

Date: 17 December 2015

9.

Walsall Adult Social Care Peer Challenge 2 - 4 November 2015

Ward(s) All

Portfolios: Councillor Eddie Hughes

Executive Summary:

To provide Scrutiny with the findings of, and the initial action plan resulting from, the Adult Social Care Peer Challenge which took place from 2 – 4 November 2015 (*Appendix 1 and 2*).

Reason for scrutiny:

- To allow Scrutiny the opportunity to comment on the findings of the Peer Challenge

Recommendations:

That:

- Scrutiny note the findings of the Peer Challenge
- Scrutiny note the high level action plan

Peer Challenge in Adult Social Care

In 2011-2012 the focus of Performance Assessment in Adult Social Care shifted from external scrutiny to sector led improvement and, through the Local Government Association and the Association of Directors of Social Services (ADASS), the introduction of Peer Challenge.

The Peer Challenge process aims to help local government to help itself to respond to the changing agenda for adult social care. Undertaken from the viewpoint of a 'critical friend', a peer challenge allows a team of people who understand the pressures of running a local authority to review the council's practices in a constructive way on a theme agreed in advance.

A Peer Challenge includes an assessment of current achievements and provides recommendations of how further improvements can be made. It is a constructive, collaborative and supportive process with has the central aim of helping councils

improve. It is not an inspection, nor does it include any form of rating category.

The key areas of focus for peer challenges in adult social care are as follows

1. Outcomes for people who need care and support to improve independence and wellbeing
2. Participation
3. Vision, Strategy and Leadership
4. Working Together
5. Resource and Workforce Management
6. Service Delivery and Effective Practice
7. Commissioning and Market Shaping
8. Improvement and Innovation demonstrating notable practice

The Peer Challenge process recognises that every council and partnership is different and the challenge is individually tailored to the needs and priorities of each local authority. Individual Authorities select the areas of focus.

Walsall Adult Social Care volunteered to host a Peer Challenge which took place in November 2015.

The area of focus which Walsall selected was Resource and Workforce and came at an important time for the Council in terms of financial challenge.

The key lines of enquiry (KLOE) for the Peer challenge focus drawn up by the council were:

- How are the councils Medium Term and Short Term Action Plans supported by the structures and mechanisms in place to deliver its objectives including financial sustainability, and appropriate measures to reduce cost and demand for social care.
- A focus on our workforce is a key priority in the next 12 months. We will review our operating model and improvement plans for our staff to deliver our quality, personalisation and financial aspirations with the appropriate skills, skill mix and overall capacity.
- Do we have sufficient focus on the service user and carer (families) experience and the mechanisms to allow them to achieve better outcomes and independence at a lower cost to themselves, and the health and social care system.
- The preventative impact and overall management of demand for social care of the council's activities in implementing the Care Act, and working on integration with NHS;
- The practice and process of assessment and reviews of social care needs

that support the “asset” based approach (including the attachment model locally used) to meeting peoples’ needs the council aspires to across the whole organisation and in social care in particular.

Background papers:

Final Letter and Presentation (17 November 2015) - **Appendix 1**
Action Plan – **to follow**.

Resource and legal considerations:

The action plan will be implemented in line with the statutory responsibilities of the Care Act 2014.

Regional resources to support the implementation of the Action Plan have been made available and best use of this support is currently being agreed.

Citizen impact:

The delivery of Adult Social Care impacts on the most vulnerable in the borough. A positive impact will be the resulting action from the Peer Challenge to better engage and co produce with those who use services and with stakeholders.

Environmental impact: None.

Performance management: The deliverability of financial plans for 2016-2020 across the council and in each directorate are due for completion January 2016, and the action plan for Adult Social Care will draw upon the Peer Challenge recommendations and monitor progress accordingly.

Equality Implications:

This report is not subject to an Equality Impact Assessment. However, where relevant, any actions arising from the Peer Challenge will be subject to Equality Impact Assessments

Consultation: There is no requirement to consult on the Peer Challenge but an expectation to make public the findings

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Walsall Peer Challenge Use of Resources

4th November 2015



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
 - ❖ Circa 150 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 council has made progress in understanding where it is spending its money, and how the council could better use the resources it has available since the last peer challenge
- The ASCOF performance achievements have been maintained since the last peer challenge though it has been acknowledged that data quality is an ongoing issue
- There are some examples of excellent individual and collective working which is having a positive impact on people's lives such as the Darlaston GP/SW integrated pilot
- The scale of ASC budget reduction between 8/9 – 13/14 was 16%, it is only one of three councils in WM that has reduced the gross total by more than 10%
- Planned spend on ASC 15/16 as a % of total council budget is low at 28% and one of the lowest in the WM region



Summary



- The Social Care and Inclusion directorate has a strong relationship with NHS partners at a senior level
- The resilience of the workforce and the focus on practice during a long period of continuous change is positive
- A new Safeguarding Adults Board Independent Chair is in place which will support the development within the council and across the system of Safeguarding Adults new responsibilities as part of the Care Act
- The investment in a new case management system is an opportunity to improve performance and outcomes through better informed commissioning and improved efficiency



How are the Medium and Short Term Plans supported by structures and mechanisms to deliver the objectives, including financial sustainability, and appropriate measures to reduce cost and demand for social care **Strengths**



- The council plans to increase investment into ASC in 16/17 on a recurrent basis
- The strong relationship with the CCG is delivering a shared understanding of the pressures within ASC and how the BCF can be used to help mitigate these pressures
- The new case management system offers opportunity for improvement of performance management and performance development investment
- The council put investment into a new operating model for reablement in 13/14 to reduce demand on adult social care and increased this more recently which demonstrates its commitment to promoting independence



How are the Medium and Short Term Plans supported by structures and mechanisms to deliver the objectives, including financial sustainability, and appropriate measures to reduce cost and demand for social care **Areas for Consideration**



- There does not appear to be a unified corporate and service focused set of financial recovery plans, with the appropriate governance and change capacity to reduce costs and demand in social care
- There are variable levels of confidence at all levels and across directorates, and politicians in the current draft financial plan
- Further work needs to be undertaken between officers and political leaders on the strategic direction of the council and ASC and its plan for financial sustainability
- The last peer challenge identified that the Operating Model for Reablement required robust evaluation during implementation to ensure it met the demand management targets. There was no evidence this has been done nor does the recommendation to build the demand management model into the future medium term financial plan appear to have happened.



How are the Medium and Short Term Plans supported by structures and mechanisms to deliver the objectives, including financial sustainability, and appropriate measures to reduce cost and demand for social care **Areas for Consideration**



- The £5m plus proposed savings plans for 16/17 need to be further tested for deliverability given that Walsall is already performing best in class in many areas, so further reductions may not be deliverable
- Operational Services currently do not appear to have a clear plan for savings delivery, for example focusing on high cost package reviews, and do not appear to have an opportunity to influence senior management decision making on commissioning decisions
- There is a lack of joined up planning between commissioning and operations to make sure that sufficient assessment and review capacity is available to deliver commissioning plans in a timely way
- Pressures above those potentially caused by the National Living Wage and subsequent costs in res/nursing care, and domiciliary care should be considered in line with other LA's and discussed as part of the MTFS process



How are the Medium and Short Term Plans supported by structures and mechanisms to deliver the objectives, including financial sustainability, and appropriate measures to reduce cost and demand for social care **Areas for Consideration**



- Whilst recognising the strong relationships with health, the BCF needs to demonstrate transformational change and improved outcomes
- The commissioning activity for res and nursing care and the domiciliary care should be reviewed to ensure that a systematic and evidence based review of pricing has been undertaken. This should include an options appraisal on different routes to market to support outcome based commissioning and incentivising quality alongside clarity about levels of risk associated with market failure
- The performance on reviews remains concerning, the directorate should consider setting a clear target for the year, and identify any gap in resources required to deliver this.



Focus on workforce as a key priority to deliver the improvement plans – do we have appropriate skills, skill mix and capacity in the operating model **Strengths**



- **The workforce demonstrated creativity and potential for innovation**
- Historically the retention of staff has been good, and this has a subsequent positive impact of the level of experience within the workforce, and is reflected in the positive elements identified in the case audit
- We were told of some excellent engagement and innovation work within your staff
- Interim senior management capacity has been introduced to support operations which is a positive step forward
- The interviews for Assistant Directors are due to take place in the very near future which will bring help stabilise the directorate
- The 'grow your own' social work bursary scheme sounds positive



Focus on workforce as a key priority to deliver the improvement plans – do we have appropriate skills, skill mix and capacity in the operating model **Areas for consideration**



- The morale of staff is low, they report a lack of leadership and direction, with different approaches over the past three years in particular resulting in a feeling of paralysis and demotivation
- Vacant posts due to re structuring and voluntary redundancy have had a negative impact contributing to a view that management do not have a plan. The vacant posts in Safeguarding, Principal Social Work, the inability to release of some AMPH qualified staff was given as examples
- There is a different view held by managers to operational staff about vacancy levels, pay disparity and productivity that does not support the development of a shared solution for the future. This is further compounded by a different view from HR specifically in relation to vacancy levels and those reported in the Position Statement for the Peer Challenge Team



Focus on workforce as a key priority to deliver the improvement plans – do we have appropriate skills, skill mix and capacity in the operating model **Areas for consideration**



- The high sickness absence levels over a sustained period of time need further understanding, an analysis should be completed as to the underlying causes and a clear plan to reduce them
- Previous work on attachment theory and practice development groups was reported as having been stopped
- The 'New Operating Model' that was introduced in the previous peer challenge does not seem to have translated into a review of the overall pathway taking into consideration the implementation of the Care Act.



Focus on workforce as a key priority to deliver the improvement plans – do we have appropriate skills, skill mix and capacity in the operating model **Areas for consideration**



- It was not clear that the opportunity to review pathways and deliver transformational and cultural change as part of the system implementation had been grasped, integrating the Care Act and accelerating personalisation into this process
- The new case management system was welcomed by staff and managers, there appeared to be some concern about the 'Go Live' date, the involvement of all managers and staff in the implementation



Focus on workforce as a key priority to deliver the improvement plans – do we have appropriate skills, skill mix and capacity in the operating model **Areas for consideration**



- Despite a significant change agenda, leadership changes and challenges it was not possible to identify a directorate or council wide organisational development plan supporting cultural change
- It is not clear that across the directorate the 'spirit' of the Care Act has been embedded culturally and whether there is sufficient commissioning and procurement capability to deliver the changes required
- There doesn't appear to be a formal process in place for NQSWs but they are in the workforce
- The multiple front doors is causing concern, reducing efficiency and creating confusion about roles and responsibilities, the uncertainty about the future of some functions such as the Independent Living Centre is further raising anxiety and lowering morale



Focus on workforce as a key priority to deliver the improvement plans – do we have appropriate skills, skill mix and capacity in the operating model **Areas for consideration**



- **Silo thinking was evident between and within directorates**
- There was not much evidence of active market management, strategic intentions to embed outcome based commissioning and a belief that the council was commercially immature when dealing with providers
- Providers reported little commissioning support for them locally and a lack of clarity about commissioning intentions in the longer term. “ There is too much focus on today without consideration of what is needed for tomorrow”



Do we have sufficient focus on user and carer experience and the mechanisms to allow them to achieve better outcomes at lower cost to themselves and the system **Strengths**



- Community Integration and the pilot is reported as delivering improved outcomes for service users for example reducing people going to hospital repeatedly and increasing satisfaction amongst service users but it needs strategic buy in
- There are some excellent examples of individual good practice for carers
- There was an example of a Direct Payment working well for a carer and her son to secure respite care
- The work to develop a specification to support people with Autism was cited as an example of co production
- Positive views were expressed about the range of dementia services, such as support workers, PAs and Dementia Cafés



Do we have sufficient focus on user and carer experience and the mechanisms to allow them to achieve better outcomes at lower cost to themselves and the system **Areas for consideration**



- There is no real articulation of a independence, ASC and well being strategy and then a shared plan for implementation with corporate colleagues, partners or residents
- Lack of focus on community development and specifically BME communities from a commissioning and delivery perspective
- View that its all ‘higgledy piggledy’ in terms of engagement with the local voluntary sector with no clear set of commissioning intentions
- 55% of calls to the front door of ASC result in call failure
- It was reported that the current panel process was inefficient and introducing delays for service users



Do we have sufficient focus on user and carer experience and the mechanisms to allow them to achieve better outcomes at lower cost to themselves and the system **Areas for consideration**



- There was no evidence from the service users that were spoken to that co production was a core part of adult social care modernisation
- “We organise meetings at their request, we get everyone together and they cant be bothered to ring us to tell us they were not attending”
- User Led Organisations tell us that they feel council consultations are a tick box exercise



The Case Audit - **Strengths**

- 25 cases were audited, with 3 selected cases of good practice, with all cases held by social workers
- Case recording was generally of a good standard and assessments were thorough. Some of the more complex cases demonstrated skill, determination and sensitivity by workers
- Evidence of conversations taking place that were of good quality and sensitive to people's wishes
- Social workers who were spoken to were fairly positive about practise
- Good case transfer enabling new workers to understand the history, current plans and outcomes to be achieved



The Case Audit – Areas for Consideration

- One case audit file was referred for immediate action, and generally the recording of outcomes as a result of mental capacity assessments was inconsistent
- Assessment forms and FACs still being used which is not compliant with the Care Act, and multiple versions of forms were found
- There was an over use of acronyms and a lack of personalised language
- There was little evidence of discussions or decisions that originated from supervision sessions recorded in case files and no evidence of regular auditing
- At times it appeared that carer voices dominated and overshadowed the service user voice and aspirations
- It was reported by workers that they felt appraisals happened inconsistently, were not linked to supervision and supervision focused on case load management rather than a balance with the quality of the practice
- The lack of an identified PSW was identified as a key leadership issue for front line staff



What did people who use services say ?

They give the
impression they
are listening to
us

I have always felt
valued and
supported by
Walsall Council

I don't feel safe
in the
community
especially at
night

We would like
to be more
involved in
developing new
services

We would like to
be taken seriously
rather than pick
us when they
want and drop us
when they have
finished



What did the workforce say ?

New staff come in with a new bag of tricks and then leave

Senior management changes over the last 5 years have impacted on morale, motivation and direction

Mosaic will make it much easier to manage performance

We are seen as the “enemy”

Providers are managing the commissioners

We know the pilot is good but we think a paper is sitting on someone's desk waiting for a decision



What did your Partners say ?

The CCG and
the Council
have a really
strong
relationship

Dementia
services are
very very good

The plans are based
on some very heroic
assumptions

The recent
work on mental
health with
NDTI has been
very helpful

Pace is not a
word I would
use in Walsall

Driving cost out of
the care market is
not
achievable and not
necessarily
desirable



Recommendations

- The Cabinet and Council senior officers should urgently consider the benefits of having a LGA Corporate Peer Challenge review to allow a self assessment and diagnostic that takes into consideration the whole council system
- Following on from the ASC peer challenge the council should consider adopting a sector led improving approach to its transformation. ASC could request from WM Sector Led Improvement programme additional expertise and support to make rapid improvement and stabilisation
- The council should consider asking the regional CHIA to broker the above recommendation, together with any national ASC offers that could be provided



Recommendations

- The medium term financial plans should be further reviewed to gain an improved understanding of their deliverability and using benchmarking assess risk by comparing performance of other councils
- The Council should urgently seek to develop a transformation and delivery plan to support the medium term financial plan which is owned council wide and led by the chief executive and performance reported to Cabinet building on the current Corporate Plan.
- As part of this the council should clearly set out what its proposition is for vulnerable adults, and the future of adult social care in Walsall. They should engage with the workforce, partners, and people who use services to develop a clear ASC core offer that is financially sustainable, and agree together how this should be implemented



Recommendations

- The council should continue with its planned appointments of senior posts within the social care and inclusion directorate to provide clear leadership and direction for the workforce and partners as soon as possible
- All directorates should consider what early wins could be a priority for action as part of the transformation plan in order to stabilise
- We would recommend that early consideration is given to increasing the pace on an All Age Disability approach



Some Ideas for Best Practice Development

- Consider exploring the Shropshire or Stoke for community led social work and well being offer and the underpinning business case to inform scaling up the Darlaston community model
- Herefordshire have an integrated workforce plan and a strong PSW model including a case audit and supervision model which could be looked at
- Solihull have a well embedded user led experience and co production model which the council should consider reviewing to see if any learning could be transferred to Walsall
- Warwickshire have led on the development of the national commissioning for better outcomes tool. It would be worth discussing with Warwickshire how they have used the tool to develop thinking in this area
- Wolverhampton have done a significant amount of work on the Care Act which they will be willing to share



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 Emma, Hedda and Mandy in the
admin office for their patience and kindness



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Date: 17 November 2015

Dear Keith

Walsall Adult Social Care Peer Challenge – 2-4 November 2015

I write to give you formal feedback following the Use of Resources peer challenge visit on the 2 - 4 November 2015. This builds on the provisional feedback we shared with you at the end of the challenge visit on Wednesday 4th November 2015. (A copy of our presentation is attached as an appendix).

I was pleased to lead the peer challenge and I was joined by Liam Waldron Expert by Experience; Councillor Tim Barker Cabinet Member Shropshire; Christine Whitehead Assistant Director Stoke on Trent; Ros Bridges Senior Finance Lead Shropshire and Helen Coombes West Midlands Peer Challenge Lead.

The process also included a case audit and this was led by Mark Godfrey Improvement & Efficiency West Midlands, and undertaken by Mandy Appleby Principle Social Worker Herefordshire, and Stuart James Social Care Practice Lead Staffordshire.

I would like to thank you for putting Walsall forward to host this peer challenge, particularly as you were only the second council to use the refreshed West Midlands approach, your feedback will help us further refine the process. 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.

I would also like to thank all the people who use services, carers, staff and partners, Leader of the Council, Leader of the Opposition, Cabinet Member, and Scrutiny members who participated in the challenge.

We were made welcome, and our thanks to 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 honesty and self-reflection on some of your challenges.

You asked for the peer challenge to be focused on Use of Resources and in addition asked for three specific areas to be considered and this letter provides our findings and recommendations plus the findings from the Case Audit (attached as an appendix). The three specific questions you asked us to consider were:-

1. How are the Medium and Short Term Plans supported by structures and mechanisms to deliver the objectives, including financial sustainability, and appropriate measures to reduce cost and demand for social care?
2. A focus on workforce is a key priority to deliver the improvement plans – do we have appropriate skills, skill mix and capacity in the operating model?
3. Do we have sufficient focus on user and carer experience and the mechanisms to allow them to achieve better outcomes at lower cost to themselves and the system?

The Peer Challenge Team (hereafter referred to as the Team) identified a number of main strengths and challenges which are in the following summary. This is followed by a section on the additional three specific areas of the scope.

Summary

The council has made some progress in understanding where it is spending its money, and how the council could better use the resources it has available since the last peer challenge, with commissioning and operational staff articulating the need to better use data to inform commissioning decisions and efficiently deploy the available workforce.

The planned spend in 15/16 on adult social care as a % of total council budget is low at 28% and is one of the lowest in the West Midlands region. In this context the council needs to critically consider the deliverability of further planned savings. The planned additional investment in adult social care in 16/17 was recognised but the Team felt that further analysis of the wider market, other pressures, capacity within the assessment process and impact of wider council demand management activity should take place to risk assess deliverability of savings plans.

The Team also felt in addition that further work should take place at a corporate level between officers and political leaders to further define the strategic direction of the council, its contribution to demand management for social care and the change capacity available to reduce costs. To support this the council should evaluate the operating model for reablement and other prevention interventions such as telecare, analysing the return on investment these schemes are delivering and using the findings to inform the medium term financial plan.

Undertaking both of the above, using the findings as a basis for discussion between senior officers and politicians about deliverability would support the development of a unified corporate and service focused set of financial recovery plans. This would also help address the variable levels of confidence in the financial plans that politicians and officers reported to the team.

There is a strong relationship with the NHS at a senior level and a real commitment to build on this further, this has delivered with the Clinical Commissioning Group a shared understanding of the pressures facing adult social care, and how the Better Care Fund (BCF) can be used to

help mitigate these pressures. The Team felt that through the BCF there is an opportunity to deliver transformational change and improved outcomes. The Team identified some examples of excellent individual and collective working which is having a positive impact on people's lives such as in Darlaston and would urge the senior leadership team to consider rolling this out across Walsall with partners.

The Team was impressed by the resilience of the workforce and the focus on practice during a long period of continuous change. The new case management system offers an opportunity for improvement in performance management, in addition we met many staff who demonstrated creativity and potential for innovation. It was also encouraging to hear about the plans for permanent recruitment to senior leadership posts which will bring some stability within the directorate. To improve morale and performance, the adult social care core offer needs to be articulated clearly to all. Implementation must be linked to a corporate plan and direction of travel with responsibility for implementation agreed across politicians and the executive team. A review of the current governance and accountability for change management, together with an assessment of capacity and capability of change resources to deliver the medium term financial plan and improved outcomes is recommended.

A new Safeguarding Adults Board Independent Chair is in place which will support the development within the council, and across the system as part of the new responsibilities as part of Care Act implementation. This is a positive development and the Team noted that despite many challenges strong performance in many metrics of the Adult Social Care Outcomes Framework (ASCOF) has been maintained.

How are the Medium and Short Term Plans supported by structures and mechanisms to deliver the objectives, including financial sustainability, and appropriate measures to reduce cost and demand for social care?

Strengths

The strong relationships with the NHS, with a shared understanding of the pressures across the system provides a solid foundation to build on extending joint commissioning and renegotiating the BCF. In addition the additional planned investment by the council in ASC in 16/17 is a positive step forward by the council in recognising the challenges faced. The ongoing financial commitment by the council to reablement is a clear signal of the importance of managing demand as a way of managing cost.

Areas for Consideration and Recommendations

The Team heard from politicians and senior officers differing levels of confidence in the proposed council financial plans. Having analysed the ASC proposals of £5million plus savings plans for 16/17 we felt these needed to be further tested for deliverability given that Walsall is already performing best in class in many efficiency areas and therefore further reductions may not be achievable. The Team were also concerned that plans had not been sufficiently shared with partners and that capacity in the operational teams may not be sufficient to deliver the changes required. In addition, the impact on quality of care did not appear to have been sufficiently assessed in relation to the impact of further cost reductions on the sustainability of the care market.

It was not evident in the written evidence and during the interviews that additional pressures on the ASC budget beyond the National Living Wage had been fully costed and taken into account in the commissioning approaches for domiciliary and residential care.

As the largest budget in the council, the risk of non-deliverability in ASC irrespective of the planned additional investment in 16/17 needs to be clearly understood due to the wider impact on the financial sustainability of the wider council.

Whilst many individuals reported significant activity aimed at improving outcomes and reducing cost, it was not possible to identify a clear delivery programme within ASC, or how this connected to the delivery of the council wide medium term financial plan. Operational services for example would benefit from a structured 'review' plan, and need to be able to influence the timing of commissioning decisions to ensure capacity is available to implement changes. Commissioning activity should be focused towards improving outcomes, with an overarching transformation plan, with milestones and a governance structure reporting on progress bringing this activity together with operations as a single change management plan.

The Team recommends

1. The medium term financial plans should be further reviewed to gain an improved understanding of their deliverability and using benchmarking data assess the risk by comparing the associated performance of other councils
2. The Council should clearly set out what its 'proposition' is for vulnerable adults, and the future of adult social care in Walsall. They should engage with the workforce, partners, and people who use services to develop a clear ASC offer that is financially sustainable, and agree how this should be implemented.
3. The Council should urgently seek to develop a transformation and delivery plan to support the medium term financial plan which is owned council wide and led by the chief executive and performance reported to Cabinet building on the current Corporate Plan.

A focus on workforce is a key priority to deliver the improvement plans – do we have appropriate skills, skill mix and capacity in the operating model?

Strengths

The Team heard many examples of creativity and potential for innovation, and we were told of some excellent engagement work within the workforce. Historically the retention of staff has been good, and this has had a subsequent positive impact on the level of experience within the workforce. The case audit demonstrated examples of skill, determination and sensitivity, and despite changes many staff we met were positive about the work they do and the positive impact it has on individuals and families lives. The appointment of a permanent Director and Assistant Directors in the near future is a positive step forward and will bring stability to the senior leadership team within the directorate.

Areas for consideration and Recommendations

It was evident during the review that the changes within the directorate at a senior level over the last five years have had a significant impact on morale within the workforce. The changes in direction and lack of leadership were reported as resulting in feelings of paralysis and

demotivation. Staff were not clear about whether the Operating Model introduced at the front door focus on reablement, and a locality way of working was to be implemented in complex care/longer term teams. It was also reported that previous work on attachment theory and practice development groups have stopped and it was not apparent to the Team that as part of Care Act implementation a review of the pathway, access points and capacity and skill mix had been completed.

The comparatively higher sickness levels over a sustained period need further analysis so that the underlying causes are properly understood, and a clear plan can be put in place to reduce them, this should include consideration of activities that could support employee wellbeing. We heard varying accounts of vacancy levels, and concerns that neighbouring councils were offering more attractive packages which was perceived as adding to the vacancy levels. This needs further discussion between Human Resources, managers and the workforce to better understand the real position.

It was not clear whether a workforce analysis and plan had been completed, but the Team did feel that the skill mix of qualified and unqualified social workers did need review, and that workforce planning should become an integral part of the overarching transformation plan. Staff reported that they had found the recent social care summits helpful as a way of engaging with senior managers.

At a corporate level, whilst discussions had started about a council focus on demand management, it was not clear how the different directorates worked together on transformational plans that would reduce demand, and encourage the residents of Walsall to stay healthy and fit. The Health and Well Being strategy identified the complex set of challenges and inequalities within the population that needed to be challenged, however there did not seem to be a corporate plan in place that brought together activities into one place and was supported and performance managed at a senior officer level and by politicians.

Outcome based commissioning did not appear to be integral to commissioning plans, and providers reported that they were not clear about commissioning intentions in the longer term. It was perceived by some that the team had spoken to that commissioners should develop stronger relationships with the provider market and take a more active market management role.

The Team recommends:-

4. The council should continue with its planned appointments of senior posts within the social care and inclusion directorate to provide clear leadership and direction for the workforce and partners as soon as possible
5. Early consideration is given to increasing the pace on an All Age Disability approach

Do we have sufficient focus on user and carer experience and the mechanisms to allow them to achieve better outcomes at lower cost to themselves and the system?

Strengths

The Team heard many examples of good practice in relation to dementia services from staff, partners, service users and carers. The case audit demonstrated examples of involving carers in decision making and the work to develop a specification to support people with Autism was cited as an example of co-production. The project in Darlaston was reported as delivering improved outcomes for service users by avoiding hospital admissions.

Areas for considerations and recommendations

The Team heard many different examples of good practise that demonstrated a commitment to promoting independence and wellbeing across the council and within the directorate. However it was not evident that there was a corporate shared plan for implementation. This risks missing opportunities for demand management, and engaging the residents of Walsall in a discussion about well-being and behaviour change.

The assets within communities, including faith communities that can help reduce demand, such as tackling loneliness in the older population did not appear to be maximised through a focus on community development. The Team felt that black and ethnic minority communities' assets and inequalities were not sufficiently considered when commissioning plans are developed, and in the operational delivery of services.

The voluntary sector appears to be a vibrant and enthusiastic partner who would like to be much more involved in seeking solutions to the challenges faced by adult social care, and would like to support development of clear commissioning intentions. However from the service users that were spoken to as part of the peer challenge they reported that they did not feel that co-production was integral part of the directorate's work. User Led Organisations reported that they would like to be involved in consultations at a much earlier stage to make them more meaningful. To do this the council should review what user involvement and co-production mechanisms it has in place and consider a more structured engagement approach with identified resource to lead on user engagement and outcome based commissioning and delivery.

The Team recommends:-

6. Following on from the ASC peer challenge the council should consider how it continues to benefit from sharing practice and resources through the West Midlands Sector Led Improvement programme to achieve improvement and stabilisation

Conclusions

The team recognised that the council faces many challenges and has made significant financial savings and transformational changes over the past few years and heard many positive examples of planned work that will reduce cost and improve outcomes. Leadership, culture and organisational change capacity are key to successfully managing the many challenges and the Team believe that the following additional recommendations should be considered by the Leader of the council and the senior officer team.

The Team recommends:-

7. The cabinet and council senior officers should urgently consider the benefits of having a LGA corporate peer challenge to facilitate a self-assessment and diagnostic that takes into consideration the whole council leadership plans and governance mechanisms
8. The council should consider asking the regional CHIA (Care and Health Improvement Advisor) to broker regional and national ASC expertise to support the improvement journey

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. In line with the west midlands peer challenge approach, we would ask that the council considers the recommendations, develops an action plan in response, and in March 2016 a review of progress takes place through a discussion between the Lead Director of Adult Social Care (DASS) and Walsall DASS. It is also agreed in the west midlands that councils will publish their peer challenge final letter and subsequent action plan to demonstrate its commitment to sector led improvement.

We hope that you are able to receive positively the comments and recommendations the Team has made. We have learnt from the process ourselves and we have really appreciated the opportunity to take away some good examples of care and support that we can share with councils across the West Midlands.

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 that 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 fluid and cursive, with a large initial 'S'.

Stephen T Chandler
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CC Helen Coombes