



Adult Social Care
Regional Peer Challenge
Summary Letter

Somerset County Council
June 2013

Report

Introduction

1. Somerset County Council (SCC) asked the Local Government Association (LGA) to run a Regional Adult Social Care Peer Challenge as part of sector led improvement within the South West ADASS Region. The specific priorities identified by SCC for the team to focus upon were:
 - Do the assessment and commissioning arrangements offer alternatives to residential and nursing care and what are the blocks to this?
 - What is the quality and consistency of the multi-agency assessment and decision making process?
 - Are our contracts for residential care limiting residential homes ability to manage people when their dependence level increases but when their nursing needs are low?
2. Regional Peer Challenge is not an inspection. Instead it offers a supportive approach, undertaken by friends – albeit ‘critical friends’. It is designed to help an authority and its partners assess current achievements and areas for development, within the agreed scope of the review. It aims to help an organisation identify its current strengths, as much as what it needs to improve. But it should also provide it with a basis for further improvement in a way that is proportionate to the remit of the challenge. All information was collected on the basis that no comment or view from any individual or group is attributed to any recommendation or finding. This encourages participants to be open and honest with the team. The LGA Peer Challenge Team would like to thank Councillors, staff, people who use services, voluntary sector and other partners for their open and constructive responses during the challenge process. The team was made very welcome.
3. The members of this Regional Adult Social Care Peer Challenge Team were:
 - Mun Thong Phung, Director of Adult and Housing Services, London Borough of Haringey;
 - Siân Walker, Service Director Adult Care and Housing Operations, Wiltshire Council;
 - Cllr John Lamb, former Executive Member for ASC and Health, Trafford Metropolitan Borough Council;
 - Jonathan Trubshaw, Challenge Manager, Local Government Association.
4. The team were on-site from 3rd – 6th June 2013. The programme for the on-site phase included activities designed to enable members of the team to meet and talk to a range of internal and external stakeholders. These activities included:
 - interviews and discussions with Councillors, officers and partners;
 - focus groups with managers, practitioners, front line staff and people using services and carers;
 - the reading of documents provided by the Council, including a self-assessment of progress, strengths and areas for improvement against key areas of business.

5. The recommendations in this summary letter are based on the presentation delivered to the Council on 6th June 2013 and is based on the triangulation of what the team have read, heard and seen. This letter covers those areas most pertinent to the remit of the challenge only.

Summary

- Strong political and professional leadership with a developing vision;
 - Committed staff group with focus on good quality care for citizens;
 - Operating model which is commissioning-led;
 - Strong partnerships on the front line between health and social care;
 - Somerset is on a journey with recent massive change;
 - There is a recognition that the pace of change needs to step up with better clarity and focus;
 - Nursing home care can only be addressed via wider organisational reform with full corporate and partner/ stakeholder engagement in the wider personalisation agenda.
6. The authority as a whole has taken £46m out of the budget over the past four years and is expecting to take out a further £50m – £58m over the next four years. The strategy for delivering Adult Social Care (ASC) has to be viewed within this context. The move to a commissioning culture has enabled the authority to restructure the management and operational functions. Now that these have been completed the authority needs to embed the concept of specifying and managing the delivery of services to its citizens. The new financial realities will require a radical redesign of what ASC service provision looks like and who provides this, which will need the involvement of commissioners, providers and users (both current and future) of services. Developing community resilience and market capacity are key elements of this transformation programme. The future challenges include; ensuring this concept is understood and embraced by those within SCC, in partner organisations and the wider public.
 7. SCC appears to have a stable workforce that is committed to providing the best care for those who require it. However, the benefits of a stable workforce may be off-set by a lack of exposure to innovative practice and different approaches that a healthy turnover of staff can bring. A focus on creating an organisational interest and excitement in moving away from a traditional offer to new ways of working would build on the strengths, knowledge and experience of the existing workforce.
 8. The commissioning approach is leading the transformation of services and delivery. There are also clear links with operational colleagues to inform commissioning decisions.
 9. Front line staff reported good working relationships across the ASC and the National Health Service [NHS].
 10. The move to a commissioning approach has led to a reorganisation of structures and staff, with many senior posts being filled within the last year. The developing financial and demographic profile will necessitate further and continuing development to the structure and staff.
 11. Senior leaders recognise the above situation and have put in place mechanisms to address this. However, there was also recognition, with more than one interviewee commenting, *“It’s not happening as quickly as I would have hoped”*, that change is not happening fast enough.

12. The awareness that Nursing Home placements are higher than statistical neighbours can be seen as a symptom of the wider organisation issues that SCC is facing and addressing.

Vision, Strategy and Leadership

Strengths

- Clarity from political leadership about importance of ASC and need to work with the local NHS;
- Evidence of strong commitment to ASC from new Portfolio holder;
- Programme of support in place for Scrutiny Committee - strengthening SCC's ability to continuously improve services;
- Evidence of strong senior management leadership, commissioning-led with good relationships with operational leaders which inform the commissioning cycle.

Areas for consideration

- Operating model not permeated through the organisation - though new senior team recognises/ plans to resource this;
 - Projects and Work Programmes would benefit from co-ordination with a whole system/ programme approach;
 - Improve communication and active engagement with staff throughout the organisation and more widely with stakeholders;
 - Leadership team aware that pace of change needs to quicken, though not yet clear how this will be driven through;
 - A lot of senior leadership change has taken place and greater clarity needed on impacts further down the organisation;
 - Health and Wellbeing Board [HWBB] and Clinical Commissioning Group [CCG] interface is unclear.
13. Elected Members have highlighted the importance of ASC transformational agenda within their political priorities. This was also highlighted by the Leader of the Council during the introductory meeting with the Review Team.
 14. The new portfolio holder for ASC was actively involved in the Review Team's discussions and participated in visits to care homes.
 15. With a 40% turnover of Council Members in the May 2013 elections SCC recognises the need for Members (particularly those new to their role) to fully understand the importance of ASC and how this will need to change in the coming years.
 16. There is a 'cross-fertilization' and proactive communication/ consultation between the ASC senior commissioning and operational teams that helps inform each other's understanding of the service delivery needs.
 17. The pace of change needs to be increased and the reason for and the way in which this needs to happen should be communicated more effectively. Senior management

will need to articulate what the new culture needs to be and to ensure and check that changes in culture and behaviour are actually taking place.

18. The new SCC Business Support department needs to be used more effectively and consistently to drive forward the corporate change agenda and ASC's "You First Portfolio" transformation programme within this.
19. There needs to be more active engagement and involvement of Health partners and District Councils (DCs) in the transformation programme. The changes in ASC in turn need communicating to service users and the wider public.
20. ASC faces a big and continuing change programme and senior managers must remain visible in driving this forward.
21. ASC staff need to be supported to understand how changes in senior leadership and the leadership structure and model of the council impacts on them and their current and future work.
22. There needs to be senior council representation on the CCG Governing Board to ensure that the interface with the HWBB is clear.

Working Together

Strengths

- Evidence of close and effective working relationships with NHS staff on the ground with examples of joint and integrated approaches e.g. Symphony Project and the Independent Living Teams;
- Structures in place for internal joint working through the programme board and also operationally e.g. joint panels with the NHS;
- Evidence of Commissioners and Operational leaders and managers working together, informing each others' work;
- Good working relationships are re-established with the DCs where housing provision can support and promote independence for vulnerable people.

Areas for consideration

- The Council should be represented more equitably on the CCG governing body;
- Little evidence that staff in operational teams have an awareness of the overall work programme/ commissioning-led vision other than the projects that affect them;
- Internal partnerships between commissioners and operations are not apparent to front-line staff and consideration should be given to more effective communication strategies;
- Confusion exists at the front line over joint funding arrangements for individual cases;
- There needs to be urgent work on the accommodation strategy to develop agreed model for "extra care housing";
- Evidence that Acute Trust Nurses are "prescribing" nursing care before social care assessment is complete and that NHS staff do not understand the other options available.

23. It was noted that the Director of Public Health is on the CCG Governing Board but that the Director of Adult Social Services [DASS] is not and sits on the Clinical Commissioning Board. This does not provide adequate or equitable balance when considering how best to meet the needs of vulnerable people needing support in the future. The Shadow HWBB has worked well and SCC will formally set up the new HWBB in July. Joint working with the local NHS on integrated care, eg, Symphony Project, has been established at strategic commissioning level. There are also strong partnerships on the ground with the established Independent Living Teams and joint placement panels. The DCs are now working with SCC on the Strategic Housing Framework and the Housing, Health, Care and Support Strategy for Older People in Somerset. This is one of a few key strategic plans that involve senior officers of SCC and DCs on the Strategic Housing Officers Group. Senior Elected Members of the DCs and SCC sit on the Somerset Strategic Housing Partnership.
24. More needs to be done to ensure the 'Golden Thread' of Commissioning: Operations is passed down through the organisational structure to the front line. It was noted that formal appraisals have been reintroduced which should help support the existing supervision and informal management arrangements.
25. Clear, consistent and continued communication is a key message in addressing staff's perceptions and confusion.
26. With DCs proposed as members on the new HWBB there is an opportunity to promote the ASC agenda (and specifically housing issues).
27. There is a need for Health staff to understand the functions and options available to people which enable independence and can be delivered/ commissioned through ASC and not to follow familiar/traditional pathways to relieve immediate Health pressures e.g. discharge from hospital.

Resource and Workforce Management

Strengths

- A confident and committed operational workforce;
- The service has delivered a balanced budget for several years;
- Senior managers have good insight into the areas for improvement and change;
- There is political commitment to effectively resource adult social care;
- There is evidence of effective joint funding (e.g. 40 older people who receive joint funded services).

Areas for consideration

- Adult care is still dependent on traditional delivery models of community based adult social care - there needs to be a step-change in culture and practice with a review on how professional staff are utilised;

- Evidence of a lack of resourcing services effectively to offer step-down facilities for people with dementia;
- Stable workforce, whilst hard working, has led to a staid culture which needs effective communication and continual affirmation by leaders of the need for cultural change;
- Major capacity issue in community nursing impacts on ability to deliver effective community based solutions for people - and moreover places decision making around nursing home care solutions in the hands of the acute hospitals;
- Commissioning intentions need to better inform both the internal operational workforce plan and the external provider workforce.

28. Staff have continued to work hard and in a professional way throughout all the recent organisational changes and such commitment should be harnessed and channelled in the design and development of innovative practices.

29. ASC service is good at managing money. This will be of increasing importance as budgets come under increasing pressure and increasing demographic demand.

30. The political commitment is clear and stated by the political leadership of the SCC.

31. Recognising there is an effective joint funding policy in place, there is a question over whether front line staff know how to access this funding arrangement as the numbers of services joint funded are comparatively low.

Service Delivery and Effective Practice

Strengths

- Refreshing senior operational leadership with consideration being given to the vision for the future of operational services;
- Outcome focussed assessment documentation;
- Good evidence of positive impact of Independent Living Teams;
- Safeguarding is prioritised by front line staff and all members of the new Council are currently undertaking mandatory safeguarding training;
- Dementia toolkit being utilised and developed;
- Clarity about assessment and NHS Continuing Health Care [CHC] funding pathways.

Areas for consideration

- Staff do not know what “*Different*” looks like and are still pursuing traditional models of service;

- Reablement programme is insufficiently developed across the county and some evidence that staff are not appropriately trained to deliver reablement to people living with dementia;
- Lack of priority to delivering personal budgets (8.3%) - more staff and systems development needed to ensure clarity and delivery. In particular Team Managers need to own the change and take responsibility;
- Need more pace on review, full implementation and cross-county roll-out of effective new community intervention strategies;
- There is no concept of people “stepping-down” from high end provision;
- Premise of assessment is often for the longer term rather than consideration of stepped support for people during a crisis. This can lead to risk-averse assessments;
- Consultation with citizens is described - but little reference to supporting/ consulting with Carers about what they want;
- No evidence that consideration is given to evaluating whether new projects support the delivery of personal budgets;
- Evidence from front line managers indicates that information gathered at the front-door may be insufficient and this needs further examination;
- Telecare and telehealth options need wider promotion and deployment;
- Conflicting evidence about the robustness of challenge of decisions about nursing home outcomes of assessments.

32. It was recognised that SCC is on a journey and there is now a need to step-up the pace of this journey and move away from the traditional ways and concepts of service delivery.

33. Existing communication tools, such as The Loop could be used more extensively. What is there already could be used to gather feedback/information/ideas from staff and reflect back how their contributions have helped inform and change practice.

34. The current focus of care assessments appears to be on managing short-term crisis (which may include the response of prescribing nursing care) rather than empowering citizens to take control. The aim should be to keep people out of the care system – reduce levels of care.

35. Further consideration needs to be given as to how Personal Budgets can help people move away from a dependency culture and in turn an over-reliance on nursing care.

36. Consider innovative and creative support solutions and how these can be joint funded with DCs and commissioners and operational staff, including improved and wider use of Telecare options and other technological interventions.

37. Develop community services that are not totally reliant on SCC funding and also services that can respond to personal budgets.

38. Some consideration needs to be given to how assessments are carried out so that assumptions are always that outcomes for service users are improved when services to meet those outcomes are effectively delivered through partnerships with universal services i.e. GPs, Primary Nursing Care, Housing and the Voluntary and Community sector. Further, suggestions from staff were welcomed in that having a “generic-team”

structure to deliver assessment (e.g. that the Independent Living Teams (ILTs) and longer term teams combine) would ensure development of wider learning from the achievements of the ILTs

39. Services that actively engage with citizens and communities should be encouraged, e.g., good neighbour schemes, community support networks.

Commissioning

Strengths

- Good strategic organisation of commissioning infrastructure which enables the capacity to develop strategic commissioning to deliver better outcomes for citizens;
- Evidence of the intention to commence work on development market position;
- Commissioners are developing service level agreements with the operational service with clear expectations of performance with effective processes for involving operational staff in the commissioning cycle;
- In-depth analysis of cases shows commitment to evidenced based commissioning practice.

Areas for Consideration

- Some confusion about the roles of each of the strategic commissioners amongst the operational staff;
- A perception that pace of commissioning needs to be faster to develop and broaden the market options, with more radical modernised and innovative services to be commissioned on a county-wide basis;
- Evidence that NHS operational partners and front line operational staff are unaware of commissioning intentions to reduce nursing care;
- Evidence of lack of clarity about integrated joint commissioning for shared outcomes across NHS and social care;
- **Need to improve financial advice and** information systems at operational panels to inform decision making to effect an even tighter management grip on budgets;

40. The SCC commissioning-led approach is helping organisational thinking about new ways of working and this needs to continue so that operational solutions flow back to keep up the pace of change.

41. Communication and engagement (particularly with those on the front line) by those with managerial responsibility right through the structure, is a key theme.

42. It is clear that budgets are being managed well. However, the ability of all partners to challenge decisions will help as budget restrictions necessitate more innovative ways

of working, including seeking resources outside the public sector, e.g., use of volunteers.

43. ASC “You First Portfolio” transformation programme and the Symphony Project are in a good position to renew focus on:
- [i] recovery, recuperation, rehabilitation and reablement;
 - [ii] community capacity and individual resilience;
 - [iii] self managed care;
 - [iv] personal budgets.

Recommendations

The presenting issue:

- To achieve personalisation, consideration should be given to move to “generic” adult social care teams to ensure independent living;
- Ensure NHS and internal staff are all appraised about the full social care “offer”;
- Work with the CCG to ensure that current primary nursing care delivery is enhanced;
- Ensure that decision making panels, where residential or nursing care is prioritised, have robust decision making and challenge with commissioner and finance involvement;
- In order to avoid discharging people who can be maintained in residential care homes, into nursing home care, Commissioners and Somerset CCG to consider a joined up NHS/ASC approach to support residential care providers;
- Continuing analysis to understand the real size of the nursing care expansion problem – is data being accurately benchmarked?

The wider strategy

- Focus on communication with front line staff and citizens to set out the new commissioning vision for personalisation and independence at home (“You First” portfolio).
- Ensure that the Scrutiny Committee with responsibility for Health & Social Care is supported to ensure appropriate challenge and a joined up approach to achieving improved health and social care outcomes for citizens;
- Voluntary & Community sector strategy needs to be developed in order that operational staff and providers can make maximum benefit of community capacity.

Quick wins

- Identify individuals throughout the operational system who are “up for change”, invest in them and get them to act as change champions;

- Introduce robust panel challenge for all nursing care placement decisions to examine whether there is a consistent approach;
- Agree one overall priority for change within ASC e.g. the “You First”; portfolio and ensure that the Business Support Team ensures that all other projects feed into this and are programme-managed as such.

Next Steps

44. After due consideration of the issues and recommendations in this summary report the Peer Challenge Team assume you will take forward aspects of this report in your future plans. We suggest you disseminate the key messages to staff and partners and seek to publish the report.

45. In due course LGA and South West Regional ADASS will evaluate the progress of this work in line with the wider regional sector led improvement work.

Contact details

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For more information on peer challenge and the work of the Local Government Association please see our website: <http://www.local.gov.uk/peer-challenges>