# Adult Social Care Peer Challenge in the London Borough of Hammersmith and Fulham, the Royal Borough of Kensington and Chelsea, and the City of Westminster.

June 2015

## Table of Contents

Executive Summary.....3

Background.....5

Context.....8

Report details.....10

Recommendations for next steps.....26

Contact details.....28

Annex: presentation of 12th June 2015.....29

# Executive Summary

1. Collaboration is a fundamental challenge facing Local Government, collectively, and with the NHS. The purpose of this collaboration is to manage demand effectively within increasingly tight budgets, whilst achieving improved outcomes for citizens through co-production, and engagement with customers, staff, providers, and wider communities. The Department should celebrate its shared arrangements for Adult Social Care as it reinvigorates them, both to raise their profile (e.g. to aid recruitment and retention, and to share learning and to learn from others), and in acknowledgement that they are at the cutting edge of what is likely to become more common practice.

2. A balance between individual Council sovereignty and cross-Borough consistency can be healthy, allowing for difference, testing out new delivery models, and sharing learning from what works well. With three distinct services operating across the three Councils, but managed through a single Adult Leadership Team, with some shared functions and with elements of the service model in common, there is a good opportunity to utilise Business Intelligence and Public Health expertise to identify what is working, and to develop sound business cases (whether on the basis of finance, improved outcomes, professional standards, or mitigation of risk) for extending the best of these.

3. There are presently, however, inconsistencies and uncertainty across the Department in understanding and applying the new operational model for Adult Social Care (both in terms of professional practice, and why you have developed it), and this is likely to impact on outcomes both for customers, and for the Department (in terms of use of both financial and human resources). The challenge of differentially managing three similar services are likely to cause missed opportunities for process efficiencies, actual or perceived inequalities (whether for customers or for staff), and inconsistencies in process (e.g. for Safeguarding) which could increase levels of risk in the service. Addressing these areas is a key rationale for the development of the new single operating model, work for which the Challenge Team would be strongly supportive.

4. Much work has been done to sort out new governance and service structures and capacity, and there is now a need to focus on operational delivery. A period of carrying vacant posts in the Adult Leadership Team (ALT), whilst undergoing substantial organisational changes, budgetary cuts, and service developments, will have impacted on performance. The Challenge Team found areas for improvement in this regard, but with the new capacity in the ALT and potential for further new appointments, the team considered that you can use this Peer Challenge to put Adult Social Care on a sure footing as it moves into the next stages of austerity.

5. The new Executive Director was positively referred to throughout the Peer Challenge, and her work to strengthen and refresh the ALT will develop increased leadership and change capacity within the Department and across the Boroughs, including with partners. Identifying an assigned manager within ALT for each of the three Boroughs will strengthen the focus on “place” within the Department, allow for increased support to each of your three Cabinet Members (allowing for increased engagement with details relating to service development and performance, and supporting their already strong leadership for Adult Social Care), and can free capacity for the Executive Director to be more available to focus on strategic and partnership development.

6. You have a committed workforce who are enthusiastic to develop improvements, but they are overstretched and change fatigued; this is not surprising given that the Department has been through a complex period of change and uncertainty, but they now need, and want, strong and visible leadership, and a clearly articulated direction of travel (in terms of values,

purpose, and process). Your workforce is your biggest asset, especially in such a competitive market place, and active consideration as to how to maintain engagement with them, and to harvest their local and professional knowledge and experience, will be critical to moving towards developing strong outcomes for your customers, carers, and wider communities.

7. Alongside this there are some immediate organisational challenges which will need to be urgently addressed, relating to the new Managed Services Programme. This has led to delays in payments to customers, providers, and staff, and has increased the workload on managers at all tiers around what should be simple processes (e.g. authorizing annual leave, workforce planning, etc). You know that this is an issue, and are addressing it through the Corporate Management tier, but the Peer Challenge Team feel it is essential not to underestimate the risk that these problems pose if they are not addressed urgently.

8. We suggest that the platform for achieving excellence is a relentless focus on consistent, personalised social care, supported through enhancing capacity in local communities to prevent the need for care and support. In the former case the Department might look to refresh the commitment to personalisation, and by developing clear ownership of a core set of social care values; these can guide both service delivery, but also planning and decision making processes, in negotiation with partners, and across all the Councils' functions. For the latter, a focus from Commissioning on shaping the care market (including independent and Not-for-Profit provision) and a greater focus on increasing access to community assets will support more enabled communities.

9. The recommendations included in this report (both in summary at the end, and as more detailed areas for consideration throughout) describe a challenging programme of work, but the Peer Challenge Team felt that the Department is well placed to undertake it. You are not unaware of the various items we reflected back to you whilst on site and that are contained in this report; indeed, you have already begun to address many of them, and with some well underway. You now have the senior leadership team in place, and have good people throughout the Councils. This will be essential, as you will require stable leadership for the wider workforce, and a consistent focus on collaboration throughout. This will include across the three Councils (and more widely in Local Government), with the NHS, with your customers, and with your communities; but you have a strong track record of collaboration, it is what the Department stands for!

# Background

10. Adult Social Care in the London Borough of Hammersmith and Fulham, the Royal Borough of Kensington and Chelsea, and the City of Westminster (the Councils) asked the Local Government Association (LGA) to run an Adult Social Care Peer Challenge as part of Sector Led Improvement in the Boroughs.

11. The LGA were contracted to deliver the Peer Challenge process based on their knowledge and experience of delivering this type of work for over ten years. The LGA sourced the members of the Peer Challenge team and provided off-site administrative support. The LGA is delivering this work on behalf of the Councils, and the outcomes are owned by them.

12. The members of this Adult Social Care Peer Challenge Team were:

    - Lead Peer – **Peter Hay**, Director of People, Birmingham City Council
    - Senior Adviser Peer - **Andrew Cozens**, LGA Associate
    - DASS Peer – **Mike Houghton-Evans**, formerly Manchester City Council
    - Expert by Experience - **Clenton Farquharson**, Deputy Chair, Think Local Act Personal
    - Member Peer – **Councillor Simon Blackburn**, Leader of the Council, Blackpool Council
    - Member Peer – **Councillor Izzi Seccombe**, Leader of the Council, Warwickshire County Council
    - Senior Officer Peer – **Jo Carmody**, Head of Adult Safeguarding and Quality Assurance, London Borough of Hounslow
    - Senior Officer Peer – **Tony Dailide**, Assistant Director, Promoting Independence, Leicestershire County Council
    - Senior Officer Peer – **Brigid Day**, Head of Commissioning and Improvement, Reading Council
    - Senior Officer Peer – **Brian Frisby**, Director of Prevention, Personalisation & Professional Standards, Adults and Health, Derby City Council
    - Senior Officer Peer – **Jonathan Lillistone**, Head of Commissioning, Children's, Families and Adults, London Borough of Southwark
    - Senior Officer Peer – **Pratima Solanki**, Lead Commissioner, Families, London Borough of Waltham Forest
    - LGA Challenge Manager – **Chris Rowland**, Local Government Association

13. The team were on-site from 8th–12th June 2015. 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:

    - initial case file audit;
    - interviews and discussions with Councillors, officers, and partners;
    - focus groups with customers, carers, providers, managers, practitioners, and frontline staff;
    - the reading of documents provided by the Council, both in advance of and during the Challenge; this included a self-assessment of progress, strengths, and areas for improvement against key areas of business.

14. The Peer Challenge was based on the LGA / ADASS Adult Social Care Key Themes, but focusing in particular on the following scoping question:

    ***The Adult Social Care Shared Services in the London Borough of Hammersmith and Fulham, the Royal Borough of Kensington and Chelsea, and the City of Westminster***

***have scoped the present Peer Challenge with particular focus on the following four questions:***

a. ***To what extent has the department developed effective partnerships at both strategic and operational levels that will enable us to deliver the services which our customers need and on which good outcomes depend, including preventative services?***

b. ***To what extent will our new operating model support and enable customers to achieve improved outcomes, maximizing independence and reducing reliance on long-term care and institutional care?***

c. ***What behaviours and attitudes do the review team see in staff that would a) benefit, or b) hinder, the realisation of improved outcomes for customers?***

d. ***Are the governance arrangements for the design and implementation of our new operating model robust enough to enable the transformation of services to be fit for the future?***

The Challenge Team grouped evidence with reference to these questions, and this report is structured around them.

The intention of a Peer Challenge is not to deliver a formal judgement, so this report does not suggest a definitive response to the above questions. However, what it does offer is an overview of key findings, with the intention of supporting the Councils to form their own view, and for Adult Social Care to continue its improvement journey where necessary.

15. Peer Challenge is not an inspection; instead it offers a supportive approach, undertaken by friends – albeit 'critical friends'. It is designed to help an authority and its partners assess current achievements and areas for development, within the agreed scope of the Challenge. It aims to help an organisation identify its current strengths, and examples of good practice are included under the relevant sections. But it should also provide an organisation with a basis for further improvement in a way that is proportionate to the remit of the Challenge, and recommendations where appropriate are also included within the relevant sections. All information was collected on the basis that no recommendation or finding is directly attributed to any comment or view from any individual or group. This encourages participants to be open and honest with the team.

16. The Peer Challenge process offers an opportunity for a limited diagnostic approach to material which is provided (whether through written materials, on-site interviews, focus-groups, or observations), as well as a critical appraisal and strategic positioning of this material. However, the level of "assurance" (whether of quality, outcomes, good / poor practice) which can be provided through this format is strictly limited: a Peer Challenge is, whilst intensive, not comprehensive; it reflects a balance of opinion from within the team, based on the available material. Peer Challenge is not therefore an alternative to inspection, or indeed, to routine or exceptional internal quality assurance, and the Councils are strongly encouraged to continue such work, hopefully informed by the findings of the Challenge.

17. The findings and recommendations in this summary report are based on the presentation delivered to the Council on 12th June 2015, and are founded on a triangulation of what the team have read, heard, and seen. The report covers those areas most pertinent to the remit of the Challenge only, and has been structured around the questions outlined in the scope (above). Numbered notes relating to evidence, areas of uncertainty, recommendations, etc, are included in each section. The summary of headline *Areas of Strength* and *Areas for*

*Consideration* relating to each question outlined in the scope have been included as an Annex at page 29, below; these remain as presented to the Councils at the initial presentation on 12th June, somewhat rearranged to bring key themes together and avoid repetition, but not significantly altered.

18. The LGA Peer Challenge Team would like to thank Councillors, customers and carers, staff, and representatives of partner agencies for their open and constructive responses during the challenge process.

# Context

19. Adult Social Care in the London Borough of Hammersmith and Fulham, the Royal Borough of Kensington and Chelsea, and the City of Westminster is provided by agreement across the three Boroughs, underpinned by a Section 113 agreement, and with some elements (e.g. Commissioning, Organisational Development) provided as a shared service. These arrangements have been in place since 2012, and are mirrored in Children's Services. They have a high profile, often referred to as the "Tri-Borough", but this title understates the complexity and diversity of the various shared service arrangements (and aspirations towards multiple collaborations across Local Government and with partners) between some or all of these three, and indeed several other, London Boroughs.

20. The Peer Challenge Team witnessed a strong commitment to building on the existing arrangements, and were on balance supportive of the Councils doing so. The team recognised the essential importance of balancing issues of sovereignty with increased commonality / consistency where its benefits can be evidenced. The arrangements have to date had considerable success in streamlining budgets, and continue to offer opportunities for ongoing developments leading to further efficiencies, improved practice, and better outcomes for citizens in the Boroughs. The new focus on the identity of the three Boroughs as individual places is to be welcomed; given the strong commitment that we heard from all three Boroughs to joint working arrangements across the longer term, the additional locality focus can be the platform for getting the best out of place based activity, combined with the efficiency of the shared arrangements.

21. Senior leadership for Adult Social Care is hosted by the London Borough of Hammersmith and Fulham, with the Executive Director reporting to the Chief Executive. Capacity is now being strengthened in the Adult Leadership Team, with a number of previously vacant posts now filled. The vacant Director of Public Health post was in the final stages of recruitment whilst the Challenge Team were on-site (and we understand has now been appointed), and a new senior post – the Director of Whole System Integration – has recently been appointed. However, considerable workforce and recruitment / retention pressures remain across both Adult Social Care and Public Health at all levels, and there has been significant staff turnover and vacancies in key posts over recent years which has impacted on delivery.

22. The three Boroughs have significant health and social inequalities across their small geography; they are densely populated, with a mobile population, and an extremely expensive property market (which impacts on citizens and staff alike). In common with other authorities around the country the service has witnessed significant reductions in its budgets over recent years (£39.8m across the three Boroughs over the 2012-15 period, plus savings of £16.2m in 2015/16 (and modest underspend in each Borough's Adult Social Care budget), with a further £45m savings planned over three years to 2017/18). In addition to budgetary pressures arising from austerity, significantly increasing demand for social care will also challenge the Department unless this is proactively addressed. This has placed considerable pressures on the Department, some through service reductions, some through changes relating to them, some (perhaps) through the differential responses to Adult Social Care and wider services in the three Councils.

23. Importantly budget setting and control remains sovereign to the three Boroughs, and there is the ability to deliver to the separate policy requirements of each Council, including differential budgetary decisions across the Department (e.g. free homecare in Hammersmith and Fulham, or the Royal Borough of Kensington and Chelsea providing a local service offer to customers based on what was previously "Moderate" under FACS).

24. At the time of the creation of the Tri-Borough arrangement all three Councils were Conservative controlled. In 2014, Hammersmith and Fulham changed control in the Local Election and the new Labour administration has taken the opportunity to reflect on their position. The three Councils now operate with three Chief Executives, but have shared Executive Director appointments for both Adults and Children's Services. There is a broad consensus across the three Councils about the further development of sharing services and resources, and indeed towards further development of such arrangements more widely in the local area, including with other neighbouring Boroughs. Whilst the Peer Challenge Team noted some differences in how this might best fit with each Borough's political vision and direction (for instance the City of Westminster has a strong focus on economic wellbeing and public sector reform, the Royal Borough of Kensington and Chelsea on prevention, and the London Borough of Hammersmith and Fulham on addressing inequalities of outcome) this is to be expected, and offers potentially fruitful opportunities for learning across the Boroughs.

25. Adult Social Care works with a complex set of health partnerships, including three non-coterminous CCGs, and multiple acute, mental health, and community providers and strategic partnerships; such complexity is challenging for closer integration of Health and Social Care. Whilst there has been progress in some areas – the Community Independence Service being a good example of integrated service development – the new Director of Whole Systems Integration will play a critical part in enabling a strategic approach to integration within the framework of whole system service redesign.

26. Alongside implementation of the Care Act, and development of Better Care Fund plans and agreements, preliminary work has been undertaken to develop what is described as a new operating model and a customer journey; this work has included a number of recent diagnostic and mapping exercises, and the present Peer Challenge has arguably been asked to consider the progress against these. To deliver on the new model the Service has developed an ambitious transformation programme, and identified the need to reinvest capacity in the Department (including at least one new senior management post), and has developed a successful bid against Council reserves to support delivery of this.

27. All of the above has taken substantial focus and resource, and it would be surprising if it had not impacted to some extent on current performance. It was noted that there has not been a Local Account produced for the past year, which most councils are continuing to do, and you might consider reinstating this as means to reflect on and drive up your performance going forwards. For instance, the percentage of customers receiving a personal budget as a percentage of those receiving support is lower than comparator groups and below England average (Section 5 *Referrals Assessments and Packages of Care* (RAP) comparator reports for 2013-14 for each Borough); and the percentage of people saying they felt safe and secure was below the London average. There are some variations in performance across the three Boroughs as would be expected (e.g. higher rate of Delayed Transfers of Care (DTOCs) in the City of Westminster, or lower levels of Reablement in the Royal Borough of Kensington and Chelsea – both of which might reflect the relative stages of development of integrated working with the NHS). Satisfaction levels and complaints also vary between the Boroughs (with a higher proportion of complaints about reductions in service in the City of Westminster, or a higher proportion about attitudes of staff in the London Borough of Hammersmith and Fulham). All of these could offer fruitful material for learning across the Boroughs.

## To what extent has the department developed effective partnerships at both strategic and operational levels that will enable us to deliver the services which our customers need and on which good outcomes depend, including preventative services?

28. Within and across the three Boroughs there are some strong and effective strategic arrangements which could facilitate the development and sharing of best practice, with focus on people and place. Current delivery arrangements enable the piloting and development of new service models, and further work could be undertaken to identify how to roll out such learning / best practice (wherever it is found) at pace.

29. There is evidence of good and mutually beneficial working with housing partners, aimed at developing effective housing solutions for older and vulnerable adults (including a strategic approach to the development of supported and ExtraCare housing). There are 'green shoots' that can be further developed, for example the effective development of ExtraCare schemes in partnership with a local Housing Association in the Royal Borough of Kensington and Chelsea, and other targeted preventative services with Open Age and Age UK to reduce demand on statutory services. The Councils could benefit going forward from some further work on demand modeling and a clear Housing Strategy for vulnerable adults (including further development of the position on ExtraCare housing), which could then be conveyed to providers though the Market Position Statement.

30. The Councils are developing an Early Intervention and Prevention Strategy and this is recognised as a good opportunity to harness and realign the Public Health offer for Adult Social Care. Development of this strategy will support Social Care to keep pace with growing demand within a reducing budget; it will also support moves towards a community asset-based approach, in recognition that this is a way to bring about change for prevention and early intervention, and to manage demand (i.e. in recognition that the "customer journey" starts in advance of a referral to statutory services). The Challenge Team would suggest that a wellbeing approach be promoted so that people are encouraged to be more self-sufficient, make healthier choices, and adopt lifestyles that may make them less dependent on social care support in the longer-term future. Prevention is closely linked to the wider Public Service reform agenda and as such will be strengthened through wider engagement; the closer integration of Public Health within the commissioning unit will enable the better application and utilisation of Public Health intelligence and resource.

31. Your commissioning capacity and connecting networks are limited, and this puts your ability to effectively shape and develop the market at risk. You have already begun to address this internally, but to support this work you might also consider what other local and national resources might be available to you (e.g. consider joining ADASS London Commissioning Network).

32. More market information is needed to develop and inform local Adult Social Care commissioning plans; not only is this needed to shape the future market but also to demonstrate to providers that decisions are transparent and well informed. The Councils and their partners would benefit from information on the provider market being more accessible, and brought together and held in one place so that it can be accessed and analysed more easily. By collating information on what and how much is being commissioned (as well as what services are already being provided that may not be formally commissioned), intelligence can be developed on the diversity of the market-place, as well as the capacity of the market to deliver what is specified through commissioning. A more systematic approach to knowing what is happening in the whole

market would assist the Councils to address issues such as out-of-Borough placements due to lack of supply. An emphasis on mapping wider market implications against future demand, included in the Market Position Statement (for example demand forecasting and profiling of future care needs), will help determine if there is sufficient supply of provision such as nursing home care, ExtraCare, and supported living across Health and Social Care.

33. More could be done to allow information and intelligence from frontline staff ("micro-commissioners") to be fed back systematically to Commissioners; some staff have experienced a lack of connection since recent changes / reduction in capacity (the Peer Challenge Team was told in this regard that "we don't know who to speak to anymore"). Formalised systems would enable learning to be targeted on specific areas of need / gaps in the market, both now, and to support any future needs. Similarly, the use of customer information, and knowledge of outcomes from use of Personal Budgets, needs further development to ensure that the impact of interventions and their outcomes can be used to drive future change. This should include consideration of how complaints (and comments / suggestions) are used to influence improved outcomes; it is important to both customers and staff to be able to see that customers' wishes are being listened to and that they are kept informed of the outcome of their engagement (e.g. through Support Plans which are owned and signed off by every customer and carer).

34. Recent Care Act Guidance stresses that the focus should be on people not process when commissioning care services; the emphasis is on co-production and shaping the market for choice and quality alongside people who use services and providers. There is potential to improve arrangements for co-production and joint working with customers and carers, and, together with partners and other stakeholders, you could take advantage of the new on-line tool developed by *Think Local Act Personal*, to help with this work. Increasing engagement was a key theme from the people we met; they said that they needed to feel listened to so that they could build confidence and trust in their relationships with the Councils. We received some clear messages from customers, for instance: "We would love to work with you. It won't be a moaning shop, it will be true co-production without fear." And: "please be open and transparent, don't try and get everything right until you tell us things". The Peer Challenge Team recommends that a systematic approach needs to be adopted and embedded so that it becomes routine for people to be involved at every stage of the commissioning cycle. This will build up trust between the Councils, partners, providers, and customers so that meaningful co-production can take place. There are some existing mechanisms which you could build on to develop this area (including the Joint Carers Partnership Board which is established and due for review), and it would be worth considering developing a Reward and Recognition policy, perhaps based on existing National guidance: *The principles and practice of service user payment and reimbursement in health and social care - A guide for service providers, service users and carers*.

35. There is some good evidence of co-design, shared funding and joint commissioning. However, whilst there are examples of co-production this is not yet embedded practice, and whilst this appears to be an issue primarily related to lack of commissioning capacity and consistency (rather than commitment or belief) further work may be needed to consolidate this. This is an area which can be a key strength for Social Care as a way of working, and an essential skill which you can bring to your partnerships. It is important that your focus on collaboration does not lead to a dilution of the distinctive functions and values that Social Care offers, and the imminent appointment of the Director of Whole Systems Integration will give you the necessary leadership capacity.

36. The NHS is a key partner, and local representatives whom we met were clear about the benefits of engaging and working with the Councils and would like to see scale and pace towards closer alignment of Social Care, community health, and mental health. Over the last 18 months you have achieved productive partnership working with NHS partners, building on the extensive work in developing collaboration with the wider NHS over recent years; this has ensured early sign off for the Better Care Fund (BCF) and the development of jointly funded innovative services. Examples include the Community Independence Service (CIS), and most recently the design of the new Home Care contract which has an outcome focus, and is designed to meet both Social Care and some Health Care needs, thereby releasing capacity for qualified nurses, allowing customers to receive care through single rather than multiple visits, and developing integrated career pathways for homecare and healthcare workers locally. The present Peer Challenge was not asked to focus on Mental Health, so was less sighted on how partnership working with your two Mental Health providers is developing; however, the Challenge Team felt it was important to emphasise the importance of this provision, including across the wider service (and preventative) offer to older and disabled people. Mental Health services sit at the heart of the development of integrated place-based Health and Social Care teams and services, and this may be an area for you to consider as part of a future Peer Challenge or internal review.

37. Some of your independent sector providers demonstrated their eagerness to work with commissioners to add value and “increase their bandwidth”. Providers told us: "we have some fantastic local services, committed to develop services with commissioners and customers which are local and easily accessible”. They sometimes felt however that innovation and partnership working was not being fully facilitated by the commissioners (e.g. "it would be good to hear back directly from [other providers]…so that we can address issues quickly and work together to maintain the person at home"), and more may need to be done to engage with them, especially in developing the social care market. Some comments to the team included: “we would like a strategic partnership: continuous co-producing, co-designing rather than just being brought in for particular projects.” And: “let's not break what is not broken, develop services with us and our customers which are local and easily accessible – not something that is *one size fits all*”.

38. Relations between the Voluntary Sector (in its various roles e.g. as provider of services, or voice of local communities, customers, or carers) and Adult Social Care generally appear to be working well. The Voluntary Sector has a seat at the Performance and Accountability Committee (PAC) in Hammersmith and Fulham, and on the Health and Wellbeing Boards in all three Boroughs. You have Compacts with the Voluntary Sector in all three Boroughs, but these are now a few years old; you might consider refreshing these as a means of improving engagement, and clarifying the role of the sector in early intervention and prevention, and potentially improving their ability to leverage external funding into the Boroughs.

39. As a strategic partnership the Adult Safeguarding Board is well organised and well led. The Independent Chair is building strong and effective engagement with the Children's Safeguarding Board, the Health and Wellbeing Boards and the Community Safety Partnerships, thus ensuring safeguarding of adults is widely understood. There appeared to be some overlapping interests and responsibilities between these Boards and we would suggest that it would be beneficial if you developed a clear description of the relationship between them.

## To what extent will our new operating model support and enable customers to achieve improved outcomes, maximizing independence and reducing reliance on long-term care and institutional care?

40. The need for transformation and cost savings is well understood, and there appears to be enthusiasm that the new operating model will help achieve efficiency savings, and cost avoidance over time. The Adult Leadership Team and Cabinet Members recognised that the new arrangements had helped to mitigate savings which would otherwise have been required from frontline services. There were several examples of staff looking to find ways of refining the questions used and information given at the first point of contact to ensure that a prompt and effective service was offered: for instance colleagues in one of the Community Independence Services (CIS) were constantly looking to adapt and develop their response to customer need; and teams providing long term and complex responses were looking for ways to use resources imaginatively and effectively.

41. There is an emerging single standardised way of doing things, focused around the idea of "the customer journey"; redesigning the customer journey from the front door through to the long term response is clearly reflected in the development of the CIS ahead of other services, and in the development of People First as an online gateway. However, the Peer Challenge Team recommends that you develop a simple and compelling narrative about people's lives, not just the customer journey, and about what you are trying to achieve and for whom. This needs to include values and approaches including personalisation and coproduction, and be accessible and engaging for staff, partners, customers and carers. When asked, few people we met could describe what the customer journey was and what it meant for customers and carers; as a result they could not say what the overall direction of the service was and how it fitted within the Department as a whole, the political vision for each Borough, and what success would look like. We think that a short paragraph of overall aims would greatly assist. From what we heard this could be along these lines: *We aim to provide all the information people need to plan their own care and support and help build communities that care; to prevent crises and when they occur make sure people go to the right part of our health and care system and are helped to regain their independence; and when people need long term care and support it is personalised and helps them to maintain a good quality of life*.

42. In addition, the Peer Challenge Team felt that this narrative needed to be developed on a whole-systems basis: work on the customer journey is too internally focussed (aiming to iron out issues of delay, disruption, gaps and duplication). On balance the team found "the customer journey" to be an unhelpful metaphor which suggests a linear process of engagement with the service which of course is not the case, with people touching on services at different points and times. The ambition of maximizing independence and reducing reliance on long-term care and institutional care will require work on and beyond the customer journey to develop a whole system emphasis on prevention and early intervention, and a focus on deflection from statutory services.

43. Although there is good partnership working with CCGs on the Better Care Fund (BCF) and CIS, there are real tensions about the long term funding for these, and around jointly funded placements and Continuing Health Care. CIS has developed and improved in partnership with the CCG in Hammersmith and Fulham over a number of years, and its roll-out is at the heart of BCF proposals; however, the Peer Challenge Team were concerned to hear that there was uncertainty about the continuation of funding after Year 1 (and the need to demonstrate its full value quickly). Roll-out and development of CIS is led jointly with the CCGs through the BCF Board, and it will be important that all three Boroughs, the CCGs,

and NHS providers, can continue to be involved in, and feel ownership of this ongoing development. More generally, it will be essential to build in strong evaluation of new delivery models and future use of the BCF to establish where benefits are accrued within the system, both to provide the evidence base for ongoing investment, and to support transparent mechanisms whereby savings resulting from partnership arrangements can be owned by the partnership, rather than by single organisations.

44. Consistent with the findings in the Charteris report in 2014, staff reported a number of operational obstacles to achieving a prompt delivery of services. Managers recognise these, and are trying to work across the gaps or develop workarounds (sometimes "getting the job done *in spite of the system rather than because of it*"); this could represent an area for relatively swift improvement (developing improved service resilience, and streamlining of processes) if learning can be shared across the Boroughs. For instance, we found consistent descriptions of repeated reassessment at the point of onward movement between teams, multiple waiting lists, and the screening of referrals by staff with an inappropriate skill set causing significant delays.

45. The People First website is being used increasingly by professionals (especially the Access and Long Term / Complex teams) and some Voluntary Sector providers on behalf of customers and carers. Once found, staff and other professionals report People First information and advice helpful to connect people to services and networks, consistently reporting that it provides a clear accessible source of data that enables them to provide timely information to customers across all three Boroughs. There appears to be some overlap between what People First does and what is still on each of the Boroughs' websites, and a risk that it may aim to be too many things for too many people – if staff rely on this in place of personal contacts it may inhibit their ability to facilitate more personalised outcomes. The website has much potential but needs to be developed and updated if it is to become core to your information and advice arrangements (we heard that it was not as user-friendly as it could be, staff within the service and from partner agencies describe some difficulties using the system unless they know exactly what they are looking for, and it was referred to as being on the edge rather than at the heart of operational practice). There may be opportunities to engage partners in health, housing, and other agencies who sign-post to preventative services, to develop this as a wider information and advice service and to consider on-line portals and e-marketplace products that more effectively bring in partners and self-funders. However, as a 'home grown' product it appears to be reliant on the commitment of two members of staff to maintain and develop it, so it may be a challenge to maximise technological and design opportunities within current resources.

46. Customers describe People First as a good idea but see it mainly as a resource for staff, and there is an opportunity to take a co-design approach to a remodelled advice and information service with People First as its flagship. The Peer Challenge Team suggests that further work will be needed to create a robust strategy that sets out the ambition for how such services could be delivered in the future (including through use of digital technologies), set within an advice and information / diversion context. Within this, consideration would be needed as to how to support your citizens (many of whom will not be digitally enabled) to move to online and digital media (e.g. smart technologies); you will probably need to continue to care for those who cannot or will not utilize these to ensure equality of access, especially amongst older people or disadvantaged groups within your community. For instance, a number of customers reported that they do not have Internet access and so need to rely on others to download information for them; some have visual impairments and are unable to use the system; similarly the service is at present only available in English, which inhibits those who do not have this as their first language.

47. Core elements of the service are well established; however, there is significant variation across the three Boroughs (in terms of team structures, names, and functions). For instance, the initial point of contact with the public offers an opportunity to offer preventative interventions including information and advice (currently reliant on People First); but at present each Borough employs a different operational model in this regard, ranging from all telephoned, e-mail and postal enquiries forwarded to qualified staff providing a duty response (consistent with an intake function partially within CIS), to a dedicated group of unqualified colleagues; in two of the Boroughs the service accommodates a duty function reflecting council arrangements for managing general enquiries. There is similar variation for parts of the CIS model according to local variation in operational arrangements within the Boroughs. CIS is a consistently recognised element of the operation of each Borough, but the role the service plays in reablement varies; whilst many people will leave CIS after a successful period of reablement, others will need to move onto contact with other services, and the workflow from other teams into CIS and out into long-term teams is inconsistent between the three Boroughs (and similarly for "referral back" to alternative low level / community services once customers have been reabled).

48. This will always and of necessity be the case to some degree for a service which is shared across different localities (let alone different Councils), but the ability to manage local difference whilst maintaining a clearly understood purpose across will be an essential foundation for future development. Developing increased consistency (where there are no specific locally driven rationales for difference) would enable greater clarity for customers, staff, referrers and other partners, and offer the potential for streamlining of processes across the service. Staff recognise this, and are already making comparison (regarding where they perceive things to be working more or less well), and indeed trying to make improvements based on this, or to develop shared expertise across the three; this is very positive and you could build on this "bottom up" approach to service improvement by empowering frontline teams to use improvement models (e.g. "100 day challenge" approach) to drive local partnership improvements, within an agreed overall framework. On a larger scale there is a good opportunity to utilize Business Intelligence and Public Health expertise to identify what is working, and to develop sound business cases (whether on the basis of finance, improved outcomes, professional standards, mitigation of risk, or recognised national or local best practice) for extending the best of these more consistently across the whole.

49. The Business Intelligence Unit is a highly regarded service that provides a range of performance dashboards and performance information. These are in the process of being revised to take account of the requirements of the Better Care Fund. We heard how these are used to brief teams on performance and to help identify variations. This could be used as the basis for data-led planning and project development at all levels in the Department to better focus services to customer needs, but should include prioritisation of front line management and performance information.

50. It is not clear to what extent the Councils gather and utilise feedback from customers and carers to improve outcomes across Social Care, the NHS, and other partners. The Peer Challenge Team were not able to identify any proactive requests for, and subsequent use of, information from people using services beyond the yearly mandatory data returns. Similarly while annual reports on complaints and comments are produced, these were less clear about how this would lead to or drive changed approaches as a result. Developing such feedback as part of regular Performance Information could provide a powerful tool for the Councils in terms of early indications of areas which might be problematic, or in which services could be streamlined or improved.

51. It was unclear to what extent the needs of BME communities are being addressed. There was little prominence during the peer challenge on how minority and hard to reach groups featured in service planning and delivery, and we would recommend that this should be more prevalent in all aspect of Adult Social Care delivery.

52. More generally, people in receipt of services and their carers consistently reported a lack of engagement or effective communication. They described a lack of information about services for which they might reasonably have expected to be informed or involved. One person described their experience by saying "I learned how to get support through brute force and perseverance".

53. There is strong anecdotal evidence from staff in the hospital social work teams that referral to the Rapid Response Service within the CIS teams has a strong positive effect on outcomes for people leaving hospitals. Colleagues in the Hammersmith and Fulham CIS service provided a clear description of constantly refining and developing individual care plans, and evidence suggests that CIS in Hammersmith and Fulham (and associated activities in all three Boroughs) are making an impact for its end users. Improving relationships with local acute hospitals were also reported by staff, managers, and NHS colleagues whom we talked to.

54. Closer alignment or even integration of commissioning functions across Adults, Children, and/or Public Health could afford real opportunities, for instance in relation to homelessness and services for disabled people. Supporting commissioners to work more closely together could facilitate more effective use of market opportunities across all three Boroughs, with shared challenges addressed by exploiting shared strengths and gaps in services provision. A good example of how collaboration could offer new solutions to existing problems might be around homelessness (a significant challenge across all three Boroughs): there is currently a gap in housing for people unable to sustain a continued tenancy; while this results in having to make expensive residential placements in one Borough, a solution more reflective of the customers' needs and desired outcomes may be possible in another.

55. It is not clear, at present, that commissioning sufficiently supports the operating model: operational teams described no longer having a means of communicating with commissioners, whilst commissioners described a lack of communication with teams and providers, and a lack of engagement with contract managers. Commissioners also reported having to drop important engagement internally (within the department) and externally when their numbers reduced. Commissioning is not a back office function and whilst the Challenge Team were pleased to find that the recent significant reduction in capacity is now being addressed, the move to a more generic approach from specialist roles still risks leaving commissioners deskilled and disengaged from the wider department, something which will need to be proactively managed.

56. You should consider whether processes to coordinate information in relation to providers needs to be more robustly developed, with greater clarity regarding lines of communication, roles and responsibilities, and feedback between frontline teams and the different functions. The Peer Challenge Team understand that a policy has been developed describing how the quality of services should be managed, and that there are now six-weekly meetings to coordinate the response to patterns of referrals; however we did not at this time see evidence of the outcome or effectiveness of these arrangements, and the belief that this was an adult safeguarding function appeared to be held by some people working within the service. The regulations that accompanied the Care Act place responsibility for assuring the quality of services with commissioners, and states that there should be a clear distinction between commissioning, contracting, and safeguarding functions. At present some staff in the teams initiating home care and other services reported occasions on which they are

aware of safeguarding enquiries in relation to specific providers, without necessarily knowing how to find out if any action was being taken, and that they believed they were obliged to continue making referrals to these services; this is damaging (potentially without foundation) to the reputation of the provider, and represents a potential risk to customers.

57. There are clear safeguarding processes which are well understood and owned across operational teams, and colleagues that engaged with the Peer Challenge readily described a consistent understanding of where responsibility rested at each part of the adult safeguarding enquiry process. It is important that any development of the customer journey continues to enable a clear ownership and continuity of responsibility for adult safeguarding. Although there appears to be some variation in the way in which referrals (in this instance adult safeguarding enquiries) were received from the public, there was a clear sense of ownership across all three Boroughs, and it is possible to track current adult safeguarding activity. Core professional practice is the bedrock of strong safeguarding practice, and this is reflected in the recording system which enables access to information and transfer between teams when required. Training and recording tools have been amended to be consistent with Making Safeguarding Personal.

58. Whilst a limited Case File Audit was undertaken as part of the present Peer Challenge, its focus was not on Adult Safeguarding, and we would strongly encourage the Councils to undertake a broader Case File Audit with a specific focus on this area (either as part of the routine cycle of peer audits, through the annual external safeguarding audit, or as a one-off audit), to assure themselves of consistent and quality practice. The limited audit suggested that there is some inconsistency in the standard of recording, and in care planning, and this is an area which you might seek to improve; there is also variability within the risk assessments for customers in social care, for which practice needs to be more consistent across all areas of delivery. More generally, we would encourage the development of a regular Quality Assurance process, building on your existing practice for annual external Case File Audits, and replicating in general professional practice the internal peer audit and feedback process which is already in place for adult safeguarding. This would help you to develop a more robust assurance of this area of practice (and more widely), and would both support adult safeguarding and the provision of a safe service, and improve the recognition of customers' desired outcomes.

59. The Executive Director has just become the National Lead for ADASS on Adult Safeguarding, reflecting well on the Department (and the Councils); this will offer an opportunity to raise your profile and look outwards both across London and more widely, and will offer learning, development, and networking opportunities for staff and partners.

## What behaviours and attitudes do the review team see in staff that would a) benefit, or b) hinder, the realisation of improved outcomes for customers?

60. A change in behaviour and practice is being supported where staff are involved in key projects, with evidence of good practice, collaborative working, and decision-making being empowered. The activity around CIS is breaking down barriers and moving people and practice away from working in silos to much more collaborative working; and relationships across professional disciplines and organisational boundaries are being strengthened through this and other initiatives (for instance the hospital pilot). This is making it easier to make collective decisions that can deliver better outcomes for customers and there is greater trust and autonomy between staff.

61. Overall, staff display a culture and attitude that appears to be committed and motivated to deliver good outcomes, and are focused on customers' wishes, aspirations, and need. The Peer Challenge Team found good examples of staff teams rising to the challenge of working differently, and staff seem generally focused on prevention; some customers reported receiving personalised and tailored service focused on their individual circumstances, and reported that staff are friendly and listen and have a good one-to-one approach.

62. However, effective communication to establish a clear and common narrative for all staff working in the sector will be essential if the transformation is to progress and succeed. Creating an easily understood and clear overall vision, set of values, and core purpose for Adult Social Care could be key to this, and the Peer Challenge Team considers that you would benefit from further attention to telling the story clearly. This needs to be communicated in a way that engages all staff and works towards a common understanding. It should look to build on the strengths exhibited by some teams – their motivation, commitment, and enthusiasm – so that this becomes a consistently displayed culture across all, with clarity about how positive attitudes and behaviours contribute to and fit into the 'bigger picture'. In particular a clear communication plan would help, developed and tested with those different audiences whom you may need to target, along with varying channels to reach different groups. This represents a significant challenge given the extent of reductions in your Departmental Communications budgets (we understand that you now have only two dedicated posts), but one which is of high priority.

63. The Peer Challenge Team noted that there appeared to be a lack of clear direction regarding the approach to Personalisation. A clearer message and consistent approach, supported by a common practice framework with targets for improving outcomes may help, including providing clarity on the role of and use of direct payments in some teams. We would recommend refreshing the approach using *Think Local Act Personal* and consider the *Making it Real* framework to re-energise and make further progress.

64. A focus on values was noted as emerging through a variety of collaborative working projects, and this would support the development of a whole systems approach. The approach within the CIS model in particular appears to be supported by a hypothesis underpinned by strong professional values, and linked to customer outcomes. This could be built upon to develop a wider system leadership approach to outcomes, values, and professional practice, an important foundation for system-wide workforce development, and perhaps the basis for implementation of the People Plan.

65. The Peer Challenge Team recommends that there should be a clear plan for culture and behaviour change with front-line managers and staff underpinning the direction of travel, and this needs to be resourced and led by experienced facilitation. Where there is an aim for integration this should include staff across agencies working and training together, to

produce joint standard operating procedures and ways of working. Work on behaviours would need to accompany this, and should be considered across the Department. The Challenge Team witnessed (and heard about) different cultures and attitudes to change in Adult Social Care, team working, processes etc, across the three Boroughs; and a strong commitment and identification from some staff to their own Borough. This is to be expected, and celebrated, in line with learning from what works well across the Department; but it also represents a challenge for implementing systematic service change across the whole, a challenge of which senior managers were aware.

66. A lack of clear professional standards risks holding back practice in the delivery of personalisation, leading to inconsistencies across the system in terms of customer and carer experience and outcomes. Consideration could be given to the development of Principal Social Worker and Lead Occupational Therapist roles working across the three Boroughs to support development and delivery of a common set of standards and practice guidelines, aligned to the overall vision and values.

67. This could in turn support and inform the development of an overall Workforce Development and Training Strategy that supports delivery of more integrated working, new roles, and working across professional boundaries, as well as developing the skills and competencies of key functions within commissioning. The strategy would benefit from taking a broader perspective that considers recruitment and retention issues and factors affecting the wider external workforce in commissioned services.

68. Managers across different tiers reported feeling they had lost opportunities to influence direction and development since the Boroughs had come together, and that the 'top team' seemed remote. 'We have lost the old and the new hasn't happened' was one comment. Some of these issues appear to be improving (on the basis of recent staff surveys – *Your Voice* 2013-15), but probably from a low point following a period of significant change and uncertainty (for instance, one person described things having been "more uncertain 18 months ago"). It will be important for the three Councils to demonstrate real progress in responding to these messages, and this should be central to the success measures associated with the delivery of the People Plan, and a visible commitment from senior leadership within the Department. The People Plan offers a good opportunity to address this area, and whilst this will be challenging given diminished resources in Learning and Development, it is essential given the workforce pressures that the Department faces in a competitive market place.

69. Greater collaboration is needed to develop wider ownership of the CIS model and this will be important to secure its successful roll-out. Engaging with front-line staff in all organisations will be key to this, since there is a risk that CIS roll-out may be perceived as an imposition of something "not invented here", thereby leading to staff resistance. Clearly articulating CIS and how it fits with an overall vision will be key, and its strong focus on reablement and prevention could be drawn out more; this will support system-wide focus and leadership for this approach beyond CIS teams, and go some way to addressing the risk of there being a disconnect from the wider system.

70. Staff were engaged in the early customer journey work (undertaken by Charteris) and some major commissioning projects, such as the Home Care tender. Further work could be done to enable all staff to see how their contributions have shaped the direction of travel by ensuring clear feedback is given on progress, impact and next steps. For instance, communication of the outcome of the customer journey work could be improved, with staff reporting a continual round of consultants' work, but limited feedback on the outcome of much of this (in particular the Charteris research). This was particularly pronounced at frontline and team level, some of whom remained unclear on the outcome of this work.

71. This should be an ongoing focus as, whilst staff were generally clear about their individual roles and believe what they are doing is having a positive impact, improving feedback on major projects will be important to maintaining staff engagement. Creating clarity on how staff feed into changes and the outcome will be key to their success, and will support staff to feel empowered to engage with wider system change, and to own the impact of their contribution. For example, despite the review team identifying many positives in relation to CIS, there remained lack of clarity around CIS for some, and there is a risk that if clarity cannot be provided the good will and motivation that exists could be lost. This is important in the context of a general underlying theme that there had been too much change, that had to an extent been imposed, resulting in a workforce that is feeling under very considerable pressure and at times neglected.

72. Staff largely report being well supported at a team level with training and development opportunities available to them, but this is not universal. There were examples of staff being supported to gain professional qualifications, and to achieve learning and development through being involved in pilots and through access to the training opportunities and arrangements across the three Boroughs and with partners. However, there appeared to be some inconsistency in team level support and decision making (particularly around personalisation and personal budgets), and overall a level of change fatigue, which could begin to impact if not sufficiently addressed. Morale seems to be variable in different teams in different Boroughs, and whilst this variation may be as a result of different management styles, it might also reflect on where change (in a given context) has been experienced as positive, or conversely as challenging, or unwelcome, or "wanted but happening elsewhere". In general however, despite a level of change fatigue and increasing demands on a decreasing service, staff we met showed real energy and enthusiasm for delivering good services, and a willingness to participate in change that is focussed in this way and produces results they can see.

73. Positive staff behaviours and attitudes are compromised by processes and systems which could be streamlined and simplified. For example, Framework-i is configured differently in each Borough and duplication of effort was identified, impacting on customer and carer experience. Similarly, staff and managers reported delayed IT support, the need for improvements to be made to Framework-i, and a need to be able to cross-reference information within health IT applications. In common with many other local areas, lack of mobile working hinders joint work, and the lack of system integration is holding back ambitions around integrated working with health.

74. Finally, but essentially, there are some immediate organisational challenges which you will urgently need to address, relating to some of your wider shared service functions, including IT and HR; these are impacting on staff morale and time, and more widely on customer facing operations. In particular, the new Managed Service Programme was cited as having led to delays in payments to customers, providers, and staff, and has increased the workload on managers at all tiers around what should be simple processes (e.g. authorizing annual leave, workforce planning, etc). We heard examples of where staff were being paid incorrectly, and of carers still awaiting payments several months after assessments; and numerous examples from a range of staff teams describing IT system issues, including lost data, systems being unavailable for extended periods of time, issues with telephone systems, and lengthy response times to help-desk queries. You know that this is an issue, and are addressing it through the Corporate Management tier, but the Peer Challenge Team feel it is essential not to underestimate the risk that these problems pose if they are not addressed urgently.

## Are the governance arrangements for the design and implementation of our new operating model robust enough to enable the transformation of services to be fit for the future?

75. Governance structures and decision making are inevitably complex in this environment and can be difficult for managers, staff, and partners to understand. However, appropriate governance structures and processes have been developed, are understood at a senior level, and leadership for Adult Social Care is well respected and trusted. In particular, the three Cabinet Members are held in high regard and work well together in providing political leadership in each Borough and across the Department for Adult Social Care. The new Executive Director was positively referred to throughout the Peer Challenge, and her work to strengthen and refresh her Adult Leadership Team will develop increased leadership and change capacity within the Department and across the Boroughs including with partners.

76. The strengthened Adult Leadership Team includes an assigned manager for each of the three Boroughs (with each post also managing existing thematic responsibilities), and the Challenge Team would strongly support this model and suggest that the Councils look to build on such capacity. This can strengthen the focus on "place" where needed within the Department, whilst freeing capacity for the Executive Director to be more available to focus on wider strategic and partnership development. It will also allow for increased support to each of the three Cabinet Members, and help them better to engage with details relating to performance or service development (supporting their already strong leadership for Adult Social Care).

77. There is a genuine commitment to joint working across the Boroughs, and for greater integration with health, and some real evidence of success. Collaborative working is built by developing trust through accountability across the three authorities, and between health and social care, and there have been great steps in this direction over recent years. There is evidence of existing and emerging partnerships that have already made progress, such as the Safeguarding Adults Board, or using the BCF to achieve common goals (e.g. utilising health funding for home care to meet admission avoidance and speedy hospital discharge). However, some of these investments are time limited, with the risk that the longer-term future of key services (for example CIS) is insecure, and this will need to be addressed in order to maintain service delivery. Ongoing work to understand the return on investment (both financial and in terms of customer and organisational outcomes, and for all partners) against key initiatives will support the development of timely Business Cases for such services.

78. Adult Social Care and Health cannot produce the desired (and necessary) outcomes in a vacuum, and outcomes for customers will be improved by governance and decision making which is undertaken across the corporate whole, and again you are already taking steps in this direction. For example, closer alignment or integration of Adult Social Care and Public Health commissioning would represent a positive step, and there is emerging evidence of strengthening partnerships with Housing.

79. There is potential for making better use of Overview and Scrutiny in the City of Westminster and the Royal Borough of Kensington and Chelsea, and the new Policy and Accountability Committee (PAC) in Hammersmith and Fulham, to raise awareness of Adult Social Care in the wider Councils, and in particular its interdependencies with other areas of the Councils' work. Whilst the three Committees work in very different ways, and in different political and cultural contexts, such difference could represent a strength as

much as a challenge if different perspectives and strengths can be cross-fertilised. This could become a powerful vehicle to fully engage members in setting direction and overseeing progress, and you might consider how a more thematic approach to this work could facilitate closer engagement across Councils, Departments, and partners.

80. There is already some key work underway to develop shared service capacity for Adult Social Care (examples include the Business Intelligence Unit, OD, and Commissioning), and a plan in place to resource commissioning and change management (both of which will be essential given the transformation programme which you are undertaking). You might wish to consider how more delegated or joint decision making processes could smooth decision making and save both time and cost, in particular where services are held in common or not subject to locally different specification (e.g. the advocacy investment required sign-off from six different organisations). Examples like CIS and the funding and development of the Home Care contract show how decisions can be made that have real impact on services and produce good outcomes, but it is presently unclear how far one partner or representative can speak for all three authorities. You might consider if this can be improved though agreements between all parties, or by building on the present good joint working between Cabinet Members.

81. Similarly, at the level of service delivery, there are some key programmes in place including overall model development, transformation programme, or CIS development. However, it is not always clear how the change management process delivers change, and then evaluates and stabilises service developments, with clarity about when stages will happen; staff reported that they were unclear how and when a line will be drawn and the operating model and standard operating procedures confirmed (for CIS for example).

82. The Peer Challenge Team would suggest that you would be helped by a clearer distinction between what could be common across all three Boroughs, and where (of necessity) there should be difference. This would be supported by a strong, consistent message describing the social care offer, and in particular what personalisation means across the three Boroughs; the use of *Think Local Act Personal* could provide a ready-made framework and useful tools to make this progress quickly, and would offer a straightforward narrative on which collaboration can be built. There are a number of examples (some at different stages and some with varying degrees of success) where a common approach is being developed across the three Boroughs. These include CIS, MCA / DoLs, and Safeguarding, but you might also consider:

- development of Personal Health Budgets and a joint approach to managing how these are utilised in Continuing Health Care cases;
- single hospital teams spanning all three Boroughs (or even wider given the complexity of local health partnerships and provision) – something which is a present ambition e.g. through the hospital pilots, and which would assist in delivering a consistent journey, avoid duplication, and potentially take advantage of economies of scale;
- wider and more consistent referral pathways to reablement in CIS across all three Boroughs, including direct referrals from social care.

83. A review of key strategies, ideally undertaken in collaboration with partners (e.g. Health, or Housing), will support your wider developments relating to the operational model. Key priorities require a whole system approach, with new strategies developed where they may be lacking, or refreshed strategies where they are out of date, so that politicians, senior managers, staff, and citizens are all on the same page. Robust strategic plans in

key areas, aligned to the social care narrative, would help to address a number of issues (including prevention, advice and information, carers, dementia, and commissioning) and support Senior Officer and Member sign-up. In particular, we would encourage you to develop a forward looking Workforce Strategy for ensuring stability and service continuity, recognising the challenges that you face in a competitive market which includes both health and wider local government. Similarly, annual commissioning plans for each of the three Boroughs (but ideally in a shared and comparable format) would allow you to develop a clearly understood approach to service planning.These might be formed around a model of Prevention to reduce demand on social care, including early support such as reablement which delays further need for services. For those who need ongoing social care support, an effective approach might include a focus on what the person can do for themselves or with support, and what informal support might be available, ensuring that care and support that is provided is cost effective.

## Participation

84. Whilst *Participation* was not one of the specific areas outlined in your initial scope, the Peer Challenge Team found issues relating to this area to be a recurring theme through our week with you (as can be seen in the four sections of the report above); we therefore felt that it would be helpful to summarise some key messages under separate heading. We would suggest that this is an underdeveloped area for you, and you appeared to be aware that this was an area for further work. However, the Challenge Team felt strongly that with some clear focus it could be an area for rapid progress, supporting you to develop a culture of doing things *with*, rather than *to*, or *for* your customers and communities.

85. Increasing engagement was a key theme from the customers and carers whom we met: they said that they needed to feel listened to so that they could build confidence and trust in their relationships with the Council(s). Customers were keen to engage with the Councils and welcomed opportunities to do so, but both customers and carers said that they needed more support and clearer guidance about their engagement in the design of services. They need to know their responsibilities and the processes for contributing, receiving feedback, and timely notification of the outcomes of their involvement. There are various ways in which you could develop this area, and we would note that there are lots of examples in the *Think Local Act Personal* approach that could provide a good checklist.

86. The three Boroughs can seize the opportunity and willingness of customers, carers, staff and stakeholders to create real involvement, building on the good practice that already exists here. You can build in this regard on the "you said, we did" customer feedback process, and by developing greater involvement with user-led and third sector organisations in the planning, design, and implementation of developments.

87. We found some evidence of engagement and inclusion at the beginning of major projects or developments, but less consistently throughout. For instance, we heard about good examples of engagement and participation around individual projects and initiatives (for example Home Care) where customers and carers felt they had a chance to shape things; however, in some instances where good initial engagement had taken place, people reported lack of feedback about what would change (or had changed) as a result. The most obvious examples were the initial planning of People First and the Home Care contract: people did not know what impact, if any, their input had had, and wanted to feel they could be further involved in how these initiatives were rolled out.

88. Co-production is not harnessed therefore. There is considerable potential to use people far more in the co-production of services (as opposed to consultation on already developed plans), and a lot of goodwill and confidence that customers, carers, user-led organisations, and providers could add considerable value to commissioning and quality. Developing a co-productive approach does not necessarily mean starting from scratch: the most successful co-production may come from building on the resources already in the community, including social networks and the voluntary sector. For example, more support could be given to the Direct Payments Forum: communicating the positive effects from this could be used to demonstrate how customers are influencing any resulting changes; and it would be easy to build momentum on this by adopting *Think Local Act Personal* processes and following up on this Peer Challenge.

89. Carers value current support arrangements but these are overstretched. We could not find an updated Carers' Strategy (since 2010), and the recent report on investment in Carers' services described a complex range of information and breaks services across the three Boroughs.

90. There is a systematic approach to addressing complaints and compliments and a good Annual Report process, but we could not see how it was then used. This approach alone cannot carry all responsibility for feedback and engagement, and we did not hear about the systematic availability of advocacy across the three Boroughs.

91. We heard of positive outcomes for some people from personal budgets and direct payments (although we also heard that there had been some delays relating to direct payments, although these were being resolved). But we did not find a consistent approach to offering and arranging these, and as a result heard both very good and less good reports. People reported it being hard to understand outcomes intended from assessments at an individual care plan level and resulting commissioning intentions. For example, a voluntary sector colleague told us that professionals could not say with confidence what the outcome of an assessment would be.

# Recommendations for next steps

We suggest that you disseminate the key messages included in this report to staff and partners, and where possible seek to publish the report in full. In due course the LGA will evaluate progress and, if you wish, will facilitate members of the Challenge Team to return to undertake this work with you and your stakeholders (in keeping with the suggestions included above to engage staff and stakeholders in feedback on key projects).

Specific recommendations are included in the detailed report, but the summary below outlines those areas where we believe you could best concentrate your future efforts in order to address the issues we have seen during our time with you.

92. You need urgently to develop a simple accessible narrative for the direction and purpose for Adult Social Care in the three Boroughs, and communicate this clearly with staff. The Challenge Team felt strongly that this is based on personalisation as well as on prevention, and would note that there is much readily available material and opportunity for sharing learning (which could support both collaboration and Quality Assurance) accessible through for instance *Think Local Act Personal*.

93. Your vision for the service would be strengthened by a clear commitment to professional values and standards, e.g. through the development of Principal Social Worker and Lead Occupational Therapist roles, as well as through your new Personalisation Lead. You could use this vision to develop stronger partnerships within and across the three Councils and externally (including with Housing, Health, customers, and your wider communities). Working with your partners on a whole-system road map, supported by your strategic vision, can support a shared recognition of mutuality in your service (and wider) offer.

94. You should bring the process of realignment and reshaping of the operational model for Adult Social Care to a swift conclusion, with a clear articulation of the “essential model” and shared operating procedures. You need to scale this up at pace by building on (evidenced) best practice from within and across the Boroughs, and more widely. Senior leaders need to engage with and empower staff, customers, and communities to fully develop and implement the new model with flexibility to meet local requirements.

95. The problems with Managed Services, which were affecting customers, providers, and staff whilst the Challenge Team were on site, represent a potentially significant risk to the Department, and need to be urgently addressed. We understand that a review of this process has been undertaken, and learning from this will support future governance arrangements for the procurement and management of shared or out-sourced services; this will help to ensure that these support and not disrupt delivery of core services.

96. Effective communications and engagement will be essential for addressing many of the areas for consideration and recommendations in this report including: development, articulation, and communication of a clear direction of travel, and set of values for staff; effective engagement and development of coproduction with your customers; and, engagement with your communities, partners, and providers on the direction of travel. The Challenge Team would encourage you to review whether the existing resources available to Adult Social Care in this area are sufficient, and how the function might be strengthened in the short term to support such a substantial and transformational programme of work.

97. In order to develop a more strategic approach to planning for future service (and wider) delivery, and to effectively engage with your citizens, members, and staff, the Department will need to underpin the wider developments relating to the operational model with a review

of key strategies, ideally undertaken in collaboration with your partners (e.g. Health, or Housing). In particular, we would encourage you to develop a forward-looking Workforce Strategy for ensuring stability and service continuity, recognising the challenges that you face in a competitive market, including from Health and wider Local Government. Similarly, annual commissioning plans for each of the three Boroughs (ideally in a shared and comparable format) will allow you to develop a clearly understood approach and rationale for service planning.

98. You can build on the work you have already undertaken to strengthen your Adult Leadership Team, and to develop increased leadership and change capacity (both within and across the Councils and with partners). Building on the identification of an assigned manager within the Adult Leadership Team for each of the three Boroughs, you could further develop joint working with Public Health, Housing, NHS partners, and other Council functions, to support an enhanced focus on “place”. This will help to promote improved “joined up” services for your customers, and the development of an enhanced preventative offer based on resilience for your wider communities. It can also allow you to strengthen the already strong political engagement and leadership provided by Cabinet Members and Scrutiny: developing a more pro-active approach to quality assurance and oversight will help you to assure yourself of the ongoing and consistent quality and safety of your services throughout what will be a challenging period of change.

# Contact details

For more information about this LGA Adult Social Care Peer Challenge in the London Borough of Hammersmith and Fulham, the Royal Borough of Kensington and Chelsea, and the City of Westminster please contact:

**Liz Bruce**
Executive Director of Adult Social Care and Health
**London Borough of Hammersmith and Fulham, Royal Borough of Kensington and Chelsea, and the City of Westminster**
Email: Liz.Bruce@lbhf.gov.uk

The Challenge Manager for this piece of work was:

**Chris Rowland**
LGA Challenge Manager
**LGA Associate**
Email: Chrisrowland2011@gmail.com
Tel: 07981 332 253

The LGA Programme Manager for National and Regional Adults Peer Challenges for the sector is:

**Marcus Coulson**
Programme Manager
**Local Government Association**
Email: marcus.coulson@local.gov.uk
Tel: 07766 252 853

For more information on Peer Challenge and the work of the Local Government Association please see our website: http://www.local.gov.uk/peer-challenges

# ANNEX 1: Presentation points of 12th June 2015

**1. To what extent has the department developed effective partnerships at both strategic and operational levels that will enable us to deliver the services which our customers need and on which good outcomes depend, including preventative services?**

**Areas of Strength**

- Within the three Boroughs you have strong and effective strategic arrangements which facilitate the development and sharing of best practice with focus on people and place (e.g. there are mutually beneficial and productive strategic arrangements with Housing partners).
- The current arrangements enable the piloting and development of new delivery models. This provides you with opportunities to develop and roll out best practice at pace.
- Over the last 18 months you have achieved productive partnership working with NHS partners. This has ensured early sign off of the Better Care Fund and the development of jointly funded innovative services (Community Independence Service and the new Home Care Contract) which will meet Social Care and some Health Care needs.
- Shaping the Market: your commissioners are working constructively with some providers recognising the value they can add to innovative service redesign (e.g. ExtraCare Housing).
- Relations between the Voluntary Sector and Adult Social Care are generally working well, and there are examples of co-production – notably and most recently the design of the new Home Care Contract.
- As a strategic partnership the Adult Safeguarding Board is well organised and well led. The Independent Chair is building strong and effective engagement with the Children's Safeguarding Board, the Health and Wellbeing Boards and the Community Safety Partnerships, thus ensuring safeguarding of adults is widely understood.

**Areas for Consideration**

- Your commissioning capacity and connecting networks are limited and you need to consider this to effectively shape and develop the market (e.g. join ADASS London Commissioning Network etc).
- Co-production is not yet embedded practice: the issue primarily appears to be lack of commissioning capacity and consistency rather than commitment or belief. The understanding of applying co-production is in general stronger in Social Care than in the NHS as a way of working, and a skill Social Care brings to the partnership.
- The NHS as a key partner is clear about the benefits of Social Care and would like to see scale and pace towards closer alignment of Social Care, community health, and mental health. The imminent appointment of the Director of Whole Systems Integration will give you the necessary leadership capacity.
- Your key strategic partnerships (Health and Wellbeing Boards, Safeguarding Adults Board, Children's Safeguarding Board, and Community Safety Partnerships) have overlapping interests and responsibilities, and it would be beneficial if you developed a clear description of the relationship between them.

## 2. To what extent will our new operating model support and enable customers to achieve improved outcomes, maximizing independence and reducing reliance on long-term care and institutional care?

### Areas of Strength

- There is enthusiasm that the new operating model will help achieve efficiency, savings and cost avoidance over time.
- Single standardised ways of doing things through the customer journey are emerging.
- There is a strong Business Intelligence and analysis function that can influence planning and project development.
- Evidence suggests that CIS in Hammersmith and Fulham (and associated activities in all three Boroughs) are making an impact for its end users. Improving relationships are also reported with acute hospitals.
- Emerging join up of commissioning across adults, children, and public health affords real opportunities in relation to homelessness and services for disabled people.
- Once found, staff and other professionals report People First information and advice helpful to connect people to services and networks. There is scope to develop this as a wider information and advice service that brings in partners more effectively (housing and health), and self-funders.
- There are clear safeguarding processes which are well understood and owned across operational teams.

### Areas for Consideration

- You would benefit from further attention to telling the story clearly and to fixing the fundamentals around the core purpose of social care: you need a simple, compelling narrative about people's lives, not just the customer journey, and about what you are trying to achieve and for whom.
- This should include values and approaches including personalisation and coproduction, and be aimed at staff, partners, customers, and carers.
- We found "the customer journey" to be an unhelpful metaphor, and would suggest you take a whole-systems approach to develop a narrative about peoples' lives.
- It is not clear to what extent the Councils gather and utilise feedback from a diverse range of customers and carers to improve outcomes across social care, the NHS, and other partners.
- Although there is good partnership working on the BCF and CIS with CCGs, there are real tensions about its long term funding, and around jointly funded placements and Continuing Health Care, and the complex contractual relationships.
- It is not clear how commissioning supports the operating model. Commissioning is not a back office function and is suffering a significant reduction in capacity (although this is now being addressed).
- There needs to be a robust and clearly articulated process to coordinate information in relation to providers, and a clear distinction between the functions of commissioners, contract managers, and the adult safeguarding team.

**3. What behaviours and attitudes do the review team see in staff that would a) benefit, or b) hinder, the realisation of improved outcomes for customers?**

**Areas of Strength**

- A change in behaviour and practice is being supported where staff are involved in key projects, with evidence of good practice, collaborative working and decision-making being empowered.
- Overall, staff display a culture and attitude that appears to be committed and motivated to deliver good outcomes – focused on customers wishes, aspirations, and need.
- Staff were engaged in the early customer journey work and some major commissioning projects, such as the Home Care tender.
- A sharper focus on values is emerging through a variety of collaborative working projects – CIS in particular.
- Staff largely report being well supported at a team level with training and development opportunities available to them, although this is not universal.

**Areas for Consideration**

- Effective communication to establish a clear and common narrative for all staff working in the sector is important if the transformation is to progress and succeed.
- All staff need to feel empowered to engage with system change and see the impact of their contribution.
- Greater collaboration is needed to develop ownership and for the successful roll out of the CIS model – especially with front-line staff in all organisations.
- Getting the basics right – professional practice leadership and embedding personalisation – will be essential for system-wide workforce development.
- The workforce strategy needs to be fully aligned, including training and development opportunities and cultural change where appropriate.
- Positive staff behaviours and attitudes are compromised by processes and systems which could be streamlined and simplified.

**4. Are the governance arrangements for the design and implementation of our new operating model robust enough to enable the transformation of services to be fit for the future?**

**Areas of Strength**

- Governance structures are in place and understood at a senior level.
- The three Cabinet Members are held in high regard and work well together in providing political leadership for Adult Social Care.
- The new Executive Director and strengthening Adult Leadership Team are leading change within the department and across the Boroughs including with partners, and building good strategic and working relationships.
- There is a genuine commitment to joint working across the Boroughs and for greater integration with health, with some real evidence of success.
- You have recognised and corrected the need to strengthen change management and Commissioning and are developing plans to include Public Health commissioning.
- Change management skills and capacity have been acknowledged as key to success, and work is being developed to affect changes.

**Areas for Consideration**

- Governance structures and decision making is inevitably complex in this environment and can be difficult for managers, staff, and partners to understand. Collaborative working is built by developing trust through accountability across the three authorities, and between Health and Social Care.
- You could use Scrutiny to develop a clear view of Adult Social Care and Health, and might consider new ways of working on a thematic basis.
- Adult Social Care and Health cannot produce the desired outcomes in a vacuum. Governance and decision making needs to work across the corporate whole.
- Key priorities require a whole system approach with key strategies developed where they are lacking, or refreshed strategies where they are out of date, so that politicians, senior managers, staff, and citizens are all on the same page.

## 5. Participation

### Strengths and Areas for Consideration

- You know that this is an area for further work, but it could also be an area for rapid progress.
- We heard about good examples of engagement and participation around individual projects and initiatives (for example Home Care) where customers and carers felt they had a chance to shape things; this needs to become a culture of doing things with people (rather than to or for people).
- But where good engagement has taken place, people reported lack of feedback about what would change as a result.
- Co-production is not harnessed: there is a lot of goodwill and confidence that customers, carers, user-led organisations, and providers could add considerable value to commissioning and quality. It would be easy to build momentum on this by adopting *Think Local Act Personal* processes and following up on this Peer Challenge.
- The three Boroughs can seize the opportunity and willingness of customers, carers, staff and stakeholders to create real involvement, building on the good practice that already exists here.
- Carers value current support arrangements but these are overstretched.
- There is a systematic approach to addressing complaints and compliments and a good Annual Report process but we could not see how it was then used. This approach alone cannot carry all responsibility for feedback and engagement.
- We heard of positive outcomes for some people from personal budgets and direct payments (but these were compromised by payment difficulties, e.g. we heard that someone was still waiting from early March).
- People found it hard to understand outcomes intended from assessments at an individual care plan level and commissioning intentions. It is important to clarify the Adult Social Care offer, and for staff to have confidence in it.
- We did not hear about the systematic availability of advocacy.