

Northumbria Healthcare
Trust / Northumberland
County Council
**Rapid Peer Review
Report**

September 2016

Final

Report

Background

1. Northumberland County Council requested that the Local Government Association undertake a Rapid Adults Peer Review at the Council. The work was commissioned by Vanessa Bainbridge, Director of Adult & Community Care Services, Northumbria Healthcare NHS Foundation Trust who was the client for this work. She was seeking a view on the effectiveness of assessments for older people. The Trust intends to use the findings of this rapid peer review as a marker on its improvement journey. The specific scope of the work was:

Scope:

“Central to the review will be the formal assessment process which we have introduced to meet the requirements of the Care Act”.

Please comment on:

- What we are trying to do
 - How we are trying to do it
 - Where we have got to so far
2. A peer review is designed to help an authority and its partners assess current achievements, areas for development and capacity to change. The peer review is not an inspection. Instead it offers a supportive approach, undertaken by friends – albeit ‘critical friends’. 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.
 3. The members of the peer review team were:
 - **Richard Parry**, Director for Commissioning, Public Health and Adult Social Care, Kirklees MBC
 - **Claire Bearder**, Group Manager Access and Safeguarding, Nottinghamshire County Council
 - **Avril Mayhew**, Senior Advisor, Care and Health Improvement Programme, Local Government Association
 - **David Knighton**, Performance Manager, Durham County Council
 - **Marcus Coulson**, Review Manager Local Government Association
 4. The team were on-site for one-day on Thursday 1st September 2016 with one member of the team doing an analysis of the performance management activity at the Trust before we were onsite. The programme for the day including activities designed to enable members of the team to meet and talk to a range stakeholders. These activities included:
 - interviews with officers
 - focus groups and interviews with managers, practitioners, frontline staff and people who access services

- reading documents provided by the Council, including a self-assessment of progress, strengths and areas for improvement
5. The peer review team would like to thank the staff, people using services, carers and partners for their open and constructive responses during the day. The team was made very welcome and would in particular like to thank Vanessa Bainbridge, Director of Adult & Community Care Services Northumbria Healthcare NHS Foundation Trust and Helen Mason, Senior Manager Governance, Risk and Audit, Northumbria Healthcare/ Northumberland County Council, and their team for their invaluable assistance in planning and undertaking this review.
 6. Our feedback to the Council on the day of the review covered the key messages in the presentation and a discussion of the relevant issues took place with Vanessa, Helen and their team. This report covers the issues raised.

Key Messages 1

- Strong history of integrated service that do feel culturally integrated
 - Well led
 - High levels of reported staff happiness
 - Good user satisfaction feedback
 - Care Act assessment processes appear robust
 - A lot of strong prevention activity
 - Culture of continuous improvement
 - Well run business with good information effectively used
 - Process strong and systematised but less focus on outcomes for individuals
7. The Peer Review team were aware of the history of over ten years of integrated service delivery in Northumberland between adult social care and health. In the documents read and the people spoken to these two areas of work do feel culturally integrated.
 8. The Trust appears to be well led and there are high levels of reported staff happiness which would imply a satisfied workforce and there is good user satisfaction feedback data which implies those who access services are happy with those services.
 9. The Care Act assessment processes for Older People that the team were asked to look at appear robust, detailed and well organised. In fact the team would go so far as to say that the detail of what the assessments do and how they relate to aspects of the Care Act are atypical in their attention to detail. Whilst the handbooks for staff do provide detail about personal budgets, personal budgets being a mechanism to support personalisation, choice and control was not a dominant narrative in interviews.
 10. From the evidence the team saw and heard there is a lot of strong prevention activity by the Trust and there is a culture of continuous improvement.
 11. The business of adult social care seems to be well run with good information being effectively used to drive delivery and improve systems.
 12. Whilst the processes are strong and systematised there seems less of a focus on outcomes for individuals and the importance of them in terms of the dominant narrative that the team heard. Individual examples of good person centred practice were cited, but this did not feel as systematised as the more operational management aspects of the service.

Key Messages 2

- There is the opportunity to create a dominant narrative that focusing on outcomes for those who use services
- What is the long term IT/information system strategy?
- Given ACO Plans next year have all opportunities for changing ways of working been investigated
- Given the positive position there is an opportunity to break into new territory for outcomes that people want

13. The peer review team were confident of the effort and focus in the organisation on systems and process to be efficient and effective. The improvement opportunity would appear to be to create a dominant narrative that focuses on outcomes for those who use services.

14. The team wondered what the long term information technology strategy is for Northumbria Healthcare Trust and the Council. A clear vision and direction will be required to over the coming years to ensure information and data is able to be shared between adult social care and health so that staff can make positive and informed decisions for service users. The organisation(s) may wish to reflect on how they are to achieve this challenging task.

15. Given the Accountable Care Organisation (ACO) Plans required for next year (2017) the peer review team wondered if all opportunities for changing ways of working have been investigated and if so what are these.

16. The story of the Trust is a positive one and the team feel that there is still an opportunity to break into new territory for the delivery of outcomes that people want.

Assessment process

- Appears to be Care Act compliant but consider whether this is balanced with the spirit of the Act
 - The system does not easily lend itself to personalised approaches and choice and control
 - Seek to embed this in future developments
- Could be more focused on strengths rather than defects
- Needs to be more proportionate and less repetitive
- Reconsider your need for paper files
- Consider consolidating skills sets at front end of call handling to include screening and information and advice
- Adopt a more consistent approach to safeguarding referrals from partner agencies
- Consider how other agencies could be more effectively used to undertake Section 42 enquires on behalf of the Council

17. The assessment work the peer review team were asked to look at very much appears to be Care Act compliant but you should consider whether this is balanced with the spirit of the Act. From what the team saw and heard the systems you have set up do not appear to easily lend themselves to personalised approaches and choice and control. We recommend that you seek to embed this in future developments.

18. The assessment forms we saw could be more focused on strengths rather than defects and they do need to be more proportionate and less repetitive to make them easier to use for staff and users. This is something you are aware of.

19. The team heard that paper files were still being used in some areas and you should reconsider your need for these.

20. Consider consolidating skills sets at the front end of call handling to include screening and information and advice.

21. Adopt a more consistent approach to safeguarding referrals from partner agencies. Whilst the open referral system encourages partner agencies to pass on information the review team suggests that you might want to consider how you are assured that the views of the adult at risk are sought at the earliest opportunity and routinely included in the referral information. Embedding a question in referral forms about what the adult wants may go some way to support partners in adopting a Making Safeguarding Personal (MSP) approach and emphasises their roles and responsibilities prior to making an alert.

22. Consider how other agencies could be more effectively used to undertake Section 42 enquires on behalf of the Council. The Safeguarding Adults Procedural Framework Ten Step Summary procedures reflect the statutory guidance in relation to who can carry out an enquiry. However to increase the likelihood of positive outcomes the team thought further consideration might usefully be given to determine who is best placed (from a range of agencies) to undertake a safeguarding enquiry.

Other Issues

- Consider if it is the right model to have self-funders only able to access care through Council contracts
- The issue of capacity of domiciliary care in rural areas
- Consider a consistent approach to the information supplied to users after an assessment because this appears to differ depending on whether CHC or Care Act

23. We were told of a current issue in part of the County that home care providers are declining to provide services to private payers because they need all their available capacity to meet their obligations under the Council contract. This means that some people are having Care Act needs assessments simply as a mechanism for getting a service which they are not able to purchase directly. In the parts of the County affected by this, the Council is not currently achieving the Care Act objective of developing a sustainable care markets for all users, including those who fund their own care, and this is leading to unnecessary demands on its needs assessment function.

24. The issue of the capacity of domiciliary care in rural areas was raised consistently throughout our time in Northumberland. The scope of the review precluded the opportunity to explore the full range of approaches that have been taken to support the market, including commissioning for outcomes rather than tasks and the use of Individual Service Fund approaches to try and drive some flexibility of delivery. Direct Payments may allow people to make better use of Personal Assistants and other employment approaches.

25. While the Council's partnership arrangements have enabled it to develop a common process and set of documentation for needs assessment and care and support planning across social care and NHS Continuing Health Care (CHC), assessments of eligibility for CHC are separate from this, and the competed decision support tools are not being shared with service users in the same way as other documentation.. In the view of the peer team you should consider a consistent approach to this, taking advantage of the opportunities offered by your partnership arrangements to develop a consistent set of operating standards that transcend the varied approaches and requirements of predecessor organisations.

Contact details

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For more information on adults peer challenges and peer reviews and the work of the Local Government Association please see our website http://www.local.gov.uk/peer-challenges/-/journal_content/56/10180/3511083/ARTICLE

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