

Adult Social Care **Peer Challenge** Personalisation

Stockton-on-Tees Borough Council
December 2015

Feedback report

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Appendix 1 – LGA Standards for Adult Social Care Peer Challenge

Executive summary

Stockton-on-Tees Borough Council (SBC) asked the Local Government Association to run an Adult Social Care Peer Challenge, focusing on Personalisation, as part of sector led improvement. Whilst the overarching theme of the review was personalisation, through a process of internal and external stakeholder engagement SBC asked for the scope to focus upon:

- How can Stockton-on-Tees maximise the potential of the whole personalisation agenda and ensure scale and pace of change?
- Is the quality of practice across the board sufficiently developed to ensure an effective outcome for users and carers?
- Are Stockton-on-Tees and NHS partners effectively shaping the market to meet assessed outcomes?
- What more can be done to develop the relationship with neighbourhoods and communities?

The Team made a number of recommendations that are covered in the detail of this report and which are based on conversations with more than 86 people attending 30 meetings, reviewing 9 case files, visiting partners in a variety of sites across the borough and reading a range of documents. Staff told us that the process of preparing for the Challenge was helpful in itself as it focused on what needed to be done and actions were already being taken as a result.

The findings from this Peer Challenge of Adult Social Care at Stockton-on-Tees Borough Council are that:

The Team was impressed with the visible political leadership for the adults' agenda in Stockton, with the clearly stated priority of meeting the needs of vulnerable people. This was seen as valuable when planning for and delivering services. There was also political support in terms of making sufficient resources available and a clear approach to financial management. There is a strong corporate approach, with information and strategy being shared across directorates. This is facilitated by having a stable and accessible senior management team, with staff stating that they could raise issues and have concerns addressed. The frontline staff that the Team met were clearly passionate about their work, their community and SBC, with the Team being told, "*This is the best place to work in the North East*". Although the Team learnt that there is to be a change of director after Christmas 2015, arrangements were in place to ensure consistency with both the incoming and outgoing directors participating in the Challenge process. SBC has a strong relationship with a good Clinical Commissioning Group (CCG). It was clear to the Team that effort had been made to establish and maintain these relationships and this was having a positive effect on empowering service users. There is a commitment from SBC with its partners to roll out the personalisation agenda, with an awareness of the risks and challenges involved in doing so. From the evidence that the Team was presented with, SBC seems to be compliant with the Supreme Court judgment on the Mental Capacity Act Deprivation of Liberty Safeguards (MCA DoLS) in 2014.

However, the Team also noted that the challenge to all those involved in delivering the personalisation agenda was how to ensure there is sufficient scale and pace to meet performance, financial and time constraints. The Council will need to ensure

that all partners, both external and internal (including staff) understand what is required and commit to making agreed changes within contracted timescales. The focus must be on delivering change at scale and pace at both strategic and operational levels and will inevitably require the use of stretched (but realistic) targets. Success will require explicit attention to be given to behavioural changes to ensure that the culture of the way things have been traditionally designed, commissioned and delivered does not stand in the way of the changes that are required.

Comparative performance data has value in assisting the Council to drive improvement and further benchmarking SBC, both regionally and nationally may help raise awareness of other possible innovations.

The narrative of the vision for personalisation needs to be strengthened and communicated more effectively so that people understand what is being offered and what is required of them. This needs to be done through greater and more far reaching co-production of design, commissioning and delivery of services. The Team heard positive feedback in relation to the 'Making It Real' initiative and this should be built upon as an effective means to generate further engagement. Stockton has some really good voluntary organisations and partners and more should be done with them to ensure realisation of the benefits of co-production.

Whilst this narrative should focus on the benefits of personalisation as a means of increasing choice and achieving better outcomes, it is also an essential component in reducing demand and hence better equipping the Council with its partners in meeting the demographic challenges ahead.

The Team saw examples of choice and control and an outcome focus through supervision and review. However, this approach to supervision was not consistent and now needs to be delivered as a mainstream activity. The Council has a good Market Position Statement (MPS) but this now needs to be further developed as a tool that will assist SBC in re-shaping the market in line with future demographic demands and individual expectations. It could be more explicit thus enabling providers to understand and prepare more effectively for future demand. To facilitate the development of future iterations of the MPS, better use needs to be made of the intelligence that is derived from the analysis of support planning. It would be helpful if the Council developed the concept of "unmatched need" rather than "unmet need". This will fit better with the increasing focus on personalisation, self-directed support, the move away from traditional service design and will support the need for effective demand reduction and management.

The Council has clear ambition in wanting to produce the early intervention and prevention strategy by the end of the financial year. However, the Council will need to consider how this can be shaped with statutory partners to maximise the potential of personalisation and also to ensure how this will, over time, help SBC reduce the demand on health and social care services and effect the financial remodelling and realignment necessary to sustain such change.

Other recommendations and comments are detailed in the report.

Report

Background

1. The senior management of SBC's Adult Social Care services commissioned an LGA Adults Peer Challenge focusing on the personalisation agenda, to gain an external perspective of how they and partners were undertaking their roles to deliver care services to adults in the borough. The Challenge was undertaken at a time of change for the Council with a restructure in which the Corporate Director for Children, Education & Social Care is taking responsibility for Children in the New Year 2016 and the Director of Public Health taking responsibility for Adults also. This is a result of the Chief Executive's senior management restructure, which aims to ensure that the organisation continues to be well managed as the Council faces future challenges.
2. A peer challenge is designed to help an authority and its partners assess current achievements, areas for development and capacity to change. The peer challenge is not an inspection. Instead it offers a supportive approach, undertaken by friends: albeit 'critical friends'. It aims to help an organisation identify its current strengths, as much as what it needs to improve. But it should also provide it with a basis for further improvement.
3. The Peer Challenge on personalisation was based on the LGA / ADASS Adult Social Care Key Themes:
 - Outcomes for people who need care and support to improve independence and wellbeing
 - Participation
 - Vision, Strategy and Leadership
 - Working Together
 - Resource and Workforce Management
 - Service Delivery and Effective Practice
 - Commissioning and Market Shaping
 - Improvement and Innovation demonstrating notable practice

The Council asked that there was a particular focus on the following scoping questions:

- How can Stockton-on-Tees maximise the potential of the whole personalisation agenda and ensure scale and pace of change?
- Is the quality of practice across the board sufficiently developed to ensure an outcome for users and carers?
- Are Stockton-on-Tees and NHS partners effectively shaping the market to meet assessed outcomes?
- What more can be done to develop the relationship with neighbourhoods and communities.

4. The members of the Peer Challenge Team were:
 - **Lead Peer: Mike Houghton-Evans**, Independent consultant and former DASS
 - **Member Peer: Cllr Keith Cunliffe**, Cabinet Member for Health and Adult Social Care Wigan Council
 - **Officer Peer: Michaela Pinchard**, Head of Service, Policy and Improvement, Doncaster MBC
 - **CCG Peer: Heidi Osborne**, Safeguarding Adults Lead Nurse, NHS Birmingham South Central CCG
 - **Expert by Experience: Keymn Whervin**, Carer and National Co-production Advisory Group Member
 - **Review Manager: Jonathan Trubshaw**, Local Government Association

5. The Team was on-site from 01st – 04th December 2015. The programme for the on-site phase included activities designed to enable members of the Team to meet and talk to a range of internal and external stakeholders. These activities included:
 - interviews and discussions with councillors, officers and partners
 - focus groups with managers, practitioners, frontline staff, people using services and carers
 - reading documents provided by the council, including a self-assessment of progress, strengths and areas for improvement against the LGA Standards for Adult Social Care
 - A comprehensive review of a select number of case files

6. The Peer Challenge Team would like to thank staff, people using services, carers and councillors for their open and constructive responses during the Challenge process. The Team was made welcome and would like to thank the Director of Children, Education & Social Care, Jane Humphreys and her team, particularly Janet Ballinger and the Challenge preparation team, for their invaluable assistance in planning and undertaking the Challenge.

7. Our feedback to the Council and partners on the last day of the Challenge gave an overview of the key messages. This report builds on the initial findings and gives a detailed account of the Challenge. The report is structured around the main areas of the Standards for Adult Social Care as selected in the self-assessment.

8. The Care Act is now fully implemented and places a heavy emphasis that the role of adult social care should be strongly focused on improving outcomes. The Act and its associated guidance sees personalisation as underpinning good practice, places safeguarding boards on a statutory footing, emphasises the primacy of 'Making Safeguarding Personal' (MSP) and sees the role of the Local Authority as a key member of the local strategic partnership to develop a local culture based on personalisation, self-directed support and choice. The evidence that

the Team was presented with suggested that SBC is doing well in implementing the requirements of the Care Act.

Outcomes

Strengths

- Individuals feel more empowered by use of Direct Payments: “*Direct payment gives me choice and control over my life*”
- SBC’s recent user and carer survey demonstrates above the national average satisfaction levels
- The Council is planning to utilise the Personal Outcomes Evaluation Tool (POET)
- There is good evidence of Care Act implementation and compliance producing a stronger outcome focus

Areas for consideration

- The target for Direct Payments appears to have achieved its initial purpose. How can more focus be given to assessment and decision making in those cases not yet receiving direct payments?
- Support planning process needs to be clearer to people about choices available to them and their allocated budget. The Council needs to ensure consistency and that the flexible use of budgets is effectively conveyed to those with support plans.
- Whilst the Council is maintaining a zero level of delayed discharges there is a need to continue to examine outcomes following hospital discharge and the rate at which placements in care homes are used. Further benchmarking against the regional and national position will be of value in measuring expected downward trends Review current arrangements for carer support, as there appears to be wide concern about the visibility and effectiveness of the current provider
- Ensure assessments are truly asset based:
“Talk to me about what I can do, not what I can’t do”

9. The Team heard evidence that, where they were received, people felt that Direct Payments empowered them in terms of the choices that they could make. People the Team met said that their care was seen as being personal to their needs. This evidence supported the findings from the user and carer survey, which demonstrated respondents rated their satisfaction with the services they received as being above the national average. However, some of the people wanted further engagement and discussion about the care that was on offer to them and stated that they would welcome more opportunity to present their needs more directly to those making decisions about support packages. The Team was aware that drop in sessions within the three customer service facilities had been arranged and that other engagement was planned from issues identified with the Making It Real Group.

10. In the Team’s view the plan to build the Personal Outcomes Evaluation Tool (POET) into assessments was seen as being appropriate on the journey to develop a greater emphasis on personalisation and self-directed support. The Team was aware that the Council has a plan, developed in conjunction with In

Control, to embed outcome focussed questions in the current review process. The Council is amongst a number of Local Authorities working with In Control to develop a set of questions to be used for outcome focussed reviews to be reported back to In Control. The Council may also wish to consult with a range of other external organisations on ways for embedding outcomes.

11. Evidence from the file audits that the Team conducted suggested that SBC is doing well in implementing the requirements of the Care Act. Positive changes could clearly be seen in the files pre and post the Act's implementation. This was supported through interviews with frontline workers and managers who were able to describe that the new procedures have been put in place with their involvement in development and implementation.
12. The Council has developed a clear focus on increasing the number of direct payments. In the Team's view the approach is now ready to focus more on developing a better understanding of the reasons why individuals have chosen not to receive direct payments. Focus should be given to the home care support packages and other home based support and learning from these used to inform other services and how the market is shaped.
13. From the Care Managers and commissioners the Team met with it appeared the flexibility that having a personal budget can provide and benefits of this was not universally understood. It is important that the Council mainstreams an asset based approach of what the individual can do for themselves. There were examples where the use of the Resource Allocation System led individuals to believe that they were restricted to the indicative hours allocated, rather than providing them with the flexibility of a personal budget.
14. The Team had concerns over the level of confidence expressed from some of the people they met (including; carers, staff and voluntary organisation representatives) in the current provider of Carer Services. The Team suggests the Council looks into this into more detail and review the contract, involving carers from diverse backgrounds who have and who could use the service.

Suggested Actions:

1. Conduct a review of the current arrangements regarding the provider of Carer Services. A suggestion is that this is commissioned to a community group to undertake, which would include both skilled and experienced support workers for carers and Peer Support workers. Working in partnership will further enhance SBC's work on co-production. Shropshire's "People to People" offers a similar model that may be worth considering.
2. Reconsider the need for a target on number of Direct Payments, as this has now served its purpose, and look more closely at those cases where Direct Payments are not being taken up.
3. Review you application of the Resource Allocation System (RAS) and seek ways more effectively to streamline the system from RAS to agreed support plan.

Participation

Strengths

- Setting up 'Making it Real' demonstrated a good example of co-production
- Stockton Information Directory; partner and service user involvement and its continuing development
- Catalyst is engaging smaller community and voluntary organisations in some key developments
- Stockton District Advice and Information Service; improving Advocacy and Self-advocacy
- Early adoption of Integrated Personal Commissioning (a pilot for people with Chronic Obstructive Pulmonary Disease)

Areas for consideration

- Further develop co-produced peer support in service design, commissioning and the implementation of improvement.
- Recognising contribution and practice: carer, provider awards system and consider adopting a reward and recognition policy.
- Ensure continued co-production in the development and roll out of the Personal Assistant (PA) finder
- Further utilise the skills in the voluntary and community sector as part of workforce development

15. The Team saw evidence of co-production as part of 'Making it Real' and the strong work here, including the involvement of the Making it Real Group in the continuing development of initiatives such as the design of leaflets. The PA Finder also needs to be continued and built on. The Stockton Information Directory (SID) is a strong example of co-production, which included contributions from service users and partner organisation. This level of co-production is being continued with the ongoing development of SID and should be used as a model for other initiatives.

16. The Team was impressed with the work of Catalyst in engaging community organisations; in particular the clarity of their understanding in determining the assets of individuals, families, and communities and making the connections to reduce demand on the system. The Team also heard that Catalyst is keen to expand what they do for SBC and in the view of the Team this should be seen as an opportunity to act swiftly upon.

17. The Stockton District Advice and Information Service is effectively commissioned by SBC and is a strong partner for the Council. They are also keen to work more closely with the Council, particularly in training staff to support self-advocacy. Again, this is an opportunity for the Council and one which would benefit service users in articulating their wants, particularly when discussing the flexible potential of personal budgets.

18. The Team was aware of SBC's plans to adopt outcome focused personal commissioning and integrate this into the mainstream offer. This now needs to be given increased focus and pace to ensure the benefits for individuals are realised as soon as possible.
19. SBC already has some peer support in place. This needs to be expanded and developed, including support to develop individual skills and competence so that more people are offering and covering a wider range of issues. There is an opportunity to develop self-supporting groups of carers and commission these to provide Carer Support, so that this is delivered with greater empathy and understanding of what it is like to be a carer.
20. More could be done to recognise and thank carers and providers; building on what is already in place. This could be done in the form of an annual public ceremony to demonstrate SBC's awareness of their contribution. This would also help raise the public perception of the work undertaken to support adults in the community.
21. SBC will need to build on existing examples of effective engagement of service users and carers, such as the client consultation and involvement in the design of the PA Finder. To encourage their involvement and ensure that there is participation from a wide range of people and not just the 'usual suspects', the Council will need to develop a clear reward and recognition strategy that is adequately funded. This could be delivered in partnership with the CCG.
22. There is a real need to engage with the voluntary and community sector to develop the wider care sector workforce. The representatives that the Team met were willing to work with SBC and this positive approach should be taken forward into a workforce strategy that looks at what the future workforce will need to deliver, what it will look like and the skills that people will require to meet a more person focused description of need.

Suggested actions:

1. Establish an annual event to recognise the contribution of carers and providers. An example of a self-funding, high profile event can be found in Hertfordshire.
2. With NHS partners develop a reward and recognition strategy to compensate carers and providers for their time and involvement in co-production activities. For an example, consider using the Reward and Recognition guidance developed by the Care Services Improvement Partnership, which could be the basis for developing a local policy with NHS partners.
(http://webarchive.nationalarchives.gov.uk/+/dh.gov.uk/en/publicationsandstatistics/publications/publicationspolicyandguidance/dh_4126863)

For other examples consider the strategies developed by the London Boroughs of Islington and Barnet.

Vision, Strategy and Leadership

Strengths

- Visible political leadership and engagement
- SBC's explicit commitment to supporting those who are most vulnerable
- Budgets are well managed
- The Council has effectively linked efficiencies to service redesign
- Relationships developing well with voluntary sector and are backed up with policies
- The Council has a strength of relationship with CCG as a joint commissioner

Areas for Consideration

- At a leadership level it is essential that the Council makes effective use of operational intelligence and benchmarking data to inform the approach to addressing significant strategic commissioning challenges. This needs to be seen as a strategic partnership challenge, as solutions will ultimately sit with whole system redesign, supported by organisation cultural and behavioural changes.
- Developing and implementing the early Intervention and Prevention strategy with partners is a key component in achieving the scale and pace necessary to target resources effectively at those most in need.
- The Council will need to understand the changing aspirations of individuals in need of support and the potential of the market to adapt and deliver. Analysis of unmatched need as opposed to unmet need will help the Council to develop a market shaping and investment plan (risk sharing).
- Use what works well to increase the potential for integration
- Recognise that "Making it Real" is a good mechanism to support the creation of a shared vision.
- How will the current effective transition of clients from Children's to Adult services be sustained throughout organisational change?

23. From the people that the Team met with, the view was that Adult Services was well led with good, visible leadership, both politically and managerially. The Team was impressed that the Council had a clear focus on supporting the most vulnerable in the community. The Council has thus far made sure that appropriate levels of funding are available and budgets are well managed to ensure there has been no overspend. Where efficiencies have been required these have been made as part of the service redesign and have been appropriately managed. Along with many other councils, it is likely to become increasingly difficult for SBC to maintain these funding arrangements and more will need to be done with partners to support adults at risk. There are good relationships with voluntary organisations that go further than a reliance on individual contacts and are embedded in agreed policies.

24. In the Team's view there is a need for SBC to increase the scale and pace of the approach to delivering services in partnership with other organisations. The Team was aware that there are organisations and groups that have developed support for people, who are not engaged in a relationship with the Council, which could be harnessed to provide support and signposting opportunities. There is a clear willingness from other organisations to engage with the Council and this needs to be built on to develop approaches to meeting demand for statutory services; without building swiftly on the approaches that are already in place demographic and financial pressures could result in increasing levels of demand not being met.
25. It is important that the Council develops an investment plan and has this quickly in place to support the Early Intervention and Prevention strategy. Public Health funding needs to be mainstreamed to ensure a coordinated approach to funding the identified activities.
26. More could be done to analyse existing data and identify areas of unmatched need. This information should be used to help in market shaping and, where appropriate, work with other organisations to consider how risk may be shared to bring about innovative solutions, which may include supporting the establishment of social enterprises. This approach would facilitate and nurture the voluntary sector to provide a more diverse range of choice in addition to the traditional providers. There will need to be a strong approach to developing risk management skills across the wider social care sector to ensure high quality financial, managerial and care standards are maintained.
27. Where integration with health is seen to be working well this needs to be built on and learning rolled out across the health and social care system. A notable example of this good practice is the Personal Health Budget team working in partnership with SBC's Personalisation Support Service to deliver the support and payroll functions for service users directly paying carers. 'Making it Real' provides an existing framework for a shared vision and this should be taken forward quickly.
28. In the Team's view Adult Social Care was well managed within the corporate directorate of Children, Education and Social Care. SBC will need to ensure that there is not an adverse impact on current performance through the transition period to separate Children's and Adult directorates. Clear and regular communication to both staff and partners will help maintain the existing good relationships. An area of potential concern could be the arrangements for young people (and their families and carers) transitioning from Children's to Adult services. In the Team's view this currently works well with good internal communication. In the separated structure the Council may wish to establish a 'pull' focused transition team in Adults that could act in a similar way to the Council's long-standing position of hospital social work services that operate outside the hospital environment and are effective in ensuring that there continues to be no delayed discharges from hospital.

Suggested actions:

1. With partners develop a stronger and more transparent understanding of local performance through regional and national benchmarking of those indicators

relating to personalisation: take up of direct payments; numbers supported to live independently, admissions to 24 hour care (care homes), for example.

2. Develop an investment plan to support the Early Intervention and Prevention strategy
3. Create approaches for sharing risk with voluntary organisations to support innovative approaches to meeting the identified areas of unmatched need.
4. Consider setting up a 'diagonal slice' change team to oversee the setting up of the two directorates for children and adults. This team should adopt a 'task and finish' approach working to a clearly set out project plan. This plan should include how arrangements from child to adult be managed.

Working Together

Strengths

- Strong relationships with NHS
- Local authority providing essential and compliant support to care providers (MCA/DoLS)
- Strategic focus on housing and social care providing positive results
- Strategic partnership boards operating effectively
- Culture that is open to collaboration, including with service users and carers
- Brokerage service well regarded

Areas for consideration

- How can awareness of where to get information on services be raised further?
*“Don’t know where I would go for information.
I could do with an information pack”*
- Opportunity to engage more effectively with user and carer led organisations
- Better align health and social care commissioning plans
- Future opportunities through devolution for health and wellbeing
- Realise the potential in localities
- Use Market Position Statement as opportunity for co-production

29. The Team was impressed with the strong relationship between health and adult social care. There was a clear commitment to improve communications between organisations at all levels, including through the Boards and governance arrangements.

30. From the evidence that the Team was presented with, SBC seems to be compliant with the Supreme Court judgment on the Mental Capacity Act Deprivation of Liberty Safeguards in 2014. This is notable practice and the Council will need to consider how resources will be maintained going forward.

31. There was a clear strategic focus on providing housing and social care. This is particularly important to continue if the aim is to reduce and maintain fewer numbers of people going into care homes.

32. The strategic partnership boards appeared to be operating effectively. Partners are willing to contribute and to be held to account. Representatives of the Health and Wellbeing Board, the Safeguarding Adults Board, the Children’s Safeguarding Board and the Community Safety Partnership are coming together early in 2016 to agree protocols for joint working to ensure greater continuity of governance across the whole of health and social care.

33. Feedback from the people that the Team met provided evidence that the Brokerage service was well regarded. The staff were responsive and well

informed providing an open, 'can-do' culture which supported people in making considered choices regarding their care.

34. Although information services are available (for example, SID) these were not always known about or accessed by some of the people that the Team met. More needs to be done to understand what information service users, potential service users and those supporting them want to know. This will need to be provided in a variety of formats to ensure that a wide range of the community knows where to go for information and that they are comfortable accessing it. Developing communication channels provides an opportunity to engage further with community organisations and discover others that were not previously known to the Council.
35. The Team was told that the Market Position Statement was about to be refreshed. This provides an opportunity for co-production. Providers and carers should be involved in providing information and on describing the future vision of care provision.

Suggested actions:

1. Work with community organisations to provide service information. Where possible, co-produce content and dissemination routes
2. Develop the renewed Market Position Statement jointly with providers and carers
3. Consider how the Council will develop a robust commissioning strategy based on early intervention and how with partners (NHS in particular) it can be underpinned by an associated investment plan, shifting resources within the system.

Resources and Workforce Management

Strengths

- Staff recognise that this is a good place to work
“Best place to work in the North East”
- Information directory good and useful
- Access to personalisation team highly valued
- Training and development seen as effective and is highly valued
- Staff value and receive regular supervision
- Culture of openness and accessibility to management
- Appreciate investment in additional newly qualified social workers

Areas for Consideration

- Implement a robust caseload management system
- Improve consistency of reflective time in supervision
- Instigate opportunities for service-wide learning (sharing practice)
- Short-term contracts tied into the Better Care Fund (opportunities to address this are being considered)
- Named individuals to drive and maintain professional standards
- Consider wider workforce strategy and redesign
- Utilisation of performance management information and data at all levels to support service change

36. The staff that the Team met were passionate and committed about working for Stockton. Social care staff said that they believed SBC was the best place to work in the North East; they were supported, recognised and involved in the delivery of their work. From the case files and meeting people it was clear to the Team that staff received regular supervision. However, this tends to be workload based and more needs to be done consistently to provide reflective time, both on a regular basis for the individual and across teams. Training and development was available and regarded as being appropriate in ensuring individuals were skilled to deliver their work. More needs to be done to bring people together on a service wide basis so that learning is shared and a consistency of approach and quality is maintained.

37. The Team heard evidence from inside Adult Social Care, people receiving services and other organisations that the Personalisation team was highly valued. They were regarded as well informed, responsive and accessible. People have been appointed as Personalisation Champions who have a high level of awareness of the issues and can promote the personalisation agenda. The challenge will be to maintain the level of service and to manage expectations going forward.

38. There was a general appreciation of the investment the Council had made in recruiting additional, newly qualified, social workers. The Team acknowledged the progress already made on making some positions permanent. However, the funding arrangements for some posts were based on the use of short-term contracts and further solutions should be considered to ensure the Council retains the necessary skills and capacity.
39. A more robust caseload management system should be introduced to ensure social workers have manageable caseloads and an appropriate balance of cases (this is paper-based and team specific at present). This needs to be combined with effective supervision so that social workers are not holding on to cases. Also, cases need to be allocated so that they provide sufficient development opportunities, with the appropriate risk management built in. This will ensure the skills base of the workforce is evenly developed and not contained in just a few, senior practitioners.
40. Lead professionals should be appointed to ensure quality of practice is maintained and where necessary taken forward. These individuals may take on this as an additional responsibility to their existing role. There should be named individuals responsible for driving up professional standards for occupational therapists and social workers, as both roles are key in the delivery of social care. This could also be the case for ensuring professional standards in the delivery of mental health and learning disability services.
41. As the model for service delivery changes so will the composition and skills base of the wider social care workforce. It will therefore be necessary to develop a workforce strategy that considers future scenarios, the type and number of workers and the skills that they require.

Suggested actions:

1. Ensure all managers provide reflective supervision. Develop managers so they fully understand the reflective nature of supervision and use lead professionals to monitor that standards are consistently applied and maintained.
2. Build a stronger approach to consistency by holding service wide development events, based on a particular theme or issue. This can be done on an annual or biannual basis and provides an opportunity to share practice and develop a service wide sense of support.
3. Develop a comprehensive Workforce Strategy for the wider social care workforce that takes into account current and potential changes in service provision. Plans should include scenarios for at least the next five years including training and development of the workforce to meet these foreseen changes.
4. Appoint lead professionals with responsibility for driving up and maintaining professional standards (social work, occupational therapy and mental health are key areas).

Service Delivery and Effective Practice

Strengths

- Team managers: stable and experienced group
- Case File audits at all levels: needs to continue
- Personalisation champions and personalisation team
- Procedures kept up to date (dedicated member of staff)
- Staff representatives have input in procedure development
- Transitions from Children's to Adult services under current organisational arrangements are seen to run smoothly
- Independent reviewing team and safeguarding team
- Evidence from service users that Direct Payments do make a difference:
"With a direct payment I don't have to buy traditional services"

Areas for Consideration

- Implement a leaner process as current Direct Payment assessment and validation forum leads to backlogs and delays
- Determine what more needs to be done to embed effectively the asset based approach
"It is not just about the money"
"What I can do rather than what I can't do"
- Further develop self-advocacy
- Support, train and use experts by experience (reviews etc.)
- Share risk in enterprise development, e.g. joint ventures and social enterprise
- Issues emerging with access to multi-disciplinary working (Single Point of Access)

42. The Team was impressed with the quality and experience of the team managers that they met. There is now a sense of stability with managers remaining in post, which in turn helps staff feel more confident in delivering their role.

43. Case file audits are conducted on a regular basis and by all levels of management, including the corporate director. This ensures continuity across the system and helps staff feel equally recognised and scrutinised. This needs to be maintained as it gives a message that the work being undertaken is important.

44. Procedures are kept up to date with a dedicated resource allocated to this process and this makes sure it is done. Staff members have been involved in the development and up-dating of procedures so there is 'buy-in' and 'ready-made' champions for ensuring procedures are adhered to. This internal co-production also helps ensure that procedures are fit-for-purpose.

45. The independent reviewing team and safeguarding team both appear to be working well and help in maintaining quality. However, more could be done to help these teams become more outward facing so that they have a role in educating and developing the wider workforce. There is a risk that by having issues referred into the teams for them to deal with that service providers become reliant and therefore deskilled.
46. The system for monitoring direct payments was seen by some of the people the Team met as being somewhat overly bureaucratic. It was understood that at the outset of the direct payment system close monitoring was required. The Team was aware that the Council has considered whether this level of monitoring was still required and a new system is to be implemented from April 2016 to focus resources on other areas of practice.
47. There is a need to embed the asset based approach to determining personal budgets. Both staff and service users reported that the assessment process focussed too much on what people could not do, rather than what they could do, in order to 'justify' eligibility for care and support. The Team was aware that work has been undertaken on the POET to make the most of the strengths and assets of individuals and communities.
48. More needs to be done to support self-advocacy. In the Team's view a step change is required here to develop people's ability to state for themselves what it is they require. The information service should be used to support in the development of self-advocacy. This is important as it would be unrealistic for an external advocacy service to be sufficiently resourced to enable them to act for everyone. By increasing self-advocacy the advocacy service can continue to be targeted against identified need.
49. A more systematic approach to using Experts-by-Experience (E-b-E) is required. E-b-Es will not only help inform service design when engaged in the co-production process but they also provide an empathetic method of gaining wider service user views when conducting individual and organisational reviews. The Team was made aware that the identification and training of clients to act as potential E-b-Es is in hand. A policy should be developed on how and when E-b-Es are recruited, recompensed (linked to the Reward and Recognition strategy) and participate in the work of Adult Social Care.
50. There needs to be a greater understanding of activities carried out by voluntary or neighbourhood organisations in response to the unmatched needs of people in the community. There then needs to be an assessment of the risks involved for SBC in supporting or not and how these may be mitigated. This could be undertaken jointly with the CCG and with the acceptance on all sides that some projects may not always succeed.
51. The determination on the interface between adult social care and health colleagues through the Single Point of Access (SPA) is causing delays. The policy and practice of how social workers can routinely get swift access to the relevant health staff needs to be resolved to avoid any potential safeguarding issues.

Suggested actions:

1. Streamline assessment and support planning. The aim being to develop a leaner process with a stronger focus on outcomes as the Council improves access to community assets.
2. Establish a task and finish group to develop SBC's approach to developing and utilising experts by experience in all aspects of the Council service design, commissioning and implementation of planned improvement.
3. Ensure the Council is gathering intelligence from reviewing and that it is being used to develop practice.

Improvement and Innovation demonstrating effective practice

Strengths

- Sustaining and promoting independent living: the Victoria Development is a good example
- SID and the planned new development of easy read version – the Council demonstrates commitment to keeping it updated and developed.
- Strong support and positive feedback regarding Catalyst
- Good examples of flexible use of respite funding
- Evidence that post Care Act assessments are more outcome focused
- More people are accessing direct payments and evidence that this is ensuring better continuity of service
- The mobile working pilot will prove of benefit as the Council streamlines the assessment and support planning process.

Areas for Consideration

- SID: there is potential for interactive peer networking
- Gatekeeping processes need refinement, including reviewing current delegations and use of panels to give further focus to quality assurance.
- Engage with service users and carers as micro-commissioners to develop innovative alternatives to traditional respite services.
- Development of a reward and recognition policy with NHS
- Early implementation of Pre-payment cards would be a quick win
- Build on good practice e.g. Tees Neurological Alliance (Peer Support)

52. In the Team's view SBC's concept of a 'village' approach for older people will provide benefits for individuals and promote independent living. This is a clear example of including solutions for housing, daily living and leisure in the long-term planning that will enable people with some level of dependency to live without being reliant on statutory services.

53. The Team noted a number of examples where SBC was building on innovation and learning from existing projects. These included the next phase of SID (where feedback from users has led to changes and improvements) and undertaking a pilot for mobile working, with frontline staff accessing and inputting data remotely whilst undertaking visits. There were also some areas where practice could be improved further and most of these have already been covered earlier in this report. Additional suggestions for improvements include; building an interactive area into the redesign of the SID so that peer to peer support can be facilitated (there is a recognition that there would need to be some form of moderation involved in undertaking this and this would need to be resourced), greater engagement with service users to enable more personalised and flexible arrangements in providing respite care and moving quickly to complete on the

work already undertaken to provide pre-payment cards. Service users will then be able to purchase care and support without having to handle cash. The Council could also more easily monitor spend as set out in the support plan without having to ask service users to provide bank statements.

Suggested actions:

1. Ensure the Council has strong commissioning and joint commissioning leadership to drive the changes needed to deliver effective personalisation with co-production, self-directed support and choice as the overarching principles.
2. Engage staff in the evaluation, modification and roll-out of the next phase of the mobile working pilot.
3. Apply the principle of co-production as the Council takes forward the areas for consideration identified above. In particular the development of alternatives to traditional services would be of benefit.
4. Effective communication of Adult Social Care's purpose within the Council and with partners will be essential as the transformation is progressed. As the Council puts in place the new social care directorates there would be significant benefit in easily understood and clear overall vision, set of values, and core purpose for Adult Social Care with a clear and common narrative. There would be benefit if the Council utilised the suggested 'diagonal slice' change team to develop this narrative.

Summary

- The Team identified good examples of working with people who use services and practice focused on quality outcomes. However, this is not consistent and more work is required truly to embed this: “Making it Real”
- There is a clear desire to shape the market to uncover and develop community assets but the Council now needs to refine this thinking into action along with partners
- The Early Intervention and Prevention Strategy, mainstreaming public health within the whole system and use of Better Care Fund as a pump priming tool for innovative solutions will play a critical role in reducing future demand and needs to be embedded in SBC’s approach to personalisation
- The Council has some good ideas but needs to have a sharper focus on priorities with both scale and pace. This entails taking a whole system view of personalisation within the Council and most importantly with partners (IPC pilot)

54. In response to the four key questions the Council asked the Team to consider, the Team’s view was that from the evidence that they gathered there was a significant amount of work in ensuring a more personalised approach to providing the care individuals required. However, this was not consistently applied and ‘Making it Real’ offers a clear framework for ensuring a systematic approach.

55. The Team recognised the work already undertaken to shape the care market. The Team also noted the work being undertaken to link this with other strategic approaches including, the Early Intervention and Prevention strategy and joint commissioning activities. However, the existing work with partners could be further built on to facilitate greater co-production and enable providers to respond positively.

56. In the Team’s view SBC needs to work on not only managing demand but also reducing demand for adult social care. The Council should consider what further information is required to help reduce the reliance on statutory services. Along with other councils, SBC will need to play an increasingly active part in the wider public service reform agenda with its focus on the health and wellbeing of the population. The role that personalisation plays in helping reduce demand needs to be fully understood by all partners, including; service users, families and carers. The implications of how care needs can be met have also to be understood, if the reliance on traditional service solutions is to be tackled and the required culture change is to be realised.

57. The Team noted a number of initiatives that clearly promoted personalisation. The challenge for the Council is to ensure that sufficient scale and pace is applied to these. The Council benefits from strong political support for the adult social care agenda with staff that are competent, committed and willing to implement the changes required. However, the changes required need to be made on a whole system level and this requires the engagement of partners who understand and accept their responsibilities.

Contact details

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Appendix 1 – LGA Standards for Adult Social Care Peer Challenge

The Adult Social Care Key Areas of Focus for Peer Challenge can be found for download on this page:
http://www.local.gov.uk/peer-challenges/-/journal_content/56/10180/3511083/ARTICLE

The peer challenge process aims to help local government to help itself to respond to the changing agenda for adult social care. Undertaken from the viewpoint of a friend, albeit a 'critical friend', a peer challenge allows a team of people who understand the pressures of running a local authority to review the council's practices in a challenging but supportive way.

A peer challenge includes an assessment of current achievements and provides recommendations of how further improvements can be made. It is a constructive, collaborative and supportive process with has the central aim of helping councils improve. It is not an inspection, nor does it award any form of rating category.

The following sections set out the key area of focus for peer challenges in adult social care. They have been tested with the sector. The key areas of focus also can be used as a means of self-assessment.

They are centred on the following key themes:

- 1. Outcomes for people who need care and support to improve independence and wellbeing**
- 2. Participation**
- 3. Vision, Strategy and Leadership**
- 4. Working Together**
- 5. Resource and Workforce Management**
- 6. Service Delivery and Effective Practice**
- 7. Commissioning and Market Shaping**
- 8. Improvement and Innovation demonstrating notable practice**

Every council and partnership is different and the challenge team will ensure the challenge is individually tailored to the needs and priorities of each local authority. The intention is not to cover all the questions as they appear below. Instead scoping would be done with the individual authority to select the areas most appropriate to them.

These refreshed key areas of focus have been discussed and approved by the Towards Excellence in Adult Social Care (TEASC) Programme Board. TEASC is a programme to help councils improve their performance in adult social care, delivered by the sector on a regional basis. See www.local.gov.uk/adult-social-care for more information.