



14th November 2016

Agenda Item: 7

**REPORT OF CORPORATE DIRECTOR, ADULT SOCIAL CARE, HEALTH
AND PUBLIC PROTECTION**

**PROGRESS WITH THE OUTCOMES FROM THE SECTOR LED
IMPROVEMENT PEER REVIEW IN MARCH 2016**

Purpose of the Report

1. The report provides an update on progress in response to the areas of development identified in the Sector Led Improvement Peer Review that took place in March 2016.

Information and Advice

2. Peer reviews are part of the East Midlands sector led improvement process, whereby councils across the region assess and review their own progress in relation to the national Adult Social Care Outcomes Framework and invite colleagues from other local councils to come and undertake a more detailed review of self-selected key areas. Peer reviews take place every two years.
3. In May 2016, the Committee received a report on the outcomes of the Peer Review that took place between 2nd and 4th March 2016. The review focused on two key lines of enquiry:

Front End & Access: In line with the Care Act the Council has continued to develop its access and initial intervention services in adult social care, including the route to full assessment and safeguarding. Are we dealing effectively with people at this stage and are there ways we could improve outcomes and efficiency?

Deprivation of Liberty Safeguards (DoLS): In June 2015, the Council developed a corporate strategy and project plan to address the increasing demand for DoLS assessments. Do we have the right strategy, approach and capacity in place to do this?

4. The report in May highlighted the very positive feedback the Council had received overall, and the areas of strength that had been recognised by the Peer Review team in relation to both of the key lines of enquiry. The team also made a number of recommendations for areas of improvement in relation to the two specific lines of enquiry and some more general recommendations.
5. The report provides a brief update on the work undertaken since the Review to respond to these areas.

Areas for development – Front End and Access

Access to services and advice

6. The Review team advised consideration of the way the access model is developing to ensure that the customer journey is efficient and fit for purpose. There was some concern that there might be a number of different access points for people to social care services, especially via Health. The various health pathways have now been mapped out across the three health planning areas and the varying specialisms. Recommendations for improvements in relation to this are to be presented to the department's Transformation Board.
7. As reported at Committee last month, the Council successfully bid for £20,000 from the Local Government Association Care and Health Improvement Programme to fund a robust external evaluation of the cost-effectiveness and impact for social care of the multi-disciplinary team (MDT) approach across the County. This will also provide more information about access to services via MDTs.
8. The Review team also highlighted the need to ensure those who 'exit the pathway' early are having their needs met effectively. A pilot exercise took place over July and August where the Customer Service Centre (CSC) followed up with people who, two weeks earlier, had been provided with advice and information on the support and equipment needed to meet their needs and where they could find it. Out of 24 people contacted, 18 had their needs met and were able to get the equipment and support they required.

Use of clinics

9. Although it is not possible to contact all the people who have been in touch with the CSC, this work continues and to date the outcomes have been largely positive, with the follow-up contact allowing the staff to deal with any needs that are still unresolved. A similar process is planned with the Adult Access Service, which also signposts people to sources of information and support in their communities.
10. The Peer Review report commended the Council's use of clinics to undertake assessments and reviews wherever appropriate and supported the continued extension of this way of working. Plans for introducing new ways of working have been developed on a locality basis with all Group Managers to include the use of clinics and consolidation of learning in this area.
11. As a result clinics are now being run across all teams in Older Adults and Learning Disability services. There are slight variations in how clinics are being used across services in response to local and service-specific needs, but for older adults teams the clinics are proving effective for undertaking both assessments and reviews. A service user profile indicating presenting needs and complexities has been developed to help staff to identify who might be suitable for an appointment within a clinic setting. Teams are adopting this profile and have been set targets by their Group Managers for work that can be undertaken within the clinic setting. Alongside this some early adopting teams are now beginning to develop their clinics into a more community feel and working alongside the Carers Hub and the Connect Service. There are plans to progress links with local GPs in the Ashfield Health and Wellbeing Centre where the Council has just started to run clinics.

12. Over half of the Council's Community Learning Disability Teams have now started to run review clinics, where they can review service user and carer needs in either day service or residential care settings. For example, Gedling Community Learning Disability Team reviewed 21 service users across two days. The Adults with Asperger's team has recently undertaken clinics and this has had a very positive effect on the service users that were seen and has helped them to effectively manage their assessment workload.

Support for carers

13. The Peer Review team highlighted the need for the Council to ensure there is a consistent level of support across the carer population, following concerns expressed by some of the carers that were interviewed. At the time of the Peer Review some of the Carers' Support Workers posts in the Adult Access Service had been vacant. This situation was resolved soon after the Review, which meant the team was in a position to undertake assessments in a timely way, but the Council regularly reviews resources and capacity for carers' support.
14. Members will recall that there was an update report on the Integrated Carers Strategy in September. The Integrated Commissioning Carers Strategy 2015-2018 is the overarching strategy agreed by the Council and the six Clinical Commissioning Groups (CCGs). It has been developed in partnership with carers, health commissioners and providers, as well as the voluntary and community sector. The associated implementation plan is refreshed as required, and this was also presented to Committee. It was also agreed that progress reports would be presented to the Committee every six months.

Retention of staff in the Multi-Agency Safeguarding Hub (MASH)

15. In the Review team's report they acknowledged that the Multi-Agency Safeguarding Hub (MASH) provided 'clear access and the triage/risk assessment they undertake is reducing the amount of inappropriate work the district teams have to deal with'. However the Review team did highlight the issue of ensuring that the Council can attract and retain staff within the MASH. In responding to this the Council has found it useful to combine this work with similar issues relating to the Deprivation of Liberty Safeguards Team. These are specialist areas of work and some practitioners have concerns about lack of variety and opportunity in the work they undertake.
16. A survey has been undertaken with social work staff to better understand any concerns about taking up posts in these two teams, and to identify what measures might be required to increase their appeals. Based on this work recommendations have been made to the Senior Leadership Team and it is intended to progress a plan to rotate posts between teams within the department and to consider the possibility of a peripatetic worker scheme.

Engagement of staff in service improvement and changes

17. The Review team was very impressed with the 'entrepreneurial spirit amongst the staff group that they interviewed, and advised the Council to 'expand and harness (the) engagement of entrepreneurial staff group in service improvement'.

18. The department has a variety of forums through which staff have been suggesting new and different ways to deliver services. Staff working groups are currently designing a core training offer for social care staff to ensure that all staff are working towards the same goal of delivering the Adult Social Care Strategy, as well as emphasising the value placed on the social care profession and developing a clear career pathway within social care. The most developed work stream to date is support planning with service users, where groups of staff and service users have already redesigned the existing form to improve the process and the outcomes. A training programme focusing on good quality support planning skills is planned for January 2017.
19. In addition to this a targeted development programme has been designed with the input of Team Managers called 'New Ways to Better Outcomes for All'. This programme is designed to support managers with implementation of the aims of the Adult Social Care Strategy in times of change. The programme was designed in consultation with 14 managers and has been tailored to meet the needs they highlighted in order to drive through service improvement and change. It consists of seven days over a period of six months from September 2016 to February 2017. Team Manager engagement with the design of this programme has been crucial to ensuring delivery of a valuable and supportive development programme and, whilst it is still early in the delivery of the programme, roll out to Advanced Social Work Practitioners has been requested.
20. In order to work more effectively with operational teams, locality meetings have been established across older and younger adults services with a focus on driving forward new ways of working that allow for greater efficiencies and offer a better and more responsive offer to service users. Each group is chaired by the local Group Manager and includes staff from across the relevant area. Each area has agreed targets for different elements of new ways of working based on what they feel will work best for the service users in that area, such as the percentage of telephone assessments to be undertaken compared to assessments completed in clinics. The meetings are also used as a forum for sharing best practice across the teams.
21. The Adult Social Care Transformation Team produces a weekly news e-bulletin which works as a two way communication tool for staff to feedback on issues of service transformation. A number of ideas that have been put forward are now being progressed. An example of this, as suggested by a Hospital Social Worker, is a leaflet specifically created for people in hospital to outline the variety of options and solutions available should they need support on discharge. Discussions are taking place with Health colleagues about how this should look and where it will be made available.
22. The Smart Ideas scheme was launched in May 2016. Staff are able to submit ideas through an online SurveyMonkey, and via email. To date, 15 suggestions have been received through the scheme. From these, 11 have been taken forward either in full or in part for further development. The ideas submitted cover a range of topics including ideas relating to service improvements, as well as advocating the use of technology to support more efficient ways of working.
23. A series of one to one meetings are currently taking place between all the Group Managers and the Corporate Director. These are setting out expectations for the Group

Manager role and also allowing an exchange of ideas about the operation and quality of all the department's services and how these could be improved.

Areas for development - Deprivation of Liberty Safeguards (DoLS)

24. The Committee will be aware that there are regular reports on progress with the strategy to meet the steep increase in demand for DoLS assessments arising from the Supreme Court Cheshire West judgement in 2014. The last report was presented to the Committee meeting in September, so this report will include only a brief summary.
25. In relation to DoLS, feedback from the Peer Review focused on three main areas for improvement. The first two recommendations were to undertake an in-depth analysis of the Council's exposure to risk and prioritisation, as well as to ensure pragmatic decision-making at all levels of operation. This work is being progressed through a refresh of the Corporate DoLS Strategy and the development of a plan for local implementation of the interim guidance for managing and processing DoLS work which was issued to all local authorities in June 2016, by the Association of Directors of Adult Social Services (ADASS).
26. ADASS continues to advise local authorities that they have a duty to meet their statutory responsibilities and develop plans to resource the increased demand for DoLS assessments. However, whilst advising local authorities to continue to make every effort to meet these requirements as soon as practically possible, the guidance recognises the difficult position that local authorities are currently in, given the shortage of financial resources and suitably qualified Best Interest Assessors (BIA). The guidance therefore advises on how to currently best prioritise the needs of service users, based on principles of meeting legal requirements as far as possible and protecting those facing the greatest risk.
27. The advice focuses on requests for renewals for people who are well settled in long term residential accommodation and those people who are a low priority on the waiting list and who otherwise may never be assessed. It incorporates a risk based approach to using methods such as desk top assessment, phone contacts and non-qualified staff supporting the gathering of information to progress the assessment to a point where the BIA can make a decision. Local staff guidance is being developed with the key underpinning principle being that oversight and decision-making always rests with the BIA, who can always change the method of assessment should they feel it is required.
28. Data is being analysed to identify the cases most suited to using the new methods. BIAs are involved in the development of the new guidance and processes in order to capture and address any professional concerns.
29. The Review team also felt that improvements in organisational communication could be made, particularly with operational district teams and providers. A number of steps have been taken to improve communication with regards to internal communication between front line colleagues, support services and managers, as well as communication with external partners. A communications strategy is now in place which shapes the overall approach and sets out key development and decision-making milestones.

30. Best Interest Assessors and Business Support colleagues now receive a monthly bulletin which contains information on key performance indicators and strategic developments within the DoLS service. Colleagues are encouraged to share their views and ideas as to how the service can meet the challenges it faces. Regular meetings with the Council's service provider for agency BIA staff are also established.

General recommendations

Communication of social care and health integration

31. In addition to the recommendations on the two key lines of enquiry the Review team made a few general recommendations for the Council to consider. The first of these was in relation to more clear communication of the social care and health integration narrative both within the department and externally.
32. There is considerable work underway with health partners and teams to share and promote a culture for integrated working. A range of information and resources have been produced for hospital-based staff in particular to utilise in practice. Letters have now been sent to all GPs with information on the Strategy and the social care offer in Nottinghamshire. A summarised version of this is to be published in the newsletter that all GPs receive through the CCGs. Presentations by Service Directors have been undertaken at CCG governing body meetings on the importance of social care within the integration narrative.
33. Members will recall that Committee approved consultation in October 2016 with social care staff on working more closely with health colleagues from intermediate care service provision in relation to the development of a Short Term Independence Service across Mid-Nottinghamshire, to bring diverse staff together into one service. This will allow clear communication and alignment with new health provision, a common purpose for the team and more flexible use of available resources across the localities.
34. Also in Mid-Nottinghamshire, district social care team managers and Local Integrated Care Team (LICT) managers are meeting every 6-8 weeks to discuss operational working and ensure that there is clear understanding of each other's responsibilities and remit. The social workers in the LICTs are managed by the district social care team managers so this discussion forum enables the relevant managers to share ideas and discuss problems in a practical way.
35. Within the Council, presentations have been given to colleagues about the integration agenda countywide to raise their awareness and key messages are regularly included in existing bulletins to staff.

Working with the voluntary and community sector

36. The Review team also recommended further consideration of the Council's voluntary and community sector strategy and approach. The Council has a Community Empowerment and Resilience Programme which is now well underway. Within this programme, the Committee will recall that at September's meeting funding was approved from the Better Care Fund for a project called Age Friendly Nottinghamshire. The Council, alongside its partners, needs to support local communities to reach out to people who could be at risk

of entering social care and health services. This project will be located in communities taking proactive action to find people who would benefit from community support and building on local resources.

37. The Council's programme is supported by recruitment to three Neighbourhood Co-ordinator posts across the County.
38. A multi-agency and voluntary sector steering group has been established to oversee the five work-streams of the programme: community organisation and social action; volunteering; sector voice; increasing early stage participation and commissioning.

Commissioning plans

39. Finally the Review team suggested further consideration of commissioning plans and strategies to reflect place-based priorities. There are already examples of this such as the Short Term Independence Service; the Transforming Care partnership; Better Together in Mid-Nottinghamshire, and the Council's involvement in the Nottinghamshire Sustainability and Transformation Plan. An overarching commissioning strategy is being considered to take effect from April 2017. A report is being drafted for discussion by the Senior Leadership Team to determine and agree the purpose, scope and format of any future commissioning strategies and plans.

Other Options Considered

40. There are no other options proposed as the report is an update on the response to the Peer Review earlier this year.

Reason/s for Recommendation/s

41. The report is for noting only.

Statutory and Policy Implications

42. This report has been compiled after consideration of implications in respect of crime and disorder, finance, human resources, human rights, the NHS Constitution (public health services), the public sector equality duty, safeguarding of children and adults at risk, service users, sustainability and the environment and ways of working and where such implications are material they are described below. Appropriate consultation has been undertaken and advice sought on these issues as required.

Financial Implications

43. There are no financial implications highlighted in the report.

Ways of Working Implications

44. The report highlights work taking place to attract and retain staff in specialist teams and to make this an attractive option for them. The report also highlights the range of activities taking place to ensure that staff are informed and engaged in the development of services and the operation of the department. It also highlights the training and

development opportunities being offered to staff and managers, which they have been involved in designing.

Safeguarding of Children and Adults at Risk Implications

45. The work taking place in relation to the Deprivation of Liberty Safeguards is aimed at managing the referrals and reviews more efficiently, and ultimately responding to service users' needs as quickly as possible.

Implications for Service Users

46. In relation to the focus on access to social care services, the report highlights the work taking place to improve the initial contact with the Council and ensuring that people receive a timely and proportionate response to their needs. The Age Friendly Nottinghamshire project, and more broadly the Council's Empowerment and Resilience Programme, will focus on people in the community at risk of social isolation and help to avoid people reaching a situation where they require social care and health services.

RECOMMENDATION/S

- 1) That the Committee notes the progress in response to the areas of development highlighted by the Sector Led Improvement Peer Review that took place in March 2016.

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Constitutional Comments

47. As this report is for noting only, no Constitutional Comments are required.

Financial Comments (KAS 19/10/16)

48. The financial implications are contained within paragraph 43 of the report.

Background Papers and Published Documents

Except for previously published documents, which will be available elsewhere, the documents listed here will be available for inspection in accordance with Section 100D of the Local Government Act 1972.

Outcome of the Sector Led Improvement Peer Review March 2016 – report to Adult Social Care and Health Committee on 16 May 2016

Integrated Carers Strategy update – report to Adult Social Care and Health Committee on 12 September 2016

Deprivation of Liberty Safeguards – report to Adult Social Care and Health Committee on 12 September 2016

Better Care Fund – proposed allocation of Care Act funding – report to Adult Social Care and Health Committee on 12 September 2016

Update on progress with arrangements to integrate health and social care in Nottinghamshire – report to Adult Social Care and Health Committee on 10 October 2016

Electoral Division(s) and Member(s) Affected

All.

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