

# Adult Social Care Peer Challenge 2014

Health and Adult Social Care  
Scrutiny Committee

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# Peer challenge



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# Shropshire Adult Social Care Peer Challenge

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# Peer Challenge Team

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# Peer challenge Scope

- \* Is early intervention/prevention adequate and effective in delivering the expected outcomes from a service user, carer, and commissioning perspective, and is there adequate capacity and capability to manage risk and opportunity?
- \* How does the Better Care Fund support the integration of health, social care, local communities and the VCS whilst protecting adult social care? What evidence is there that integrated pathways will be delivered and social care protected?
  - In minimising the impact of the Care Bill, what can be learnt from others in reducing the numbers in care homes
  - What are the areas of strength and examples of performance management that evidence sound operational foundations, and what could be done further?

# Overview

- \* Your ambition for early intervention/prevention is strong with a good narrative and leadership – “stick of rock”
- \* There are improving relationships with the CCG
- \* Staff are generally very positive about the changes and vision with an evident shift in culture
- \* Prototypes and pilots support the instigation of change at pace
- \* Place based Locality and ASC Service Commissioning Priorities are connected and enable local responsiveness
- \* The Voluntary and Community Sector is keen to play a further role
- \* There is a positive relationship with the independent sector via Shropshire Partners in Care, who also wish to explore opportunities

# Early Intervention – Are Outcomes Being Delivered?

## \* Strengths:

- The vision/direction of travel is clear and has real ambition for doing things differently and quickly
- There is a strong culture of personalisation
- Many staff are positive about the changes and direction of travel for early intervention
- Safeguarding changes are viewed very positively
- “The biggest shift is the mind-set” (of staff)
- Hospital services and integration with Health are very positive
- ICS and START are strong foundations with enthusiastic staff and improved activity

# Early Intervention – Are Outcomes Being Delivered?

## \* Areas for Consideration (1):

- Everyone has said it is “early days” and therefore evidence is not yet available about any improved outcomes associated with P2P and other early intervention/prevention elements – progress in Walsall could be explored
- The underlying business case for early intervention/prevention needs further development
- Refinement of the programme monitoring of the operating model and outputs/outcomes should be considered
- Transitions and associated savings could be developed further such as through a dedicated Younger Adults Team e.g. Worcestershire, Sandwell, and Wolverhampton



# Early Intervention – Are Outcomes Being Delivered?

- \* Areas for Consideration (2):
  - The Service Users, Carers, Providers, and VCS reps we saw stated they were not involved in engagement or co-production mechanisms – and would like to be. Dudley's MiR and engagement approach could be looked at, and Solihull's involvement of experts by experience
  - The MiR Board could be strengthened and be user led
  - Support planning takes place before an indicative budget is confirmed – intentionally. This means there could be perceived to be a disconnect between plans and resources available
  - The Team's view is that there should be a direct link between the indicative budget and the capacity/scope of the support plan

# Early Intervention – Are Outcomes Being Delivered?

## \* Areas for Consideration (3):

- The long term role and accountability of P2P should be clarified, including financial accountability
- Future contract/payment mechanisms for P2P should be clarified as it expands across the County
- Staff feel there are more resources/opportunities for people in Shrewsbury compared to the North and South
- VCS and self funders both said there are people who don't know where to go and don't get info/advice

# Early Intervention – Capacity and Capability

## \* Strengths:

- There are manual monitoring mechanisms in place on activity (TAM), and benefits realisation on savings work-streams
- The Community Enablement Officers are a great resource for connecting with local communities and developing community resilience, and there are opportunities for further links to ASC commissioning
- The VCS states that it has capacity to play a larger role (although it will take time)
- **Locality Commissioning can really enhance engagement with communities and the VCS**
- Public Health are involved in utilising needs analysis/evidence base to support some locality commissioning and service re-design

# Early Intervention – Capacity and Capability

- \* Areas for Consideration (1):
  - The business case process and corporate governance arrangements for approving major projects should be reviewed
  - The Council already has low referrals and levels of service provision per 100,000 population – a review of the assumptions behind the operating model should be undertaken
  - There seems to be a multiplicity of pilots/projects – P2P, ICS, and Step 1 and 2 – should these be consolidated?
  - There were some comments about the impact of VR and staff changes

# Early Intervention – Capacity and Capability

- \* Areas for Consideration (2):
  - Community asset building appears to be more about identifying what's there rather than also building up new and different resources – what is the role of, and links with, service based and locality commissioning?
  - **The capacity on transformation projects should be reviewed with an aim of improving support and now implementing at the pace required**
  - There should be a review of your business tools to support transformation
  - It is unclear how support will be “flexed up” in any locality if there are limited community assets or interest

# Early Intervention – Capacity and Capability

- \* Areas for Consideration (3):
  - A further focus on Value For Money in the market place should be considered and be more evident
  - The Community Trust does not appear to have been engaged with P2P and the overall vision – has its role been communicated to key partners and how are they to be engaged with P2P?
  - Some P2P staff are unclear on their roles – “early days”
  - Assistive technology is stated as “developing” but should be a core element of prevention
  - The assessment of capacity and costs related to the impact of the Care Bill on the Council and VCS was unclear

# Better Care Fund – How is it supporting integration whilst protecting adult social care?

## \* Strengths:

- The relationship with the CCG has improved in recent times
- BCF builds on current foundations for prevention and integration
- There is some alignment between HWBB, CCG and Council strategic plans
- Integration has been a focus not just in the BCF e.g. ICS
- Community and Care Co-ordinators are a strong base for linking primary, community and acute care

# Better Care Fund – How is it supporting integration whilst protecting adult social care?

## \* Areas for Consideration:

- Financial plans and timescales could be further aligned across the CCG, NHS Provider Trusts, and the Council
- The Community Trust believes more work can be done to strengthen involvement in BCF
- CHC is a risk as the Council is no longer involved in the process and decision making
- Options for pulling together all local activity such as Community and Care Co-ordinators, Primary Care, and other initiatives should be explored e.g. Housing, SWs



# Better Care Fund – what evidence is there that integrated pathways will be delivered?

## \* Strengths:

- There are good relationships across the CCG and Adult Social Care which will support further integration
- There is evidence that the HWBB and other fora have engaged a number of Providers in the BCF discussion
- ICS, Church Stretton pilot, etc. are a good base to build on
- Across health and social care a shared understanding of early intervention and prevention is developing

# Better Care Fund – what evidence is there that integrated pathways will be delivered?

## \* Areas for Consideration:

- The BCF financial model needs to protect adult social care
- There should be a greater focus on the connections between Future Fit, Mental Health Services, and BCF, and the subsequent impact on the development of community/locality resources
- Shared performance dashboard and metrics across health and social care need to be developed and tested

# What did people who use services say?

- \* “I am in a much better place now and I look forward to getting into employment”
- \* We have lots of activities like Windfall
- \* “I think I can make a real difference” – to improve the system
- \* The MiR Board doesn’t meet often enough
- \* We’re worried about people who can’t speak up for themselves
- \* Respite is difficult to get
- \* “We’re the last to find out” – about changes to support workers

# What did staff say?

- \* “We’re in a better place than last year – we can focus more on outcomes”
- \* On a scale of 1-10, we feel that “6/7 reflects our ability to deliver better outcomes and the savings”
- \* We can see the positive outcomes from P2P
- \* Operating model – it’s about the experience people get, not just the money
- \* “There is not a clear road map for the 3 years” – on savings
- \* “We are told what is going to happen”

# Conclusions

- \* **The direction of travel on early intervention/prevention is radical and ambitious**
- \* **There is good practice in personalised support planning and an overall strong personalisation culture**
- \* **There is a need to prioritise the implementation tools to manage performance, budget monitoring, and the overall governance of plans**
- \* **Over the next 6 months you should review further the accountability for all ASC budgets**
- \* **During this year the Council should continue to explore all options to manage risk if slippage occurs**
- \* **There is the opportunity to enhance engagement and co-production with service users/carers, providers, and VCS**

- Outcomes and recommendations
- Next Steps
  - Communications
  - Integrate within transformation and business as usual
  - Sector led agenda

“Great to see a council taking big steps on prevention. Strong Leadership”

Further questions ?

