

**Summary Report for
Improvement & Efficiency West Midlands
of
Wolverhampton Mental Health
Residential & Nursing Care Project
Third Party Challenge**

Commissioned by:	Wolverhampton City Council
Date Commenced:	7 August 2012
Date Completed:	29 November 2012
Consultants:	Richard Balfe Helen Turner Sheila Stokes White

1 The three consultants were commissioned as a consortium via the Improvement and Efficiency West Midlands (IEWM) associate framework to undertake a review of the pooled adult mental health budget for Wolverhampton Primary Care Trust and Wolverhampton City Council. We were asked to consider current arrangements and practices within the service and to make proposals that would lead to the end of the pattern of budget overspend and provide more cost-effective and person centred services through identifying efficiencies, different working practices and opportunities for investments through savings.

2 The purpose of the project was to reduce the financial overspend of mental health financial planning including the pooled budget. The project was also to improve the micro and macro commissioning that was undertaken by staff to ensure individuals are accessing the least restrictive and quality placement that offers value for money. In addition it was to support staff to change their purchasing activity and also provide opportunities for invest to save activity, within care purchasing arrangements and in care provision.

3 The adult mental health pooled budget for 2012 was £19,406,352 made up of contributions from the PCT and the local authority. The budget at the year end was overspent by overspent by £1,337,742, relating specifically to care purchasing and individual placements.

4 The work was undertaken on the basis of an agreed project plan which covered each of the areas of inquiry specified in the Invitation to Tender document that was issued on the IEWM portal.

5 The estimate of time required to undertake all the work within the project was 100 days. In the event we worked a total of 125 days following an agreement to a time extension of one month beyond the originally estimated end date. The majority of work was carried out on site with one or more of the consultants at Wolverhampton for 2 to 3 days each week.

6 The specification for this project included five major areas for consideration and recommendations for improvement. These were:

1. Budget Construction
2. Provider Marker
3. Customer Journey
4. Review of Internal Processes
5. Framework and Action Plan

7 A Final Report was prepared and presented to key stakeholders at Wolverhampton at the end of November 2012. It contained over 25 commendations and these were included as an Executive Summary to the report

8 The recommendations in the Executive Summary below cover each of the five areas of work.

B= Budget Construction

B 1 We recommend that a Resource Allocation Panel be developed as a *single* resource allocation panel, operating independently of direct line management arrangements and chaired by a senior manager, advised by the Safeguarding and Quality Standards section and by the Commissioning and/or Procurement Team to replace the current Funding Panel, the Single Referral Forum, the Penn Hospital bed state meeting and the individual referral forum.

B 2 We recommend that the Care Funding Calculator is incorporated as a tool in the negotiation and placement of adults in order to provide cashable efficiency gains alongside transparency and greater information about outcomes for individuals.

B 3 A designated officer should be appointed to lead the work on implementing the Resource Allocation Panel and the Care Funding Calculator overseeing its application to ensure consistency and equity.

B 4 The developing understanding of what constitutes Value for Money (VFM) by members of the Resettlement Team should be capitalized on and rolled out across social work teams to embed it in a more robust and transparent assessment and review service.

P= Provider Market

P1 We recommend a Market Position statement (MPS) be developed and used as a practical tool to inform and facilitate the local social care market.

P2 We recommend the development of a Resource Directory based on information held by the Community Inclusion Team and the voluntary sector – organisations should be invited to be listed from as wide a field as possible.

P3 We recommend the development of a more diverse market to include greater use of direct payments and other models of support including Personal Assistants, Shared Lives and specialised domiciliary care. An Implementation Plan is included as part of the Framework and Action Plan.

P4 We recommend that current costs for Direct Payments are analysed and a greater awareness is developed of the benefits and cost effectiveness of Direct Payments. In addition, we recommend that refresher training on Direct Payments is offered to staff.

P5 We recommend that domiciliary care capacity is further developed in order to appropriately accommodate people with more complex needs moving into community based accommodation.

P6 We recommend that the existing accredited list of domiciliary care and supported housing providers is expanded to include residential and nursing care provision and that an internal communication mechanism is created to ensure that commissioners and assessors are clear about and have a common understanding about what is available locally and at what cost.

P7 We recommend that you communicate your vision for the future with providers of residential and nursing home care and develop an agreed strategy for routinely communicating with this sector about your plans.

P8 We recommend urgently commissioning or providing a range of options for step down to increase capacity for people moving out of hospital and long stay nursing and residential care. A number of options for consideration are included in the report.

P9 We recommend that current work towards an accommodation review should continue and take account of existing resources, in order to maximise use of available and potentially available housing, including units that are under occupied, or by relaxing ring fencing arrangements for specific age groups.

P10 We recommend that, as part of the revised service model for housing related support, floating support provision be extended into evenings and weekends in order to offer greater flexibility and availability at those times when people with mental health needs can feel more vulnerable and in need of support and that targeted floating support is offered to intensively support people with the Wolverhampton Homes bidding process.

P11 We recommend that the alignment of a clearly articulated commissioning and procurement cycle with operational activity working to a background of quality and Best Value should be put in place as a matter of some urgency. The agreed quality standards developed by the Safeguarding and Quality team should provide the minimum threshold against which procurement and commissioning take place and take the form of an accreditation system leading to the establishment of a formal list of preferred providers. The default position would be that no service should be commissioned unless it is included in the list.

C= Customer Journey

C1 We recommend that the care pathway out of Penn Hospital is mapped as a joint exercise by adult social care and the mental health trust to inform a clearer understanding of its current impact on the budget and opportunities for savings it might present. Ideally this should be jointly led by the Wolverhampton City Council and the Black Country Partnership Foundation Trust with named responsible individuals so that key staff are aware of the pathway and the full range of options available and do not just use those placements that are known to them.

C2 Access to scarce resources should be gate kept through a single entry community care assessment, recognizing that this may require development work with the full range of other independent providers:

C3 We recommend introduction of an agreed transition protocol between children's services, adult services and the NHS children & adolescent mental health services and adult mental health services.

C4 We recommend that a rationale be put in place for any expensive placement when all clinical and other interventions have been explored

C5 We recommend that any future resettlement takes account of the learning from the resettlement team and process and in particular the need for early communication with carers and current providers.

R= Review of Internal Processes

R1 The requirements of Care First should be codified into a formal set of procedures, published in line and subject to regular review in order to equip staff with the necessary guidance and support the processes applying to the operation of the care pathway.

R2 We recommend that in order to identify potential improvements, consideration be given to the following areas

- back office services
- the skill mix of social work staff
- embracing personal budgets
- organisational shift in attitude to risk management
- leadership

R3 We recommend the creation of a communications strategy to support effective collaborative working arrangements, both internally and with partners across the Mental Health Sector.

R4 We recommend that the Community Inclusion Team, already providing a valuable service could be developed to offer a wider and more preventive set of interventions, to improve service user outcomes as greater choice is offered;

R5 We recommend that the relative pressures on existing social work teams be explored with a view to considering an alternative structure based on the revised Customer Journey and review of internal processes within this report.

R6 We recommend that better protocols for the conduct, scheduling, planning and minute taking of meetings as well as clear and timely communication of decisions in the sector would be helpful in creating an audit trail of actions and the reasons for them.

R7 We recommend that the programme of development opportunities and refresher training which we offer as part of the Framework and Action Plan be implemented from January 2013. Performance management of the plan should be supported by a traffic light system.

R8 We recommend, as part of the above programme, the use of methods such as Appreciative Inquiry and Knowledge Management using a whole system approach including action learning sets. We would also recommend the inclusion of joint and multi agency collaborative events.

9 Our detailed recommendations then formed part of a Framework and Action Plan which was included in the report and provided the commissioners with the plan for further action.

10 At our presentation meeting with the commissioners they were interested in the clarity which we had provided about the further work which was needed and we informed them that it would be worth considering approaching IEWM to explore the possibility of formulating this into a further specification for IEWM funding.

Summary from
Sheila Stokes White
(info@sheilastokeswhite.com)
On 23 December 2012