



**Somerset County Council Adult Social Care  
Response to the Local Government Peer Challenge June 2013**

This Report is the Somerset County Council response to the LGA Peer Challenge Report. It sets out in full the LGA Peer Challenge context, purpose and recommendations. The SCC response then sets out the strengths and areas for consideration in the LGA report in a summary, avoiding repetition across the five LGA domains. The purpose is to provide a shorter, clear report for the reader that can readily be linked to the Action Plan that will strengthen Somerset Adult Social Care's performance assisting very frail and/or disabled people to remain as independent as possible for as long as possible.

Link to [the full LGA Report](#)

**Introduction**

1. Somerset County Council (SCC) asked the Local Government Association (LGA) to run a Regional Adult Social Care Peer Challenge as part of sector led improvement within the South West ADASS Region. The specific priorities identified by SCC for the team to focus upon were:
  - Do the assessment and commissioning arrangements offer alternatives to residential and nursing care and what are the blocks to this?
  - What is the quality and consistency of the multi-agency assessment and decision making process?
  - Are our contracts for residential care limiting residential homes ability to manage people when their dependence level increases but when their nursing needs are low?
2. The LGA states that a Regional Peer Challenge is not an inspection. Instead it offers a supportive approach, undertaken by friends – albeit 'critical friends'. It is designed to help an authority and its partners assess current achievements and areas for development, within the agreed scope of the review. 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 in a way that is proportionate to the remit of the challenge. Somerset County Council would like to thank the Peer Challenge Team, Councillors, staff, people who use services, voluntary sector and other partners for their open and constructive responses during the challenge process.
3. The members of this Regional Adult Social Care Peer Challenge Team were:
  - Mun Thong Phung, Director of Adult and Housing Services, London Borough of Haringey;
  - Siân Walker, Service Director Adult Care and Housing Operations, Wiltshire Council;

- Cllr John Lamb, former Executive Member for ASC and Health, Trafford Metropolitan Borough Council;
  - Jonathan Trubshaw, Challenge Manager, Local Government Association.
4. The team were on-site from 3<sup>rd</sup> – 6<sup>th</sup> June 2013. 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, front line staff and people using services and carers;
  - the reading of documents provided by the Council, including a self-assessment of progress, strengths and areas for improvement against key areas of business.

**Summary – The LGA Peer Challenge Report stated:**

- Strong political and professional leadership with a developing vision;
  - Committed staff group with focus on good quality care for citizens;
  - Operating model which is commissioning-led;
  - Strong partnerships on the front line between health and social care;
  - Somerset is on a journey with recent massive change;
  - There is a recognition that the pace of change needs to step up with better clarity and focus;
  - Nursing home care can only be addressed via wider organisational reform with full corporate and partner/ stakeholder engagement in the wider personalisation agenda.
1. The authority as a whole has taken £94m out of the budget over the past four years and is expecting to take out a further £86-100m over the next four years. The strategy for delivering Adult Social Care (ASC) has to be viewed within this context. The move to a commissioning culture has enabled the authority to restructure the management and operational functions. Now that these have been completed the authority needs to embed the concept of specifying and managing the delivery of services to its citizens. The new financial realities will require a radical redesign of what ASC service provision looks like and who provides this, which will need the involvement of commissioners, providers and users (both current and future) of services. Developing community resilience and market capacity are key elements of this transformation programme. The future challenges include; ensuring this concept is understood and embraced by those within SCC, in partner organisations and the wider public.
  2. SCC appears to have a stable workforce that is committed to providing the best care for those who require it. However, the benefits of a stable workforce may be off-set by a lack of exposure to innovative practice and different approaches that a healthy turnover of staff can bring. A focus on creating an organisational interest and excitement in moving away from a traditional offer to new ways of working would build on the strengths, knowledge and experience of the existing workforce.
  3. The commissioning approach is leading the transformation of services and delivery. There are also clear links with operational colleagues to inform commissioning decisions.

4. Front line staff reported good working relationships across the ASC and the National Health Service [NHS].
5. The move to a commissioning approach has led to a reorganisation of structures and staff, with many senior posts being filled within the last year. The developing financial and demographic profile will necessitate further and continuing development to the structure and staff.
6. Senior leaders recognise the above situation and have put in place mechanisms to address this. However, there was also recognition, with more than one interviewee commenting, "*It's not happening as quickly as I would have hoped*", that change is not happening fast enough.
7. The awareness that Nursing Home placements are higher than statistical neighbours can be seen as a symptom of the wider organisation issues that SCC is facing and addressing.

## **Recommendations set out in the LGA Peer Challenge Report:**

### **The presenting issue:**

- To achieve personalisation, consideration should be given to move to "generic" adult social care teams to ensure independent living;
- Ensure NHS and internal staff are all appraised about the full social care "offer";
- Work with the CCG to ensure that current primary nursing care delivery is enhanced;
- Ensure that decision making panels, where residential or nursing care is prioritised, have robust decision making and challenge with commissioner and finance involvement;
- In order to avoid discharging people who can be maintained in residential care homes, into nursing home care, Commissioners and Somerset CCG to consider a joined up NHS/ASC approach to support residential care providers;
- Continuing analysis to understand the real size of the nursing care expansion problem – is data being accurately benchmarked?

### **The wider strategy**

- Focus on communication with front line staff and citizens to set out the new commissioning vision for personalisation and independence at home ("You First" portfolio).
- Ensure that the Scrutiny Committee with responsibility for Health & Social Care is supported to ensure appropriate challenge and a joined up approach to achieving improved health and social care outcomes for citizens;
- Voluntary & Community sector strategy needs to be developed in order that operational staff and providers can make maximum benefit of community capacity.

### **Quick wins**

- Identify individuals throughout the operational system who are "up for change", invest in them and get them to act as change champions;
- Introduce robust panel challenge for all nursing care placement decisions to examine whether there is a consistent approach;

- Agree one overall priority for change within ASC e.g. the “You First”; portfolio and ensure that the Business Support Team ensures that all other projects feed into this and are programme-managed as such.

### **Strengths identified by the Peer Challenge, presented in the LGA five domains:**

#### **The LGA Peer Challenge Framework has five specific domains:**

- Vision, Strategy and Leadership
- Working Together
- Resource and Workforce Management
- Service Delivery and Effective Practice
- Commissioning

#### **Vision, Strategy and Leadership**

- Clarity and strong commitment from political leadership about importance of ASC and need to work with the local NHS;
- Evidence of strong commitment to ASC from new Portfolio holder;
- Programme of support in place for Policy and People Scrutiny Committee - strengthening SCC’s ability to continuously improve services;
- Evidence of strong senior management leadership, commissioning-led with good relationships with operational leaders which inform the commissioning cycle.

#### **Working Together**

- Evidence of close and effective working relationships with NHS staff on the ground with examples of joint and integrated approaches eg Symphony Project and the Independent Living Teams.
- Structures in place for internal joint working through the programme board and also operationally e.g. joint panels with the NHS.
- Strong partnerships on the front-line between health and social care.
- Good working relationships are re-established with the District Councils where housing provision can support and promote independence for vulnerable people.

#### **Commissioning**

- Good strategic organisation of commissioning infrastructure which enables the capacity to develop strategic commissioning to deliver better outcomes for citizens;
- Commissioners are developing service level agreement with the internal operational service with clear expectations of performance. There are effective processes for involving operational staff in the commissioning cycle
- In-depth analysis of cases shows commitment to evidenced based commissioning practice.
- Evidence of the intention to refresh the market position statement.

#### **Resource and Workforce Management**

- Committed staff group with focus on good quality care for citizens.
- A confident and committed operational workforce.

- The service has delivered a balanced budget for several years, the service is good at controlling spend.
- Senior managers have good insight into the areas for improvement and change.
- There is political commitment to effectively resource adult social care.
- There is evidence of effective joint funding of cases between the NHS and ASC

### **Service Delivery and Effective Practice**

- Refreshing senior operational leadership with consideration being given to the future vision for the operational services.
- Outcome focussed assessment documentation is used.
- Good evidence of positive impact of Independent Living Teams.
- Safeguarding is prioritised by front line staff and all elected members of the new Council are currently undertaking mandatory safeguarding training.
- Dementia toolkit being utilised and further developed.
- Clarity about assessment and NHS Continuing Health Care (CHC) funding pathways.
- SCC commissioning led approach assists organisational thinking about new ways of working. This needs to flow through to operational solutions to achieve and maintain pace of change.

### **Areas for Somerset's consideration summarised from the five domains:**

The following is a summary of the areas for consideration. This has been drawn together by the Lead Commissioner for Adults and Health from the different parts of the LGA report which was set out using the LGA framework. Without a summary there would be significant repetition of areas for consideration as they are addressed under each domain/theme. The purpose of summarising them is to provide clarity for the reader about the areas for consideration and recommendations.

### **Vision, Strategy and Leadership**

- 1.1 Clear, consistent and continued communication of the Council and Service's vision, direction and expectations through the commissioning team and the operational service.
- 1.2 Do the same with other stakeholders especially NHS stakeholders.
- 1.3 Aim for a more equal balance of power throughout the CCG/SCC areas of connection. The Peer Challenge Team consider that the DASS should be a member of the governing body alongside the DPH.
- 1.4 More clarity is needed about integrated joint commissioning with the NHS for shared outcomes.
- 1.5 The relationship between the Health and Wellbeing Board and Policy and People Scrutiny Committee needs to be clear.
- 1.6 SCC is on a journey and needs to step up the pace of its journey and move away from traditional ways and concepts of service delivery overall

## **Commissioning**

- 1.1 The service should aim to keep people out of the formal care system and reduce levels of care wherever possible.
- .2 Ensure the voice of carers, and what they want and need to continue to care is more strongly heard.
- .3 NHS/Social Care, housing and voluntary sector services delivered in partnership user level should be pursued to improve outcomes for service users.
- 1.4 Commissioning needs to move quickly to innovative market options that promote user empowerment and control.
- 1.5 Increase and broaden the use of volunteers to support independence.
- 1.6 Every commissioning/change project and practice protocol should support take up and active use of Personal Budgets.
- 1.7 Commission more alternatives to residential and nursing care including more 'step down' services for dementia.
- 1.8 Clarity about the model for commissioning extra care housing is vital.
- 1.9 Improve the communication between the commissioners and the operational service regarding the range of work being undertaken by commissioners.
- 1.10 Commissioning intentions should address the internal workforce and culture as much as the external workforce in social care providers.
- 1.11 Further Develop community intervention and prevention strategies – the whole Council should assist in this so that communities are resilient and supportive of Elderly and the vulnerable residents such as people with learning difficulties. ASC Cannot solve demographic demand alone.
- 1.12 Consider creative systems with District Councils including greater use of Telecare etc.
- 1.13 Clarify the arrangements and expectations for joint funding of care packages.

## **Resource and Workforce Management**

- Utilise corporate resources to assist the operational service with pace in the culture and practice to embrace personalisation and manage the financial and Care Reform challenges ahead.
- Make a rapid increase in allocation of Personal Budgets. Use Personal Budgets to encourage people to behave in a more independent minded way about their care and support from an early stage.

- Use appraisals to reinforce priorities and objectives alongside management/professional supervision.
- Use change champions from within the service to act as ambassadors.
- Channel the strong ASC staff commitment into design and development of innovative practice.
- Strengthen financial input at operations panels to inform decision making to further tighten management grip on budgetary implications of placement decisions.

### **Working together in Service Delivery and Effective Practice**

- NHS staff need to understand the functions and options available to people to support independence, that can be commissioned via ASC and Health. This is necessary to avoid health using traditional pathways eg nursing/residential care to relieve immediate NHS pressure.
- Scrutiny of practice within the service and in health to further tighten the entry gate/controls to nursing home care.
- Work with the CCG and the Acute Trusts to ensure they do not recommend nursing home care ahead of Social Work/reablement assessment.
- District Nursing capacity and other community health services need to be increased to support ASC to maintain people at home. The Team considered that capacity issues in District Nursing can lead to acute hospitals making decisions about long term care options.
- Telecare and Telehealth options need to move on to a new level to support independence.
- Reablement needs to continue to spread across the County and include people who have dementia
- Investigate the potential of step downs from high end provision eg nursing to residential or extra care.
- Ensure all assessments consider potential for improvement and reduce level of need, ensure assessments are not risk averse.
- Effectiveness of Somerset Direct at information gathering was questioned by staff and requires investigation
- Investigate the potential of improved generic/integrated assessments for people beyond the reablement service, to improve outcomes and reduce costs.

## **Next Steps**

The Action Plan themes will be discussed with key partners eg the Clinical Commissioning Group and developed through the Programme Boards outlined in the Plan.

External support providing additional expertise and implementation of personal budgets and commissioning for Personalisation will be provided to the service.

The areas for consideration will inform the Somerset Priorities for health and social care integration to be formalised in the Health and Social Care Transformation Plan. This will be approved and monitored by the Somerset Health and Wellbeing Board.

## **Contact detail**

For more information about the Somerset County Council Adult Social Care Peer Challenge please contact:

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**Below is the Somerset Adults and Health Peer Challenge Action Plan**

## **Somerset Adults and Health Peer Challenge Action Plan** ***Last Updated Feb 14***

This Action Plan addresses the key themes arising from the Peer Challenge. All the themes in the feedback from the Challenge are themes arising in government policy for adult social care. The policies are set within the national position of substantial, long term reductions in public spending and funding of local government over probably the next 10 years. Somerset County Council must reduce its budget by approximately 30% during the next four years and further substantial cuts to local authority funding are anticipated beyond 2017/18.

Throughout government policy, and in adult social care in particular, there is a strong expectation of co-production with service users, carers, stakeholders and partner organisations when assessing the effectiveness of a service and determining a new vision, commissioning intentions, outcomes and the operating model required to achieve them. Actions in the Plan are subject to engagement and co-production, in the knowledge that the results will be better because of the contribution of the people we work alongside and the people we serve.

Besides the current legislative framework, there are three key government policies that drive our commissioning and operational priorities:

- **Think Local, Act Personal (TLAP)** – the current government personalisation policy that has a strong focus on adult social care commissioning, but also requires councils' broader commissioning and relationship with their residents to follow the same principles and thus enable the social care and other council services to have a consistent culture and offer.

Councils' information services and community capacity building at neighbourhood level are referred to in TLAP policy guidance and practice guides as an essential foundation for adult social care to assist service users and carers to not only exercise choice and control over their care and support and be able to live a safe and productive life in their local community and personal networks.

TLAP will continue to be an important method of government and the sector leaders describing how legislation and policy should be delivered through commissioning in adult social care and crucially, by the wider council, health and other public service commissioners.

- **The Care Bill** – this draft legislation continues to emphasise personalised, person centred services for users and their carers. It promotes prevention and early intervention as being more effective than rescue. It locates prevention and early intervention as universal services that the public can easily use eg sport and leisure activities, accredited handymen, local clubs, networks and assistance services.

Services that they can choose and pay for as well as services provided by voluntary organisations or commissioned by the council.

The Bill increases and widens the duties of the council towards the broader population who are not eligible for council funded support. The purpose being to provide information, assessment and advice to the wider population so they can maintain their health and independence prepare for potential future care and support needs.

Rescue, or safeguarding and reablement/recovery are also essential and under the Bill will be expected to be of consistently good quality and personalised so that they are responsive to the needs and preferences of the individual.

- **Health and Social Care Integration:** The basis of this government policy is the social and financial value of commissioning and providing services to people with health and social care needs in a far more integrated way, so the person benefits from a co-ordinated, seamless service and is empowered to remain in control of their health and life. Whilst much of the publicity and communication focuses on the very elderly population, the policy is intended to apply to all population groups who require both health and social care support. For instance people with mental health problems, children and adults with learning disabilities and or physical disabilities regardless of their age.

**The Peer Challenge** theme, at Somerset's request, was a request for assistance with understanding the reasons for our relatively high number of nursing home placements, in comparison to other councils in our national comparator group.

However the LGA Framework for Peer Challenge is broad and our external Peer Challenge team also drew our attention to wider issues, giving us 'areas for consideration' i.e. 'things to pay attention to':

- Effective management of change and the pace of change in the council and the health and social care economy.
- Deliver strong and effective communication of new priorities and desired ways of working, so that the organisational culture in Adult Social Care continues to develop in line with the commissioners priorities. Draw on champions within staff groups and amongst users and carers to:
  - enable staff at every level to understand the purpose of what they do and the specifics required of them, and to be able to communicate that to the people they serve.

- Invite the Health and Wellbeing Board, Scrutiny Committee, partner organisations such as the District Councils, social care providers, voluntary organisations; user groups e.g. Carers groups, to engage with the council to co-produce the future vision, outcomes and operating model of Adult Social Care.
- Drive forward personalisation through everything we do, recognising that what the people we serve understand as 'personalised' changes significantly over quite a short period of time. Use Personalisation as a means of motivating people to make sustained efforts to improve their health and maintain their independence and social connections and contributing to the lives of others. Personalisation should also apply to those who have degenerative conditions and who are dying – everyone's daily life should make use of personal strengths and preferences, no matter how limited.
- Develop and strengthen relationships and mutual positive challenge between the health and social care organisations in the county, at every level from top leadership to practitioner. The purpose being to:
  - clarify and hold to common purpose, communicate it to staff, users and stakeholders and to the wider public.
- Work with NHS colleagues to address the whole health and social care system that touches the lives of predominantly very elderly, frail people so that at every point the intervention is as proactive and specific/fine tuned to the individual as possible. The purpose being to reduce reactive, crisis led responses and thus reduce/delay dependency. To keep the person at the centre and able to exercise personal responsibility, choice and control in how they manage their health, medical conditions, daily life and personal relationships.
- Work with the Somerset Clinical Commissioning Group and local NHS Trusts, and with social care providers, to better understand the precipitating factors that result in a nursing home placement rather than living at home, or in a supported living environment such as extra care housing. This was the specific question we invited the Peer Challenge Team to assist us to answer.

These themes, the strategic plans or governance arrangements to address them, and some specific actions and markers are set out in the Peer Action Plan that follows.

There will be specific service plans within commissioning and operations in Adults and Health to deliver specific actions, with reference to the Peer Challenge Recommendations and the direction of national and local social care and health integration policy.

The Adults and Health Commissioners and Operations Managers and staff look forward to discussing the themes within this Plan and developing the vision, outcomes and actions with you, the reader.

If you would like to comment on the Plan, or find out how you can be involved in developing aspects of it, please contact:

**Clare Steel**

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Key areas/themes	Governance arrangements	Strategic/specific actions	Indicative Timescales	Accountable Officer
<b>1. A refreshed Vision and Outcomes for Adults and Health services in SCC</b>	Adults Programme Board	<ul style="list-style-type: none"> <li>Utilisation of Business Change frameworks to ensure tried and tested structures for the management of change are effectively deployed</li> <li>Draft Vision and outcomes developed</li> <li>Engagement with staff, users, carers, stakeholders.</li> </ul>	Draft approved at Programme Board on 15 November 2013	Clare Steel
<b>2. Develop a Somerset Health and Social Care Integration Plan</b>	Transformation Board (Officer Programme Group) and Health and Wellbeing Board	<ul style="list-style-type: none"> <li>Ensure adult social care priorities are central to the plan,</li> <li>Improving health and social care commissioning and professional practice pathways to reduce the use of nursing homes to a higher than average benchmark position,</li> <li>Communicate clearly the current and potential future social care offer, within a developing Health and Social Care Integration Plan, to the NHS and to social care operational staff and providers.</li> </ul>	National timescales set throughout 13/14 and 14/15.	Clare Steel
<b>3. Personal Budgets – achieving the national target</b>	Adults Programme Board	<p>Plan for 2013/14 underway to:</p> <ul style="list-style-type: none"> <li>Increase uptake in year to achieve 30% corporate target as a minimum</li> <li>Identify and address data/business process issues that hamper recording of eligible personal budgets.</li> </ul> <p>Plan for ensuring Personal Budgets are at 70%</p>	To be identified across Commissioning and Operations Service and agreed at Adults Programme Board, together with resources to deliver.	Virginia McCririck

		in 2014/15 including a plan for improvement in levels of Carers Personal Budgets.		
<b>4. Direct Payments – test the Lead Commissioner’s intention to move the operational business for arranging care and support to one of Direct Payments being the normal, dominant method</b>	Adults Programme Board	To be developed and engagement plan in place by end of December '13.	This is part of the Vision and Outcomes engagement so timescales are the same for an engagement plan to be approved.	Clare Steel
<b>5. Council/Health and Wellbeing Board Voluntary and Community sector strategy</b>	Programme Review Board	<p>The LGA Peer Challenge report stated the following: <i>‘Voluntary &amp; Community sector strategy needs to be developed in order that operational staff and providers can make maximum benefit of community capacity.’</i></p> <ul style="list-style-type: none"> <li>• Strategic debate with the VCS – Commissioned a piece of work as to the model/strategy for building relationship between the authority and the VCS: <ul style="list-style-type: none"> <li>○ Research and baseline</li> <li>○ Draft Report with recommendations</li> <li>○ Final Report</li> </ul> </li> <li>• Volunteering Project <ul style="list-style-type: none"> <li>○ Feasibility – Research, Baseline, Process and Customer Journey map</li> <li>○ Planning delivery</li> <li>○ Implementation</li> </ul> </li> </ul>	<p>December/January 2014 End of January 2014</p> <p>February 2014</p> <p>End of February 2014</p> <p>March-June 2014 June 2014 onwards</p>	Jan Stafford

<b>6. Information, signposting and advice for the public about housing, care and support options for their older age/to reduce the impact of disability</b>	Adults Programme Board	Customer Access Strategy  Plus  Access to Information Services and Brokerage Project <ul style="list-style-type: none"> <li>• Baseline existing arrangements</li> <li>• Design Portal/e-market place and Brokerage Specification</li> <li>• Undertake Options Analysis and produce Business Case</li> <li>• Draft Implementation Plan</li> </ul>	3 year strategy  Complete end Dec 2013  Jan-March 2014	Jan Stafford
<b>7. Commissioning for Independence – commissioning and facilitating market development of care and support services that enable Direct Payment holders and people who pay for their own care to buy the services they need and prefer.</b>	Adults Programme Board	<ul style="list-style-type: none"> <li>• Plan to integrate new projects and outputs of LTCS project</li> <li>• Support uptake of personal budgets and person centred approach to commissioning</li> <li>• Personalisation continued, defined by activity above</li> </ul>	Complete Dec 2013  Jan-March 2014  April 2014 onwards	Virginia McCririck
<b>8. Being self aware</b>	Adults Programme Board	Identify the strengths, weaknesses and gaps between our current commissioning and operational policies and practice and those required by current and new government policies.  Utilise self assessment tools (such as TEASC – supported self assessment process) and	<ul style="list-style-type: none"> <li>• Gap analysis and self assessment to be completed by the end of December 13 on broad policy direction;</li> <li>• the Care Bill will</li> </ul>	Clare Steel

		<p>external challenge and support to do so:</p> <ul style="list-style-type: none"><li>• The Care Bill,</li><li>• Think Local Act Personal – policy and guidance for adult social care continually being produced and updated,</li><li>• National cost efficiency benchmarking information,</li><li>• National Adult Social Care Outcomes Framework (ASCOF) – national performance indicators.</li></ul>	<p>require continued gap analysis during 2014 and 2015 as the detail of the Bill is set through primary and secondary legislation</p>	
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