



Brian Walsh (via email [Brian.walsh@coventry.gov.uk](mailto:Brian.walsh@coventry.gov.uk))  
Executive Director  
Coventry City Council  
Earl Street  
Coventry  
CV1 5RR

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

Date: 31<sup>st</sup> March 2014

My Ref:

Your Ref

Dear Brian

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 13 March 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 Steve Evans Cabinet Member Wolverhampton; Karen Murphy Assistant Director Solihull; Suzy Joyner Head of Community Care Walsall; and Eddie Clarke WMADASS Peer Challenge Programme Lead.

I would like to thank you for putting Coventry 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 Kuldip Manota. 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 5 headings on which you asked the Team to report. The headline scope was:

*“To what extent can our approach to commissioning, from a macro and micro level, be strengthened to effectively reduce demand for traditional models of care and support through the increased use of community assets, families, friends, and own resources?”*

The following includes an Executive Summary, an initial Overview of the positives we identified, and then a section on each of the five sub-headings of the scope.

## **Executive Summary**

These are the main points identified during the Peer Challenge visit:

- \* The Council has significant financial challenges and has embarked upon a programme of transformation for adult social care
- \* The Council has identified that personalisation needs to be re-launched and learning/practice from the POD shared across all services
- \* Integration and early intervention, with pace and real substance, should be substantial elements of transformation
- \* Urgent savings and transformation plans, and urgent implementation, are necessary to meet the challenges for 15/16 and beyond
- \* The Market Position Statement, outcomes based commissioning, and performance management systems should be enhanced to meet the transformation and personalisation agenda
- \* Co-production should be a full and consistent part of commissioning

## **Overview**

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

All staff that were interviewed are enthusiastic and positive about the changes in services to date and those that are planned. There was very much a “one organisation” approach from staff and no sense of any “them and us”.

There is a clear desire to improve personalisation and to achieve better outcomes with people.

Partnerships with the Clinical Commissioning Group (CCG) and NHS Trusts are positive, as is the relationship with external providers of care and support.

The Partnership Boards, which involved people who use services and family carers, stated that they felt very engaged and are able to shape and influence services and their direction.

The POD in Mental Health Services is an excellent example both of a recovery-based model of service, and one that is also extremely personalised in its delivery and outcome focus.

What follows are the Team’s observations and recommendations on the five sub-headings of the main scope, and the strengths and areas for consideration by the Council.

## **1 – How Equipped Are We For Delivering An Integrated Approach to Commissioning In The Context Of The Better Care Fund?**

## Strengths

The good relationship with the CCG and NHS Trusts will offer additional opportunities for integration and already there has been good progress on agreeing the Better Care Fund submission with its three key areas.

The arrangement for a “Hothouse” event is innovative and is a good way of bringing all partners together to discuss and plan further how integration and service developments can bring about better outcomes for people.

Integration across health and social care is an objective supported by the Council and Health partners and this commitment will assist the evolution of the plans for the Better Care Fund.

The Cabinet Member is seen as strong and is well respected, having experience in Health too through being the Chair of the previous Primary Care Trust.

The Team were impressed with the approach of both internal and external care providers who stated their on-going willingness to engage with the Council on new commissioning initiatives. They were not daunted by further change. They embraced it.

The re-tendering of reablement services will support the improvement of outcomes for people and be more cost effective for the Council.

The Team noted also the improvement on reducing the delayed transfers of care from hospital.

## Areas for Consideration

The Team concluded that there is scope for a more radical partnership and vision with the CCG, based on agreed transformation priorities, such as fully integrated services (as in Staffordshire) and Early Help, as with the model in Walsall.

*The Team recommends that leaders across Health and Social Care, with stakeholders, should look intensively at options for the further integration of both commissioning and care services as part of a new vision for improving the quality of life of citizens in Coventry who require care and support.*

Whilst engagement with stakeholders is experienced positively, the Team felt there was an opportunity for greater co-production with people who use services and family carers. This should be a fundamental aspect of all commissioning. A regional example is the People to People approach in Shropshire. Also, the Hothouse event is the type of event that offers some opportunity for real co-production at all stages of commissioning.

*The Team recommends that co-production is embedded in the planning of all major commissioning.*

The Team noted the joint agreement (Section 75) on Mental Health Services and the Joint Commissioner for Learning Disability Services, and determined that this could be built upon to enhance joint commissioning arrangements and opportunities. You had already identified this as a direction you wished to pursue.

*The Team recommends that options for extending joint commissioning be explored and identified.*

The Team received information about two different reablement pathways and for both service users and staff this appeared not to optimise resources for, or access to, care and support. Again, the Team noted that you had identified already a need to remedy this position.

*The Team recommends that a single reablement pathway be developed with Health colleagues.*

Similarly, a single point of access between the Council and Health would assist the appropriateness and timeliness of signposting, triage and assessments.

*The Team recommends that a single point of access be examined with Health colleagues.*

Delayed transfers of care (DToCs) are high when compared to similar Councils. Some progress has been made on this but there was not an agreed action plan.

*The Team recommends that a whole system response and action plan be agreed by the Council and Health Partners to reduce DToCs.*

On data and intelligence there is information available about service activity but this is not in a format that is available to frontline Managers and nor does it capture outcomes fully. For example, Team Dashboards.

*The Team recommends that data and intelligence systems be reviewed so that all Commissioners and Managers receive relevant performance, activity, and budget information, including outcomes.*

The Team were informed of the Corporate process for agreeing major change programmes across the Council. This resulted in decisions at the Procurement Board (is this the right title for what are strategic commissioning decisions?), Cabinet, or Full Council, dependent upon the sums involved. This was stated as effective by a Senior Manager and also that the Executive Director was involved through informal mechanisms rather than the established meetings in the process.

The Team concluded that strategic planning and accountability across the Council could be enhanced by the more formal involvement of the Chief Executive and Executive Directors.

*The Team recommends that the Corporate arrangements for considering and approving major transformation programmes be reviewed, including options for more formal mechanisms to involve the Corporate Management Board.*

The relevant Scrutiny Board covers both Health and Adult Social Care and has an annual work programme. The programme seemed weighted in the last year towards health matters, such as commissioning for health. Some increased scrutiny on adult social care such as commissioning, transformation and budget plans, and progress on personalisation would now seem timely.

*The Team recommends that Scrutiny consider further which adult social care matters should be the subject of scrutiny in its programme for 2014/15.*

## **2 – To What Extent Do Our Brokerage and Panel Processes Make Good Use of Community Assets, Families, Friends, and Own Resources In Delivering Outcomes?**

### Strengths

When interviewing frontline Staff and Managers the Team received a number of examples of creative support planning. For example, with people with dementia and people with mental health issues, especially from staff at the POD.

Within Brokerage there were some good examples provided of different activities being identified and utilised such as developing groups in libraries, facilitating discharge from hospital, and sourcing community based groups.

Brokers had available a database of groups in localities to facilitate potential new activities and opportunities for people.

### Areas for Consideration

There is not an Early Intervention/Prevention Strategy, nor a coherent range of appropriate services. Public Health is doing some good work in this area but it is not yet joined up with other Health and Social Care commissioning. The King's Fund is a useful starting point for resources and research.

*The Team recommends that a Joint Early Help Strategy be developed involving the CCG, Public Health, and the Council.*

The Council wishes to put in place a different relationship with communities and its citizens that places a much greater emphasis on community resilience and informal networks of support. As yet it does not appear that there has been a dialogue with communities and citizens about the Council's aspirations in this area.

*The Team recommends that the Council consider how it commences this dialogue with its citizens and how it will seek to establish a new relationship with communities.*

In connection with the development of this new relationship with its citizens, the Council expects to identify and build community assets that can provide early and mutual support from within communities themselves, such as that in Leeds. This is a key building block for the new relationship but as yet a strategy, linked to the Council's approach to Localism and the role of elected Members, has not been put in place or implemented.

*The Team recommends that an urgent appraisal and plan be instigated about how community asset-building will be taken forward with elected Members, neighbourhoods, and groups (faith, locality, and common interest), including micro-enterprise development*

Staff and Managers stated to the Team that there are five different intake systems for care management, as well as the two reablement pathways. This is confusing both for staff and the public.

*The Team recommends that a review be undertaken of the intake arrangements.*

Peer support for Direct Payments did not seem well established and this could assist the re-launch of personalisation that the Council proposes. People who use direct payments can be powerful advocates and can make explain the ways in which perceived hurdles can be overcome.

*The Team recommends that Peer Support arrangements be reviewed and that it constitutes a core part of the personalisation re-launch to help promote examples and opportunities for creative support planning and care.*

Information and advice, aligned with effective signposting, did not appear to be systematised and the responsibilities from the Care Bill will place additional demands on the Council for these services. They should play an important part in any Early Help Strategy.

*The Team recommends that the Council's information and advice arrangements be reviewed with a consideration of the implications from the Care Bill.*

### **3 – To What Extent Do We Have The Right Information Systems To Support Effective Commissioning?**

#### **Strengths**

There is some progress on the Public Health provision of health needs and population data, including the Joint Strategic Needs Assessment from 2012.

The Council's planned development of the "FACE" Tools will enable a more comprehensive overview and monitoring of how personalisation and outcomes are being progressed.

Brokers utilise their knowledge to work with commissioners to ensure that there is some feedback on needs and gaps in care and support.

## Areas for Consideration

The savings identified for 2015/16 of £12m from a People Directorate budget of £102m is very ambitious. If the savings come solely from adult social care and do not include Children's Services, the savings over the one year will constitute 15% of the adult social care budget of £80m. At the same time there is a £2.8m overspend in the budget for 2013/14 (which is included in the figure of £12m). The Team were informed that planning on how the £12m will be achieved is to commence in April 2014.

*The Team recommends that a major programme plan be established with partners to help identify where the savings will be made.*

The building blocks for transformation are not in place – early help, robust information/advice services, integration with Health, and a community asset-building programme – and therefore there is a need for an urgent and fresh impetus on putting these in place.

*The Team recommends that a transformation plan be established urgently that incorporates the Better Care Fund plan and a Corporate led strategy about community asset-building.*

Frontline staff and brokers commented to the Team that they would like feedback from commissioners on what happens to the intelligence they share.

*The Team recommends that feedback loops between frontline staff and commissioners be reviewed.*

As stated earlier, there is a need for Team Dashboards to be available on performance and activity. Team Leaders and others could not tell us what the individual team performance is on direct payments. Similarly, the monitoring of assessment and review outcomes should be undertaken more fully and gathered more systematically. This would support commissioners and operational managers in knowing how well they are doing and where action may need to be taken.

*The Team recommends that performance monitoring and reporting mechanisms be reviewed.*

The Team held a discussion with relevant managers on the Transition arrangements for young people with disabilities and/or mental health issues who were entering adulthood. It was stated that currently there is no collation of the outcomes for the young people. Collation would be helpful in order that the Council can assess whether more personalised outcomes and independence are being achieved, and whether the Council is making expected savings from this approach.

*The Team recommends that plans be considered on how outcome collation can be established for young people going through Transitions.*

As part of developing new strategies there is a need to understand fully the current performance and activity, both on finances and service provision. The quarterly reports

that go to the Senior Management Team in the Directorate are quite broad and do not contain much supporting detail or analysis, especially on Finance. Further information is available but this is held at Assistant Director level. The Team felt it important that the Senior Management Team was more fully appraised in these reports and that sensitive areas, like the performance on direct payments, were reported on more regularly in these reports.

*The Team recommends that the quarterly reporting arrangements to the Senior Management Team be reviewed.*

#### **4 – How Could Our Approach To Market Development Be Improved In Order To Deliver Personalised Support, Making Better Use Of Community Assets, Families, Friends, And Own Resources?**

##### Strengths

External Providers were very positive about their relationship with the Council and there are established forums with Providers, including the Voluntary and Community Sector.

The Market Position Statement is a good summary of what is commissioned now and what the broad intentions are for the future.

##### Areas for Consideration

As stated earlier, people who use services and family carers should be actively and consistently involved in shaping and commissioning services. For example, Making it Real in Dudley and Shropshire's People to People.

The Market Position Statement (MPS) should be built upon to give greater guidance and information to Providers about the future opportunities in Coventry. Your further work programme until September with Providers is helpful in this context.

*The Team recommends that the MPS be enhanced to provide greater detail about the commissioning intentions and expected type and levels of care and support.*

The needs of Black and Minority Ethnic communities could be explored further, particularly with reference to how targeted work should be structured to improve personalised services and outcomes.

*The Team recommends that the needs of Black and Minority Ethnic communities be assessed further by commissioners, with the aim of improving personalised care support and outcomes.*

The Team felt also that Providers could play an important role in working with the Corporate centre of the Council and commissioners on engaging communities to be more self reliant. The obvious connection here is with the Voluntary and Community Sector (VCS), but not solely. Micro-enterprise opportunities are one example.



*The Team recommends that the Council and commissioners consider how Providers and the VCS can be engaged to work with communities as part of an asset based approach.*

## **5 – Does Our Approach To Direct Payments and Personal Budgets Support People In Making Active Choices About How Outcomes Are Met?**

### Strengths

There were some good examples of a creative use of direct payments, for example the “Witchcraft” group that pooled money to rent a place to do arts and crafts.

People who have a direct payment used phrases like it gave choice and control, and it gave them their life back. One person said, “I wouldn’t have the life I have without a direct payment”.

The Positive Risk Assessment Tool demonstrated an effective approach to risk management and good links to safeguarding.

The Team were impressed with the social brokerage course which is a good example of assisting staff to be able do creative support planning.

As stated earlier, Brokerage has a good database of locality groups and activities to which people can be connected.

### Areas for Consideration

The culture of personalisation did not feel embedded fully across the Council and the Directorate, which your planned re-launch will assist. Staff need support to be more confident in promoting and setting up direct payments, and being innovative. There is a need to improve consistency of approach and uptake. People with a direct payment could have a valuable role in championing direct payments and promoting the benefits.

*The Team recommends that the re-launch consider how personalisation can be more fully integrated into the everyday business of the Directorate’s staff and activities, and how staff can be supported in improving take up and improved outcomes.*

Service users that the Team met did not experience reviews positively and felt they only happened when a cut in the direct payment was to occur. Some said that they had experienced a cut without a re-assessment.

*The Team recommends that this be explored further with people with a direct payment and, if confirmed, there be a re-appraisal of the review process.*

The Team were informed that direct payment users might at times have to arrange carer cover at a higher cost than the usual service. This additional cost is borne by service users rather than the Council.

*The Team recommends that this be examined and, if confirmed, that the Council reviews who should be responsible for extra costs.*

People with a direct payment and staff said that the timescale for processing a direct payment could be lengthy (a month or more).

*The Team recommends that the process be reviewed and streamlined where possible.*

No priorities or action plan have been completed for Making it Real. This should be undertaken via co-production with user led organisations and Partnership Boards.

*The Team recommends that the Making it Real priorities and action plan be completed using a co-production methodology.*

### **Other Comments**

These comments are not related directly to the scope. They refer to other matters raised with or by the Team during meetings. The subject that the Team wishes to cover here is adult safeguarding. Three main points were raised:

- There was not an understanding of the reasons behind the low alert and referral rates for adult safeguarding
- Decisions on thresholds are by all Team Leaders which means this may lead to inconsistency
- Commissioners did not have a clear understanding of their role on quality assurance following Winterbourne View and the Concordat

*The Team would recommend that these three areas are looked into further and options be explored for improving the understanding behind the figures and improving the roles of staff and commissioners.*

### **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 that reads "Stephen T Chandler". The signature is written in a cursive style with a large, sweeping initial 'S'.

**Stephen T Chandler**  
**Director of Adult Services**  
**Shropshire Council**

[Stephen.chandler@shropshire.gov.uk](mailto:Stephen.chandler@shropshire.gov.uk)  
01743 253704

cc Martin Reeves - Chief Executive, Coventry City Council  
Peer Review Team