



Task & Finish Group Report

**Adult Social Care Next
Stage Integration**



Adult Social Care Next Stage Integration – Review Report

1 Chairman's Foreword

This report reflects the outcome of the Next Stage Integration review. It is proposed that as of the 13th September a new workforce operational structure will be established for the staff currently seconded to Wye Valley NHS Trust.

We investigated three key issues.

1. Whether the consultation and engagement undertaken so far with service users and Carers has been robust.
2. Whether transition and commissioning plans incorporate service users and Carers views sufficiently.
3. Given the integrated nature of health and social care pathways, quality impact and risk management plans are in place and jointly agreed and maintained across Wye Valley NHS Trust and adult social care.

After a shaky start, a well-received consultation took place. There seems a pattern occurring in Scrutiny in that all scrutiny is consistently asked to review a consultation. One of our key recommendations shall be to form a task and finish group made up of members from both scrutiny committees and cabinet to bring forward a set of ground rules for future consultations.

The comments from witnesses were welcome in that they demonstrated that after a start lacking focus, the consultation took a clear turn for the better and comments such as "The council can be trusted to make these change" and " I, for the first time, trust the council to deliver what they say they will do."

The second point did demonstrate the officers were listening to comments made. Carers have been involved but individual service users still need to be heard. Senior people in various organisations have been talked to at length. There has been reliance on the groups to be in touch and well informed. We saw no evidence to doubt their comments but a question remains unanswered. We believe as a Group we need to follow up in 6months and at that time speak directly to service users.

The third point was to ensure a safety net was in place and to ensure that officers and cabinet member were fully aware of the risks and had considered what they will do if the risks became a reality. We received clear unequivocal assurance that, if required, the process will be put on hold to ensure the quality of provision is maintained.

We will make some recommendation that fall outside our remit but we believe that in the long term we can investigate ways of improving the service. We, as a scrutiny committee, should take an opportunity to proactively come up with solutions to improve carers and service user's lives.

I wish to take this opportunity to thank the witnesses, officers and Group colleagues who so generously gave their time between 20th August and 3rd September.

2 Executive Summary

1.1 The Next Stage Integration Project (Wye Valley) forms part of the overarching Adult Social Care Transformation Plan currently being undertaken by Herefordshire Council. The project has a number of elements within it, that can be summarised as:

- Development and implementation of a new workforce operational structure for staff currently seconded to Wye Valley NHS Trust post 13 September 2013.
- Development and implementation of a commissioning and procurement plan for the direct care provision of the following services by the broader market: Norfolk House; Reablement (including Telecare); Integrated Community Equipment Store; Day Opportunities; Adult Placement Scheme; Sensory Impairment.
- Transfer of Learning Disability health services from Wye Valley NHS Trust to 2gether NHS Foundation Trust.

1.2 In August 2013, a final scoping statement was agreed by all Members of the Task and Finish Group. The scoping statement is attached at Appendix A detailing the full scope of the review.

1.3 A number of the recommendations refer to the commissioning of spotlight task and finish groups. Many of these have arisen from the interviews group Members were having with officers and carers. In order to keep to the tight schedule and to keep the review focused these topics have been put forward as future short task and finish groups.

3 Composition of the Task and Finish Group

Members of the Task and Finish Group were:

Councillor John Jarvis – Chair of the Health and Adult Social Care Overview and Scrutiny Committee and Chair of this Task and Finish Group

Councillor Jim Kenyon

Councillor Anthony Powers

Councillor John Stone

Lead Officer – Helen Coombes (Interim Director of Adults Well Being)

Scrutiny Officer – Gemma Dean

Democratic Services Officer - David Penrose.

4 Context

4.1 Why Did We Set Up The Group?

Herefordshire Council is currently transforming adult social care. One project from within the transformation plan is the Next Stage Integration.

An effective scrutiny function must promote high levels of service user, their families and carer involvement in service redesign and an integrated approach to effective risk management across health and social care community health services throughout the change journey.

Therefore the group was set up to look at the consultation and engagement so far; the transition and commissioning plans and whether these incorporate service users and carers views sufficiently; and finally the quality impact and risk management plans that are in place.

4.2 What Were We Looking at?

In August 2013 a scoping statement was agreed by all Members of the Group.

4.3 Who Did We Speak To?

Between August and September 2013, the Group convened meetings, interviews and visits to gather as much background information and seek as many views as were required to make recommendations. In doing this, the group spoke to the following people:

- Helen Coombes – Interim Director of Adults Well Being
- Neil Doverty – Chief Operating Officer, Wye Valley NHS Trust
- Dr Andy Watts – Chair of the Herefordshire Clinical Commissioning Group
- Councillor Graham Powell, Cabinet Lead for Health and Wellbeing
- Mandy Appleby – Head of Operations, Adult Social Care
- Lynn Kedward - Service Unit Lead, Wye Valley Trust
- Judith Weir – Chief Executive Officer, Aspire Living
- Jacqui Bremner – Director, Herefordshire Carers Support
- Marion Tweed-Ryecroft – Director, Centre for Independent Living
- Richard Gallagher – User and Carer Involvement Project Lead
- Service user's families
- Carers

4.4 How Did We Engage With People?

The Task and Finish Group wanted to use as many different ways of engagement with the different interviewees. The methods used were:

- Face to face interviews
- Attendance at user reference groups
- Email correspondence

4.5 What Did We Read?

The Group was provided with a large amount of background information to undertake this review. The documents that were used and are appended to this report are:

- Herefordshire Council's Adult Social Care Transformation Plan
- Quality Impact Assessment

- Project plans
- Consultation and Engagement Report
- Cabinet Reports

5 Key Themes

5.1 The key themes from interviews and research have been grouped into the specific areas as identified in the scoping statement. These are:

1. Whether the consultation and engagement undertaken so far with service users and Carers has been robust.
2. Whether transition and commissioning plans incorporate service users and Carers views sufficiently.
3. Given the integrated nature of health and social care pathways, quality impact and risk management plans are in place and jointly agreed and maintained across Wye Valley NHS Trust and adult social care.

5.2 Has the Consultation and Engagement Undertaken So Far With Service Users Been Robust?

As has been previously stated within the Chairman's foreword, the Task and Finish Group found that the initial consultation was not sufficiently robust.

During the interviews it was acknowledged that the consultation was asking service users and carers to comment on undefined changes to the adult social care services. The Group appreciates that the transformation plan is an evolving one but feels that there should have been some clear direction to consult on. Clearly there is a need when talking to people to have a clear framework in mind but still have the flexibility to listen. The Group feel that some pre-consultation should have been undertaken with service users, carers and officers where ideas could have been exchanged. At this point a preferred model and options could have been consulted on.

Recommendation 1: That, where possible, pre-consultation is undertaken with consultees.

5.3 Most of the initial consultation was completed electronically. Feedback from interviews suggested that this was not the most appropriate way of consulted with a number of consultees. The Group recognises that there is a move towards being digital by default but feels that all consultations must be considered on a case by case basis.

Recommendation 2: A process should be considered prior to consultation starting. This process should include a full equality assessment. The equality assessment should identify a range of ways in which the Council should engage with consultees.

5.4 The Group identified that there are many organisations that may hold databases by which an individual should be able to specify how they would like to be or need to be consulted. These databases, if available, should be fully utilised by the Council.

Recommendation 3: Any consultation process should make use of all available user databases.

5.5 There was some complaint throughout the review that some areas of the community did not feel like they were aware of the changes. Despite all Members being advised of the

changes, there appears to have been a breakdown in the filtering of this information to Town and Parish Councils. The Group feels that some research should be given to identify the best way in the future to filter changes such as these out to the Town and Parish Councils.

Recommendation 4: That the Executive conduct research to identify a common approach to consulting with Members, Town and Parish Councils on change affecting their constituents.

5.6 Overall the Group determined that the consultation process, though shaky at the start, was robust. The engagement model seems to be working effectively but this will need re-visiting in six months to ensure that this is still the case.

Recommendation 5: That the engagement model including reference groups is reviewed in six months time to ensure that it is still robust and efficient.

Recommendation 6: That a task and finish group is commissioned by the Health and Social Care Overview and Scrutiny Committee, and to include members of General Overview and Scrutiny Committee to review the consultation process adopted by Herefordshire Council.

5.7 Do the Transition and Commissioning Plans Incorporate Service Users and Carers Views Sufficiently?

The Group considers that at the beginning of the consultation that the changes were going ahead without their views. The overwhelming feeling from carers was that people were open to change but wanted to feel like they had some say in those changes. Furthermore, that carers and service users might be best placed to suggest ideas for saving money or improving the system. Some pre-consultation may have provided some assurances to service users and carers that their views were being taken on from the beginning.

The Group thinks it important to state that the perception from when user engagement properly started at the end of July, that people now feel as though their views are being taken on board by Herefordshire Council. Most importantly, service users and carers feel that they can trust the Council to deliver on their promises.

The Group feel that it is imperative that a continuous dialogue is kept with service users, their families and carers to ensure that they are part of the transition.

Carers identified that another area which may improve communication between service users and the Council and that is to have a named advocate from within Health and Social Care Overview and Scrutiny Committee. This suggestion received full support from the Group.

Recommendation 7: That an individual Health and Social Care Overview and Scrutiny Member shall be named as an advocate for those with learning difficulties. This individual Member shall be named within three months.

5.8 With regards to the procurement and commissioning of services the Group recognised the importance of working on a 'bottom up' and not 'top down' principle. There is a need for a process that focusses on needs rather than services.

Recommendation 8: That as part of the procurement exercise, the Council should give consideration to facilitating community activities in order to build bridges into local communities.

Recommendation 9: That an outcome-based commissioning approach should be taken. This shall better meet service users' needs and give more control to users.

Recommendation 10: That equal opportunity shall be allowed in the procurement process for a 'mixed market' of small providers as for a single large provider.

5.9 During their interviews, the Task and Finish Group became aware that there were many areas which fell outside of the scoping statement for this review but nevertheless needed expanding upon. The large majority of those areas revolved around the support that could be given to service users and carers. For example, a carer mentioned in an interview how expensive it can be just to go to the cinema. Members would like to investigate these areas further and as such would like to commission a further task and finish group into this area.

Recommendation 11: That a task and finish group is commissioned by the Health and Social Care Overview and Scrutiny Committee within six months, to look at the support that is given to carers.

5.10 Are Quality Impact and Risk Management Plans in Place and Jointly Agreed and Maintained Across Wye Valley Trust and Adult Social Care

The Group were very pleased to be able to speak to officers from within Wye Valley Trust and Herefordshire Council. They were able to gain an insight from staff from both organisations to be able to form their views.

The Group clearly identified that whilst systems and processes had to be in place, mutual respect and good working relationships were the key to successful integrated working.

Preventative measures, to reduce numbers entering hospital and/or adult social care, are essential to the sustainability of the transformation project and the achievement of budget targets.

The Group highlighted a number of issues from within the workforce that could potentially affect the success of the integration plans. At present staff are under significant pressure and the Group were concerned that staff confidence and morale at such a time of uncertainty must be carefully monitored. The Group were conscious of the amount of temporary and interim staff that are currently employed within the adult social care system and would like to see more work completed to ensure that they are fully integrated into the system.

The Group were very concerned about the time that it was taking for initial assessments to be undertaken by social workers. At present there were some delays of up to nine months. The Group felt that this amount of time was unacceptable and needed researching.

Recommendation 12: That a report is provided to the Health and Social Care Overview and Scrutiny Committee within three months as to the performance on initial assessments. This should include timescales for how long initial assessments are taking and identify strategies for improvement.

5.11 The Group were very open to suggestions of support that could be given in undertaking initial assessments. Care provider staff were identified as potential personnel who would be well placed to undertake such assessments. This approach may speed up the initial assessment process and reduce costs to the Council.

Recommendation 13: That a feasibility enquiry is undertaken by the Executive into provider staff undertaking initial assessments on service users.

- 5.12 The Group welcomed the restructure of the Directorates and Cabinet Lead role within Herefordshire Council to separate Children's Well Being and Adults Well Being.
- 5.13 A challenge to integration was the difference in terminology used by Wye Valley NHS staff and Herefordshire Council staff. Members noted through their interviews that Wye Valley Trust and Herefordshire Council had different definitions of re-ablement. The Group recognised the importance of having a shared understand of the terminology.
- 5.14 The Group also recognised the need for scrutiny Members to be familiar with the terminology of social care in order for them to understand the complex areas that were coming before them. Therefore the Social Care Jargon Buster by the Social Care Institute for Excellence shall be distributed to all Members of Health and Social Care and Overview and Scrutiny Committee immediately. A copy of this publication will also be made available via the scrutiny web pages when they are updated.

Recommendation 14: That the Council, Clinical Commissioning Group and Wye Valley NHS Trust ensure that the terminology used by the Council (social care) and Wye Valley Trust (for example, in the definition of re-ablement) is consistent. There must be a shared understanding of this terminology.

- 5.15 The Group has discussions with various officers regarding the discharging of patients from hospital. The Group's view was that social care involvement and the identification of a care package at discharge was essential.

Recommendation 15: That a trial of locating social workers in Accident and Emergency on a Saturday and Sunday is considered.

- 5.16 In light of the significant changes to the adult social care system, Members recognised the risk of losing touch with multiple suppliers. Members of the Group thought it of paramount importance that Health and Social Care Overview and Scrutiny Committee are kept up to date with the progress and performance of providers. This shall improve checking processes and better contract management.

Recommendation 16: That a regular report be provided by all providers of adult social care to the Health and Social Care Overview and Scrutiny Committee every six months.

- 5.17 The concept of virtual wards was discussed in a number of interviews and was identified as a developing area within Herefordshire that would need monitoring. A virtual ward is a case management approach to provide people with multi-disciplinary care and care co-ordination within their own home, copying the strengths of hospital wards to reduce unplanned admissions.

Recommendation 17: That an update is provided to the Health and Social Care Overview and Scrutiny Committee in six months on the development of virtual wards.

- 5.18 A risk identified from within the interviews centred around the equipment store. The Group heard that various measures had been undertaken such as an amnesty for returning equipment and requiring deposits had been tried. However some problems had been encountered with these approaches such as people deciding not to take the equipment that they needed and a lot of unusable equipment being returned.

Recommendation 18: That a complete overhaul of the Integrated Community Equipment Store is completed within three months.

6 **Recommendations**

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Recommendation 2 – That a process should be considered prior to commencement of any consultation. This process should include a full equality assessment. The equality assessment should identify a range of ways in which the Council should engage with consultees.

Recommendation 3 – That any consultation process should make use of all available user databases.

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Recommendation 13 – That a feasibility enquiry is undertaken by the Executive into provider staff undertaking initial assessments on service users. This should be undertaken within three months and the results reported back to Health and Social Care Overview and Scrutiny within one month of completion.

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