

Southend-on-Sea
Borough Council
**Peer Challenge Report
Adults Transformation**

November 2017

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Executive Summary

Southend-on-Sea Borough Council (SBC) asked the Local Government Association (LGA) to conduct an Adults' Peer Challenge focussing on the Transformation programme in Adults' services as part of the East of England ADASS Peer Challenge Programme. The work was commissioned by Sharon Houlden, Director of Adult Services and Housing. She was seeking an external view on the impact of the Transformation programme in Adult Social Care and with key partners to deliver good outcomes. The Council intends to use the findings of this peer review as a 'marker' on their improvement journey. The focus for the Challenge was:

- How embedded is the Adult Transformation Programme in current practice and culture?
- How advanced is the asset-based approach?
- Is there evidence of success stories and positive outcomes?
- Is the Adult Transformation Programme aligned to commissioning intentions?
- How collaborative is the Council's partnership approach?
- Is there evidence that integrated working achieves better services and outcomes?

It was clear to the team that a lot of effort has gone into Southend's transformation work within Adult Social Care (ASC). The dedicated Transformation Team was well regarded and valued by other members of the department. There is clear evidence that a strengths and asset-based approach has been developed and is being embedded within the ASC staff. Staff are passionate about the people they support and have a 'can-do' approach to the changing way in which that care is being delivered.

There is an opportunity to ensure that the enthusiasm for the Transformation programme is used to maximum effect e.g. the learning and any further developments includes the wider council and partner agencies. The peer team recommends that ASC develops a clear narrative on its approach to transformation, including developing the evidence base for the positive outcomes for individuals. Staff need to be able to tell a consistent story of how transformation supports individuals and the community as a whole and how the approach makes the most of all the partners' resources.

SBC's commitment to the Multi-disciplinary Team (MDT) approach and how ASC is connecting into Primary Care is already showing benefits. The team heard that staff and partners valued the closer working and the enhanced ability to have conversations to effect necessary interventions for individuals. There are further opportunities for joint working, including the consideration of pooled budgets, joint commissioning, joint management arrangements and adoption of single policies and procedures across the wider health and care partnership.

In the team's view, there is an opportunity to engage elected members more widely in the transformation agenda so that they understand and take forward the benefits of implementing system-wide change. This is likely to be a whole Council approach, taking the learning from what has been developed in ASC, with members overseeing and broadening change. This approach may involve moving away from traditional ways of working and challenging existing ideas of service provision. The partners that the team spoke with recognised that ASC was leading by example and working to transform the ways in which services are delivered; recognising that existing methods of delivery were no longer sustainable

The team was impressed with the relationship that has been built with the University of Essex, Southend Campus. Students on the social work courses have undertaken projects and placements that have been used to develop and embed the strengths-based approach within the existing workforce. Students are graduating with a knowledge and expectation that they will be following the methodology once they enter the Southend workforce. Some students have also undertaken evaluation projects of the MDT approach and this is an area that could be developed further; not just with the helping to establish the evidence base for the effectiveness of MDTs but more widely with other aspects of the Transformation programme so that outcome and impact are demonstrated.

Report

Background

1. Southend-on-Sea Borough Council (SBC) asked the Local Government Association (LGA) to conduct an Adults' Peer Challenge focussing on the Transformation programme in Adults' services as part of the East of England ADASS Peer Review Programme. The work was commissioned by Sharon Houlden, Director of Adult Services and Housing. She was seeking an external view on the impact of the Transformation programme in Adult Social Care and with key partners to deliver good outcomes. The Council intends to use the findings of this peer review as a 'marker' on their improvement journey. The focus for the Challenge was:
 - How embedded is the Adult Transformation Programme in current practice and culture?
 - How advanced is the asset-based approach?
 - Is there evidence of success stories and positive outcomes?
 - Is the Adult Transformation Programme aligned to commissioning intentions?
 - How collaborative is the Council's partnership approach?
 - Is there evidence that integrated working achieves better services and outcomes?
2. A peer challenge is designed to help an authority and its partners assess current achievements, areas for development and capacity to change. The peer challenge is not an inspection. Instead it offers a supportive approach, undertaken by friends; albeit 'critical friends'. It aims to help an organisation identify its current strengths, as much as what it needs to improve. But it should also provide it with a basis for further improvement.
3. The benchmark for this peer challenge was the Adult Social Care Standards and this report is based on the following headings:
 - Outcomes
 - Participation
 - Vision, strategy and leadership
 - Working Together
 - Resource and workforce management
 - Service delivery and effective practice
 - Commissioning
 - Productivity and innovation

4. The members of the peer challenge team were:

- **Martin Farran** – Director of Health, Housing and Adult Social Care Services, City of York Council
- **Cllr Stuart Barker** – Cabinet Member for Economy Skills and Training, Devon County Council
- **Liz Hanley** – Assistant Director of Adult Social Care, Stockton-on-Tees Borough Council
- **Kirsten Clarke** – Named Nurse – Adult Safeguarding, Cambridgeshire Community Services NHS Trust
- **Catherine Underwood** – Director of Health and Integration, Norfolk County Council
- **Jonathan Trubshaw** - Review Manager, LGA

5. The team was on-site from Tuesday 28th – Thursday 30th November 2017. To identify the strengths and areas for consideration in this report, the peer review team reviewed over sixty documents, held 24 meetings and met and spoke with over 100 people during the three on-site days and collectively spent more than 250 hours to determine their findings. The programme for the on-site phase included activities designed to enable members of the team to meet and talk to a range of internal and external stakeholders. These activities included:

- interviews and discussions with councillors, officers, partners and providers
- focus groups with managers, practitioners, carers and frontline staff
- collecting information from those who access services
- reading a range of documents provided by the Council, including a self-assessment against key questions.

The LGA would like to thank Sharon Houlden, Director of Adult Services and Housing, Simon Leftley, Deputy Chief Executive (People) and Olivia Brown, Programme Coordination Officer for the excellent job they did to make the detailed arrangements for a complex piece of work across key partners with a wide range of members, staff and those who access services. The peer team would like to thank all those involved for their authentic, open and constructive responses during the review process and their obvious desire to improve outcomes; the team members were all made very welcome.

6. Our feedback to the Council on the last day of the review gave an overview of the key messages. This report builds on the initial findings and gives a more detailed account of the review.

Strategic key messages 1

Strengths

7. The team was impressed with the frontline staff and volunteers that they met whilst conducting the peer challenge; their commitment to working together and the pride they took in the borough. In particular, people worked in a cross-organisational way to support the residents of Southend. There was a stability to the workforce, with a number of people having worked in the borough for a long time and this provided continuity, whilst at the same time having sufficient staff turnover so that new ideas and practices were readily refreshed.
8. The team wanted to recognise SBC's openness in commissioning a peer review and undertaking a critical self-reflection on the Transformation programme. There is a real opportunity to build on this methodology to develop more co-production, joint working and integration of service delivery.
9. Staff were open to being challenged on their practice and reflecting on different ways of conducting business. By engaging in the peer process, people were brought together and were able to exchange ideas and discuss different approaches being used in different parts of SBC and the wider partnership.
10. The team recognised that the Transformation programme had been developed and grown by the project team within Adult Social Care (ASC). Energy and resource had been allocated and this had generated real interest and a willingness to undertake innovative projects

Strategic key messages 2

Areas for consideration

11. There is now an opportunity to consider how the developments that have been trialled in the ASC Transformation Programme can be built upon to influence the wider corporate systems.
12. While maintaining and strengthening the learning from the Transformation programme within ASC, this needs to be balanced with broadening the engagement and ownership. If engagement is not broadened it risks approaches becoming 'siloed', which goes against the well-articulated intentions of undertaking the programme. There is an opportunity to engage with other areas of the council and the wider partnership, so the transformation learning is grown organically and links with developments being undertaken elsewhere, plus arguably this will support a greater impact.
13. A number of initiatives have now been trialled and there is an opportunity to engage more fully with a wide range of stakeholders, both within SBC and in the partnership, so that they understand more about what outcomes are being aimed for. There was a mixed view from the stakeholders that the team spoke with regarding their perception of the levels of their involvement and engagement in the Transformation programme. While this is understandable, a clear strategy for communicating with stakeholders at all levels would ensure that they can help shape the design and support the outcomes of the next steps in achieving system-wide change. This could include more widely promoted co-production with service users and recognition of where initiatives have not gone to plan and how others had helped shape the changed outcome.
14. The team recognised the ambition for the Transformation programme within ASC. However, the time may now be right to promote what has been achieved and look at how this is developed organically to integrate this with wider strategic objectives, so that learning, skills and experience can influence and shape other developments.

Outcomes

15. The team was impressed with the relative financial stability that ASC has managed to maintain, whilst undertaking significant year on year savings. This is a real strength, particularly within the wider system where other partners may not be in a similar position.
16. Anecdotal evidence is beginning to emerge of how the Transformation programme is producing better outcomes for the residents of Southend. These individual stories need to be used effectively to demonstrate the impact of the changes being made within ASC and in partnership across the wider system.
17. SBC's commitment to the Multi-disciplinary Team (MDT) approach and how ASC is connecting into Primary Care was already showing benefits. The team heard that staff and partners valued the closer working and the enhanced ability to have conversations to effect necessary interventions for individuals. However, there was feedback from some community nurses that the engagement of ASC was focused on the social work members of the Transformation Team and that they did not have the contact names/relationships with social workers in other teams. There may be a risk of over-reliance on the expertise built in the Transformation Team. There is an opportunity for the Transformation Team to develop expertise in other social workers, so that they in turn take on new ways of working.
18. In the team's opinion, ASC was respected by partners. This is a strong position from which to develop further trust and more integrated working arrangements that will benefit residents and partners.
19. It is important that SBC, in conjunction with partners and residents, identifies and articulates 'what good looks like'. Developing a clear narrative with a positive ambition will enable partners and residents to challenge one another as to how the vision is being realised. Measures can then be identified and evidence gathered to demonstrate that appropriate outcomes are being achieved and the agreed ambition is being realised. These measures are likely to include some of the traditional indicators, which will provide consistency, as well as those that meet the need of Southend's circumstances. Clear goals and objectives (which are likely to be both quantitative and qualitative) for the Transformation programme would help partners, both within SBC and the wider partnership, to understand and engage in what is trying to be achieved through the programme.
20. Where co-location and joint working identifies issues within partners' processes or systems there are opportunities to consider how the whole system may be better served through an offer of one organisation undertaking work on behalf of others. This requires a level of partnership maturity and openness to overcome any organisational boundaries and consider how the individual assets of respective partners in the partnership may best be used to achieve the desired outcomes for residents and the link to "joint commissioning".

21. There is an opportunity to consider how health and social care links more closely with economic development. Health and social care is a large part of the local economy and any transformational changes will have an economic impact and vice versa.

Participation

22. In the team's opinion, the move to a more workshop style for the Health and Wellbeing Board was positive. This will enable the Board to function in a more collaborative way and to be seen by those attending as not just another committee of the council with restrictive, formal processes.
23. The team heard from ASC staff that the investment in the Transformation team was worthwhile and showed commitment from senior management to the transformation agenda. Staff were aware that other local authorities had not invested in the same way and they expressed pride in Southend's approach. Staff also reported a high level of engagement in the Transformation agenda and a willingness for interventions to be piloted, refined and rolled out.
24. With the Transformation team being based in ASC and the work developed also being focussed on ASC issues, while this has been a strength there is the potential for the Transformation programme to be ASC-centric. More could be done to integrate the ASC focussed work with activities being undertaken in the rest of SBC and the wider system. Newsletters and other communications could be sent more widely to partner organisations.
25. The staff that the team met expressed a "Can do" attitude" to undertaking change. They were reflective and willing to be self-critical, looking for ways to improve and adapt as circumstances demanded. Staff said that they were able to raise issues with management as and where appropriate.
26. The transformational skills being developed in ASC staff could benefit other parts of SBC and staff used to help other departments roll out their own transformation programmes. This would fit with the belief held in ASC that Transformation cannot be done in isolation and needs to be undertaken in collaboration and partnership, which may require the development of some partners' approaches and relationships with ASC. Where partners may be experiencing high levels of externally generated change, the support to help them develop and own the transformation agenda will need to be offered sensitively, so that the benefits of transformation and new ways of working are able to be heard and taken up.

Vision, strategy and leadership

27. The Lead Member clearly understood the activities being undertaken through the Transformation programme. In the team's view, there is an opportunity to engage elected members more widely in the transformation agenda so that they understand and take forward the benefits of implementing system-wide change. This is likely to be a whole Council approach, taking the learning from what has been developed in ASC and members overseeing and broadening change. This approach may involve moving away from traditional ways of working and challenging existing ideas of service provision.
28. The partners that the team spoke with recognised that ASC was leading by example and working to transform the ways in which services are delivered; recognising that existing methods of delivery were no longer sustainable. Partners understood ASC's commitment to finding new ways of working, both internally and with other organisations. Partners can be invited to consider transformational issues and approaches; co-develop these further with ASC, so that there is shared ownership across the partnership. There were clear messages from both staff and partners that the benefits of the transformation agenda need to be understood before there can be a realistic commitment to change.
29. The staff the team met spoke positively about engaging with their managers and valued the different means by which information and views could be exchanged. Staff said that managers were accessible and the efforts made in communication should be maintained and built upon.
30. Having clearly stated goals and measuring progress towards these will facilitate the reflection and learning regarding the transformation activities being undertaken. As initiatives are piloted, the communication concerning what has worked well and those areas that would benefit from change will help further embed an organisational learning culture.
31. There has been clear sign-up from staff to adopting a strengths and assets based approach; moving to what help people need in order to enable them to do things for themselves. The principles and benefits have been clearly explained and staff are proud to have moved to a new way of working with clients. The positive experience created within ASC could be used to engage and develop a more widely accepted asset-based approach across the partnership. The team heard the phrase "*acopia*" to describe how some organisations adopt a model of doing to/for an individual and the asset/strength-based model would help challenge this approach and transform how a person's needs are met.
32. In the team's view, there was a clear recognition from staff and partners of the need for change. However, more could be done to articulate the vision of what the change is leading to and evidence to illustrate how the journey is progressing. Gathering evidence that tells individuals' personalised stories of how they are able to use their own and neighbours' resources to meet their needs will help demonstrate how transformation is impacting on people. ASC's experience could be used to bring health and other partners more fully

into a shared and co-created vision so that there is greater joint understanding that the way in which services is currently provided is unlikely to be sustainable and that every partner will have to do things differently.

Working together

33. The team recognised the effort being made by ASC and health partners on improving Delayed Transfers of Care (DToC). In the team's view this was working well and is an area of strength, SBC should rightly be proud of their success. The challenge is how to increase awareness within the community so that residents could do more to support one another to facilitate a person's move from hospital to home, for example how family and friends might be able to provide appropriate and timely transport and at home support. The team also heard evidence from social work staff that some medical clinicians' views on risk and allowing a person home were not always open to being challenged. There may be opportunities to discuss how residents and staff might appropriately engage in and challenge the decision-making process so as further to reduce instances of DToC.
34. The team saw evidence, through the effort put into co-location of staff, that partners worked well together; both at an organisational level and at the front line. Staff from across agencies spoke positively of the arrangements and were able to break down organisational barriers. This includes the introduction of multi-disciplinary teams (MDT), which were highly regarded and valued by those people the team spoke with and also provided some scope for the MDT approach as an area that can be developed further.
35. The team visited a community hub and was impressed with the way in which organisations worked together to connect with vulnerable people ahead of any formal engagement with social services. The voluntary sector were engaged and generally spoke in positive terms regarding to relationships with other partners.
36. In the team's view the work to establish mapped community assets was a positive development. This could be celebrated and used as a basis for further work in understanding and promoting what residents can do to support one another. More could be done to roll out this information and ensure that all the other partner agencies are aware of the mapping activity and know how to access the resource, this may include higher levels of promotion through websites, briefings, newsletters, etc. The team heard from voluntary sector representatives that people may need to know where they can access help rather than going through a formal assessment process and signposting resources may ease some bottlenecks in the system. More could also be done to link with other partners' mapping activity, for example where health may have undertaken targeted mapping for a particular group of service users, and how these could be joined together.
37. In the team's view, the locality model being used within ASC was positive and had potential benefits for wider SBC use. Links could be explored with Children's Services and Public Health so that benefits and lessons learnt could be shared across the council's provision, and partner agencies.
38. The team recognised SBC's willingness to engage in the peer challenge process. There may be opportunities to encourage other partners to consider the team's findings, be part of the process of identifying strengths (and how to

build on them), open themselves up to peer challenge and engage in the process of transformation.

Resource and workforce management

39. The team was impressed with the relationship that has been built with the University of Essex, Southend Campus. Students on the social work courses have undertaken projects and placements that have been used to develop and embed the strength-based approach within the existing workforce. Students are graduating with a knowledge and expectation that they will be following the methodology once they enter the Southend workforce. Some students have also undertaken evaluation projects of the MDT approach and this is an area that could be developed further; not just with the helping to establish the evidence base for the effectiveness of MDTs but more widely with other aspects of the Transformation programme.
40. The Workforce Strategy supports the social work voice with programmes of development. More could be done to highlight how integration and the development of MDTs will impact on the requirement for the future workforce, its development and the development of the existing wider workforce to meet predicted future roles and skills. There is an opportunity for greater co-creation of the vision for future workforce and methods to provide what is required.
41. The team heard evidence that having a dedicated and resourced Transformation team was appreciated and valued by staff and managers. However, the team also heard evidence that frontline staff would value the opportunity to be more engaged in the design and delivery of further change. More could be done to engage their views and provide feedback widely on what has been heard and acted upon.
42. The team saw some evidence of co-location and close working across organisations. The challenge for future developments on integration would be to pilot pooled budgets and how these could be used to facilitate integrated pathways or services. An area to consider could include supporting access to Personal Health Budgets, which would require commitment from the Clinical Commissioning Group, which has responsibility for Continuing Health Care eligibility.
43. In the team's view, there is an opportunity to build on the work already being undertaken with Children's Social Care relating to those young people making the transition into adulthood. Lifetime planning for children with disabilities may offer a model for wider consideration including resource and outcome planning.
44. The team heard from some frontline staff that they could be more actively engaged in the design of practice and that they had ideas and suggestions on how to improve services. By more fully and actively understanding the processes faced by frontline staff, issues e.g. increasing the up-take of direct payments, could be addressed through staff involvement in the shaping of solutions and on-going ways of operating.

Service delivery and effective practice

46. The team was given some good examples of where initiatives have been piloted and consequently how people are working effectively together; nursing colleagues spoke positively about their experiences of working in the MDTs and the engagement and support they received from the Transition Team experts. The challenge is how pilots are scaled up and the benefits shared more widely. Or alternatively, acknowledging that a pilot was successful and the economic reality is that it cannot be expanded and the learning is disseminated widely to inform other projects.
47. The team heard that social work staff were respected by partner agencies and that there was a good level of engagement. The staff that the team met were enthusiastic and had a 'can do' approach to working with others for the benefit of their clients. However, some social work staff expressed a desire for engagement with managers to further embed the strengths based approach with partners through their work in the MDTs. Further developing how information and views on how practice might be developed into an even more systematic approach would help ensure that good practice is identified, shared and built on.
48. The team heard from carers' representatives that there may be an opportunity to enhance the use of alternatives to formal assessment routes. The carers groups stated that they were willing to help with carers' assessments, especially where people did not need a comprehensive assessment and where sign-posting to sources of information/support might be the most appropriate and timely approach.
49. In the team's view, Public Health could be more engaged in highlighting early intervention and prevention approaches, particularly in developing relationships and joint understanding with health colleagues.

Commissioning

51. The team recognised that ASC undertook some joint commissioning with health. SBC may wish to consider formally evaluating and sharing evidence of how commissioning arrangements support the council's integration journey. Areas that may further the integration agenda could include: creating pooled budgets, increasing joint management arrangements, joint/open access systems so that more information is able to be shared between organisations and jointly deciding on adopting a single process (one that already exists in one organisation and is seen to be working well) rather than each organisation developing their own and then trying to integrate.
52. The team was impressed with the understanding that Housing could play a significant role in the next period of transforming the delivery of ASC services. This may include using profiles of the future population to inform strategy and the use of Extra Care/sheltered accommodation; plus how the income from housing could be used to support other services and the role of the housing development company. Equally to consider how the arms-length company might operate to support the delivery of both an strengths based approach and integrated provision, but also including what happens if it does not deliver the desired outcomes
53. In the team's view, the incorporation of reablement and enablement principles into mainstream services was noteworthy good practice.
54. In the team's view it would be worth considering if more could be done to drive the market, particularly in the independent sector. Assistive technology was raised as an area for further development as well as the provision of community equipment and adaptations so that they could be applied in a wider range of settings.

Productivity and innovation

56. The team was impressed that Southend has resourced and arranged a seven day a week hospital social work service, particularly as in the team's experience, this is not the norm across all local authorities.
57. The Community Hubs had a good level of engagement from across a range of organisations, most notably from the voluntary sector. It was also noteworthy that the Council's arms-length management organisation for housing was engaged, making links between services in one location, which facilitated access for service users and promoted information sharing and deepened understanding of other services amongst staff.
58. The team noted and recognised Southend's willingness to invest in innovative approaches, often experimenting with new concepts to ascertain what benefits may arise. High profile examples included using a robot to illustrate how technology can be used in a variety of non-standard ways to engage with people, of all ages and backgrounds. The challenge is how to celebrate the achievements of piloting new ways of working and to build on these so that they become scalable.
59. In the team's view, the asset-mapping undertaken by ASC is an approach that could benefit the whole council. The challenge would be reflectively to consider where performance has changed or may need to change further as a result of adopting the strength-based model. Involving others in the challenge process, both inter-departmentally and through the wider partnership, would help generate further innovation and encourage others to embed new approaches to meeting the needs of residents.
60. There may be scope to review existing processes and procedures so that they minimise duplication and avoid unintended consequences, for example the use of payment cards can lead people in certain directions when choosing how their needs can be met, particularly if the cards' use is restricted to specific services. Other areas that may benefit from further consideration include; the use of panels when decisions have already been taken, potentially adding an additional step and the process for enabling service users to access direct payments. Engaging staff and partners in any reviews of processes is likely to ensure that future processes are better able to reflect a whole system solution that can be owned by all those involved.

Recommendations

61. The team was impressed with the energy and willingness to undertake change that was evident in the managers, staff and partners who participated in the Challenge. The team recommends that this energy is built on through having a clear narrative of what has already been achieved and what the vision is for the future. This narrative would be supported with detailed delivery plans, agreed with partners, that include shared targets and robust mechanisms for monitoring progress.
62. The team was impressed with the transformation activity being undertaken in ASC. There is now the opportunity for this to be rolled out so that it combines with and informs other activity being undertaken, within the rest of the council.
63. Although the Transformation project is being led within ASC, the time is now right for engagement to be broadened across the whole partnership to achieve system-wide change. Leadership, both within the other council departments and partner organisations, can be encouraged to participate in developing how a strengths based approach can transform the way in which services are designed and delivered.
64. Use the test of co-production to ensure that transformation is being designed and delivered with citizens and with those who will provide support, in order to design the best solutions and also to engage their commitment to making it happen. If transformation is not coproduced, there needs to be clarity as to why and how assurance can be achieved that the service user is getting what they need.
65. Consider how elected members are engaged and supported to provide leadership and support to the transformation agenda. There may be an opportunity, through member development programmes, including visits to other local authorities, to further members' understanding of how organisations are impacted by transformation issues.
66. Develop clear joint communications with partner organisations on the activities, benefits and outcomes of the Transformation programme, providing clear evidence of the impact on service users, including the enhanced use of case studies that tell the customers story will also develop the evidence base of outcomes.

Contact details

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