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Rutland County Council

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Meeting: ADULTS AND HEALTH SCRUTINY PANEL

Date and Time: Thursday, 29 June 2017 at 7.00 pm

Venue: COUNCIL CHAMBER, CATMOSE, OAKHAM,
RUTLAND, LE15 6HP

Clerk to the Panel: Corporate Support 01572 720922
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Helen Briggs
Chief Executive

10) ADULT PEER REVIEW – REVISED APPENDIX A

To receive Report No. 119/2017 from the Director for People
(Pages 3 - 8)

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17th May 2017

Dear Tim

Re: Rutland County Council Adult Social Care Peer Review

I am writing to outline our findings and conclusions from the Peer Review conducted in Rutland between 22nd and 24th March 2017.

As you know, the review team comprised of myself as the lead Director, Emma Scarth (Lincolnshire County Council), Jane Boulton (Leicester City Council) and Liz Luck (Northamptonshire County Council), supported by Daniel Routledge (SDSA).

You asked us to look at the following Key Lines of Enquiries:

Personalisation & Independence

- How successful have we been in embedding personalisation across all teams, including health and social care, and the impact this has had on securing independence for service users?

Quality of practice

- How effective have our culture change, multidisciplinary structure and professional development initiatives been in securing high quality practice?

We would like to thank you and your team for your time and the open way in which you approached this review and, in particular, to thank Neil Lester for looking after us so well during our time in Rutland and meeting all our requests for extra information.

As well as the KLOEs, there were a few general observations that we made as a team which I will set out first and also we have included some reflections on safeguarding and integration.

Overview – Strengths

Firstly, and most notably, there is an excellent offer available to the people of Rutland from the Local Authority.

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We heard of a positive journey over the last couple of years towards a greater level of personalisation, which was evidenced in real examples through the case audits, case discussions and in the values of the members of the workforce we met.

Your staff spoke enthusiastically and there was a clear commitment to ensuring the best possible outcomes for the people of Rutland, something that came through at all levels of the organisation.

We were particularly impressed with the whole council approach around support into employment with the Chief Executive encouraging its development. Also the preventative focus for non-eligible citizens and the developing approach towards the work with people who historically may have ended up with an institutionalised solution was something we were pleased to see.

There appears to be good leadership relating to professional development and you should be heartened to see that health colleagues engage with this professional development offer as well.

Overview – Areas for consideration

It appeared to us as that the culture at the ‘front door’ was one of ensuring that people are aware of what they are legally entitled to. This is different to many other Local Authorities where there is a greater focus on managing demand. Given possible future financial pressures, consideration should be given to whether this approach does actually give the return on investment hypothesised. You might want to consider the longer term plan around managing expectations and keep under review the effectiveness of this approach.

The team felt the transition arrangements in Rutland were good, but wondered if there was an opportunity to further enhance this positive experience through review of the whole life disability approach. A move to a more generic approach, rather than separate children and adults workers, could remove the service transition experience for young people and their parents and carers.

Whilst BME people are not under-represented in terms of service user numbers greater consideration could be given to BME citizens in terms of evidencing their existence in publicity through representative pictures and translation offers. It would also be valuable to ensure evidence of consideration of protected characteristics is considered in the case audit tool.

In all our discussions we found that the primary focus for staff was the outcomes for and the wellbeing of the people they serve, however, we were interested to note that the vast majority of staff didn't talk about value for money and the efficiency agenda.

Personalisation – Strengths

We saw some excellent examples of personalisation, particularly for younger adults and staff seemed very enthused about the move towards more personalised outcomes over the last couple of years. They also could evidence to us how things had significantly improved for service users in this time.

We found some good evidence of consultation through scrutiny and healthwatch. We were also particularly impressed with the progress being made by the in-house Learning Disability service in providing more personalised outcomes than have historically been part of the offer.

Personalisation – Areas for consideration

Whilst you have clearly made progress along the journey, we did see evidence of outcomes being met through the provision of traditional services. Direct Payments take up has improved however in most examples we heard of, they were being used to employ Personal Assistants.

We felt there might be an opportunity to refresh your induction document to include a sharper focus on the benefits of Direct Payments to service users in Rutland. Further if the case studies in public facing literature were ones where more innovative methods to meet people's outcomes were evident this could promote understanding and use of other options.

Clearly your scale and geography creates challenges in relation to the market providing more creative solutions and as such we thought your efforts may be better focussed on the development of the Personal Assistant workforce to encourage and stimulate more creative approaches.

In our time with you, we were unable to establish how far co-production was embedded – outside of the direct relationship between service users and social care – and would encourage the Council to build on the existing good practice you have around engagement and consultation in order to develop a wider, more co-produced approach.

Whilst your survey responses were good, we felt you might wish to consider the balance between surveys being undertaken by professionals who had worked with service users and those from independent organisations. Clearly there is some variation between your survey data and your ASCOF outcomes and given the risks that people are less likely to respond honestly with the professional who had worked with them, it might be prudent to seek independent validation.

Safeguarding – Strengths

We noted that the pathway for safeguarding activity has improved following your restructure making it clearer and it was clear to us that safeguarding was seen as everybody's business. This came across very clearly in our discussions with the workforce and we saw a sense of real ownership by them.

There is also a high profile for safeguarding, which we saw reflected by the fact that the CPD meetings have a focus on safeguarding on alternate months. We also found a good awareness of the principles of Making Safeguarding Personal.

Quality – Strengths

The team saw an approach towards Quality Assurance for external providers that was both impressive and delivered on a personalised approach for service users. We were also very impressed at the leadership of the in-house provision and how accessible and responsive the service was as well as how it had embraced personalisation.

The new Quality Assurance Framework has increased the focus on quality of practice and the investment in your new IT system will enable QA of practice to be better embedded going forward.

Quality – Areas for consideration

During our case audits and discussions with staff on cases, we found evidence of some variations in practice. Specifically these were around the completion of Mental Capacity Assessments, risk assessments as well as some inconsistency in decision-making and involvement of the service user.

On a practical level the checklist should be reviewed to ensure it refers to all of these aspects.

As the new Quality Assurance practice becomes more embedded, we feel the auditing of case files could be further developed and that consideration should be given to the benefits of having a broader range of practitioners undertaking them and how learning will be embedded as a result.

Integration – Strengths

We found that in Rutland you have a developing culture of professional trust across roles and disciplines in both health and social care, which is something to be proud of. You also have joint posts in place, such as the care co-ordinator, which appeared to us to be efficient, effective and delivering positive outcomes for the people of Rutland.

There was also a recognition from the people we spoke with that the integration model was giving a better experience for the person involved, with shared aims and objectives across health and the local authority.

It was recognised that duplication at the front line was problematic and that the intended initiative relating to improved commissioning of well-being services would help in reducing this and it was an initiative for which there was positive support.

Integration – Areas for consideration

Your integration arrangements appear to be helping and we heard from multi-agency colleagues that without them there was the likelihood that GPs would be less responsive. We were given an example in one surgery of how considerable pressure had been taken off the service by integrated solutions.

There were also examples where the use of resources would be less efficient and that there was the potential for people to only be ‘picked up’ in crisis, where currently needs are met by preventative measures through posts like the care co-ordinator. It would appear to us that given the benefits across the system, you may wish to consider how this work can be scaled up and more fully rolled out.

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We also heard of examples of CCG initiatives being 'prescribed' without consideration to the 'bottom up' change that is currently taking place in Rutland. It may, therefore, be beneficial for senior leaders within the Local Authority to spend time with their health colleagues outside of the usual transactional meetings of the STP and other partnerships, to challenge behaviours, develop relationships and a shared ambition for the culture change within your area.

Once again I thank you, your team and Cllr Clifton for the time and openness with which you approached this review and trust our feedback will help you on your journey. As ever, we have taken much learning from how you are tackling issues with us back to our own local areas.

Yours sincerely



Helen Jones
Director for Adult Social Services (DASS) Nottingham City

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