

Mr D Pearson, Director - Adult Social Care, Health  
and Public Protection  
Nottinghamshire County Council  
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Date: 8 May 2013  
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Dear David

**NOTTINGHAMSHIRE ADULT SOCIAL CARE PEER CHALLENGE: 23-25 APRIL 2013**

I am writing to give formal feedback to you after the Peer Challenge.

I was pleased to be able to lead the Peer Challenge Team and was ably supported by my colleagues, Brian Frisby, Director of Younger Adults and Housing, Derby City Council and Ruth Lake, Director of Adult Social Care and Safeguarding, Leicester City Council. We had the benefit of invaluable assistance from Daniel Routledge, from the School Development Support Agency (SDSA). I think I can say confidently that we all enjoyed the experience and found it very interesting and helpful from our own perspective, giving us plenty of food for thought to take back to our own councils.

I would like to thank you for putting Nottinghamshire forward to host the 'pilot' for Peer Challenge within the wider sector led improvement approach in adult social care that we have developed in the East Midlands. I know that your offer is appreciated by all DASSs in the region, providing us with a valuable opportunity to fully test the process.

My thanks are also due to all your staff, partners, service users and carers, who participated in the Peer Challenge. We were made most welcome and were impressed by the open and honest way everyone joined in the discussions, making our task so much easier. Particular thanks are due to Anne Morgan, our main contact with Nottinghamshire, for her excellent preparatory work, close support on site and generous hospitality in ensuring all our needs were met.

We presented our informal feedback to you as the final stage of the Peer Challenge on the 25 April. This formal feedback builds on the presentation. We have included, at your request, some of the more detailed feedback which will be of interest to you in gaining full value from the Peer Challenge.

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**ACCESS TO RECORDS:**

"The Council has an open access to service users social care records. Individuals now have a right to see personal information about themselves held by the Council, in accordance with the Access to Personal Files Act 1987"

### **Overview**

We observed a strong sense of collaborative working given the difficult times we are all facing and in a complex environment. This was demonstrated in many conversations with senior leaders and endorsed by partners. Your corporate approach is very good as evidenced by the findings of the Corporate Peer Challenge in 2012. We were pleased to be able to have this explained to us personally when we met the Chief Executive, Mick Burrows.

The Senior Leadership Team is confident, experienced and committed to working through staff. We heard this expressed by managers and staff that we met. There is an open and outward looking culture with strong partnership relationships at a senior level. These have helped to support continuity during periods of change and are particularly beneficial at the present time with so many partner organisations experiencing significant organisational change.

There is a strong focus on delivery and performance management which should give confidence for the challenges ahead. The adult social care environment is very complex but we saw an increasing recognition of outcomes and what really makes a difference to people's lives. The early consideration of what is required for the next period of change, with the setting up of the Transformation Board and an emerging new model for social care given much reduced resources, bodes well for the future.

We heard positive feedback from many people we spoke to about the progress you are making and the willingness to work together for the benefit of Nottinghamshire residents.

### **Integrated Commissioning**

*The Council asked us to consider how effective current arrangements are at targeting joint Health and Social Care resources in order to improve outcomes for older people in line with your joint strategic direction.*

### **Strengths**

The Council has created a solid platform for integrated commissioning through the Health and Wellbeing Board and its sub-structures with the Integrated Commissioning Group co-ordinating a varied range of activities. There are good examples of effective delivery, with the work on dementia being a particular highlight. The geography and organisational landscape of Nottinghamshire is complex, but despite this more whole-system models are emerging with NHS partners. This positive work across the partnership has been assisted by a proactive approach from the Council and previous agreements about use of resources with the NHS.

There is evidence of an increasing focus on outcomes through the work on Early Intervention and Prevention with colleagues from Public Health and future procurement of home care. The focus on interventions, that really make a difference to people's lives will both achieve better outcomes and reduced costs.

3 contd

The Living at Home Project is an ambitious attempt to address a major performance and cost issue for the Council. It is consistent with the overall approach to enable people to be as independent as possible and continue living in their own homes. There are encouraging signs that the work is beginning to make an impact with a reduction in the number of people supported in care homes by the Council.

The Council is recognised as a strong contributor in the quest to strengthen integrated commissioning to meet future challenges. It is respected and valued by NHS partners as the 'glue' keeping everybody together during times of change.

Integrated commissioning will be vital to the next stage in transforming adult social care. It is encouraging that early thinking is taking place about what this will mean for Nottinghamshire residents and that Clinical Commissioning Group representatives will be part of the Transformation Board.

#### Areas for consideration

It is acknowledged in the Council that greater alignment with health services is essential in addressing the huge financial challenge the public sector is facing and to achieve the best possible outcomes for residents. While progress is being made as described above, there is not yet a single shared vision or an agreed way to achieve whole system change across the whole county. It is apparent that, while delivering value in many other ways, the current integrated commissioning arrangements will not deliver whole system change. In common with most other parts of the country, work on resolving this issue needs to progress at a quicker pace and the central/local balance needs to be worked out more clearly.

The pace and scale of change needs to be quicker/bigger in other areas too. There is much good work taking place in reablement and positive ideas about how this can be better aligned with NHS intermediate care. However, while it is important to test out new approaches a proliferation of 'pilots' is unlikely to make the bigger impact required given the pressures on the health and social care system.

Integrated commissioning at the strategic level needs to be mirrored at the individual level if it is to meet the requirements of personalisation. The link between strategic commissioning and integrated commissioning needs strengthening. The progress the Council has made in personal budgets and the advent of personal health budgets presents an opportunity to do this. This would add real value for service users given the experiences shared directly with us about the dislocation of care and funding in relation to social care and continuing health care.

The question also arises about what commissioning for personalisation entails and we feel that this needs to be more clearly understood in the next stage of development, for example the future of in-house services.

### **Safeguarding**

*The Council asked us to consider, in addition to the existing safeguarding adults' processes, what additional activities, systems or processes could be developed or enhanced to ensure the safety of vulnerable people in Nottinghamshire.*

#### **Strengths**

The Peer Challenge in November 2011 has provided a helpful platform from which to review performance and progress. Our headline conclusion is that the key message from that review was reinforced; practice is basically sound, with some excellent examples of innovative approaches to keeping people safe. It was clear that the Council has taken on board those earlier recommendations and made further improvements over the past year.

We identified a strong sense of the strategic partnership working well – this was evidenced in discussions with many managers and board officers/chair. It could also be seen in operation, for example the partnership roles taken on by non-Council officers, such as the Fire and Rescue Service.

There was widespread recognition that safeguarding was a priority for the Senior Leadership Team; people commented positively on the understanding and commitment of senior managers and politicians regarding safeguarding.

The focus on, and improvements made, to tackling care home quality were evident. This could be seen in work to develop partnership approaches, eg Care Quality Commission secondment, via the Multi-Agency Safeguarding Hub (MASH) links and providers stating that the safeguarding adults' process was generally clear to them.

The MASH itself was generally well regarded as an initiative to improve safeguarding and people described some of the early benefits, for example reducing unnecessary safeguarding investigations for local teams via effective screening. People recognised that there were further benefits to be realised as it beds in.

There was a sense that safeguarding was everybody's business. Managers felt staff demonstrated expertise in practice; staff understood their role and knew that managers had this firmly on their agenda. The level of board engagement indicates that partners see this as part of their strategic agenda too.

#### **Areas for consideration**

Whilst there has been a thorough response to the Peer Challenge, some areas might benefit from further consideration. Some actions are rated green on the basis of actions being completed, such as training or issuing of guidance; the Senior Leadership Team might wish to follow this through to assure themselves that change is embedded in practice. An example

would be the extent to which consistency in the use of the lessons learned field in Framework has been achieved; also the work to develop the language used, where frontline staff were still of a view that this was variable.

The Council self-identified teething problems with the MASH and this was reflected in the discussions we had with staff and managers. Not everyone was clear what the MASH did with information that did not trigger a safeguarding investigation; for example some staff felt that information about local care home quality was lost to the organisation, as they no longer received this. Others understood the links to the contracting functions. Capacity pressures were cited, with an impact being that feedback on referrals was not always happening and that the information received by local teams was sometimes of poor quality. Some staff felt that an unintended consequence was the severing of some local relationships. However these comments were made in the context of people recognising that this was early days.

Framework was much cited as an operational challenge. People referred to it as 'clunky' and 'time consuming'. The impact was described as a disincentive to use it to its full benefit regarding capturing outcomes and lessons learned. People also highlighted the practice issues regarding the lessons learned process, in that managers were completing this based on the Framework information on the safeguarding episode; as staff did not always capture the challenges within this part of the system, they were not being pulled through for further consideration.

There was a sense from staff, managers and board officers that the multi-agency policy and procedures review was keenly awaited. As these provide the platform for consistent work with partners, the Senior Leadership Team might wish to consider the pace for delivery and resources required, as it feels to be a significant piece of work.

Staff and managers described a variation in the level of engagement from partner agencies that they experienced at a local level in safeguarding casework. The Council could consider how the Nottinghamshire Safeguarding Adults Board (NSAB) might further support communication and engagement activity across the partnership, targeted at the frontline workforce.

With regards to the NSAB, its profile within the operational tiers did feel to be quite low; only staff directly linked to the board's governance structures could identify the impact of the board on safeguarding approaches, with the exception of the training delivery, which was more widely recognised.

Staff and frontline managers also felt that the Senior Leadership Team might benefit from greater dialogue with practitioners about safeguarding issues. Equally they wanted to know more about what the senior team did with information they generated, such as the lessons learned feedback. There are clearly some good mechanisms for communicating with staff via newsletters and annual reports; the Senior Leadership Team might wish to consider further opportunities for conversations with operational teams about safeguarding.

6 contd

To summarise, we have seen nothing that would raise any significant concern, much to be proud of and I hope that our observations are constructive to your ongoing development of the safeguarding agenda.

### **Personalisation**

*The Council asked us to consider whether it has delivered choice and control and embraced personalisation.*

#### **Strengths**

We found a number of strengths in the approach that the Council has taken in delivering personalisation, through its Putting People First and Think Local, Act Personal programmes. The Council has designed and implemented a new service user pathway that is well understood by managers and staff. There is a strong emphasis at the front end to signpost and give people information such that they don't need to enter the service and at reablement, to avoid users needing longer term support.

There has been excellent progress in moving people on to personal budgets, with only 40 service users who now do not have a personal budget – and an ever increasing number of people taking this as a direct payment.

We found a strong sense that personalisation is becoming everybody's business and that the new process was becoming well embedded as the only process that could be followed.

Attention has been paid to building and sustaining the infrastructure in the move towards personalisation and most of the pieces are in place to enable users to do different things with their budget. Existing and new providers are responding in new ways, for example, we heard about a pub in the north of the county that is delivering good quality meals to people's homes – giving users value and a community connection and supporting local business.

Users and carers we met who had a direct payment, were clear that this was giving them more choice, control and flexibility. We heard evidence that some users, particularly younger adults, were achieving much better outcomes in terms of independent/ordinary living options. For example, we heard about a young woman who had lived with her mother - who was understandably protective – who used her personal budget to move into supported living and secure her own tenancy. She is now planning to get married and is looking for work.

#### **Areas for consideration**

Based on feedback that we had from staff and managers, it appears that further work is required to move the emphasis on from personal budgets to self-directed support. The Council's brokerage model appears to emphasise the purpose of personalisation as giving users personal budgets to purchase services, rather than shaping care and support around

their individual circumstances in more 'creative' ways. It seems to be mostly Council staff that are 'doing' self-directed support to people, rather than supporting users to take control. The view was expressed a number of times that the approach remains risk averse in many areas, with a sense of being some way off from 'letting' people do their own support planning.

Providers who we met observed that many support plans passed to them by staff are still very task orientated and not outcomes based – and it was left to them to make them more personalised, with the service users.

This was not the case across the board and there appear to be exceptions. For example, residential care admissions for physically disabled people have significantly reduced, young people in transition are being supported to avoid/bypass traditional services and there is evidence of positive risk taking with learning disabled people. The Council's plan to develop the 'empower and enable' model alongside the User Led Organisation will assist in achieving a more significant shift to supporting users and carers to self-direct. However, there is almost certainly a further cultural shift that will be required at all levels with regards to relinquishing power and control and gearing up to exploit the opportunity to increase the 'self-service' nature of self-directed support as the Council faces challenging Medium Term Financial Plan (MTFP) budget reductions.

We found limited evidence of the impact of personalisation for users. There is good data about the numbers of people with a personal budget and direct payment, the Adult Social Care Outcomes Framework indicators, aggregation of reviews and some anecdotal success stories. But we found less systematic evidence of how personalisation is delivering on outcomes as defined by users, such as: routinely using POET to evaluate impact, reducing residential care admissions, increasing the numbers of older people remaining in their own home, people accessing adult learning or making greater use of community sports/leisure/cultural services instead of traditional services.

There appears to be a need to further relinquish control (systems, processes, decisions) to achieve better outcomes and reduce costs in the future. It is not clear to what extent the allocation of resources to individuals is creating more equity and fairness. There seems to be more work to clarify how much the Council reasonably expects to pay in the future for each person's care and support taking account of the availability and price of the services people may wish to purchase.

There are a number of 'hand-offs' along the personalisation pathway that appear to diminish the relationship between staff and users. For example, we were told that users and staff missed having a continuing relationship, especially the opportunity for the worker who

8 contd

completed the original assessment to undertake the annual review, with the opportunity for both parties to observe and celebrate outcomes being achieved.

It seems to be the case that in spite of the intention for personal budgets to increase innovation, many traditional approaches are still apparent. Amongst older people direct payments are generally used to purchase services from agencies. However, amongst younger adults there is growth in the use of micro-providers. There are signs of some older people beginning to use their budget more creatively, but a view that what is being offered is not substantially different. For example, we were told about a carer who used a direct payment to buy traditional day care, where the cared for person was picked up by a bus at a time that didn't really suit them, which is not a satisfactory experience. The pre-payment card is seen as a way of making 'self-direction' easier for some users, though locking them in to certain services – and in that way has been seen as inflexible by others.

The Council has created a new set of processes and procedures for embedding the move to personal budgets, but some ways of working prevent service users and staff resolving issues quickly. For example, having to use the assessment and resource allocation process where the worker is clear at the outset that they will need to go outside of the 'Resource Allocation System' (RAS) to agree the indicative budget.

There is an opportunity for the Senior Leadership Team to use the new service model under development to manage the next phase of transformation and achieve more join-up. As the Council presses on to further embed personalisation, respond to the MTFP and explore customer self-service, there is an opportunity to make further progress on:

- managing risk positively, relinquishing power and control and supporting users to identify 'what is a good life for me';
- making sure that the whole system is 'preventative' and 'reabling' – as opposed to these being only located within prevention and reablement services;
- clarifying the policy on the degree of creativity and innovation in promoting alternative solutions to traditional services;
- ensuring that personalisation is 'everything we do' – alongside commissioning and safeguarding as fully integrated activities;
- driving whole systems change.

In conclusion, I hope that you find this feedback helpful and accept it positively. We have tried to get the balance right between support and challenge which is the key, in my view, to the achievement of our objectives within sector led improvement. If it assists Nottinghamshire in its improvement journey the time has been very well spent. As I stated earlier we will take learning, reflections and insights back to our workplaces for which we are grateful.

In addition to this feedback, the Peer Challenge Team has drawn up some learning points from our experience of the pilot. I know that it is your intention to do this also from your perspective as the host. It would be helpful if you could send this information to Daniel Routledge at the



9 contd

SDSA so that he can prepare a composite lessons learned report for the East Midlands ADASS meeting on the 20 May 2013.

Finally, I would like to thank you and your colleagues once again for hosting this 'pilot' Peer Challenge and your positive contribution to achieving a successful outcome.

Yours sincerely

A handwritten signature in black ink that reads "Mick Connell". The signature is written in a cursive style with a long horizontal line extending from the end of the name.

**Mick Connell**  
**Director of Adults and Communities**

cc Ruth Lake, Director of Adult Social Care and Safeguarding, Leicester City Council  
Brian Frisby, Director of Younger Adults and Housing, Derby City Council  
Daniel Routledge, SDSA