



This matter is being dealt with by:

David Pearson

Reference: DP/RT

T 0115 9773919

E david.pearson@nottscc.gov.uk

W nottinghamshire.gov.uk

Jon Wilson
Leicestershire County Council
County Hall
Glenfield
Leicester
LE3 8RA

16th May 2016

Dear Jon,

Leicestershire County Council Adult Social Care Peer Review

I am writing to outline our findings and conclusions from the peer review conducted in Leicestershire between the 27th and 29th April.

As you know the Review team comprised of myself as the lead Director, Cllr Muriel Weisz (Chair of Adult Social Care & Health Committee, Nottinghamshire County Council), Emma Scarth (County Manager – Performance, Quality and Development, Lincolnshire County Council) and Oliver Bolam (Head of Specialist Services, Nottingham City Council), supported by Daniel Routledge (SDSA).

You asked us to look at the following Key Lines of Enquiry (KLOE's):

Use of Resources

- Is the Department well placed to deliver the various demands of managing the delivery of adult social care (ASC) services, the integration agenda, the transformation programme and the Medium Term Financial Strategy (MTFS) requirements, with respect to the use of resources and specifically information and advice, workforce capacity and leadership?

Integration

- Reflecting on current arrangements with both operational and strategic commissioning, what are the priority areas we need to focus on to develop our integration plan for 2017/18?

We recognise the significant amount of time and effort that was put into the preparation for the Peer Review and were grateful for all the information you and your team provided for us both beforehand and during the three days we spent in Leicestershire.

In particular, we would like to express our gratitude to Katie Joondan for her tireless efforts to look after us as well as Tracey Wardle and the other members of the team who also helped to ensure that the review ran smoothly and efficiently.

We are grateful for the honest and open manner that everyone we met approached the Review and would like to thank you, your team and the Members we met for the welcome we received during our time with you.

I would also particularly like to thank the users and carers we met during the review and, whilst their feedback is of course part of our overall findings set out in this letter, I shall also be writing to you separately outlining more specific feedback from them that does not sit inside the KLOEs.

General findings

As well as looking at the KLOEs, we would like to feedback some more general findings that we observed about Adult Social Care in Leicestershire.

Firstly we found energetic and committed leadership, with very strong levels of integrated working with health colleagues. This is demonstrated by the engagement of the Chief Executive, the leadership of the Health and Wellbeing Board and the jointly-funded post of the Director of Health and Care Integration.

As was reported to us by Cllr Ernie White (Chairman of the Health & Wellbeing Board) “all the ingredients are in place”, a sentiment we would share and a position many would be envious of.

We found a raft of strategies which have been put in place in the last year for Adult Social Care which we feel, will stand you in good stead. The financial management within Adult Social Care is more robust and we noted you are in the nationally unusual position of reporting an underspend for 2015/16, having overspent in recent time. This is an achievement few authorities have managed.

We saw evidence of very strong corporate and inter agency working when it came to prevention, with a real understanding from a range of agencies about the part they can play in the prevention agenda within Leicestershire.

There is a renewed focus on performance within Adult Social Care, including the introduction of the “dashboards”, which we understand is addressing some of the relatively low outcomes in performance measures.

As well as meeting an experienced and committed workforce ourselves, we had this played back to us by users and carers who said that “most get it” and that they have the right values with their “heart in the right place.”

Use of Resources – Strengths

Leicestershire is, as has long been the case, relatively low spending compared with other authorities and has a long history of preventing people going into residential and nursing care.

There is a strong collective endeavour from across the system to manage transfers of care and best use the system’s resources.

The two week review process following the provision of community services, is an example of innovation that has released resources and freed up capacity in order to meet new need.

The realignment of structures in specialist services, for example in younger adults provides greater potential for promoting independence.

There has been a reconfiguration of provider services with a new focus on complex needs. We noted the aspiration to join these services with health service provision.

Through the Corporate team and some departmental resource we saw some evidence of capacity in terms of transformational change within the authority.

The providers we met had a real understanding of the financial challenges you face and how they might help you meet them, and if anything, they asked for the authority to be 'braver' in partnership, to address the challenges.

Use of Resources – Areas for development

From almost every level, both internally and externally, we heard frustrations about the website, its accessibility, content and ability to promote independence.

We heard differing perceptions about the effectiveness and appropriateness of the pathways through and out of the Customer Service Centre.

There is also some concern around the stability and capacity of the workforce, particularly around the number of temporary posts carrying out essential functions. We have seen evidence of this, both in terms of the pressures on assessments and reviews, and also in the workforce health check report.

We were impressed with the Adult Social Care strategy. The impact and requirements of it are not yet fully embedded within the workforce nor with partners, users and carers.

The Whole Life Disability approach will help to enhance the offer of the County Council and partners, and we recognise the importance of making faster progress in this area.

Whilst it is perhaps unsurprising given the geographical challenges you face, access to services and transport in the more rural areas of the county were flagged up as a concern by users and carers.

Use of Resources – Recommendations

We suggest that you review the website offer in line with the Adult Social Care strategy.

We also recommend that the pathways through the CSC and onwards are appropriate, that thresholds are consistent and that there is the right skill mix within the team.

In relation to workforce capacity, we believe that you should consider if the appropriate skill mix and business support exists to ensure timely completion of assessments, reviews and safeguarding enquiries.

We felt that you are now in a good position to develop clear plans for the implementation of your strategies including identifying the future resources, skills and capacity you will require in the future to deliver them.

This will allow you to use the workforce strategy review to ensure that you are well placed to meet future demands and predict the impact of the Adult Social Care strategy.

As you implement the strategy we recommend you do so with appropriate levels of co-production and customer engagement.

Integration – Strengths

You have a very impressive cross-authority health and local government partnership within Leicester, Leicestershire and Rutland and we feel that Leicestershire County Council has shown strong leadership in embedding and sustaining this approach. It is also abundantly clear that health partners have very high levels of trust and respect for the County Council and its leadership.

The role of the Director of Health and Care Integration is a testament to the partnership working between the Council and health and Cheryl Davenport is well-respected and highly effective in the role.

The Better Care Together programme is delivering collective innovation and gives you a platform on which to build with the Sustainability and Transformation Plan. The Better Care Fund plan would also appear to be delivering improvement in some of the key metrics.

You are developing integrated commissioning, for example with the Help to Live at Home scheme and the existing pooled budget arrangements appear well managed.

The Unified Prevention Strategy is particularly impressive and, in fact, we would consider it to be ground-breaking. We also felt that the Lightbulb project, linking health and care with housing needs, has potential to deliver some good outcomes for users.

The co-ordinated community health services meetings were considered to be very valuable and effective in building understanding and trust as well as facilitating coordinated care and treatment across health and social care. We also felt that the use of Caretrak to model and monitor opportunities and impacts of integrated working and planning was valuable.

Integration – Areas for development

The future plans for integration, commissioning and service planning would benefit from development of a cross county approach to future integration utilising the key principles of the Care Act.

This work will need to identify the key benefits but also the risks of an integrated approach to ensure you are able to mitigate them appropriately.

We also felt you would be well served by gaining assurance of the transition to the new Help to Live at Home contracts regarding capacity and quality as it is our experience that such changes are difficult to make.

In our opinion there are further opportunities for joint strategic commissioning of residential and nursing care and continuing health care. Personal health and care budgets are also an opportunity, particularly as significant progress has to be made in order to meet the 2020 target arising from the NHS mandate.

It was acknowledged that there needs to be further shaping and developing of the market towards a more personalised approach. We would also recommend a prioritisation with particular groups, for example transforming care for people with learning difficulties, mental health and dementia.

In respect of operational commissioning there would be benefit from clarifying the extent and nature of multi-disciplinary working with priority groups and for “trusted assessor” arrangements.

We heard of different approaches to multi-disciplinary working in primary care across Clinical Commissioning Group areas in Leicestershire. Identifying a common approach to the care and treatment of people who are at risk of requiring hospital treatment, residential or nursing care or a higher level of health and social care service, may benefit the council and partners.

Integration – Recommendations

We feel it is now an opportune moment for Adult Social Care and Leicestershire County Council as a whole to fully articulate what the ‘asks’ are and what the ‘offers’ are in future integrated arrangements. This is true both for the department as part of the wider Council and the Council in its role within an integrated system.

This will enable you to define what the criteria you would use to identify future priorities for joint or integrated commissioning within Leicestershire.

In line with our observations about multi-disciplinary arrangements in Primary Care we also felt that the objectives and ambition for the operational integration across the Better Together Partnership should be clarified.

We suggest that you should review the risks associated with the implementation of Help to Live at Home.

Finally, I would once again like to express our appreciation to everyone who has assisted us with our work and ask that you thank them on our behalf, as ever we have taken much learning away with us that will help us in our own authorities.

Yours sincerely

David Pearson

DAVID PEARSON

Corporate Director for Adult Social Care, Health & Public Protection

This page is intentionally left blank