

Adult Services Peer Review

Update for Adult Care and Well Being
Overview and Scrutiny Panel

Purpose of Report

- Remind us of the key lines of enquiry
- Highlight key findings from Adult Services Peer Review
- Share recommendations
- Progress to date
- Questions

Key Lines of Enquiry

Is there a collective understanding, across the County Council and partners of the profile of spend and demand pressures we face from increasing complexity and demand from people with Learning Disabilities and Autism?

Is our current model for service delivery and support for people with Learning Disabilities and Autism fit for purpose and affordable?

What opportunities do we have to work in partnership to co-produce a sustainable model for delivery?

Background

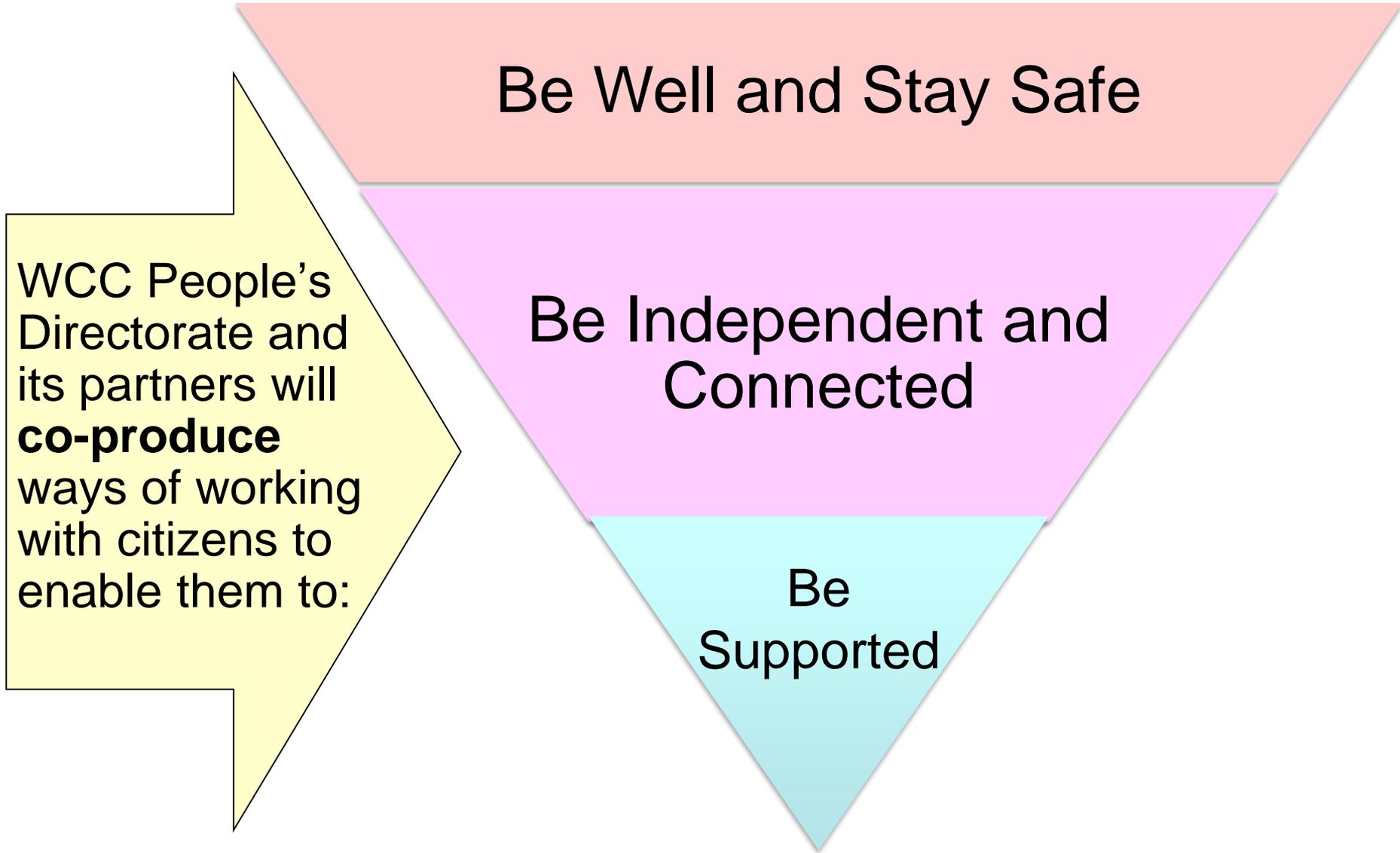
- Last peer review May 2017 and safeguarding came through as an issue. Further reviewed in February 2018 – Peer Review team reported those issues were addressed
- LD social work teams transferred back to WCC from Trust April 2019 to improve practice and control costs
- Plans advanced to complete the same with Mental Health teams during 2020
- Brings WCC in line with regional best practice

Summary Findings

- Your vision and delivery on place and infrastructure is commendable and **adult social care would benefit** from the same clarity of corporate vision
- We heard plenty of enthusiasm from partners to work together and the council leadership needs to **harness that enthusiasm**
- To achieve this there needs to be a clear **corporate vision for adult social care** so that citizens, staff and partners are clear about the direction of travel and the means for getting there
- This lack of direction is starting to impact on practice which is a **major risk** for the care and health system
- The county council is committed to funding adult social care but there are pressures. However, the absence of a clear vision has meant that **opportunities to address the financial challenge have been missed.**
- Generally, you are aware of your challenges, but you need to learn from what hasn't gone well and focus on what, how, when are you going to deliver, and how you will **measure progress**
- We know the system can deliver from the **Transforming Care Partnership** work
- Some good examples of community assets – thought needs to be given as to how these are **connected to support local communities**
- **Loyalty** to Worcestershire as an organisation and place was clear from all the people we met

Findings against each KLOE

Key Line of Enquiry	Findings
<p>Is there a collective understanding, across the County Council and partners of the profile of spend and demand pressures we face from increasing complexity and demand from people with Learning Disabilities and Autism?</p>	<ul style="list-style-type: none"> • It doesn't appear there is a clear, shared understanding on cost, spend and income within the directorate, and clear lines of accountability and ownership appear to be the exception • Across the system there is a wealth of information, data and feedback from partnership boards and service users but there is no single, shared picture • There are examples of best practice in Worcestershire's system: the risk matrix in the Transforming Care Programme is a good example of understanding current and future demand and spend • Work on transitions is encouraging and showing some green shoots • Work is required to develop a Life Course vision and strategy across adults, children's and health based on a clear understanding of spend and demand • The council should consider reviewing its in-house provision, to understand its cost and benefit in meeting demand and where it fits in future delivery plans • These considerations should be part of an open discussion with partners about the assets and resources available and the plan for maximising their benefits
<p>Is our current model for service delivery and support for people with Learning Disabilities and Autism fit for purpose and affordable?</p>	<ul style="list-style-type: none"> • There is no strategic approach to delivering services across children's, adults and health services so the current model is not fit for purpose • There is a need to work with children's services to develop a strengths-based model which is focused on maximising independence and building resilience • Model needs to be integrated with health to maximise health and wellbeing and resources across the system • Good working relationships, however need to move forwards together with NHS on integration agenda and re-set these • The results from the Practice Review indicate that the lack of an agreed joint model is starting to impact on practice and raise other concerns • Need a further detailed analysis of your safeguarding pathway to assure yourself it is working effectively • The model needs to be a whole model – e.g. strengths-based but under developed use of community assets • Operationally you have some good relationships and staff working hard to be effective • Prevention and step-up work on Transforming Care is very impressive and should be shared more widely
<p>What opportunities do we have to work in partnership to co-produce a sustainable model for delivery?</p>	<ul style="list-style-type: none"> • While not without challenges, Worcestershire is a well-defined place with a history of good working relationships and there is an opportunity to create a narrative and vision with partners that everyone understands and can support • An all age strategy, can be built with a delivery plan, particularly for those preparing for adulthood that addresses some of the current challenges and sets plans for the longer term • Vibrant local places with clear identities, which provides opportunities for you as health and well being leaders to connect districts, primary care, and local assets to prevent demand and support ongoing personalised support • Investment & development of county's infrastructure provides opportunities to support these local places • Focus on current spend in the short term, and identify opportunities to reduce costs and pressures across the system • Use the knowledge and experience you have across the system to make sure the information, advice and services that do exist are better connected and easily accessible • Having a single workforce plan would support all the partners in areas such as recruitment and retention • Opportunity to develop lead/joint/integrated commissioning arrangements to manage care home market



*“It is our priority, working with partners, to ensure Worcestershire residents are healthier, live longer, have a better quality of life and **remain independent** for as long as possible.”*

Tier 1 – Universal and
Self Service

70%

Tier 2 – Targeted
Interventions

20%

Tier 3 –
Services
10%

Prior to Covid:

- 69% of contacts resolved at Tier 1
- 4.9% resolved at Tier 2
- 26% progressed to T3

Developing the T1 and T2 services will be critical to managing demand.

- People are citizens first and foremost
- Most people are well, and able to live a good quality of life unaided by the state
- A sense of belonging, positive relationships and contributing to community life are important to people's health and wellbeing
- What has worked exceptionally well* are conversations with people based on what matters most to them. Therefore, support is built up around people's strengths, their own networks of support, and assets that can be mobilised from the local community
- Co-production is key: people are involved as equal partners in designing their own solutions. They can choose and steer those solutions, which better meet their requirements and are cost effective
- People are treated equally and fairly, and the diversity of individuals and their communities are recognised and involved as a strength
- People remain independent, in control of their life and can access the assets that enable them to do so
- Feedback from people on their experiences /outcomes is routinely sought and used to develop a deeper set of opportunities and solutions

Person Centred Approach

WHAT

- Develop integrated customer model, across all services/offers: face to face & digital offer - with Libraries as Community Hubs.
 - Embed Think Local Act Personal ethos; information, advice and guidance based; self reliance, self directed and self assessment embedded.
 - predictive modelling led
 - incorporate H2H learning
 - social marketing
 - include prevention offers from Trading Standards about scams and frauds
 - include all arts and cultural activities and access to employment and training
- Lead and implement a full person centred ethos across People Directorate, the council, and with partners - to enable and empower people to live the life they wish through a new operating model, appropriate training and assurance.
- Develop the best model for operational delivery of adults social care in light of Covid-19 impact.
- Develop formal partnerships with key stakeholders and community and voluntary sector to promote wellbeing and reduce health inequalities based on asset based approach ; including community engagement in key wellbeing activation
- Develop locality based integrated teams for social care with health, district council and voluntary sector that focus on the customer , have visibility of needs and risks in one place and offer long term management for some customers
- Establish with the CCG transparent and fair funding arrangements for people with health and social care needs

HOW

- Develop one front door for our residents
- Ensure strong digital offer
- Build on strengths of local community assets
- Collaborative work with partners

Shaping Services

WHAT

- Increase Shared Lives placements
- Convert day centre resources into offer for independence choice and wellbeing
- Re-purpose internal care home provision for housing with care
- Develop all age disability service offer
- Commission and remodel replacement care
- Remodel hospital discharge offer with NHS to ensure timely, effective and safe discharges that promote independence.
- Deliver Adults Mental Health Social care directly, in collaboration with NHS and other partners to prevent and reduce Mental Health crises.
- Implement single reablement model that can fit into a longer term integrated intermediate care model
- Aligned and joined up commissioning activities
- Align Public health services e.g. 0-19, sexual health services in framework with health to focus on improvement to outcomes and wellbeing
- Ensure community safety demands can be met via the integrated customer offer , including reporting and access to support e.g. Domestic Abuse

HOW

- All age approach
- Make “strengths” based conversations the norm
- Redirect provider resources to independence and enabling

Shaping an Effective Market

WHAT

- State commissioning intentions clearly to the market
- Refocus use of domiciliary care to support reablement model
- Support Family care opportunities
- Increase extra care
- Increase supported living
- Refocus use of residential and nursing care
- Define replacement care offer through clear policy and range of responses
- Increase use of Direct Payments and Personal Assistants
- Embed effective use of enablers to independence e.g. Assistive Technology, access to training, volunteering, travel support, employment, housing , advice to self funders

HOW

- Engage to develop independence and choice
- Work with partners to create an integration framework
- Commission for the whole population not just those who access “services”

Cross Council/Partner Delivery

Programme/Project	Support Required to enable
Integrated Customer Model and One Front Door – with Libraries as Community Hubs	Cross Council and partner approach Appropriate hub locations CRM Deployment BPR Integrated, self service web offer Communications and Marketing Management of HR Implications
Partnerships at District Level – including Integrated Teams	Linked to the above and also modelling of buildings, workforce, formal agreements and technology for true integrated working
All Age Disability Service Offer	Design of to be service across Adults and Children’s Social Care Communications and Marketing Management of HR Implications WCF Contract/Legal Considerations Process and System Design Organisational Develop/Culture Change
Increase Extra Care Increase Supported Living	Identification and securing development sites Communications and Marketing
Increase Direct Payments	Financial Infrastructure Employment Support Communications and Marketing
Aligned Commissioning	Co-production and joined up approach to commissioning with commissioning, procurement and commercial teams e.g. prevention; domiciliary care; residential/nursing care; accommodation
Organisational Development and Culture Change	Engagement, communications and top down development programme to change culture towards Making Every Conversation Count; Strengths Based, Think Local Approach with Promoting People’s Independence at heart.



Questions

