

**Health and Social Care Scrutiny Board (5)**

**29<sup>th</sup> June 2016**

**APPENDIX 1**

# **Coventry Peer Challenge Personalisation**

**23<sup>rd</sup> February 2016**



# 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
  - ❖ Over 100 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 development of the People Directorate connecting children, education, social care and public health offers a real opportunity for a shift to a combined commissioning approach tackling the short term challenges and longer term demand management issues within the Council through primary and secondary prevention
- The ASCOF performance achievements have been maintained since the last peer challenge despite some significant financial challenges. The message about the financial position is understood across social care staff, partners, service users and wider stakeholders
- There are some examples of excellent individual and collective innovation which is having a positive impact on people's lives such as the Locksmiths in the Community and the Dementia Hospital Discharge
- The scale of ASC budget reduction between 8/9 – 13/14 was 41% ( the highest regionally) and is one of five councils in WM that has reduced the gross total by more than 10% over the 5 year period. There are implications for longer term sustainability arising, notwithstanding the success of this so far
- Planned spend on ASC 15/16 as a % of total council budget is low at 29% and one of the lowest in the WM region
- Gross total expenditure on adults aged 65 and over is one of the highest in the region at 57%, which merits consideration of the drivers for demand across the system



# Summary

- The overarching council relationships with its partners and development of a shared understanding of the financial constraints the council is facing is positive and is helping maintain relationships through significant change
- The progress on delivery of personalisation and the development of an agreed vision and delivery plan for adult social care since the previous peer challenge has been limited despite a planned re launch, and why this has happened including governance and capacity issues needs to be understood and owned within the council
- Communication, access and responsiveness was a recurring theme raised by partners and representative groups at both a commissioning and practice level. Some quality assurance of the process for responding to safeguarding and feeding back to the referrer should take place.
- The enthusiasm of the workforce for change and the sense of commitment to achieving the best for the citizens of Coventry was impressive



# Summary

- Relationships between the new leadership team in People Directorate and NHS Chief Officers are positive with potential. Notwithstanding initiatives and investments, there remains a gap in system leadership in delivering collective ownership and communication of a shared plan
- A recurring theme/message that have come through is a gaps in ownership and communication driving change into reality
- The Better Care Fund plan in 15/16 described the shift towards integrated community based working, delivering improved outcomes for service users and improved performance in areas such as Delayed Discharges for Care but these don't seem to have yet had the expected impact
- NHS has different views on the system solutions, and whether a plan exists or not, and even the size and scale of the financial and activity problem this has resulted in an absence of a shared model
- Different partners including the council, and the current governance structures are focused on tactical rather than strategic responses such as in the SRG, this has been confirmed by other reviews from outside bodies



Does our approach to both new and existing customers support people in identifying their outcomes and making active choices about how outcomes are met ? How could this be improved ?



## Strengths

- The People Senior Leadership recognise that changes need to be made to the current approach and are clearly committed to building on the good practice that already exists and ensuring that the workforce and partners are part of the change management plans
- Positive progress has been made to establish adult social care as an effective element of the council front door (20% diversion) and provides an opportunity for giving information/advice about assets and choices available wider than adult social care to promote self-service and independence
- The improvements made in Care Director CRMS that enable the recording of service user outcomes at the beginning of the safeguarding adults process support change in social work practise away from a process to person centred and outcomes approach
- Examples of innovation such as the work in Learning Disabilities through Grapevine are evident across the system are having a positive impact on people's lives
- For those people coming through the hospital system the reablement offer is focused on outcomes and maximising independence, with providers engaged in delivering improvements



Does our approach to both new and existing customers support people in identifying their outcomes and making active choices about how outcomes are met ? How could this be improved ?

### Areas for Consideration

- Accelerating personalisation and giving people choice and control is perceived as something that is difficult to do given the financial constraints rather than a way of improving outcomes and reducing cost through getting it right first time
- Lack of access, poor response times, waiting for reviews and assessments was cited frequently as an issue that was affecting the quality of experience experienced by service users and their families when requiring support from ASC
- A tick box, form filling culture was described, alongside a perception that social workers were often rushed and did not have time to follow through once support was in place to review whether it was at the right level and meeting outcomes
- The customer journey appears to have multiple hand off points with the majority of demand coming through from the NHS. There is an opportunity to build on data sharing towards person centred electronic health and well being records
- In addition the current model of Brokerage and its approach to sourcing support is not sufficiently moving forward market shaping to promote independence and personalisation
- The current approach to calculating Indicative Personal Budgets using the Face RAS is driving a task and time approach to support planning that may be at odds with an asset based approach. It is not clear the RAS and other panel processes have been adjusted in light of the Care Act implementation which requires a different approach to well being and meeting outcomes



Does our approach to both new and existing customers support people in identifying their outcomes and making active choices about how outcomes are met ? How could this be improved ?

### Areas for Consideration

- It was not evident that a shared understanding of what adult social care does and doesn't do exists both internally and externally to the council. Since the implementation of the Care Act beyond a change in forms the cultural shift required to a well being model away from case management does not appear to have taken place
- The MTFs and the budget planning for ASC is based on a series of assumptions and plans that will require demand management through increased diversion and a reduction in individual costs. However there does not appear to be robust transformation plans to tackle this within the Council or across the NHS partners, with effective change management clear articulation and ownership.
- There are savings associated with Assistive Technology and the RAS that have previously not delivered and do not appear to have credible plans behind them to deliver in 16/17
- The implementation of the Care Act was an opportunity to consider improving IAG for self funders, increasing advocacy to enable people to make their own decisions reducing failure. It was reported that access to advocacy has been reduced rather than increased, Direct Payment Support is limited to one organisation





## How can we develop our workforce to better enable them to work with users and carers in an asset based way to make active choices about how outcomes are met ? **Strengths**

- The staff were enthusiastic, committed and reported they felt empowered to make changes and improve practise and morale was high.
- Recruitment and retention appears good, with a stable front line workforce and they are maintaining your levels of activity with a significantly decreasing resource base which is commendable but unsustainable
- The planned workforce development to achieve Silver in Making Safeguarding Personal with a specific focus on Mental Capacity, improved information and opportunities for feedback are very positive
- On the front line, staff see a value in increased integrated working across health, social care and the development of new approaches to using the resources in the community such as social prescribing
- The model of trusted assessors for small aids and adaptations through the Carers organisations to support hospital discharge is an innovation that demonstrates the use of new and varied roles, as is the independent travel training team to pre and post 16 young people helping them prepare for adulthood
- There are good relationships between social care, transition workers, careers advisors and education officers which needs to be formalised and more work needs to be done to bring schools into the EHCP process



## How can we develop our workforce to better enable them to work with users and carers in an asset based way to make active choices about how outcomes are met ? **Areas for Consideration**

- The launch of the Integrated Neighbourhood Teams in April does not appear to be supported by a change management and organisational design plan, so beyond bring different disciplines together and the addition of social prescribing, there appear to little attention to how staff will be supported to make the cultural shift with an evidence base for interventions, use of resources and impact.
- There was no evidence of a ASC specific workforce plan and a capacity and demand model to match demand, that focuses on developing the internal workforce and also improvements in the wider market social care workforce which would enable personalisation (providers portrayed their approach as despite not because of commissioning) .
- Professional leadership both for social workers and occupational therapists was not evident as having a strong and influencing voice at the level of strategic decision making



Does our approach to commissioning embody the delivery of Personalised adult social care ? To what extent does a market exist that would support meeting individual outcomes ? ( this includes approach to asset based working) **Strengths**



- The team heard many examples of innovative commissioning practise such as the Locksmiths in the Community and Grapevine
- The CCG is willing and the Acute Hospital would support increased investment in community capacity would support a shift to prevention, an example of where this is currently happening is the Step up Reablement capacity
- The voluntary sector is strong and thriving, and the People directorate is protecting the spending it makes in this area which supports community capacity building
- The Connecting communities programme and the work of the community development team in supporting grass roots innovation at a local level, alongside the directory of community activities are useful resources for front line social care practitioners



**Does our approach to commissioning embody the delivery of Personalised adult social care ? To what extent does a market exist that would support meeting individual outcomes ? ( this includes approach to asset based working) **Strengths****

- There appears to be an absence of a council wide people focused strategic commissioning approach and plan driven by insight. This is compounded by no health and care system wide agreed outcomes to lead the shift from acute crisis driven interventions to prevention
- ASC commissioning plans for key client groups are not developed such as older people and mental health so providers and wider stakeholders are not clear about the council intentions
- There did not appear to be an overall commissioning that aimed to increase choice in the market that would a) allow people to agree their outcomes with the provider b) different types of providers such as PA's
- The market appears to be traditional with little enthusiasm for personalisation for older people particularly and offering a more diverse range of support
- Emerging demand such as Transitions, long term conditions, positive life style choices needs to become a priority for the work undertaken by the community development team and public health if future demand and acuity is going to be contained



Does our approach to commissioning embody the delivery of Personalised adult social care ? To what extent does a market exist that would support meeting individual outcomes ? ( this includes approach to asset based working) **Areas for Consideration**



- The use of technology and a ' Digital ' approach as a core approach to demand management, maximising independence and reducing cost is not agreed between the corporate team and the business
- It is not clear whether commissioning decisions and plans take into account whether the required social work capacity is available to undertake the reviews and assessment work required to implement changes. This is in the context of it being reported that review performance historically has been poor
- The procurement of individual packages through a bidding approach based on lowest cost needs to be reviewed,
- Contract management was reported as still focusing on hours and tasks, and there was no evidence that planned future procurements were preparing for a more personalised and outcome based approach based on tools such as the Commissioning for Better Outcomes



## Does our financial management processes accommodate the delivery of personalised support within the tight resource context in which we operate ? **Strengths**

- The plans for the single council accommodation, new ways of working and open plan integrated working is a significant step forward in breaking down silo's between different teams and management structures
- ASC has contributed 17.3m to the MTFs to date, whilst this has been partly off set by some 7m the budget building process for 16/17, this represents continuity of service with a consistently reducing resource base.
- Consideration has been given to the need to develop interfaces between various different systems such as Agresso, Care Director, and a CRM solution
- Services users with a Direct Payment though few in number were very appreciative of the support from the council and the DP Support provider
- The introduction of new laptops and other technology is supporting the development of a more mobile workforce in adult social care and is reporting as improving productivity
- The performance reporting dashboard is a really good example of pulling together a range of data that allows senior managers to proactively intervene to improve performance on a quarterly basis



# Does our financial management processes accommodate the delivery of personalised support within the tight resource context in which we operate ? **Areas for Consideration**

- The plans for income generation including the review of the Contribution Policy do not appear to be fully developed, so the full year effect is going to be difficult to achieve
- The lack of data that includes the end to end customer journey, including demand management failure at the council front door is not supporting commissioners to make informed decisions about targeting investment and the proposed digital solution to capturing data at the front door is unlikely to resolve this issue
- A stronger link between finance and performance data is required. This will provide evidence of the link between spend, market and outcomes. A wider review of the FACE/RAS and asset based approaches needs to be undertaken
- The point above will enable affordable extension of work to date at scale on individual service funds and personal health budgets
- The council needs to assess capacity and risks arising from the National Living Wage and subsequent costs in res/nursing care, in view of Care Act duties in market shaping and market failure
- There is little evidence of plans to put in place the range of revised business processes that are required to support personalisation such as Individual Service Funds



## The Case Audit - Strengths

- 20 cases were audited, with 3 selected cases of good practice, with all cases held by social workers
- Mental Health case files evidenced good practice with good examples of positive risk taking and working within the framework of the mental capacity act and the use of IMCA to make best interest decisions.
- Evidence of conversations taking place that were of good quality and demonstrated that people were treated with dignity and respect
- Some good examples of partnership working with other agencies
- Two cases that really demonstrated an enabling and supporting independence approach
- No case required an immediate review due to issues of concern





## The Case Audit – Areas for Consideration

- Of the 20 cases audited, only one contained a carer assessment, with others indicating a referral for a carer assessment been made but no follow up, which is not Care Act compliant and a number of young people's cases that focused on the needs of the carer rather than the service user
- Very few cases appeared to include Capacity Assessments to inform decision making, and a lack of clarity about the MCA , who should undertake capacity assessments and the need to record accurately the outcome and decisions then taken.
- There was an over use of acronyms and a lack of personalised language, with the user voice not evident in the assessment and support plans
- There was no evidence of Making Safeguarding Personal as an approach within the files, with information gathering, but few reports and professional decision making on decisions and risk management. Minute taking of safeguarding investigations was of variable quality
- There was little evidence of management oversight in the majority of the files and case work being signed off, with consistency in supervision felt to be variable.



# What did people who use services say ?

Carers – Listen to us, Believe Carers and be open and honest

Very Happy I like being independent

I care for 2 children with Autism – the support worker has changed mine and their lives

Social Services were really helpful and surprised how good they were

I can be on the phone 30 minutes and my call doesn't get answered



## What did the workforce say ?

We need to understand the cost of not making decisions

Not enough time to everything being asked of us

We don't have a vision or a plan

Everyone wants to do the right thing, no one knows how

One way street with the NHS

Care Director does not help us to record creative outcomes



# What did your Partners say ?

Old Wine, New  
Bottle approach  
to Learning  
Disability

Individual  
commissioners  
with some  
great ideas

Work via Safeguarding  
Board on fire related  
deaths has been first  
class and improved  
outcomes

Managers of  
social care  
remain very  
positive despite  
cuts, they  
deserve a pat  
on the back

Now you say it,  
assume a plan  
exists but I  
haven't seen it

We don't know if  
ethnic diversity  
issues are  
reflected in  
commissioning  
process



## Recommendations

- Much of the demand and cost for ASC appears to be driven by the NHS. The health and social care system in Coventry should redesign the care pathway to reduce admissions and invest in community provision
- A vision of adult social care to underpin the wider integrated system needs to be developed in conjunction with service users, carers and partners that describes how the council is delivering within the framework of the Care Act, and gives clear direction at a commissioning level but also to front line practitioners on the strategic intent of the council
- Change needs to be underpinned by robust plans, adequate capacity and an understanding of the implications for workforce change. This is required to deliver the aspirations of the council within available resources.



# Recommendations

- The council should consider rapidly accelerating personalisation in terms of practise, commissioning and infrastructure and see this as an opportunity to deliver against its corporate objectives in the context of reduced finances
- A key part of transformation will be a review of current business process and planned change management to ensure that the unintended consequences are understood and mitigated
- Additional capacity at senior level focused on strategic adult social care transformational change might be a way of accelerating the change required and delivering the financial ambition. This could connect the various different corporate and service based developments that appear currently unconnected and ensure that benefits realisation is monitored
- The team heard a number of issues relating to safeguarding adults from a strategic and practice perspective that need further auditing and the council should seek urgent assurance as to the validity of these issues. Further work is required to ensure an outcome focused approach to safeguarding as per the principles of Making Safeguarding Personal



## Some Ideas for Best Practice Development

- In Swindon ( SEQOL) they bring together health and social care services to deliver what a person needs to live a meaningful and enjoyable life, rather than addressing health and social care needs and has evidenced some significant success in enablement
- Buckinghamshire CC have recently recommissioned their domiciliary care and have spent time working with providers to describe what an outcome based approach could look like
- Shropshire and Wiltshire have approaches that are based on a asset based approach that uses local community resources as an alternative to funded services to meet individuals aspirations
- Leeds are developing an approach to a 'citizen account' that will incorporate adult social care personal budgets and offers the opportunity for a significant shift to personalisation
- It might be also worth considering whether use of diagnostic tools such as the Commissioning for Better Outcomes, and workforce assessments might help internal discussions about capacity and change management to support transformational change



**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 Helene thank you so much for your patience, organisational skills and kindness

