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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
email: corporatesupport@rutland.gov.uk

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Helen Briggs
Chief Executive

A G E N D A

APOLOGIES FOR ABSENCE

1) RECORD OF MEETING

To confirm the record of the meeting of the People (Adults & Health) Scrutiny Panel held on 6 April 2017 (previously circulated).

2) DECLARATIONS OF INTEREST

In accordance with the Regulations, Members are invited to declare any personal or prejudicial interests they may have and the nature of those interests in respect of items on this Agenda and/or indicate if Section 106 of the Local Government Finance Act 1992 applies to them.

3) PETITIONS, DEPUTATIONS AND QUESTIONS

To receive any petitions, deputations and questions received from Members of the Public in accordance with the provisions of Procedure Rule 217.

The total time allowed for this item shall be 30 minutes. Petitions, declarations and questions shall be dealt with in the order in which they are received.

Questions may also be submitted at short notice by giving a written copy to the Committee Administrator 15 minutes before the start of the meeting.

The total time allowed for questions at short notice is 15 minutes out of the total time of 30 minutes. Any petitions, deputations and questions that have been submitted with prior formal notice will take precedence over questions submitted at short notice. Any questions that are not considered within the time limit shall receive a written response after the meeting and be the subject of a report to the next meeting.

4) QUESTIONS WITH NOTICE FROM MEMBERS

To consider any questions with notice from Members received in accordance with the provisions of Procedure Rule No 219 and No 219A.

5) NOTICES OF MOTION FROM MEMBERS

To consider any Notices of Motion from Members submitted in accordance with the provisions of Procedure Rule No 220.

6) CONSIDERATION OF ANY MATTER REFERRED TO THE PANEL FOR A DECISIONS IN RELATION TO CALL IN OF A DECISION

To consider any matter referred to the Panel for a decision in relation to call in of a decision in accordance with Procedure Rule 206.

SCRUTINY

Scrutiny provides the appropriate mechanism and forum for members to ask any questions which relate to this Scrutiny Panel's remit and items on this Agenda.

7) QUARTER 4 FINANCIAL MANAGEMENT REPORT 2016/17

To receive Report No. 111/2017 from the Director for Resources

(Report previously circulated under separate cover)

8) QUARTER 4 PERFORMANCE MANAGEMENT REPORT 2016/17

To receive Report No. 98/2017 from the Chief Executive

(Report previously circulated under separate cover)

9) HOMECARE RECOMMISSIONING UPDATE

To receive a verbal update from the Commissioning Officer

10) ADULT PEER REVIEW

To receive Report No. 119/2017 from the Director for People
(Pages 5 - 22)

11) ADULT SOCIAL CARE DEVELOPMENT - 2 YEARS ON

To receive a presentation from the Deputy Director for People

12) PROGRAMME OF MEETINGS AND TOPICS

a) **SCRUTINY PROGRAMME 2017/18 & REVIEW OF FORWARD PLAN**

To consider Scrutiny issues to review.

Copies of the Forward Plan will be available at the meeting.

13) ANY OTHER URGENT BUSINESS

To receive any other items of urgent business which have been previously notified to the person presiding.

14) DATE AND PREVIEW OF NEXT MEETING

Thursday 14 September 2017 at 7 pm

Agenda items: Quarter 1 Performance Management Report
 Sustainability and Transformation Plan Update

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TO: ELECTED MEMBERS OF THE ADULTS AND HEALTH SCRUTINY PANEL

Mrs L Stephenson (Chairman)

Miss R Burkitt

Mr W Cross

Mr C Parsons

Mr G Conde

Mr J Fox

Miss G Waller

OTHER MEMBERS FOR INFORMATION

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SCRUTINY PANEL

29 June 2017

ADULT SOCIAL CARE PEER REVIEW

Report of the Director for People

Strategic Aim:	Meeting the health and wellbeing needs of the community	
Exempt Information	No	
Cabinet Member(s) Responsible:	Mr R Clifton, Portfolio Holder for Health and Adult Social Care	
Contact Officer(s):	John Morley, Head of Adult Social Care	01572 758442 jnmorley@rutland.gov.uk
	Mark Andrews, Deputy Director for People	01572 758339 mandrews@rutland.gov.uk
Ward Councillors	Affects all wards	

DECISION RECOMMENDATIONS

That the Panel:

1. Notes the outcome of the recent adults peer review
2. Comments on the associated action plan.

1 PURPOSE OF THE REPORT

1.1 The purpose of the report is to provide the scrutiny panel with the outcome of the Adult Social Care (ASC) peer review, which had two key lines of enquiry. ASC was seeking assurance from the reviewers of our effectiveness on the following:

1) *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?

2) *Quality of practice*

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

2 BACKGROUND

2.1 The The Local Government Association (LGA) launched its approach to Sector Led

Improvement, in 2011. Peer review was launched following the removal of national targets and assessments with the aim of driving improvement through self-regulation and innovation. In addition, the LGA's 'Rewiring Public Services' campaign endorsed the central role that peer challenge played in ending bureaucratic inspection, improving social care and pressing ahead with transforming public services.

- 2.2 Adult social care departments are now subject to peer review to help drive improvement. The peer challenge forms part of the Association of Directors of Adult Social Services' wider programme of 'sector led improvement' in the region. Sector-led improvement is based on the principle that stronger accountability through increased transparency drives further improvement. It is a process that allows local authorities to be open to challenge from their peers and to get support from them in order to inform improvement and drive change.
- 2.3 The peer review team were on-site for three days from Tuesday 22nd March to Thursday 24th March 2017. The team consisted of: Helen Jones (Director of Adult Social Services (DASS) Nottingham City Council), Jane Boulton (Head of Safeguarding and Professional Standards, Leicester City), Emma Scarth (County Manager, Lincolnshire County Council), Liz Luck (Service Manager, Northamptonshire County Council) and Daniel Routledge (Independent facilitator).
- 2.4 The programme for the review included activities designed to enable members of the team to meet and talk to a range of internal and external stakeholders as well as scrutinise the workflow. These activities included:
- 1) Interviews and discussions with councillors, officers and partners
 - 2) Focus groups and interviews with managers, practitioners, frontline staff and people using services and their carers
 - 3) Reading documents provided by the service, including a self-assessment of progress.
 - 4) A review of a select number of case files

3 THE KEY LINES OF ENQUIRY.

- 3.1 Following the implementation of the Care Act 2015 which forms the statutory framework for adult social care the adult's service restructured its teams. This was to facilitate key Care Act themes such as personalisation, wellbeing, prevention and integration. Opportunity was also taken to improve on the quality of the service both in practice and approach.
- 3.2 Emphasis shifted to working with people to reach their desired outcomes while working with fellow professionals such as health services and the third sector to achieve those outcomes. The care act way of working is supported in Rutland by the Better Care Fund plan and the adult social care strategy.
- 3.3 The adults social care service has made many changes over the last two years making a demonstrable difference to the way it operates and having a positive effect on the lives of vulnerable adults in Rutland. However, sustainability is key to positive change and to do this assurance was sought to confirm a change in culture across the service and that quality is embedding itself across the wider service, this was the driver for the Key Lines of Enquiry outlined in 1:1.

4 THE REVIEW FINDINGS

- 4.1 The outcome of the review has been very positive reflecting the journey and priority setting of the last two years while adult social care adapts to the new ways of working. The service has concentrated on cultural change and upskilling its workforce while ensuring people are at the centre of every decision, working with them to reach their desired outcome and not the service prescribing to people what it thinks best for them.
- 4.2 Rutland County Council's (RCC) offer to people is described as "excellent" with people's experience with adults services described as "positive". The reviewers describe the staff as enthusiastic and committed at all levels with good leadership. There are "excellent examples" of personalisation with "significantly improved outcomes" for vulnerable people.
- 4.3 Safeguarding had its own mention in the feedback pointing out the improved pathways, following the restructuring of ASC. There is a good awareness of the principles of Making Safeguarding Personal and the overriding ethos that "safeguarding is everyone's business" being a clear message to and owned by the workforce.
- 4.4 The new ways of working preventatively have been positively noted due to ASC engaging with people who historically would not be seen as eligible for services. RCC's nationally recognised steps to actual integration with health and the demonstrable improvements made to the lives of people have also likewise been noted for mention. The development of the in-house learning disability service and how this is used to support people in the community has been singled out as "particularly impressive".
- 4.5 The service welcomes too the areas for consideration the reviewers have pointed out. A significant comment relates to variation in practice between practitioners especially around consideration of the Mental Capacity Act. This is a common theme throughout the country and one the service is already very aware of and actively upskilling the workforce.
- 4.6 The new audit and Quality Assurance (QA) system recently set up in adults services is seen by the reviewers as a good thing but when embedded needs to be rolled out to involve more practitioners doing the audits, a welcome suggestion.
- 4.7 Furthermore we are in need of more creativity in the area of direct payments as the practitioners can be "traditional" in their support planning. The service plan has already highlighted this resulting in an uplift request going to cabinet as we commission pre-payment cards which will make the whole direct payment process easier for users of the service and far less bureaucratic. Service users as a result will have much more choice and control and will be able to attract the care they choose.

5 CONCLUSION AND NEXT STEPS

- 5.1 The service is very pleased with the findings of the review and also welcomes its suggestions which will be embraced to further the quality of the RCC offer. As indicated in the report the review reflects the ASC journey with the major changes being confirmed as evidenced and a positive experience for users of the service.

- 5.2 The service already has mechanisms in place that it can mobilise to enhance itself in the ways suggested by the review. The Continuous Professional Development groups are held every month by all practitioners and this is a very healthy enthusiastic forum to feed into to obtain more consistent practice and further upskill staff. Managers and seniors meet monthly where these will be discussed as standing items and ways agreed as a whole service to ensure all of the suggestions are both adopted and actioned.
- 5.3 In addition to the new QA and auditing system the ASC service has an active Principle Social Worker (ASC Head of Service) who engages in the national network in which these matters of practice are discussed and learning shared in a much wider group. A new position of Social Work Practice consultant has been identified to actively mentor complex cases, advise practitioners and keep managers abreast of changing case law. This post will also address variation in practice and inject creativity.
- 5.4 The service is currently utilising the expertise it contains in creating its own training specifically around practice concerns in complex statutory duties and considerations. This is work in progress but will work across ASC and its associated Health colleagues.

6 APPENDIX A - OUTCOME LETTER

APPENDIX B – ASC PEER REVIEW ACTION PLAN 2017

A Large Print or Braille Version of this Report is available upon request – Contact 01572 722577. (18pt)

My Ref: HJ/SEG
Your Ref:
Contact: Helen Jones
Ext: 0115 8763504

Department for Children & Adults
Adult Social Care
 Loxley House
 Station Street
 Nottingham
 NG2 3NG

Tim O'Neill
 Rutland County Council
 Catmose
 Oakham LE15 6HP

Tel: 0115 8763504
Email: helen.jones@nottinghamcity.gov.uk

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.

We felt that greater consideration could be given to those citizens with protected characteristics, both in terms of evidencing their existence in publicity through representative pictures and translation offers, and ensuring 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.

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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. Also Direct Payments are still relatively low in number, particularly for older people and 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.

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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

ASC PEER REVIEW ACTION PLAN 2017.

Key Lines of enquiry

- ***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?

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- ***Quality of practice***

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

RECOMMENDATION:

1. Keep under review the effectiveness of the approach of ensuring people are aware of what they are legally entitled to and consider the longer-term plan around managing expectations.

OUTCOMES:

- Ensure assessing staff work consistently throughout the service giving the same message to service users.
- Appropriate support, training and development are in place to ensure systems and processes remain relevant and are properly used and implemented.
- Appropriate performance information is produced that is accurate, targeted and timely enabling affective monitoring.

MEASURED BY:

- Liquid Logic and insuring there is good system compliance from relevant practitioners and case audit.
- The Adults Services Dashboard which pulls together all relevant information outcomes.
- Statutory returns such as ASCOF and BCF targets.
- Unexpected variation in the Prevention and Safeguarding team and associated budgets.

OBJECTIVES: Deliver an affective service that prevents reliance on long term services both statutory, health and private sector and understands what data is needed at all levels of the local authority, and wider agencies to effectively monitor and support the prevention agenda.

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John Morley 2017 – Peer Review Action Plan
Appendix B

ACTION	PROGRESS	TARGET DATE	ACCOUNTABILITY	MONITOR/EVALUATER
1.1 Recruit two specialist rapid response preventative social workers based in the Prevention and Safeguarding team.	<ul style="list-style-type: none"> New Team Manager has been recruited and Recruitment is underway for the rapid response social workers. 	September 2017	<ul style="list-style-type: none"> Tracy Webb and Katherine Willison 	<ul style="list-style-type: none"> John Morley
1.2 Develop performance reports specific to prevention to be considered and interpreted at the Service Manager meetings.	<ul style="list-style-type: none"> Performance reports have been developed with the Business Development manager and are being embedded. 	June 2017	<ul style="list-style-type: none"> Emma Jane Perkins and Jon Adamson 	<ul style="list-style-type: none"> John Morley
1.3 Develop practitioner knowledge around the inputting of preventative measures on Liquid Logic to enable future analysis of effectiveness or not.	<ul style="list-style-type: none"> CPD groups underway and very well attended by practitioners and therapists. Audit process embedding and feeding back monthly to senior team. 	June 2017	<ul style="list-style-type: none"> Kelly McAleese and Lorraine Tarratt Neil Lester 	<ul style="list-style-type: none"> John Morley Emma Jane Perkins
1.4 Ensure regular monitoring of budgets watching for variance in areas such as minor adaption and offset of long-term intervention budgets such as home care.	<ul style="list-style-type: none"> Monthly budget monitoring meetings held between ASC managers. Monthly budget monitoring held between senior managers and finance. Budgets discussed at senior team meetings. 	May 2017	<ul style="list-style-type: none"> Emma Jane Perkins 	<ul style="list-style-type: none"> John Morley
1.5 Include prevention interventions as part of the case auditing process feeding back to senior team.	<ul style="list-style-type: none"> Rolling case audit process now in place with established audit templates to ensure consistency. Monthly audit feedback to senior team. 	May 2017	<ul style="list-style-type: none"> Neil Lester 	<ul style="list-style-type: none"> Emma Jane Perkins

RECOMMENDATION:

- 2.** Creating a market that can respond with more creative solution is challenging in an area like Rutland. Attention may be better focussed on development of the PA workforce to encourage and stimulate creative approaches. Refresh the Direct payments induction document to include some of the case studies we heard about where people’s outcomes are met through less traditional solutions

OUTCOMES:

- The direct payment induction document is up-to-date reflecting modern practice and creative ways of working. The document to have case studies to illustrate outcomes that can be achieved by creative working.
- The PA forum group meets more often than presently and to include ways of meeting people’s needs by working together and with the people they care for.
- Direct Payment support officer actively engaged with the forum group and new PA’s monitoring ways of providing and keeping up-to-date with changing national guidance.
- All commissioning staff have an awareness of the need to be creative in their support planning to better reach the outcomes of the cared for in line with the prevention and wellbeing principles.
- Managers and staff understanding that flexibility in the present post care act climate is OK!
- Direct payments to be an attractive option for service users enabling them more choice and control

MEASURED BY:

- Increase in the uptake of Direct payments.
- Increase in the number of available PA’s.
- Downward trends in uptake of traditional care packages such as home care and day care where appropriate.
- Statutory returns and BCF data

OBJECTIVES: Understand what creative support planning is and how to work with PA’s and service users to enable creativeness and flexibility.

John Morley 2017 – Peer Review Action Plan
Appendix B

ACTION	PROGRESS	TARGET DATE	ACCOUNTABILITY	MONITOR/EVALUATER
2.1 Commission provider to manage new pre-payment card system within present resource allocation.	<ul style="list-style-type: none"> Providers have been interviewed and a possible partnership arrangement is going to occur with Leicester City Council. This will save money on the project and give RCC the necessary infrastructure to manage the scheme. 	<p style="text-align: center;">Sept 2017</p>	<ul style="list-style-type: none"> Tina Stokes Neil Lester 	<ul style="list-style-type: none"> Emma Jane Perkins Kim Sorsky
2.2 Update direct payment induction document.	<ul style="list-style-type: none"> Underway by the direct payment support officer 	<p style="text-align: center;">July 2017</p>	<ul style="list-style-type: none"> Tina Stokes Lorraine Tarratt 	<ul style="list-style-type: none"> Kim Sorsky
2.3 Develop the PA forum to actively discuss new ways it can work and engage with service users.	<ul style="list-style-type: none"> Utilise the PA forum more efficiently which meets every three months. Have creativity and working together as a set item. 	<p style="text-align: center;">June 2017</p>	<ul style="list-style-type: none"> Tina Stokes 	<ul style="list-style-type: none"> Rebecca Wilshire Rebecca Wilshire Bernadette Caffrey
2.4 Training for staff around creative uses of support planning allowing choice and control for the end user.	<ul style="list-style-type: none"> Following recent restructure of managers in adult social care we now have a social work practitioner consultant to work with staff on the ground. Training will be developed and CPD groups enhanced. Audit is being utilised. 	<p style="text-align: center;">August 2017</p>	<ul style="list-style-type: none"> Kelly McAleese Lorraine Tarratt 	<ul style="list-style-type: none"> John Morley
2.5 Embed performance management reports so that information is scrutinised and understood at each level	<ul style="list-style-type: none"> Monthly (People) Directorate Management Team (DMT) meetings which replaces Service Improvement Board (SIB) 	<p style="text-align: center;">March 2017</p>	<ul style="list-style-type: none"> Rebecca Wilshire Jon Adamson 	<ul style="list-style-type: none"> Tim O'Neill – <i>Director for People</i>

RECOMMENDATION:

3. The new QA is not yet fully embedded and there is evidence from case audits and discussions with staff of some variation in practice. Consideration could be given to a broader range of practitioners undertaking audits to embed learning. Consideration could be given to whether the balance between surveys undertaken by professionals and those undertaken by independent organisations is right

OUTCOMES:

- Consistent practice by all Social Workers and Care Manager across the service especially around understanding of the Mental Capacity Act and in what circumstances to apply stage 1 of the MCA assessment.
- A greater variety of practitioners carrying out audits and feeding back to managers/consultants.
- The service user MSP and personalisation survey is undertaken by others rather than the practitioner or therapist directly involved in the case.

MEASURED BY:

- Case audit fed back through the senior team for actions to be taken across the service. Monitoring of variety carrying out audits.
- Issues raised by the CPD groups and SW consultant practitioner to HoS. Feedback from management team following supervision and team meetings etc.
- Unexpected variances in key data such as BCF and adults performance dashboard showing.

OBJECTIVES: To ensure consistency of practice across the service and seek accurate feedback from service users as the effectiveness of the service.

John Morley 2017 – Peer Review Action Plan
Appendix B

ACTION	PROGRESS	TARGET DATE	ACCOUNTABILITY	MONITOR/EVALUATER
<p>3.1 Identify appropriate practitioners and managers to carry out case audit. Create system to organise the new regime to be equitable and sensitive to front line practitioner time. Utilise consultant practitioners and managers. PSW to sample audits.</p>	<ul style="list-style-type: none"> The QA system is established in ASC and embedding well. Audits are occurring including by manager request. Feedback is through the ASC senior team that is then taken to the wider senior and staff group. At practitioner level CPD groups are very well supported monthly where case learning is discussed as well as freedom to raise case issues that may be complex and challenging. 	<p>Completed June 2017</p>	<ul style="list-style-type: none"> Neil Lester Kelly McAleese 	<ul style="list-style-type: none"> John Morley
<p>3.2 Establish regular in-house training around application of MCA especially stage 1 of the test.</p>	<ul style="list-style-type: none"> Ongoing upskilling has occurred in this very complex subject for the last two years alongside safeguarding upskilling. With the massive reduction in agency workers in ASC we will see further improvement to a nationally recognised problem with an established practitioner base. 	<p>Dec 2017</p>	<ul style="list-style-type: none"> All SM's Kelly McAleese 	<ul style="list-style-type: none"> John Morley
<p>3.3 Scope and establish either alternative in-house staff or external agency to carry out MSP/personalisation ASC satisfaction survey.</p>	<ul style="list-style-type: none"> The survey has been created by ASC based on the original MSP toolkit and is established as part of the Liquid Logic case management process. The uptake of the survey has been very positive but this has been with the case holder and not an independent person. 	<p>Sept 2017</p>	<ul style="list-style-type: none"> Neil Lester 	<ul style="list-style-type: none"> Emma Jane Perkins

<p>RECOMMENDATION:</p> <p>4. We heard about the "on the ground" experience of CCG initiatives being prescribed without consideration to the bottom up change that is taking place. It may be appropriate for senior council leaders to consider how much time they can spend with health leaders outside of the transactional meeting arrangements of the STP and other partnerships, challenging behaviours, developing relationships and shared ambition for cultural change</p>	
<p>OUTCOMES:</p> <p>➤ A good understanding, two way relationship between the RCC DASS and senior health leaders.</p>	<p>MEASURED BY:</p> <p>➤ Continuation of the successes of the RCC integration with health as evidenced by the BCF metrics.</p>
<p>OBJECTIVES: DASS spending time with health leaders outside of the transactional meetings for both to understand the Rutland culture changes and need to continue what is best for and what works Rutland citizens.</p>	

22	ACTION	PROGRESS	TARGET DATE	ACCOUNTABILITY	MONITOR/EVALUATER
	<p>4.1 DASS to consider having further time with senior Health leaders to develop a shared ambition for Rutland and share the Rutland experience outside of the transactional meetings of the sustainability and transformation plan (STP).</p>	<p>DASS currently engaging with CCG and health board level leaders outside of STP meetings</p>	<p>Dec 2017</p>	<ul style="list-style-type: none"> • Tim O’Neill 	<ul style="list-style-type: none"> • Tim O’Neill