

Hartlepool Borough Council

Adult Services Peer Challenge

Feedback presentation

26th November 2014

Feedback format

- The Peer Challenge process
- The Peer Challenge Team
- Scope
- Feedback on key questions
 - Strengths
 - Areas for further consideration
- Your reflections and questions

Peer Challenge explanation

- Sector Led Improvement
- Regional Peer Challenge process
- Not an inspection – invited in as ‘critical friends’
- Non-attributable information collection
- People have been open and honest
- Recommendations based on triangulation of what we’ve read, heard and seen

The Peer Challenge Process

- Scope
- Peer Challenge Team sourced
- Self-evaluation / Position Statement
- Pre-reading documents
- Interviews, meetings and focus groups
- Feedback presentation
- Report

Peer Challenge Team

- Lead Peer – **Vanessa Bainbridge**, Deputy Director, Northumberland County Council
- Member Peer – **Keith Cunliffe**, Wigan MBC
- Health Peer – **Ruth Allen**, Director of Social Work at SW London and St George's Mental Health Trust
- Senior Officer Peer 1 – **Jane Bowie**, Head of Safeguarding and Strategic Commissioning, Northumberland County Council
- Senior Officer Peer 2 – **Judith Whittam**, Assistant Director - Social Care, Cumbria County Council
- LGA Challenge Manager – **Chris Rowland**, Local Government Association

Your scope

- To scrutinise the delivery of mental health social care services by the council within the current partnership arrangement.
- To ensure that people utilising mental health services are in receipt of high quality, timely and accessible social care.
- To assess current achievements and identify any opportunities to improve the design and/or delivery of these services.
- To help the council ensure that, wherever social workers are managed, the optimum infra-structure is in place to ensure that their role achieves the best possible social care services for people with mental health problems.

Your scope – referenced to the LGA Peer Challenge Themes

- **SERVICE DELIVERY AND EFFECTIVE PRACTICE**
- **WORKING TOGETHER**
- **VISION, STRATEGY AND LEADERSHIP**

Service Delivery and Effective Practice

Strengths

- The benefits of an integrated service are broadly recognised and supported across levels and organisations.
- The teams appear to work in a genuinely integrated way with health staff aware of (and undertaking) social care responsibilities and vice versa (e.g. MCA DoLs, DPs, team manager chairing safeguarding meetings).
- There is evidence of different disciplines sharing of tasks working well.
- There is strong performance in numbers of DPs and PBs in MH.
- Strong performance mechanisms and management processes (e.g. LEAN) being applied by TEWV.
- Recognised and realised benefits in MH staff being able to access training in both organisations.
- Principal Social Worker understands the MH services and Social Work development needs, and is widely respected and responsive within Adult Social Care.
- There are examples of learning across organisations, and this is a foundation for further work together.

Service Delivery and Effective Practice

Areas for Consideration

- Capacity within the integrated teams is an issue, with particular pressures brought about through AMHP rotas drawing away staff from their team roles.
- There has been a negative impact of reduction in capacity in MH Teams through the loss of STR team.
- Availability of professional leadership and supervision for SW staff is inconsistent between the MH teams, and also with the wider SW workforce, with which standards need to be consistent.
- Clarity about ownership of safeguarding across all MH teams could be increased, and safeguarding practice and governance appears to be inconsistent, and need to be aligned with the rest of the Council.
- Members of the MH teams would like more contact with the Council, and would welcome more information and greater clarity including on e.g. performance and other requirements; Team Managers commitment to attending Departmental and other meetings would support this.
- Informal communication between organisations could be improved.

Service Delivery and Effective Practice

Areas for Consideration

- Role and functions of MH teams for those with only social care needs is unclear and inconsistently governed.
 - There needs to be a decision made as to where Social Care-only service users have their needs met.
- More generally, accessing wider services within the Council (e.g. reablement, community ASC) is sometimes experienced as being difficult.
- There is no apparent Quality Assurance and Audit for MH Social Care and Social Work.
- The two IT systems pose a challenge: Safeguarding paperwork on CareFirst, but activity associated with management plans on PARIS.
- A joint training / workforce development plan would benefit all staff, and should be developed across the whole system.

Working Together

Strengths

- There is recognition across partners of the importance of the Health and Wellbeing Board (HWB), and this can become the focus for system leadership around MH.
- The Joint Commissioning Executive has been created as a key forum through which to implement the strategic direction as laid out by the HWB.
- The MH Forum's development of a MH Strategy is a good example of interagency working.
- The MH Forum is generally held in high regard, and is listened to by the HWB and the Council; consideration could be given as to its reporting and accountability to cement this influence.
- There is good multi-agency development of the Mental Health Crisis Care Concordat.
- There are a range of meetings with partners, at both operational and more strategic level which offer the opportunity to influence and develop service delivery.

Working Together

Areas for Consideration

- It is not clear at the present time to what extent the Health and Wellbeing Board, and Joint Commissioning Executive, have been engaged in or used to set, develop, and implement key commissioning decisions, or in influencing or shaping service changes.
- The HWB and JCE have been established (statutorily in the former case) as a place to develop and oversee implementation of the strategic direction of travel for services in Hartlepool, but their potential influence remains to be fully developed at this point, in part due to the level of engagement from all relevant partners.
- To ensure data is pooled to assist with planning – e.g. CCG do not seem well sighted on patterns in safeguarding to help with quality assurance. NECS have data that could assist the Council, but this is not routinely available.
- The Council may wish to consider whether working more closely with neighbouring authorities could increase opportunities for effective strategic commissioning.
- Finalisation of BCF plans and the appointment of a BCF Lead officer an opportunity to consider wider issues regarding MH across the life-course and integration.
- Further work should be undertaken to understand performance in adult care and specifically the reasons for high levels of placements in long term care (ASCOF 2A1).

Vision, Strategy, and Leadership

Strengths

- The MH Champion is passionate about improving services, acts as an ambassador, and can be a link between members.
- The Council's Committee Structure allows all members to be involved in a proactive manner.
- The significant contribution of lead officers in covering for an extended period without DASS / DCS and holding other vacant posts should be recognised, as should the longer term impact of such a substantial deficit in senior leadership at a time of financial challenge, NHS restructure and etc.
- Conversation is ongoing with the CCG about provision of a joint leadership development programme with middle and senior level managers across both organisations, and this model could be extended to other partners including TEWV.
- There appears to be a real willingness to develop a more strategic direction of travel for MH, and more widely for ASC, and we would encourage the Council to grasp this opportunity.
- There is a good foundation in People Services for the further development of Adult Social Care.
- We found strong support across the Council, including with Officers and Members, for raising the profile of MH, and the team would support this, and perceive the HWB to be the place to take it forward.
- There are good links into Teeswide Social Work Development infrastructure.

Vision, Strategy, and Leadership

Areas for Consideration

- Further consideration needs to be given to the development, and clear communication, of a strategic vision for MH services (and wider wellbeing) in Hartlepool.
- It will be important to continue to develop this in partnership, but it also needs to be woven into Council's overall corporate and financial planning and given higher priority by HWB.
- Consideration needs to be given as to the implications and opportunities of the Care Act on future MH delivery.
- Clarity needs to be developed on how a further tranche of savings will be made, for instance within a medium term budget agreement
- The Council (through its Audit and Governance Committee or otherwise) could consider setting a proactive programme of scrutiny of all health provision.
- The opportunity of changing personnel in the ASC SMT represents an opportunity to clarify and streamline roles and responsibilities.
- As part of the planned support and development of senior management team within ASC, clarity should be developed as to the role and position of MH.

Key recommendations

- We would support the development of the HWB, and JCE, as key place for strategic and operational decision making and implementation.
- To work with TEWV to develop and implement governance and quality assurance framework for integrated MH services.
- We would encourage an early audit of case files within the MH service, jointly with TEWV, including Safeguarding cases.
- Priority should be given to proactive engagement and increased support (including around professional supervision and leadership) to SWs in integrated teams.
- The Council and TEWV should review the demand and capacity within the MH teams, noting in particular the impact that the AMHP role has on SW capacity within the team.

Your reflections and questions

- Is there anything in the presentation that is a total surprise or that you disagree with?
- Is there something that you were expecting to see which is not there?
- What do you think is the most striking comment or recommendation?

Contact details

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