

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?

- ***Quality of practice***

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

<p>RECOMMENDATION:</p> <p>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.</p>	
<p>OUTCOMES:</p> <ul style="list-style-type: none"> ➤ 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. 	<p>MEASURED BY:</p> <ul style="list-style-type: none"> ➤ 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.
<p>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.</p>	

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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.

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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>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>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>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>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>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.

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<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

RECOMMENDATION:	
<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>	
OUTCOMES:	MEASURED BY:
<ul style="list-style-type: none"> ➤ A good understanding, two way relationship between the RCC DASS and senior health leaders. 	<ul style="list-style-type: none"> ➤ Continuation of the successes of the RCC integration with health as evidenced by the BCF metrics.
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.	

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