

16th May 2016**Agenda Item: 9****REPORT OF THE CORPORATE DIRECTOR, ADULT SOCIAL CARE,
HEALTH AND PUBLIC PROTECTION****OUTCOME OF THE SECTOR LED IMPROVEMENT PEER REVIEW MARCH
2016****Purpose of the Report**

1. The report informs the Committee about the peer review that took place from 2nd to 4th March 2016, and the feedback provided as a result of the review. It is also proposed that Committee receives progress updates on work to address the areas of development identified in the peer review.

Information and Advice**Background information**

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. Also as part of the sector led improvement process, councils are required to complete an annual self-assessment; the next one will be due in June 2016. Following on from this there is a local challenge, whereby an external consultant (a previous Director of Adult Social Care) reviews the self-assessment and meets with Directors on an individual basis to consider areas of good performance and provide challenge on those requiring improvement and focus.
4. Peer reviews present an opportunity to support improvement in local government. The review is a constructive and supportive process with the central aim of helping councils to improve. It is not an inspection nor does it award any form of rating judgement or score. It is delivered from the position of a 'critical friend' to promote sector led improvement.
5. The previous peer review took place in April 2013, and Nottinghamshire was the first council in the East Midlands to undertake this process. This review focussed on progress with personalisation, safeguarding and integrated commissioning for older people. An action plan was developed further to this and the actions identified in this have been taken forward within the progress towards better health and social care integration, implementation of the Care Act and the adoption of the Making Safeguarding Personal agenda and the development of the Multi-Agency Safeguarding Hub (MASH).

6. At this Committee meeting there is also a report on progress in relation to one of the key actions identified from the peer review conducted in March 2015, which was organised by the Local Government Association (LGA) and was specifically focused on new standards produced in relation to Commissioning for Better Outcomes. The Council was asked to take part in this review at short notice in order to assess the success of the new framework.
7. The peer review in March 2016 was led by the Director of People and Deputy Chief Executive for Rutland County Council, Tim O'Neill. The team also included Mark Andrews, Deputy Director of People, Rutland County Council; Sue Wilson, Head of Service, Strategic Commissioning, Market Development and Compliance, Leicestershire County Council; Ian Redfearn, Head of Mental Health Services, Leicestershire County Council and Member Peer, Councillor Richard Clifton, Lead Member for Adult Social Care at Rutland County Council. The team was supported by Daniel Routledge from SDSA (School Development Support Agency), which organises the peer reviews.
8. The team was asked to focus 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?

9. The Council organised a timetable of meetings and interviews for the peer review team across two full days. This involved a wide range of people including service users, carers, partner organisations, frontline staff and managers, senior managers and Elected Members, in order to assess how well the Council is performing in relation to the two areas mentioned above. Approximately 90 people were interviewed, and one of the carers that participated commented on how useful she found the session and said that she would be very happy to attend future similar events.
10. On the third day the team produced and gave an initial presentation on their findings. The Council has now received a letter outlining in detail the findings and recommendations of the peer review team.

General feedback from the Peer Review team

11. The team provided some feedback on their general findings and recommendations during their time in Nottinghamshire. They praised the real sense of strong leadership and management within the department, and commented on the 'highly motivated, high

quality and ambitious staff group'. They felt that the vision for the future of adult social care (the Adult Social Care Strategy) is widely understood and delivered in practice.

12. They cited some tangible examples of effective work practice such as care navigation, the Occupational Therapy intake team and telephone assessments. The review team also felt that the corporate investment in staff, as demonstrated for example by provision of Thinkpads, was a real strength of the organisation and widely recognised. There were a number of examples of effective staff-led initiatives and, whilst this sometimes led to local variations, it was always driven by trying to achieve better outcomes for the people of Nottinghamshire. The team commented that 'there was a real sense of an entrepreneurial spirit amongst the staff group'.
13. There was recognition of the commitment to the use of business intelligence, data and evidence to drive improvement across adult social care, and the team felt this was in keeping with a customer first approach towards transformation.
14. Although the description of adult social care and health integration, which the team referred to as the Council's 'integration' narrative, was felt to be sound, the team recommended that it should be more clearly communicated both internally and externally. They also recommended giving further consideration to the strategy regarding the voluntary and community sector in order to ensure that those within the sector clearly understand the vision for their role into the future, and how it relates to the overall Council vision for adult social care.
15. Given the pace and scale of the change within the organisation, the team felt it was important to maintain the current level of transformational capacity, as it appeared to them to be a vital component of effective change so far. The team also advised that there are further opportunities to join up and make more coherent commissioning plans and strategies across the department.

Front end and access – areas of strength

16. The team identified clear investment in a well-planned and defined approach to accessing services, and they felt that this is working well, largely due to the 'energised and passionate multi-disciplinary workforce' who understood and were engaged with the model of working.
17. Nottinghamshire Help Yourself was felt to be comprehensive and accessible and there was feedback that staff were using it as a tool both in the Customer Service Centre and the Access team. The peer review team was also impressed with how the model is evolving driven by staff committed to continuous improvement, most notably the move away from standard scripts towards a more conversational style in order to truly understand the needs of the customer.
18. There was acknowledgement of the development of a stepped approach to access ranging from telephone assessments to clinics through to home visits, and the team recognised the online assessment as a logical and welcome next step in this process. The 'Golden Number' appeared to be well-known - service users and carers quoted it to the team - and there was a feeling that the move towards auto-scheduling is helping to give more certainty to both service users and staff. The team also praised the work of

the Multi Agency Safeguarding Hub (MASH), stating that it provides clear access as well as the triage/risk assessment they undertake reducing the amount of inappropriate work the district teams have to deal with.

Front end and access – areas for development

19. The team felt that the way the access model is developing could lead to inefficiencies in the pathway and that it might be an appropriate time to take stock and ensure that the customer journey is both efficient and fit for purpose. For example, they suggested greater clarity for the routes in to social care for health services.
20. The team also felt that whilst there was good evidence of signposting at early stages, the Council may wish to be assured that the needs of those who 'exit' the pathway early are being effectively met.
21. There was recognition of the social care clinics as a good initiative but a recommendation that they now need a more precisely defined role within the system, perhaps including making use of them for reviews. It was felt that there was an opportunity to further expand and harness the 'entrepreneurial staff group' in future service improvement.
22. The team also identified a variable experience amongst the carer population, although with some evidence of significant improvement in recent months. Clearly the review team met with only a small number of carers but they suggested that the Council assures itself about a consistent level of support across the caring population.
23. With regard to the MASH, the review team acknowledged that there is currently a recruitment exercise underway but suggested that the Council keeps the roles and jobs within the MASH under review so as to ensure that they are attractive and offer professional development and a career path.

Deprivation of Liberty Safeguards – areas of strength

24. The review team started off by acknowledging that the current situation with regard to Deprivation of Liberty Safeguards (DoLS) provides all local authorities with a significant challenge and potential risks, including the possibility of litigation. The team felt that in Nottinghamshire DoLS was an issue that was corporately owned with a strong organisational focus on it. This was recognised as a real strength as in some local authorities it is seen as purely an adult social care issue.
25. The team felt that the Council was 'doing the right things' and that there are clear plans to address the challenges associated with this area of practice. There was positive feedback about good analysis of the issues and due consideration given to the workforce implications, including dealing with the backlog and building future capacity by widening the pool of Best Interest Assessors (BIAs).
26. The team found 'real expertise within the organisation and a strong ethical basis for good practice', as well as sound practice in supporting providers, with a tangible outcome being the co-production of the referral form. The development of an online referral process was also viewed as an important step forward.

27. There was an acknowledgment that Nottinghamshire is well regarded and well-known for its involvement in and contribution to both regional and national fora, which allows the Council to help shape and learn from what is going on in other local authority areas.

Deprivation of Liberty Safeguards – areas for development

28. The review team stated that Nottinghamshire is at the 'forefront when it comes to dealing with the challenges and opportunities associated with DoLS', but they felt that there are still 'places to look' for further progress. For example, they recommended a more in-depth analysis of the Council's exposure to risk, with a possible focus on hospitals and care homes.
29. The team cited the importance of continuing to ensure that the technical elements of DoLS practice are balanced against pragmatic decision making at all levels, and in particular ensuring that what the Council does is based on sound operational practice and assessment of risk. It recommended looking at all options to deal effectively and efficiently with the backlog, whilst leaving the Council with the appropriate levels of staffing to deal with what will eventually be the 'business as usual'.
30. The team also felt that improvements in organisational communication could be made, particularly with district teams and providers, and that staff confidence could be improved by articulating the outcome benefits and the incremental milestones reached on the journey.
31. The final letter with the feedback and recommendations from the peer review team was received just before the Committee report was submitted. Work is now underway to address the areas of development raised in the review. It is intended that the actions required will be incorporated into existing strategies and action plans wherever it is possible to do so. Progress in relation to these areas of development will be reported back to the Committee.

Other Options Considered

32. Nottinghamshire is part of the East Midlands sector led improvement framework; peer reviews are an integral part of this process and are required to take place every two years to ensure that the Council continues to perform well and receives the benefit of review by its local peers.

Reason/s for Recommendation/s

33. The report is for noting.

Statutory and Policy Implications

34. 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

35. There are no financial implications arising from this report.

Safeguarding of Children and Adults at Risk Implications

36. The peer review team spent some time considering the arrangements at the MASH and the Council's response to the challenges in Deprivation of Liberty Safeguards work and has made some recommendations about possible areas for improvement in relation to these.

Implications for Service Users

37. The overall intention of the review is to ensure the Council is performing well and to look at ways of improving the support and services provided to service users.

RECOMMENDATION/S

That the Committee:

- 1) notes the work undertaken during the peer review and the outcomes of the review.
- 2) agrees to receive progress updates on work to address the areas of development identified in the peer review.

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Constitutional Comments (LM 21/04/16)

38. The recommendations in the report fall within the Terms of Reference of the Adult Social Care and Health Committee.

Financial Comments (KS 29/04/16)

39. There are no financial implications contained within the report.

Background Papers and Published Documents

None.

Electoral Division(s) and Member(s) Affected All

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