

West Sussex County
Council
Adult Social Care
Peer Challenge Report

May 2018

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Executive Summary

West Sussex County Council (WSSCC) requested that the Local Government Association undertake an Adult Social Care Peer Challenge at the Council and with partners. The work was commissioned by Kim Curry, Executive Director, Children, Adults, Families, Health and Education. She was seeking an external view on the state of the service of the adults department at West Sussex County Council and intends to use the findings of this peer challenge as a marker on its improvement journey. The specific scope was to give a really clear base from which to reframe the work of the department, in particular:

- a) Is adult social care in West Sussex safe?
- b) Are we maximising prevention?
- c) Do we have the right culture within our leadership and management?
- d) Does commissioning activity drive improvement in outcomes and innovation?
- e) Is there the capacity to improve?
- f) Are we being ambitious enough?

In the self-assessment for this work, the Adult Social Care department was commendably honest about the significant potential to improve some aspects of service delivery and the recent history of the department.

The peer team recommend that West Sussex County Council adult social care department implements a hundred day plan to address a number of core elements that need to be put in place. These are that the directorate is clear about how money is spent, the impact of activity and the monitoring of quality. It needs to ensure that the workforce is fit for purpose and that capacity and capability is in the right place to deliver effective services including integrated health and social care responsibilities to deliver key metrics such as delayed discharges from hospital.

The peer team recommend WSSCC engage with communities and people who use services to ensure that your delivery of the spirit of the Care Act and the customer journey is focused on delivery of a responsive, effective and asset based service.

In the immediate future reach out and get a clear commitment to establishing a joint vision for health and social care focused on the needs and outcomes for the population that is driven through the Health and Wellbeing Board. This will need to fully involve partners in the NHS, district councils and voluntary and community service organisations. It will also require that commissioners give greater clarity about expectations and their future intentions to the care provider market.

There is also the opportunity to consider a properly resourced transformation function that provides oversight and drives large scale transformation. WSSCC may wish to consider the creation of a programme office to drive change and someone with the clout and seniority to make things happen. The details of these and other issues are outlined and discussed in the body of the report.

Report

Background

1. West Sussex County Council (WSSCC) requested that the Local Government Association undertake an Adult Social Care Peer Challenge at the Council and with partners. The work was commissioned by Kim Curry, Executive Director, Children, Adults, Families, Health and Education. She was seeking an external view on the state of the service of the adults department at West Sussex County Council and intends to use the findings of this peer challenge as a marker on its improvement journey. The specific scope was to give a really clear base from which to reframe the work of the department, in particular:
 - g) Is adult social care in West Sussex safe?
 - h) Are we maximising prevention?
 - i) Do we have the right culture within our leadership and management?
 - j) Does commissioning activity drive improvement in outcomes and innovation?
 - k) Is there the capacity to improve?
 - l) Are we being ambitious enough?
2. A peer challenge is designed to help an authority and its partners assess current achievements, areas for development and capacity to change. The peer challenge is not an inspection. Instead it offers a supportive approach, undertaken by friends – albeit ‘critical friends’ with no surprises. All information was collected on a non-attributable basis in order to promote an open and honest dialogue.
3. The benchmark for this peer challenge was the Adult Social Care Key Areas of Focus Tool (Appendix 1). Prior to the peer challenge exercise WSSCC completed a self-assessment to give the peer challenge team a view with which to compare what they read, heard and saw whilst onsite. A self-assessment was also completed prior to being onsite to inform the peer team deliberations. The headings below were used to collate the teams thought whilst the feedback itself used the specific heading given to the team by the client in the scope.
4. The members of the peer challenge team were:
 - **Helen Coombes**, Director Adults and Communities, Dorset County Council
 - **Councillor Sue Woolley**, Cabinet Member, Lincolnshire County Council, Chair East Midlands Health & Wellbeing Board
 - **Heather Mitchell**, Director of Strategy and Service Development, West Hampshire Clinical Commissioning Group
 - **Phil Shire**, LGA Associate
 - **Steve Crocker**, Principal Social Worker, Dorset County Council
 - **Marcus Coulson**, Challenge Manager, LGA

5. The team were on-site from 15th – 18th May 2018. 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, frontline staff and people using services and carers
 - reading documents provided by the Council, including a case file audit and a self-assessment and areas of strength and challenges
6. The peer challenge team would like to thank councillors, staff, people who use services, carers, partners and providers for their open and constructive responses during the challenge process. All information was collected on a non-attributable basis. The team was made very welcome and would in particular like to thank Executive Director, Kim Curry and her Executive Office Manager colleague Graham Tabbner for his invaluable assistance for the onsite support to the team in planning and undertaking this peer challenge which was well planned and delivered.
7. Prior to being on-site the team considered eighty-nine documents including a Self-Assessment. Whilst on-site the team had forty-two meetings with at least seventy-three different people. The peer challenge team have spent about 336 hours with West Sussex County Council and its documentation, the equivalent of 42 working days.
8. Our feedback to the Council on the last day of the challenge gave an overview of the key messages. This report builds on the initial findings and gives a detailed account of the peer challenge.

Key Findings

- ASC services are supported by an agreed financial model and implementation plan that appears achievable and it is clear the Leader and Cabinet are focused on delivering modern, responsive and efficient services
 - Not a single ASC vision that captures the spirit and meaning of the Care Act
 - There was a visible commitment to self-awareness being at the heart of everything this council does
 - There is a history of inconsistent leadership, management and communication
 - It is difficult to hear the voice of service users and carers in design and delivery of services
 - There is some excellent practice and some very poor practice
 - We met many people both internally and externally who want to be part of the change that ASC needs to make
 - Senior leadership capacity across the system needs to prioritise developing strategic relationships to build a joint approach to health, wellbeing and social care at pace driven by the health and wellbeing strategy
 - There are some basics that need to be put in place rapidly
 - There needs to be shared outcomes and a plan for delivering them that addresses the needs of the population
 - There are examples where despite the significant challenges faced over a number of years people are doing a good job
 - The recent themed cabinet approach is clearly paying dividends with the wider group of elected members and their engagement in adult social care issues
9. In the view of the peer challenge team the adult social care services at West Sussex County Council appear to have a financial model and implementation plan that is achievable. It is clear the Leader and Cabinet are focused on delivering modern, response and efficient services that benefit those users and carers who access services across the county. There is however no single adult social care vision from the department that captures the spirit and meaning of the Care Act 2014, which is unusual and is required to give clarity and direction for staff.
10. The peer challenge team read, saw and heard about a visible commitment to self-awareness being at the heart of everything this council does which is a very good place from which to learn.
11. At West Sussex County Council there is a history over recent years of change at a senior leadership level which has led to inconsistent leadership and

management approaches and communication. One of the partners interviewed reflected on the fact that as he had been in post four and a half years and during that time has spoken to four Chief Executives, three Directors of Children's Services, five Directors of Public Health and three Directors of Adult Social Services. In this environment of constant change it has been very hard for partners to make relationships, build trust and seek to make improvements for the benefit of local people. This difficulty has been mirrored internally for staff who have found it hard to follow leaders with little longevity, inconsistent management styles and varied communication. One of the unintended consequences of this inconsistency of direction is that it is difficult to hear the voice of service users and carers in design and delivery of services even though there were some positive meetings with those who use services and their carers. Further inconsistency was found in the activity of frontline staff as the peer team saw evidence of there being some excellent practice and some very poor practice.

12. The opportunity in the present situation the department finds itself in is that the peer team met many people both internally and externally who want to be part of the change that adult social care needs to make.
13. Due to the recent history referred to above the senior leadership capacity across the health and social care system needs to prioritise developing strategic relationships to build a joint approach to health, wellbeing and social care at pace driven by the health and wellbeing strategy.
14. It is clear that there are some basics that need to be put in place rapidly which include recording of practice, improvements in data quality, implementation of a performance management and development framework and a review of policies and procedures. All of these things should support the intentions and spirit of the Care Act. Specifically WSCC should:
 - Review how the front door operates and what early action can be taken to reduce delays and waiting lists in different parts of the service
 - Streamline and update some of the assessment and support planning documentation within Mosaic, including adult safeguarding, with a view to ensuring best practice is followed
 - Replace multiple spreadsheets and local reporting systems with performance dashboards that meet both operational and strategic data requirements
 - Ensure that the most expensive support packages are properly reviewed and scrutinised and that the framework for NHS continuing healthcare is being followed across the health and social care system
15. There needs to be shared outcomes across the department and ideally WSCC as a whole and a plan for delivering them that address the needs of the population. Public health colleagues should soon be well positioned to support this work.
16. There are examples where despite the significant challenges faced over a number of years people are doing a good job. This came out in some of the

case files sampled as part of the peer review and was also evident in the embedded system of internal case file audits. People had enthusiastically involved themselves in a number of 'innovation sites' that tested new ways of working, which showed some promising approaches to designing a new operating model.

17. The recent themed cabinet approach is clearly paying dividends with the wider group of elected members and their engagement in adult social care issues. This work can develop the understanding and awareness by elected members that can then be harnessed in prevention work throughout the work of the council and its partners.
18. The Joint Health and Wellbeing Strategy (JHWS) is shortly due for a refresh and this would provide the Executive members with an excellent opportunity to reinforce the core business of the Council both internally and with wider partners. A prominent JHWS helps to provide the strategic direction of the Council's health and social care agenda helping to make the work more joined up on a 'system' basis as well as giving officers a clear direction of travel and something to 'hang their hat on'.

Is ASC in West Sussex safe?

- There was evidence of individuals doing a good job and keeping people safe
 - The inconsistency and unknowns in the service make it difficult to be sure that the systems, processes and activity of adult social care are as robust as they could be
 - Gaps in governance, oversight and communication including safeguarding and quality
 - Apparent lack of management oversight of waiting lists, timely reviews and compliance with requirements under the Mental Capacity Act
 - There are current examples of serious incidents that would indicate that lessons from previous SARs have not been learnt
 - Clarity is needed about roles and responsibilities across all of the different functions and compliance with the council wide corporate risk assurance approach
19. From the evidence that the peer team read, heard and saw whilst onsite there was evidence of individuals doing a good job and keeping people safe as evidenced in the case audit. For example, more than ninety percent of internal safeguarding audits found practice that was judged as good or outstanding - although we would advise that you quality assure the robustness of the audit process.
 20. When looking at the work of the department the peer team came across significant levels of inconsistency in the delivery of policy and practice and there

were unknowns in the service in terms of the recording and use of data and how information is used to manage performance. This situation therefore makes it difficult for executive, senior, middle manager and frontline staff to be sure that the systems, processes and activity of adult social care are as robust as they could be.

21. In the work of the department there are gaps in governance, oversight and communication including safeguarding and quality. The role of the safeguarding unit needs to be revisited. It does not currently undertake any hands-on enquiry work and should make a much greater contribution to safeguarding, given there has been a significant increase in demand over the last few years. In addition, there needs to be a more joined up approach to addressing quality and safety concerns in provider services, involving contracting, safeguarding and the Care Quality Commission (CQC).
22. There is an apparent lack of management oversight of waiting lists, timely reviews and compliance with requirements under the Mental Capacity Act. In spite of the Contact Point 2 service no longer carrying out initial safeguarding assessments, it continues to bulk transfer large numbers of referrals to occupational therapy in order to manage its own demand, adding to the burden of managing a waiting list for Occupational Therapists (OTs). The area teams have also experienced lengthening delays for non-safeguarding activity.
23. There are current examples of serious incidents that would indicate that lessons from previous Safeguarding Adults Reviews (SARs) are still being worked through. The Council needs to ensure that it is learning from SARs as well as the recent and ongoing investigation involving a significant care provider in West Sussex.
24. Clarity is needed about roles and responsibilities across all of the different functions and compliance with the council wide corporate risk assurance approach.
25. It is clearly recognised by the executive and senior staff that the issues outlined above need to be addressed and change so that staff, partners, providers and other stakeholders can be sure that the newly defined vision of the department is actually being delivered.

Are we maximising prevention?

- Huge opportunity to develop prevention work with a wide range of partners both internal (Communities, Public Health) and externally District and Borough Councils, NHS, Voluntary and community Services, etc. requires stable leadership with a clear vision and consistent messages
- Within the department focus needs to be improving relationships and developing a collaborative way of working
- Involve service users, communities, people, stakeholders in redesign focused on an asset based approach

- Use your intelligence and data to measure where you are now, where you want to be, and the impact of your activity and investment on adult social care
26. When we consider the prevention work of the department it is clear that there is a huge opportunity to develop prevention work with a wide range of partners both internal such as the Communities and Public Health departments and externally with partners such as the District and Borough Councils, National Health Service organisations such as the Clinical Commissioning Groups (CCGs) and the full range of the vibrant voluntary and community sector that exists in West Sussex. To achieve this it requires stable leadership with a clear vision and consistent messages.
27. Within the department the focus needs to be on improving relationships and developing a collaborative way of working through consistent leadership and management of performance in line with the vision and values of the organisation. To do this the department should involve all staff, service users, communities, people and other stakeholders in a redesign that is focused on an asset based approach.
28. Use your intelligence and data to measure where you are now, where you want to be, and the impact of your activity and investment on adult social care. Too many people are still being placed in residential and nursing care and it is necessary to shift the focus and spend. Some developments are helping to do this; however, we could not see the performance data that would enable services such as Discharge to Assess and Reablement to be monitored and evaluated. Linking this to spend in order to determine where resources should be invested, given a climate of reducing budgets is required.

Leadership and management

- Leadership behaviours and communication within and across the department do not appear to reflect the values of the organisation
 - A focus on outcomes for people, collaborative leadership working and a shared set of priorities with timescales for delivery do not appear to be in place
 - Leadership culture that does not prioritise and reward good performance
 - Put in place some basic management arrangements and key performance indicators that allows you to know how the business is running and that you are achieving the statutory responsibilities for the council
29. Whilst there has been a significant turnover of executive level staff in recent years at WSCC it appears to have created a situation where staff further down the hierarchy have imposed their own styles and values in areas they are responsible for. As a result leadership behaviours and communication within and across the department do not appear to reflect the values of the organisation. This was further evidenced by the fact that a focus on outcomes

for people, collaborative leadership working and a shared set of priorities with timescales for delivery do not appear to be in place and an overall leadership culture that does not prioritise and reward good performance. The peer team heard of inconsistencies in relationships and behaviours across the department that need to be addressed.

30. The peer team recommend that WSCC put in place some basic management arrangements and key performance indicators that allows the department to know how the business is running and that it is achieving the statutory responsibilities for the council.

Does commissioning activity drive improvement in outcomes and innovation?

- The absence of a single simple adult social care vision which has been produced with service users, carers, the workforce based on data and intelligence limits the ability of any commissioning activity to be effective
 - In individual areas we heard some excellent examples of innovation, and focus in commissioning on improving quality and improving outcomes
 - Areas of focus such as workforce capacity are addressing a need but the council needs to review evidence based interventions and work in collaboration before designing solutions in isolation
 - It is the responsibility of commissioners and operations to deliver change to improve outcomes as part of their job
31. The absence of a single simple adult social care vision which has been produced with service users, carers, and the workforce based on data and intelligence limits the ability of any commissioning activity to be effective. However, in individual areas we heard of some excellent examples of innovation with a clear focus in commissioning on improving quality and improving outcomes. These examples included the multi-disciplinary teams working with primary care and home from hospital services delivered by the voluntary and community sector. There was some good learning from the innovation sites regarding changing the front door and adopting a strengths-based, three conversations way of working. However, the overall commissioning and contracting function could achieve better outcomes if it was structured and managed differently.
32. The areas of focus on such work as external workforce capacity are addressing a need but the council needs to review evidence based interventions and work in collaboration before designing solutions in isolation. Data sets available such as those via Skills for Care and co-producing solutions with providers will lead to a greater impact.
33. It is the responsibility of commissioners and operations to deliver change to improve outcomes as part of their job. The peer team heard a number of times

that these things were 'extra' and 'not part of the day job', something that the peer team disagrees with.

Is there the capacity to improve?

- The passion and willingness to participate in re-setting the adult social care vision and increase the pace of achieving better outcomes is visible at all levels in the organisation
- As it transforms it needs to do that in a collaborative way with its system partners
- Capacity to improve at pace will be limited unless you address the lack of clarity about roles and responsibilities, putting in place clear performance management arrangements and using the data you have to inform decision making
- There needs to be a single approach to transformational change which needs to be resourced

34. The passion and willingness to participate in re-setting the adult social care vision and increase the pace of achieving better outcomes is visible at all levels in the organisation which is very positive. As the service transforms it needs to do so in a collaborative way with its system partners.

35. The capacity to improve at pace within the department will be limited unless you address the lack of clarity about roles and responsibilities, putting in place clear performance management arrangements and using the data you have to inform decision making. There needs to be a single approach to transformational change which needs to be resourced. For example, in moving to an asset-based approach using the three conversations, it will be necessary to revisit the front door model. Hitherto this has been unable to manage increasing demands on the system or successfully connect people to support in their own communities, putting pressure on workforce capacity at different points in the customer journey and leading to delays in resolving needs.

Are we being ambitious enough?

- You need to scale up your ambition for health and social care and create the governance arrangements that support a joint development of strategy and delivery
- Health and social care leaders identify the same priorities for areas they want to transform and there is great opportunity to do this at pace
- The conditions for achieving success are in place but will require a real focus and energy on relationship management

- Involve everybody in your performance management to maximise your ambition, continuity will bear fruit
 - There is a huge opportunity to use data and intelligence to drive evidence based decisions
 - Use the talent and willingness of the workforce and partners to impart pace into delivering your ambition
36. WSCC needs to scale up its ambition for health and social care and create the governance arrangements that support a joint development of strategy and delivery. It is very helpful that health and social care leaders identify the same priorities for areas they want to transform and there is great opportunity to do this at pace. The conditions for achieving success are in place but will require a real focus and energy on relationship management.
37. It is important to ensure WSCC involves everybody in performance management to maximise the ambition, continuity of leadership and management will bear fruit. There needs to be a golden thread of a performance culture that runs from the strategic vision through to individuals' performance development reviews, setting ambitious objectives and robust success measures to improve outcomes.
38. The peer team judge that there is a huge opportunity to use data and intelligence to drive evidence based decisions and the peer team recommend WSCC use the talent and willingness of the workforce and partners to impart pace into delivering the ambition.

Recommendations

- Implement a hundred day plan to address the core basics and ensure capacity and capability is in the right place including integrated health and social care responsibilities
 - Engage with communities and people who use services to ensure that your delivery of the spirit of the Care Act and the customer journey is focused on delivery of a responsive, effective and asset based service
 - In the immediate future reach out and get a clear commitment to establishing a joint vision for health and social care focused on the needs and outcomes for the population
 - Consider a properly resourced transformation function that provides oversight and drives large scale transformation
39. The peer team recommend that West Sussex County Council adult social care department implements a hundred day plan to address a number of core elements that need to be put in place. These are that the directorate is clear about how money is spent, the impact of activity and the monitoring of quality. It needs to ensure that the workforce is fit for purpose and that capacity and

capability is in the right place to deliver effective services including integrated health and social care responsibilities to deliver key metrics such as delayed discharges from hospital.

40. Engage with communities and people who use services to ensure that your delivery of the spirit of the Care Act and the customer journey is focused on delivery of a responsive, effective and asset based service.
41. In the immediate future reach out and get a clear commitment to establishing a joint vision for health and social care focused on the needs and outcomes for the population that is driven through the Health and Wellbeing Board. This will need to fully involve partners in the NHS, district councils and voluntary and community sector organisations. It will also require that commissioners give clarity about expectations and future intentions to the care provider market.
42. Consider a properly resourced transformation function that provides oversight and drives large scale transformation. WSCC may wish to consider the creation of a programme office to drive change and someone with the clout and seniority to make things happen.

Immediate next steps

We appreciate the senior political and managerial leadership will want to reflect on these findings and suggestions in order to determine how the organisation wishes to take things forward.

As part of the peer challenge process, there is an offer of further activity to support this. The LGA is well placed to provide additional support, advice and guidance on a number of the areas for development and improvement and we would be happy to discuss this. **Kate Herbert, Principal Adviser** is the main contact between your authority and the Local Government Association. Her contact details are, email: kate.herbert@local.gov.uk, Telephone: 07867 632404.

In the meantime we are keen to continue the relationship we have formed with the Council throughout the peer challenge. We will endeavour to provide signposting to examples of practice and further information and guidance about the issues we have raised in this report to help inform ongoing consideration.

Contact details

For more information about the Adult Social Care Peer Challenge at West Sussex County Council please contact:

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For more information on adults peer challenges and peer reviews or the work of the Local Government Association please see our website <https://www.local.gov.uk/our->

[support/peer-challenges/peer-challenges-we-offer/safeguarding-adults-and-adult-social-care](https://www.local.gov.uk/our-support/peer-challenges/peer-challenges-we-offer/safeguarding-adults-and-adult-social-care)

Read the Adults Peer Reports: <https://www.local.gov.uk/our-support/peer-challenges/peer-challenges-we-offer/safeguarding-adults-and-adult-social-care-0>

Appendix 1 – Key Areas of Focus benchmark questions

This is the Key Areas of Focus for peer challenges in adult social care that was used as the benchmark for this peer challenge. It was used as it covers a wide range of areas of business and thereby enabled to peer team to ensure they covered all relevant areas for this work.

The peer challenge process aims to help local government to help itself to respond to the changing agenda for adult social care. Undertaken from the viewpoint of a friend, albeit a 'critical friend', a peer challenge allows a team of people who understand the pressures of running a local authority to review the council's practices in a challenging but supportive way. A peer challenge includes an assessment of current achievements and provides recommendations of how further improvements can be made. It is a constructive, collaborative and supportive process with has the central aim of helping councils improve. It is not an inspection, nor does it award any form of rating category.

The following sections set out the key areas of focus for peer challenges in adult social care. They have been tested with the sector. The key areas of focus also can be used as a means of self-assessment.

They are centred on the following key themes:

- 1. Outcomes for people who need care and support to improve independence and wellbeing**
- 2. Participation**
- 3. Vision, Strategy and Leadership**
- 4. Working Together**
- 5. Resource and Workforce Management**
- 6. Service Delivery and Effective Practice**
- 7. Commissioning and Market Shaping**
- 8. Improvement and Innovation demonstrating notable practice**

Every council and partnership is different and the challenge team will ensure the challenge is individually tailored to the needs and priorities of each local authority. The intention is not to cover all the questions as they appear below. Instead scoping would be done with the individual authority to select the areas most appropriate to them. The full Key Areas of Focus document can be downloaded from the LGA website here:

<https://www.local.gov.uk/our-support/peer-challenges/peer-challenges-we-offer/safeguarding-adults-and-adult-social-care>.