

Local Members' Interest
N/A

Safe and Strong Communities Select Committee – 9th November 2017

West Midlands Peer Review of Adult Social Services

Recommendations

It is recommended that:

1. The committee scrutinise the content of the report and comment upon the progress made in respect of the findings of the peer review and proposed actions to address the issues raised.
2. The committee request a closure report in respect of the actions to address the areas for improvement highlighted through the peer review at the end of the current financial year (2017/18).

Report of Cllr Alan White, Deputy Leader and Cabinet Member for Health, Care and Wellbeing

Summary

3. The purpose of this report is to provide the Committee with information in respect of the progress made in addressing the areas for development identified following the recent peer review within adult social care.

Report

Background

4. In February 2017 Staffordshire County Council participated in a peer review of adult social services focusing on safeguarding for vulnerable adults and market management for commissioned services. The outcomes of the peer review have been reported to the Committee previously and a further report detailing progress in respect of the actions identified to address the areas of development highlighted by the review was requested at this time.
5. The peer review programme in the West Midlands is part of the Sector Led Improvement approach. The mechanism locally involves a small team containing senior officers from other local authorities, an Elected Member from another local area and an Expert by Experience (in this instance a former carer) undertaking a review of documents, interviews Elected Members, staff, partners and clients of the service during three days on site. As part of the process an audit of care management files is also undertaken in advance of the site visit to assess and review social work practice.

6. The scope of the peer review in Staffordshire was to consider two key areas of activity related to safeguarding vulnerable adults and the way in which we manage the social care market.
7. As part of the review the team were asked to consider the following key questions within their assessment of our approach:

Adult safeguarding

- a. Are our thresholds for investigation and intervention set correctly: have we got the right balance between ensuring safety and promoting positive risk taking
- b. Are processes as streamlined as possible?
- c. Are we meeting the requirements of the Care Act and are we demonstrating Making Safeguarding Personal?
- d. Where we are working jointly with the NHS is this adding value or creating difficulties?

Management of the local care market

- a. How fragile is the market compared to other areas – what is our relative level of risk?
 - b. What are we doing to promote sustainability; are these the right things; is there anything else we could be doing?
 - c. Are we meeting the requirements of the Care Act?
 - d. What are we doing jointly with the NHS in terms of shaping the market; is NHS involvement in the local care market making it more or less sustainable from a local authority perspective; could/should we do more/differently?
8. The Peer review provided a helpful snapshot assessment of the key challenges and areas of strength within the change programme for Health and Care. The findings also provided confidence in the direction that is currently being taken, assured the organisation that our work to protect the most vulnerable is safe and well-structured but did highlight some challenges around scale and capacity that we needed to address. In addition, there were operational enhancements required to our assessment and case management arrangements delivered through our partners, which have been addressed as part of our on-going work to renegotiate and reshape S75 agreements.
 9. A full update of progress in respect of the actions identified to address the issues raised through the peer review is presented for consideration by Members at appendix A to this report however the key areas of activity which link to our current priorities within Health & Care are highlighted below:
 10. **Brokerage** – the brokerage function has successfully transferred from SSoTP to Care Commissioning. Although work is required to ensure effective brokerage of care to support discharges from hospital, performance in respect of the time taken to source packages of care has improved following the transfer. In the year to date the Brokerage function has sourced 71% of all types of care within target timescales, an average of 8.31 days. As part of this the average time to broker

home care has reduced from 16.55 days (before the transfer) to 7.24 days (post transfer).

11. **Resource allocation & caseload** – demand and capacity modelling has been undertaken for services delivered within SSoTP, Adult Learning Disability Team (ALDT) and SSSFT. This work has informed workforce reshaping that will result in more effective delivery to citizens and appropriate caseloads for workers whilst also releasing efficiencies to the value of £4.2M contributing positively to the MTFs challenge faced by the organisation.
12. **Dynamic Procurement System (DPS)** – work to review the use of the DPS and its implementation has now been completed to ensure an appropriate balance between cost and quality in the selection of providers. The new system is now ready to launch and take up from providers has been positive in terms of joining the framework, particularly within Learning Disability.
13. **Homecare** – the Council has completed a tendering process following a comprehensive market analysis including an assessment of care costs and awarded new contracts for home care, with 39 block contracts of 600 hours each awarded to 10 providers, and 65 providers appointed to ‘pay as you go’ framework contracts. The new arrangements have been designed to address chronic shortages of home care, and give providers a guaranteed minimum number of hours in defined geographical areas so that they can offer permanent contracts to staff as well as organise their operations more efficiently. The Council is now proceeding to mobilise the new contracts. This means transferring some people’s care to the new block contract providers. People’s care will not change and we have written to existing providers to remind them of the contractual position, which is for them to continue to provide care until it can be handed over to the new provider. The Council has written to all new and existing providers with the details of clients whose care will transfer to request they co-ordinate a safe handover of packages over the next few weeks and months.
14. **Front Door Pilot** – changes to the way in which we support citizens at the first point of contact through the “front door” within Staffordshire Cares has been commenced. This work is part of our approach to the appropriate management of demand to support more people at first contact only passing those who are likely to be eligible through to social care teams for full assessment. The front door pilot is focused towards better use of information and advice and screening assessments by placing social care staff within the contact centre to understand potential eligibility of those contacting the service. The pilot is due to run through to the end of the year and will inform further work over the coming years. Performance monitoring data identifies that around an additional 10% of contacts are resolved at the front door.

Link to Strategic Plan – The activities assessed through the peer review and the actions taken to address the findings of that review support two of the strategic priorities of the Council, these being to ensure citizens are able to:

- Be healthier and more independent
- Feel safer, happier and more supported in and by their community

Link to Other Overview and Scrutiny Activity – N/A

Community Impact – N/A

Appendices/Background papers

Appendix A – Staffordshire Health and Care Peer Review Recommendations & Improvement Actions

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