted to a future meeting of the Board in September, 2016.

(3) Briefing notes detailing the following additional information be circulated to all Members of the Board:
(i) A breakdown of the additional funding invested to support measures to improve winter resilience
(ii) Details of the patient capacity at UHCW compared to the numbers of patients treated in the last 12 months and whether there is a capacity gap.

61. **Improving Health and Well-being Through the Environment - Joint Working between Public Health and Place Directorate**

The Scrutiny Board considered a report of the Director of Public Health which provided an overview of how Public Health were working in partnership with colleagues across the Place Directorate to reduce health inequalities linked to the environment in Coventry. Information was provided about the impact of the physical and socioeconomic environment on health inequalities; the way the

sections had collectively worked to reduce inequalities; the projects and initiatives that aimed to make a difference; and the planned next steps.

Reducing health inequalities was a key priority in the Council Plan and statistics from Public Health England indicated that health inequalities were reducing in Coventry.

The report referred to the Local Plan which had been prepared to guide how the city would grow and develop to help meet the aspiration for Coventry becoming a top ten city. A public health practitioner now worked alongside the planning policy team leading on embedding health and wellbeing across all aspects of the planning process including input into the Local Plan. The Plan now contained specific policy guidance on health and wellbeing. It promoted active travel, access to healthy food, improved housing quality, and adequate provision of green spaces and improvements to air quality.

Reference was made to the Cycle Coventry project where the Council had improved facilities for cyclists and pedestrians focusing on areas of deprivation in the southwest and northeast of the city. Additional funding from Public Health had enabled over 1,100 children and adults to access cycle training and bike maintenance sessions.

The Public Health Department was also working with the Place Directorate on a range of initiatives to increase the use of open spaces by people experiencing greater deprivation including investing in outdoor gym equipment for Swanswell Park and working with Warwickshire Wildlife Trust to operate a series of green gyms along the city's river corridor, a physical activity programme through outdoor environmental work.

Other areas of joint work included initiatives to promote physical activity; working with Coventry University to deliver a range of interventions to contribute to healthier eating; support to households in fuel poverty; and the establishment of the Coventry and Warwickshire Air Quality Alliance.

Attention was drawn to Licensing and to the recent addition of a public health practitioner to represent the Director of Public Health to act as the public health lead on all alcohol licensing matters. The Board were informed that a number of new paragraphs had been added to Coventry's Statement of Licensing Policy acknowledging that the Director of Public Health was now a Responsible Authority strengthening the inclusion of public health principles in licensing decisions.

The members questioned the officers on a number of issues and responses were provided, matters raised included:

- Further information about what was being done in areas where there was an abundance of fast food takeaways and best practice from other local authorities
- Further information about what could be done to improve the nutritional content of food being sold at fast food takeaways and the current number of these establishments in the city compared to previous years
- What was being done as regards to getting the message out as to how people could improve their health and well-being and, in particular, reaching

all the different communities in the city including engaging with community and religious groups
- Further details about what constituted a top ten city and the need to inform Members about what improvements were required to be able to reach this aspiration
- The work undertaken in schools to encourage healthy eating and physical exercise
- A concern that there had been an increase in the number of teenage pregnancies.

RESOLVED that:

(1) The suggested approach for continuing to reduce health inequalities in Coventry be endorsed and the measures in the Local Plan to add green spaces in areas of need be supported.

(2) An update on the measures supported by Public Health and the Place Directorate to reduce health inequalities linked to the local environment be submitted to a future meeting of the Board in the next municipal year, when the Director of Public Health's Annual Report is being considered.

(3) Briefing notes detailing the following additional information be circulated to all Members of the Board:
i) Details of the recent changes to the Council's Statement of Licensing Policy which strengthens the inclusion of public health principles in licensing decisions
ii) Details of the current number of takeaways in the city compared to 5 years ago, with additional information being provided in 12 months to assess the effectiveness of the new licensing policy.
iii) An update on the numbers and trends concerning teenage pregnancies.

62. **Outstanding Issues Report**

The Scrutiny Board noted that all outstanding issues had been included in the Board's Work Programme for 2015-16, Minute 63 below refers.

63. **Work Programme 2015-16**

The Scrutiny Board noted their Work Programme for the current year.

64. **Any other items of Public Business**

There were no additional items of public business.

(Meeting closed at 4.00 pm)

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Coventry City Council

Briefing note

To Health and Social Care Scrutiny Board (5)	**Date** 29 June 2016
From Pete Fahy, Director of Adult Services	**Subject** Adult Social Care – Outcome of Peer Challenge 23 -25 February 2016

1. Purpose

The purpose of this report is to inform Health and Social Care Scrutiny Board (5) of the recommendations arising from the Adult Social Care Peer Challenge and the actions that will be progressed to address these recommendations.

2. Background

Over the period from 23 to 25 February Coventry Adult Social Care was subject to a Peer Challenge.

The Peer Challenge is part of the sector led improvement approach across Adult Social Care. The Peer Challenge programme is supported by the Department of Health, the Local Government Association and ADASS (Association of Directors of Adults Social Services) and focusses on a specific area within Adult Social Care. The challenge provides an opportunity to have an objective assessment of how well we are performing in the specified area and any areas for improvement.

The challenge was led by Keith Skerman, Executive Director for Social Care & Inclusion at Walsall Council who was supported by Assistant Directors, a Councillor and experts by experience from different local authorities across the West Midlands.

Prior to the review a case file audit of 20 social work cases was undertaken by two Principal Social Workers. This audit examined our approach to social work practice and practice improvement and sought evidence which demonstrated that social work practice is making a difference to people's lives. The case file audit was completed on 19 and 20 January 2016 and its findings fed into the Peer Challenge.

3. Focus of the Peer Challenge

Prior to the Peer Challenge commencing an overarching question to form the basis on the challenge is agreed for the challenge team to consider. For Coventry the team was asked consider the following question:

'How equipped is Coventry City Council to enable people who come into contact with Adult Social Care to make active choices about how outcomes are met'.

This overarching question was agreed due to the performance of Coventry Adult Social Care against key performance indicators covering areas of quality of life, delaying and reducing the need for care and support and ensuring a positive experience of care and support.

In examining this overarching question the Peer Challenge explored four Key Lines of Enquiry (KLOE's) including our approach to both new and existing customers, our approach to workforce development, commissioning and financial management processes.

As a conclusion to the Peer Challenge feedback was given in summary form plus specific findings against each of the KLOE's. A number of recommendations were also provided. These findings and recommendations were provided in the form of a presentation, which is included in Appendix One along with the covering letter (Appendix Two). Following the peer challenge an action plan is produced that is used to address the issues raised and form a basis for progress which progress then being assessed by the peer challenge lead approximately six months hence.

4. Peer Challenge Summary

The summary points made by the peer challenge team highlighted the fact that performance had been maintained within Adult Social Care despite significant financial reductions being delivered. Examples of innovative service delivery were identified and these, combined with a 'can-do' attitude within directorate leadership and the Adult Social Care workforce, and a positive relationship with health partners and other stakeholders was considered to create a good foundation for further improvement.

As anticipated, the peer challenge team identified that progress had not been made in an evidential way in regards to delivering personalised support for the people of Coventry.

It was also recognised by the review team that despite significant financial challenges of their own the Coventry and Rugby Clinical Commissioning Group (CRCCG) has continued to use the allocation under the Better Care Fund (BCF) to protect Adult Social Care which has increased for 2016/17. It was however considered that the lack of a single plan for the health and social care system could be a barrier to progress.

Recognising the focus of the peer challenge as improving personalised support the actions arising from the findings focus significant effort on the workforce, the processes used to support Adult Social Care, and the way the market is engaged to support the delivery of the changes required to make the delivery of personalisation more of a reality for the people of Coventry within the resources available to Adult Social Care.

As a follow up to the peer challenge process, the challenge lead, Keith Skerman, returns to Coventry for a day following the challenge to assess progress. This day is being planned for October 2016. In order to give some assurance that the Coventry action plan was addressing the key areas identified through the review Keith Skerman undertook a review session within Adult Social Care on 29 May 2016.

5. <u>**Recommendations Made by the Peer Challenge Team**</u>

The Peer Challenge team made a number of recommendations. These recommendations and the response is described below:

1. *Much of the demand and cost for ASC appears to be driven by the NHS. The health and social care system in Coventry should redesign the care pathway to reduce admissions and invest in community provision.*

Reducing admissions and investing in community provision is a long held aspiration of the health and social care system and has been encapsulated in local plans including the Better Care programme and the System Wide Transformation Programme. Other reviews of the health system, included Emergency Care Improvement Programme (ECIP) in 2015 also identified this as an area for improvement and commented on the range of plans in place and how this was not enabling the required pace of progress. It is intended that through the Sustainability and Transformation Plan (STP) the opportunity exists to create one programme for the system. The STP process comprises three overall workstreams: Care in Hospital, Care Outside of Hospital and Mental Health. Through progressing these workstreams pathway redesign will be undertaken which will seek to address this recommendation.

2. *A vision of adult social care to underpin the wider integrated system needs to be developed in conjunction with service users, carers and partners that describes how the council is delivering within the framework of the Care Act, and gives clear direction at a commissioning level but also to front line practitioners on the strategic intent of the council.*

The People Directorate has recently agreed a vision which is 'Working in partnership to improve the life chances of all and to protect the most vulnerable'. Translating this vision into deliverable improvement will be driven through the people directorate and working with partner organisations and stakeholders. Developing the Sustainability and Transformation Plan also requires a system vision to be agreed across partners. It should also be noted that the Better Care programme has a vision as did the system wide transformation plan.

3. *Change needs to be underpinned by robust plans, adequate capacity and an understanding of the implications for workforce change. This is required to deliver the aspirations of the council within available resources.*

A number of specific plans are in place for delivery in 2016/17. These include adopting the means for people of Coventry to interact with Adult Social Care through use of technology, reductions in management costs and ensuring that some of our higher cost service users are in the most appropriate care setting.

The financial position of the City Council is such that more will be required from Adult Social Care and the People Directorate to achieve financial balance over the next three years. There is a recognition that any additional change programmes are likely to require capacity from across the City Council including capacity for workforce change.

4. *The council should consider rapidly accelerating personalisation in terms of practice, commissioning and infrastructure and see this as an opportunity to deliver against its corporate objectives in the context of reduced finances.*

A series of specific actions are being progressed focussing on practice and process change to support the delivery of more personalised support. Since the peer challenge progress has been made in establishing personalisation champions, creating practice guides, establishing practice learning sets and implementing more structured mechanisms for case audits. There is a particular opportunity through two major commissioning projects over the next year, home support and care homes, to accelerate an approach to personalisation with the market. The direct payment support offer will also be reviewed with the intention of extending the range of support available. As an alternative to Direct Payments a pilot scheme for Individual Service Funds (ISFs), where the service user manages a resource with a provider is also being progressed.

5. *A key part of transformation will be a review of current business process and planned change management to ensure that the unintended consequences are understood and mitigated*

A review of business processes including FACE/Resource Allocation System, Care Funding Calculator and Brokerage will be undertaken. The work on increasing the use of digital tools will be accelerated and used as an opportunity for learning and further improvement. Additionally, Coventry is participating in a programme called 'digital challenge' which aims to examine how technology can be used to improve support. Learning from this programme can support further improvements to business processes.

Adult Social Care is also working with health partners to introduce a record sharing tool called 'Black Pear' which enables health and social care organisations to view each other's electronic patient and service user records. This shared view is expected to deliver benefits to the end users experience of Adult Social Care and health.

6. *Additional capacity at senior level focused on strategic adult social care transformational change might be a way of accelerating the change required and delivering the financial ambition. This could connect the various different corporate and service based developments that appear currently unconnected and ensure that benefits realisation is monitored.*

The People Directorate vision helps to provide a strategic focus for the directorate and Adult Social Care. However, as a significant proportion of Adult Social Care activity derives from health organisations working constructively with health colleagues will be essential to the success of Adult Social Care. The senior capacity within Adult Social Care has reduced with the removal of the Assistant Director layer, and a reduction in the numbers of Heads of Service. Additionally, at the time of the peer challenge two heads of service roles were vacant but appointments have now been made to these key roles. Improved connection of

service based developments with the corporate centre can be evidenced through the work underway to use on-line self-assessment tools and co-locate social work staff with the Customer Contact Centre.

> 7. *The team heard a number of issues relating to safeguarding adults from a strategic and practice perspective that need further auditing and the council should seek urgent assurance as to the validity of these issues. Further work is required to ensure an outcome focused approach to safeguarding as per the principles of Making Safeguarding Personal.*

The issues heard by the Peer Challenge Team called into question whether the responsibilities for safeguarding adults at a whole population level as required by the Care Act were understood and being implemented in practice. Immediately following the Peer Challenge evidence was sought to identify whether these issues were present of whether they were the result of incorrect representation within a peer challenge session.

The following evidence was found to provide assurance of compliance with Care Act.

- As part of the preparations for implementation of the Care Act detailed consideration was given to safeguarding. Coventry works to the Pan West Midlands Safeguarding Policies and Procedures which were updated to reflect changes under the Care Act. These changes to deliver Care Act compliance were communicate to a range of stakeholders including providers of care and support and the voluntary sector.
- In 2015-16 from a total of 1,117 cases referred as safeguarding our records indicate that 138 cases were not supported by Adult Social Care or health and a further 132 were funded through Continuing Health Care. These statistics provide evidence that safeguarding is not just being considered for people supported by Adult Social Care
- In preparation for the introduction of the Care Act a range of training sessions were held covering eligibility, legal overview and putting the care act into practice. These sessions had over 1,200 attendees.

In order to make further progress in respect of safeguarding and ensure that a personalised approach is also being taken in this area a separate action plan is in place to deliver against Making Safeguarding Personal (MSP). It is intended that this work will include an independent evaluation of progress in this area later in 2016.

6. <u>Using the Peer Challenge process to achieve improvement</u>

The actions described under each recommendation are included in an action plan that will be used in Adult Social Care as a basis for delivering and measuring progress.

The action plan is attached in Appendix Three which covers five areas in which progress will be made. Each area along with an indication of the actions included in that area is provided below:

1. <u>Vision and Strategy</u>
   Includes developing the vision for Adult Social Care as part of an overall health and social care vision.

2. Embedding personalisation in practice
   Includes developing personalisation through workforce development, champions groups, guidance notes and developing market options for personalised support.

3. Improving the experience of the customer
   Includes establishing more systematic feedback mechanisms and providing alternatives for people to engage with adult social care using self-assessment tools. Supporting people to achieve their outcomes on first contact with the City Council.

4. Embedding personalisation in process
   Including reviews of existing processes, introduction of case file auditing and reviewing contracts to be more outcome focussed.

5. Robust financial planning and programme management
   Includes ensuring that savings plans have appropriate levels of programme management and that intelligence of market impacts are used to inform commissioning activity

7. Recommendations to Scrutiny Board 5

Health and Social Care Scrutiny Board (5) are recommended to:

1. Note the outcome of the Adult Social Care peer challenge undertaken over 23 – 25 February 2016 and the actions being progressed as a result.

2. Consider representation from the Board on the Personalisation Reference Group which will include voluntary sector and user representatives.

Appendices

Appendix One: Coventry Peer Challenge – Personalisation

Appendix Two: Peer Challenge Cover Letter

Appendix Three: Adult Social Care Peer Challenge Action Plan 2016/17

29 June 2016

Health and Social Care Scrutiny Board (5)

29th June 2016

APPENDIX 1

Coventry Peer Challenge Personalisation

23rd February 2016

WM Midlands Peer Challenge Context

- Sector Led Challenge and Improvement Process
- Council invites you in to undertake a challenge
- 15/16 West Midlands Programme involves 14 councils
- Refreshed the process this year which includes
- ❖ Case File Audit undertaken by Principal Social Workers
- ❖ Self Assessment using adapted TEASC tool – methodology flexible
- ❖ Position Statement and Core Evidence Review
- ❖ Over 100 people met with the peer challenge team
- ❖ Analysis of data and benchmarking across 14 councils
- ❖ Subject area and length of review set by council

Summary

- The development of the People Directorate connecting children, education, social care and public health offers a real opportunity for a shift to a combined commissioning approach tackling the short term challenges and longer term demand management issues within the Council through primary and secondary prevention

- The ASCOF performance achievements have been maintained since the last peer challenge despite some significant financial challenges. The message about the financial position is understood across social care staff, partners, service users and wider stakeholders

- There are some examples of excellent individual and collective innovation which is having a positive impact on people's lives such as the Locksmiths in the Community and the Dementia Hospital Discharge

- The scale of ASC budget reduction between 8/9 – 13/14 was 41% (the highest regionally) and is one of five councils in WM that has reduced the gross total by more than 10% over the 5 year period. There are implications for longer term sustainability arising, notwithstanding the success of this so far

- Planned spend on ASC 15/16 as a % of total council budget is low at 29% and one of the lowest in the WM region

- Gross total expenditure on adults aged 65 and over is one of the highest in the region at 57%, which merits consideration of the drivers for demand across the system

Summary

- The overarching council relationships with its partners and development of a shared understanding of the financial constraints the council is facing is positive and is helping maintain relationships through significant change

- The progress on delivery of personalisation and the development of an agreed vision and delivery plan for adult social care since the previous peer challenge has been limited despite a planned re launch, and why this has happened including governance and capacity issues needs to be understood and owned within the council

- Communication, access and responsiveness was a recurring theme raised by partners and representative groups at both a commissioning and practice level. Some quality assurance of the process for responding to safeguarding and feeding back to the referrer should take place.

- The enthusiasm of the workforce for change and the sense of commitment to achieving the best for the citizens of Coventry was impressive

Summary

- Relationships between the new leadership team in People Directorate and NHS Chief Officers are positive with potential. Notwithstanding initiatives and investments, there remains a gap in system leadership in delivering collective ownership and communication of a shared plan

- A recurring theme/message that have come through is a gaps in ownership and communication driving change into reality

- The Better Care Fund plan in 15/16 described the shift towards integrated community based working, delivering improved outcomes for service users and improved performance in areas such as Delayed Discharges for Care but these don't seem to have yet had the expected impact

- NHS has different views on the system solutions, and whether a plan exists or not, and even the size and scale of the financial and activity problem this has resulted in an absence of a shared model

- Different partners including the council, and the current governance structures are focused on tactical rather than strategic responses such as in the SRG, this has been confirmed by other reviews from outside bodies

Does our approach to both new and existing customers support people in identifying their outcomes and making active choices about how outcomes are met ? How could this be improved ?

Strengths

- The People Senior Leadership recognise that changes need to be made to the current approach and are clearly committed to building on the good practice that already exists and ensuring that the workforce and partners are part of the change management plans

- Positive progress has been made to establish adult social care as an effective element of the council front door (20% diversion)and provides an opportunity for giving information/advice about assets and choices available wider than adult social care to promote self-service and independence

- The improvements made in Care Director CRMS that enable the recording of service user outcomes at the beginning of the safeguarding adults process support change in social work practise away from a process to person centred and outcomes approach

- Examples of innovation such as the work in Learning Disabilities through Grapevine are evident across the system are having a positive impact on people's lives

- For those people coming through the hospital system the reablement offer is focused on outcomes and maximising independence, with providers engaged in delivering improvements

Does our approach to both new and existing customers support people in identifying their outcomes and making active choices about how outcomes are met ? How could this be improved ?

Areas for Consideration

- Accelerating personalisation and giving people choice and control is perceived as something that is difficult to do given the financial constraints rather than a way of improving outcomes and reducing cost through getting it right first time

- Lack of access, poor response times, waiting for reviews and assessments was cited frequently as an issue that was affecting the quality of experience experienced by service users and their families when requiring support from ASC

- A tick box, form filling culture was described, alongside a perception that social workers were often rushed and did not have time to follow through once support was in place to review whether it was at the right level and meeting outcomes

- The customer journey appears to have multiple hand off points with the majority of demand coming through from the NHS. There is an opportunity to build on data sharing towards person centred electronic health and well being records

- In addition the current model of Brokerage and its approach to sourcing support is not sufficiently moving forward market shaping to promote independence and personalisation

- The current approach to calculating Indicative Personal Budgets using the Face RAS is driving a task and time approach to support planning that may be at odds with an asset based approach. It is not clear the RAS and other panel processes have been adjusted in light of the Care Act implementation which requires a different approach to well being and meeting outcomes

Does our approach to both new and existing customers support people in identifying their outcomes and making active choices about how outcomes are met ? How could this be improved ?

Areas for Consideration

- It was not evident that a shared understanding of what adult social care does and doesn't do exists both internally and externally to the council. Since the implementation of the Care Act beyond a change in forms the cultural shift required to a well being model away from case management does not appear to have taken place

- The MTFS and the budget planning for ASC is based on a series of assumptions and plans that will require demand management through increased diversion and a reduction in individual costs. However there does not appear to be robust transformation plans to tackle this within the Council or across the NHS partners, with effective change management clear articulation and ownership.

- There are savings associated with Assistive Technology and the RAS that have previously not delivered and do not appear to have credible plans behind them to deliver in 16/17

- The implementation of the Care Act was an opportunity to consider improving IAG for self funders, increasing advocacy to enable people to make their own decisions reducing failure. It was reported that access to advocacy has been reduced rather than increased, Direct Payment Support is limited to one organisation

How can we develop our workforce to better enable them to work with users and carers in an asset based way to make active choices about how outcomes are met ? Strengths

- The staff were enthusiastic, committed and reported they felt empowered to make changes and improve practise and morale was high.

- Recruitment and retention appears good, with a stable front line workforce and they are maintaining your levels of activity with a significantly decreasing resource base which is commendable but unsustainable

- The planned workforce development to achieve Silver in Making Safeguarding Personal with a specific focus on Mental Capacity, improved information and opportunities for feedback are very positive

- On the front line, staff see a value in increased integrated working across health, social care and the development of new approaches to using the resources in the community such as social prescribing

- The model of trusted assessors for small aids and adaptations through the Carers organisations to support hospital discharge is an innovation that demonstrates the use of new and varied roles, as is the independent travel training team to pre and post 16 young people helping them prepare for adulthood

- There are good relationships between social care, transition workers, careers advisors and education officers which needs to be formalised and more work needs to be done to bring schools into the EHCP process

How can we develop our workforce to better enable them to work with users and carers in an asset based way to make active choices about how outcomes are met ? Areas for Consideration

- The launch of the Integrated Neighbourhood Teams in April does not appear to be supported by a change management and organisational design plan, so beyond bring different disciplines together and the addition of social prescribing, there appear to little attention to how staff will be supported to make the cultural shift with an evidence base for interventions, use of resources and impact.

- There was no evidence of a ASC specific workforce plan and a capacity and demand model to match demand, that focuses on developing the internal workforce and also improvements in the wider market social care workforce which would enable personalisation (providers portrayed their approach as despite not because of commissioning) .

- Professional leadership both for social workers and occupational therapists was not evident as having a strong and influencing voice at the level of strategic decision making

Does our approach to commissioning embody the delivery of Personalised adult social care ? To what extent does a market exist that would support meeting individual outcomes ? (this includes approach to asset based working) **Strengths**

- The team heard many examples of innovative commissioning practise such as the Locksmiths in the Community and Grapevine

- The CCG is willing and the Acute Hospital would support increased investment in community capacity would support a shift to prevention, an example of where this is currently happening is the Step up Reablement capacity

- The voluntary sector is strong and thriving, and the People directorate is protecting the spending it makes in this area which supports community capacity building

- The Connecting communities programme and the work of the community development team in supporting grass roots innovation at a local level, alongside the directory of community activities are useful resources for front line social care practitioners

Does our approach to commissioning embody the delivery of Personalised adult social care ? To what extent does a market exist that would support meeting individual outcomes ? (this includes approach to asset based working) Strengths

- There appears to be an absence of a council wide people focused strategic commissioning approach and plan driven by insight. This is compounded by no health and care system wide agreed outcomes to lead the shift from acute crisis driven interventions to prevention

- ASC commissioning plans for key client groups are not developed such as older people and mental health so providers and wider stakeholders are not clear about the council intentions

- There did not appear to be an overall commissioning that aimed to increase choice in the market that would a) allow people to agree their outcomes with the provider b) different types of providers such as PA's

- The market appears to be traditional with little enthusiasm for personalisation for older people particularly and offering a more diverse range of support

- Emerging demand such as Transitions, long term conditions, positive life style choices needs to become a priority for the work undertaken by the community development team and public health if future demand and acuity is going to be contained

Does our approach to commissioning embody the delivery of Personalised adult social care ? To what extent does a market exist that would support meeting individual outcomes ? (this includes approach to asset based working) Areas for Consideration

- The use of technology and a ' Digital ' approach as a core approach to demand management, maximising independence and reducing cost is not agreed between the corporate team and the business

- It is not clear whether commissioning decisions and plans take into account whether the required social work capacity is available to undertake the reviews and assessment work required to implement changes. This is in the context of it being reported that review performance historically has been poor

- The procurement of individual packages through a bidding approach based on lowest cost needs to be reviewed,

- Contract management was reported as still focusing on hours and tasks, and there was no evidence that planned future procurements were preparing for a more personalised and outcome based approach based on tools such as the Commissioning for Better Outcomes

Does our financial management processes accommodate the delivery of personalised support within the tight resource context in which we operate ? Strengths

- The plans for the single council accommodation, new ways of working and open plan integrated working is a significant step forward in breaking down silo's between different teams and management structures

- ASC has contributed 17.3m to the MTFS to date, whilst this has been partly off set by some 7m the budget building process for 16/17, this represents continuity of service with a consistently reducing resource base.

- Consideration has been given to the need to develop interfaces between various different systems such as Agresso, Care Director, and a CRM solution

- Services users with a Direct Payment though few in number were very appreciative of the support from the council and the DP Support provider

- The introduction of new laptops and other technology is supporting the development of a more mobile workforce in adult social care and is reporting as improving productivity

- The performance reporting dashboard is a really good example of pulling together a range of data that allows senior managers to proactively intervene to improve performance on a quarterly basis

Does our financial management processes accommodate the delivery of personalised support within the tight resource context in which we operate ? Areas for Consideration

- The plans for income generation including the review of the Contribution Policy do not appear to be fully developed, so the full year effect is going to be difficult to achieve

- The lack of data that includes the end to end customer journey, including demand management failure at the council front door is not supporting commissioners to make informed decisions about targeting investment and the proposed digital solution to capturing data at the front door is unlikely to resolve this issue

- A stronger link between finance and performance data is required. This will provide evidence of the link between spend, market and outcomes. A wider review of the FACE/RAS and asset based approaches needs to be undertaken

- The point above will enable affordable extension of work to date at scale on individual service funds and personal health budgets

- The council needs to assess capacity and risks arising from the National Living Wage and subsequent costs in res/nursing care, in view of Care Act duties in market shaping and market failure

- There is little evidence of plans to put in place the range of revised business processes that are required to support personalisation such as Individual Service Funds

The Case Audit - Strengths

- **20 cases were audited, with 3 selected cases of good practice, with all cases held by social workers**

- Mental Health case files evidenced good practice with good examples of positive risk taking and working within the framework of the mental capacity act and the use of IMCA to make best interest decisions.

- Evidence of conversations taking place that were of good quality and demonstrated that people were treated with dignity and respect

- Some good examples of partnership working with other agencies

- Two cases that really demonstrated an enabling and supporting independence approach

- No case required an immediate review due to issues of concern

The Case Audit – Areas for Consideration

- Of the 20 cases audited, only one contained a carer assessment, with others indicating a referral for a carer assessment been made but no follow up, which is not Care Act compliant and a number of young people's cases that focused on the needs of the carer rather than the service user

- Very few cases appeared to include Capacity Assessments to inform decision making, and a lack of clarity about the MCA , who should undertake capacity assessments and the need to record accurately the outcome and decisions then taken.

- There was an over use of acronyms and a lack of personalised language, with the user voice not evident in the assessment and support plans

- There was no evidence of Making Safeguarding Personal as an approach within the files, with information gathering, but few reports and professional decision making on decisions and risk management. Minute taking of safeguarding investigations was of variable quality

- There was little evidence of management oversight in the majority of the files and case work being signed off, with consistency in supervision felt to be variable.

What did people who use services say ?

Carers – Listen to us, Believe Carers and be open and honest

Very Happy I like being independent

I care for 2 children with Autism – the support worker has changed mine and their lives

Social Services were really helpful and surprised how good they were

I can be on the phone 30 minutes and my call doesn't get answered

WM directors of
adass
adult social services
In Partnership with IEWM

What did the workforce say ?

We need to understand the cost of not making decisions

Not enough time to everything being asked of us

We don't have a vision or a plan

Everyone wants to do the right thing, no one knows how

One way street with the NHS

Care Director does not help us to record creative outcomes

What did your Partners say ?

Old Wine, New Bottle approach to Learning Disability

Individual commissioners with some great ideas

Work via Safeguarding Board on fire related deaths has been first class and improved outcomes

Managers of social care remain very positive despite cuts, they deserve a pat on the back

Now you say it, assume a plan exists but I haven't seen it

We don't know if ethnic diversity issues are reflected in commissioning process

Recommendations

- Much of the demand and cost for ASC appears to be driven by the NHS. The health and social care system in Coventry should redesign the care pathway to reduce admissions and invest in community provision

- A vision of adult social care to underpin the wider integrated system needs to be developed in conjunction with service users, carers and partners that describes how the council is delivering within the framework of the Care Act, and gives clear direction at a commissioning level but also to front line practitioners on the strategic intent of the council

- Change needs to be underpinned by robust plans, adequate capacity and an understanding of the implications for workforce change. This is required to deliver the aspirations of the council within available resources.

Recommendations

- The council should consider rapidly accelerating personalisation in terms of practise, commissioning and infrastructure and see this as an opportunity to deliver against its corporate objectives in the context of reduced finances

- A key part of transformation will be a review of current business process and planned change management to ensure that the unintended consequences are understood and mitigated

- Additional capacity at senior level focused on strategic adult social care transformational change might be a way of accelerating the change required and delivering the financial ambition. This could connect the various different corporate and service based developments that appear currently unconnected and ensure that benefits realisation is monitored

- The team heard a number of issues relating to safeguarding adults from a strategic and practice perspective that need further auditing and the council should seek urgent assurance as to the validity of these issues. Further work is required to ensure an outcome focused approach to safeguarding as per the principles of Making Safeguarding Personal

Some Ideas for Best Practice Development

- In Swindon (SEQOL) they bring together health and social care services to deliver what a person needs to live a meaningful and enjoyable life, rather than addressing health and social care needs and has evidenced some significant success in enablement

- Buckinghamshire CC have recently recommissioned their domiciliary care and have spent time working with providers to describe what an outcome based approach could look like

- Shropshire and Wiltshire have approaches that are based on a asset based approach that uses local community resources as an alternative to funded services to meet individuals aspirations

- Leeds are developing an approach to a 'citizen account' that will incorporate adult social care personal budgets and offers the opportunity for a significant shift to personalisation

- It might be also worth considering whether use of diagnostic tools such as the Commissioning for Better Outcomes, and workforce assessments might help internal discussions about capacity and change management to support transformational change

Thank you

The Peer Challenge Team would like to thank all of you who have met with us for this week

All of those who we haven't met but have worked so hard to provide all of the information available

And lastly Helene thank you so much for your patience, organisational skills and kindness

Walsall Council

Social Care & Inclusion

	Your Ref:	
	Our Ref:	KS/HN
	Date:	21 March 2016
	Direct Line:	(01922) 654700
	Email address:	keith.skerman@walsall.gov.uk

Keith Skerman
Executive Director

Mr Peter Fahy
Director of Adult Services
Coventry City Council
Civic Centre One
Little Park Street
Coventry   CV1 5RR

Dear Peter

Coventry Adult Social Care Peer Challenge – 23rd to 25th February 2016

I write to give you formal feedback following the Personalisation peer challenge visit between Tuesday 23rd and Thursday 25th February 2016. This builds on the provisional feedback we shared with you at the end of the challenge visit on Thursday 25th February 2016 (a copy of our presentation is attached as an appendix).

I was pleased to lead the peer challenge and I was joined by Kevin Rudge, Expert by Experience; Councillor Ian Robinson, Overview and Scrutiny Member Walsall Council; Matt Bowsher, Chief Officer Dudley Council; Sara Pitt, Senior Finance Lead Staffordshire County Council; and Helen Coombes West Midlands Peer Challenge Lead.

The process also included a case audit which 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 Coventry forward to host this peer challenge, for your willingness to adapt the programme during the visit and also for the efforts you made to ensure that the core documentation you provided was comprehensive ahead of the visit.

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

Room 17 The Council House, Lichfield Street, Walsall WS1 1TP
Tel: (01922) 654700

I would also like to thank all the people who use services, carers, staff and partners, Leader of the Council, Deputy Cabinet Member, Scrutiny Members, the Chief Executive and his team, who participated in the challenge visit.

We were made welcome and our thanks to Helene Gray and the administrative team in your office for their organisation before and during our visit. We were very impressed with the way in which people embraced the peer challenge, particularly the level of acknowledgement of the achievements you had made in the past as well as the need to re-focus and re-plan for the future, with a greater connection between personalisation, value for money and delivering better outcomes for people in Coventry.

Yours sincerely

Keith Skerman
Executive Director

Enc

cc: Helen Coombes - West Midlands Peer Challenge Co-ordinator
    Meg Swain – West Midlands Peer Challenge Support

Health and Social Care Scrutiny Board (5)   **29th June 2016**

APPENDIX 3

**Adult Social Care Peer Challenge
Action Plan 2016/17**

This action plan is aligned to the areas of consideration from the Peer Review

2

THEME 1 – Having a clear vision and strategy						
Theme Lead: Director of Adult Services						
Objectives to create change	**Actions**	**Lead**	**Timescale**	**Success measures**	**Progress update**	**BRAG**
Clarify role of Adult Social Care in local Health and Social Care economy	1. Develop an agreed Action Plan and vision for Adult Social Care as part of STP, including how this vision will guide the work of Adult Social Care 2. For actions in relation to case management change see theme 2 below	Pete Fahy All Heads of Service	September 2016	Single signed up vision for Health and Social Care. Familiarisation of vision with stakeholders	Senior representation on STP ensuring the social care vision is aligned to on-going work in the wider health and social care community.	

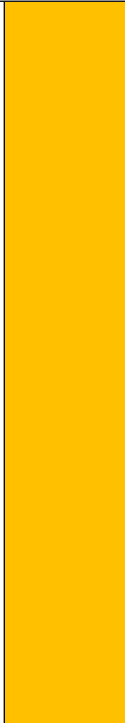| THEME 2 – Embedding personalisation in practice						
Theme Lead: Head of Practice Development and Safeguarding						
Objectives to create change	**Actions**	**Lead**	**Timescale**	**Success measures**	**Progress update**	**BRAG**
A workforce development plan with timescales and resources as a foundation for workforce improvement	3. Develop a workforce development plan for Adult Social Care	Mike Holden Principal Social Worker	December 2016	Workforce Development Plan produced with resources available and timescales for delivery	Draft workforce strategy in place this will be progressed once Principal Social Worker is in post	(amber)
Raise the profile of personalisation – identify good practice, share and profile this.	4. Development of a 'personalisation champions' group to include all staff groups (operational, provider and commissioning staff)	Lizzie Edwards Kelly Lucas	April 2016	High profile champions group with evidence of progress and impact	Group established – met on two occasions. Evidence of progress to emerge as group progresses	(blue)
Improved guidance to staff on how to work in a more personalised way within available resources	5. Develop an agreed set of Personalisation guidance notes, communicate to practitioners and use to inform practice through learning sets	Lizzie Edwards Kelly Lucas Gemma Tate Janice White	September 2016 (for first guidance note)	Personalisation guidance notes developed and used as tools to improve practice	Personalisation statements / strategies from other areas being reviewed to support development of this area.	(green)
Practice improves through a regular forum of learning sets	6. Implement learning sets led by personalisation champions to create a forum for sharing good practice, learning and	Lizzie Edwards Kelly Lucas	July 2016 then ongoing	Learning sets in place and evidence of impact shown through case file	Learning sets developed and date set with Team Leaders and Senior	(green)

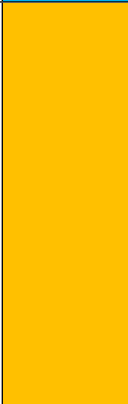|						
	challenge. Also to problem solve particularly challenging cases			audits	Practitioners, who will then cascade.	
Ensure that users and carers are involved in co-production of the Coventry approach to personalisation	7. Establish a user and carer reference group to work with ASC in the development of personalised approaches	Michelle McGinty	August 2016	Reference group in place that is constructively influencing developments.	Research completed to identify approach to use of stakeholder reference groups in other Local Authorities. Terms of Reference template drafted. Contact to be made with existing groups including Coventry Older Voices, Healthwatch and Grapevine to seek involvement.	
Raise awareness of safeguarding policies and procedures	8. Materials for a learning set on Making Safeguarding Personal and using positive risk tools developed for Team Leaders to deliver to staff members and creation of positive risk tools in Care Director- more personalised support section- gold aspiration	Jill Ayres Peb Johal	August 2016	Increased use of positive risk tools and appropriate application of safeguarding policies and procedures identified through safeguarding file audits	Development of action learning sets has begun.	
Ensure there is a specific training programme in relation to direct payments policy and procedures	9. Training for all assessment staff on process for organising direct payments' policy and procedures- streamlining- linked to personalisation policy	Lizzie Edwards Kelly Lucas	July 2016	Training for all assessment staff leading to increased uptake of direct payments	Training commenced- due to finish in July. Personalisation champions have been involved in the	

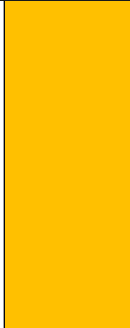|					
				development of the training.	
Ensure that ability to take a personalised approach is a key skill for practitioners	10. Revise progression guidance and process for social workers (from G6-G7), to ensure that evidencing a personalised approach in terms of safeguarding and also day-to-day practice is a key requirement	Lizzie Edwards	May 2016	Revised progression guidance and process, to include evidencing a personalised approach	Progression guidance in place
Development of more market options for personalised support	11. Deliver Individual Service Fund (ISF's) pilot, evaluate and roll-out. This piece of work is in relation to short-term services and on-going support, including re-commissioning of carers' support services and review of the current assistive technology contract and processes (links to action 7).	Jason Bejai Craig Dutton Paul McConnell	July 2017 and on-going (ISF pilot to be concluded September 2016)	Regular workshops with people with carer and support needs, operational teams and providers. Development of an ISF service	Presentations to willing providers to pilot ISFs conducted. A two way agreement is being drafted. Currently discussing Care Director process for payments. Cases are being identified for ISF.

THEME 3 – Improving the experience of the Customer						
Theme Lead: Head of Social Work Service – Prevention and Health						
Objectives to create change	**Actions**	**Lead**	**Timescale**	**Success measures**	**Progress update**	**BRAG**
Establish systematic customer engagement mechanisms so that expectations from Adult Social Care are clear.\n\nCreate feedback mechanisms that allow quick adaption of new practices that are introduced i.e. self-assessment	12. Review how other Local Authorities effectively engage with people with care and support needs, and their carers, and develop comprehensive mechanism for effective engagement and collation of feedback from service users and families, using mechanisms already in place such as frontline knowledge, complaints, surveys, and forums	Michelle McGinty	September 2016	Feedback results in demonstrable change to how Adult Social Care operates	Initial research to understand approach taken by other LA's completed.\n\nWork in progress to identify pre-existing methods for collating feedback.	
Implement clear standards in respect of waiting times for social work interventions	13. Develop and formalise a mechanism for risk assessment of waiting lists to ensure that allocation is based on an appropriate assessment of risk, to include mechanism to review level of risk whilst on waiting lists	Lizzie Edwards	May 2016	Mechanism for risk assessing waiting list developed, cases allocated based on risk and reviewed where required based on practitioner feedback	Risk Assessment mechanism developed and implemented in April 2016.	

| Use technology to reduce response times | 14. Implement mechanisms for self-assessment and - carers self assessment through use of internet based technology | Marc Greenwood Lizzie Edwards | August 2016 | Through use of self-assessment to enable City Council resource to be targeted where most effective resulting in overall reduction of waiting lists | Open objects self-assessment and hub procured- currently in design stage. Implementation date on track. | |

| Improve data/information sharing across organisations to ensure it is timely, specific and effective | 15. Increase the use of the Integrated Neighbourhood Team (INT) Black Pear solution to aide multi-disciplinary working, and then review and appraise options for information sharing going forward

16. When considering succession plan for Care Director (currently case management system) to do so with a view to achieving shared records across health and social care | Marc Greenwood | December 2016 | Shared records of patients/service users that enable creative support planning to take place in multi-disciplinary teams | Development of the Local Digital Roadmap (LDR) is underway. It will include interoperability approaches, such as Black Pear, that will enable the sharing of information across health and social care.

The LDR is due for completion at the end of June. The LDR sets out the 5 year digital vision for health and social care, including our approach to achieving shared records.

Discussions with Black Pear continue in relation to the development of the INT solution. | |

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Reduction in number of people requiring social care support and effective use of short-term services	17. Trial of 'why not home, why not today' model and review of effectiveness	Rae Bottrill	August 2016	Reduced numbers of people requiring social care support on discharge from hospital and reduced joint / LA DTOC	Steering group and operational group established. Some improvement in DTOC apparent at this early stage. Some significant changes implemented to improve patient flow, e.g. Integrated Discharge Team are now ward based and all UHCW Therapy staff assess and case manage discharge via short term services.	
Ensure that services are appropriately targeted to where they can have greatest impact.	18. Develop criteria for access to short-term services, to apply across all referring partner organisations	Rae Bottrill Neil Byrne Ian Bowering	May 2016	Development and communication of access criteria leading to reduction in avoidable referrals	Criteria developed and implemented in April 2016.	

Support people to achieve their outcomes on first contact with the City Council	19. Deploy "Intake" staff within Customer Services Centre to provide greater expertise at initial assessment stage	Ian Bowering Lizzie Edwards	June 2016	Reduction in number of referrals through the Adult Social Care front door, reduction in waiting times and reduction in percentage of people going on to further assessment. Improved customer satisfaction through being given the most appropriate advice at first contact.	Staff members deployed on 6th June 2016.	
An effective Transitions process is in place	20. Complete a stock-take exercise and make recommendations for how the transitions process can be improved encompassing quick wins and longer term actions	Lizzie Edwards Sandra Walton Rita Homer	August 2016	Better transition planning and feedback from people with care and support needs and their families	Currently under completion following a series of meetings- meeting June to map roles and responsibilities. Review of all-age disability service to be complete by end of July	

| Ensure appropriate range of support available for people using direct payment | 21. Review of direct payment support services and proposal developed to increase choice to be implemented in next round of direct payment support commissioning | Lizzie Edwards Kelly Lucas Paul McConnell Martin Rumble | September 2016 | Improved range of support available for people in identifying their outcomes and making active choices about how these outcomes are met | Scoping meeting held. Options now being considered. Current contract due to end in March 2017. | |

THEME 4 – Embedding personalisation in process						
Theme Lead: Head of Commissioning and Provision						
Objectives to create change	**Actions**	**Lead**	**Timescale**	**Success measures**	**Progress update**	**BRAG**
Ensure Direct Payments policy reflects broader principles of Care Act and is a tool to further personalised support	22. Review of Direct Payments policy, with Health and Education, in order to reflect Care Act changes and allow increased flexibility and creativity, then communicate with Adult Social Care teams	Lizzie Edwards Kelly Lucas Gemma Tate Janice White	December 2016	Updated Direct Payments' Policy	Changes made in draft form, to be further refined to ensure sufficiently robust.	
Quality assurance mechanism in place in respect of social work practice	23. Case file audit tool to be reviewed and reduced, then circulated and expectations set for completion of regular case file audits by Team Leaders, then work towards practitioners completing case file audits of their own cases to support reflective practice and self-learning	Lizzie Edwards Kelly Lucas	July 2016 then ongoing	Quality assurance and learning in place. Staff to complete own audit of their work. Team Leaders to complete one case file audit per month and to feedback recommendations to staff members. Examples of good practice to be shared through wider personalisation champions group	Existing audit tool bring refined prior to launching with teams.	
Better understanding of the range of low level equipment available and how	24. Development and delivery of low level equipment training sessions, including new	Sheila Stirling	August 2016	Delivery of sessions and increased direct ordering of equipment so that the number of	Five training sessions have been planned and will be delivered by August	

People can access	technology for all assessment staff			internal referrals decreases and customer journey improved	2016.
Raise awareness of Care Act eligibility criteria	25. Materials for two learning sets to be developed for on Care Act eligibility criteria for users and carers, linked to specific case examples. Although primary target group will be social workers this can also be delivered to providers and the voluntary sector	Lizzie Edwards Kelly Lucas Suzanne Lawlor	July 2016	Development of materials and delivery of four sessions underway. (two for staff and one for voluntary sector and one for providers) Improved understanding of eligibility criteria evidenced through case file audits and linked to CWPT processes	Learning sets developed and date set with Team Leaders and Senior Practitioners, who will then cascade.
Adopt an approach to market development that is based on the experience of the end user as opposed to tasks.	26. Contracts specified in terms of outcomes for the end user and less task and time-based contracting. Contract management processes to focus on the experience of the end user, involving people with care and support needs, carers, operational teams, and providers.	Jason Bejai Craig Dutton Paul McConnell	March 2017 and on-going	Specifications and re-commissioning of short and long-term services to focus on outcome based support	Short term support specification developed which focusses on wellbeing and prevention elements of the Care Act. Increased emphasis on how people are supported to have greater control over the support they receive. Long term support service specification has been drafted along the same principles with

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					increased emphasis on Individual Service Funds (ISFs). Carers, service users and providers are part of the tender design and evaluation process.
An effective Resource Allocation system is in place	27. Review and streamline the process for Resource Allocation (FACE RAS and Care Fund Calculator) for people with care and support needs and carers, including suitability for allowing a personalised approach – reduce length of paperwork and ensure that RAS is recalibrated to reflect new support rates	Marc Greenwood Lizzie Edwards Melissa Cano Adam Davis	September 2016	Reduced level of bureaucracy for social workers and greater opportunity for users and carers to evidence more personalised approach	Revised Needs and Wellbeing Assessment currently in testing phase. Opportunities for revising calculations behind resource allocation system to be considered.

THEME 5 – Robust financial planning and programme management						
Theme Lead: Head of Business Systems and Continuous Improvement						
Objectives to create change	**Actions**	**Lead**	**Timescale**	**Success measures**	**Progress Update**	**BRAG**
Programme management	28. Ensure that each programme element to deliver savings is supported by a robust plan, is realistic in expectations and is monitored	Michelle McGinty	July 2016	Each element of savings programme has a plan to support with oversight and the scope for remedial action is progress slips	Adult Social Care outline savings proposal, baseline documents and delivery timescale drafted. Frequent progress monitoring mechanisms in place.	(green)
Market Sustainability	29. Ensure that provider and market management activity enables understanding of impact of market costs and that this is used to inform commissioning activity	Jon Reading	September 2016	Reliable market based information obtained to support commissioning activity in 2016	Consultations with home support providers conducted. A wider cross provider event currently being planned for July 2016 to inform commissioning activity.	(amber)

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