

Learning Document – Adult Social Care

January 2016

Powys County Council's Adult Services department received inspections by CSSIW in 2011, 2013 and 2015 which have all highlighted the need to transform and sustain the delivery of Adult Social Care in Powys.

Wales Audit Office inspections in 2011 and 2015 also issued recommendations based upon broadly similar themes, these being;

- 'Management changes at a senior level within the social services department have been ongoing, and temporary appointments have been in place for some time at both Director of Social Services and Head of Adult Services level' (CSSIW 2011).
- 'There is a longstanding need to modernise the Council's adult services and improve its strategic development' and 'the Council is delivering services for adults that are unlikely to consistently meet the needs of eligible people, and the arrangements currently in place are unlikely to secure either the scale or the pace of improvement that is needed' (WAO 2011)
- In 2013, CSSIW commented that 'progress is fragile and must be consolidated and sustained so that the improvements become embedded' and that 'a period of stability has been achieved with clear leadership from senior managers. However, key managers have been interim appointments'. This report stated that 'there are a number of challenges remaining. These are:
 - a. Consolidation of progress and continuing to seek improvement in the face of leadership changes and scarce resources.
 - b. Improving communication around change ensuring all staff and partners are aware of the work taking place and changes needed.
 - c. Sustainability as some service areas remain fragile with clear capacity issues.
 - d. Inconsistencies in both practice and service delivery experienced by partners across the county. This is described in terms of quality, quantity of resources, access and speed of response.
 - e. Rolling out developments across the county including the re-ablement service, the communication hub and other service developments'.

The focus of this document is the learning and developments gained since the most recent CSSIW inspection (April 2014) and Wales Audit Office report (December 2015), both commissioned in response to the significant difficulties the Council faced in the commissioning of domiciliary care services as well as a on the wider Adult social care department and the council in general.

The current domiciliary care service

In North Powys (Montgomeryshire) a very stable and successful domiciliary care service has been operational for almost eighteen months. This is evidenced in reduced delayed transfers of care, high levels of service user satisfaction with their service, very low numbers of complaints, good CSSIW inspections of the primary provider (Abercare) and our other agencies operating in the north. The original framework

contract is still in place and has successfully achieved good quality service delivery through successful partnership working with the principle contractor Abercare Ltd. The framework has successfully ensured good quality care, including in some very rural areas where under the previous commissioning arrangement the Council was unable to source care provision.

In south Powys (Brecknockshire and Radnorshire), the framework contract has been disbanded and spot commissioning with wider pool of providers has taken place since early April. New providers have entered the market, including some organisations based in neighbouring counties who have introduced a new workforce to Powys. These actions have reduced delayed transfers of care, improved quality and customer complaints have significantly reduced. The service appreciates that progress needs to be consolidated and that the original commissioning intentions of the framework were unsuccessful in the south of the County (in terms of raising the standard of care and gaining full coverage of provision – including in very rural and upland areas). Monitoring of care providers has increased, as additional staffing resources have been placed in the commissioning unit (from other areas of Adult Social Care) and this has enabled enhanced monitoring, engagement with providers and feedback from service users to drive up standards of care.

Background:

In March 2014 Powys County Council awarded four contracts to replace the spot purchasing arrangements the Council had with over 25 suppliers. The background to the award of these contracts has been well documented in previous reports (e.g. Council report on domiciliary care September 2015) and in the interests of brevity, will not be commented on further in this report.

Review of domiciliary care by the Institute for Public Care

Three months into the new contract arrangements, Adult Social Care was concerned that the contract was not delivering the outcomes required and that the level of concern from some citizens worried us greatly and that we need to undertake an objective assessment of what had taken place in order to learn lessons. In August 2014 the Institute of Public Care (IPC) at Oxford Brookes University was jointly commissioned to undertake a review by the Social Services Improvement Agency for Wales (SSIA) and Powys County Council which addressed specific aspects of the commissioning and procurement of domiciliary care services by Powys County Council prior to a transfer of services in April and May 2012.

The review was asked to examine key areas of the project including: the County Council's approach to the management of the Domiciliary Care market; planning and the timing of the staged transfers; the availability of data, procurement and project management; the actions of out-going providers; and engagement with service users, carers and external agencies. The review was instigated following feedback from service users directly affected by changes; the experience for some service users, particularly in the north of the county, had been very difficult and unacceptable and we deeply regret that this was the case. The review's findings highlight the complex nature of providing care services in a rural area the size of Powys. The tender and

commissioning of home care services was an essential piece of work in order to establish a stable service for the future and to address the shortfalls, inconsistency and lack of availability in some areas across Powys alongside dealing with significant financial pressures faced by adult social care.

This independent review was welcomed by both Adult Social Care and the Corporate Management Team. The review was thorough and challenging and helped the council to strengthen our commissioning approach through implementing a detailed set of actions and staff training. We accepted all of the Review's recommendations and we recognise that there are lessons to be learnt in what has been one of the largest transformational changes the council has undertaken.

Inspection undertaken by Care and Social Services Inspectorate for Wales (CSSIW)

The Care and Social Services Inspectorate for Wales (CSSIW) published an inspection report on Adult Social Services within Powys County Council on 10th August 2015. The inspection was carried out between March and May 2015 and interviews were undertaken with a number of staff and support services within the council, as well as with citizens who access services, partner organisations and providers who deliver care and support on behalf of the council.

The Adult Social Care Senior Management Team fully accept the recommendations contained within the CSSIW report and as a service we are fully committed to taking these forward as part of our improvement agenda.

The report issued the County Council with twelve recommendations that relate to wider Council services, specifically commercial services, legal services, finance and human resources (in addition to Adult Social Care). These recommendations are stated in full at the end of this document and The Council's response to these recommendations was presented to cabinet in September 2015 and was discussed at full council on 19th September 2015 and Adult Social Care's detailed action plan is contained in Appendix A.

Recommendations from Wales Audit Office report (December 2015)

Wales Audit Office (WAO) completed the 'Review of the Letting of a Domiciliary Care Contract to Alpha Care Limited' this review issued the Council with three recommendations. These recommendations are broadly in line with the recommendations contained within the CSSIW inspection and earlier IPC report.

WAO recommended;

1. 'The Authority should ensure that the weaknesses and /or deficiencies in the arrangements established to let the current domiciliary care contract are not replicated in any future domiciliary care procurement exercise. These included deficiencies in
 - governance and accountability;
 - the way the contract was structured;

- information made available to tenderers; and
 - the way in which tenders were evaluated’.
2. ‘In order to meet the challenges for transforming its service delivery in the light of reduced financial resources and increasing demand, the Authority has adopted a clearly defined commissioning and procurement strategy. We recommend that the Authority consider whether the issues raised in this report have wider relevance for the successful delivery of its commissioning and procurement strategy, and undertake a review of its processes for developing and letting major contract acts. Particular attention should be paid to ensuring that the governance arrangements for developing, scrutinising and approving contracting exercises are appropriate and are working in practice’.
 3. Audit work undertaken previously by the Auditor General in 2010 and 2014 on the Authority’s whistleblowing policy identified that ‘there was often a lack of an audit trail to support key decisions and events. Some key decisions were not documented and there were instances of key documents or supporting information not being found or not existing.

Similar issues are identified in this report. The review recommended above should consider the extent to which adequate documentation is produced and retained to support key decisions made when developing and letting tenders’.

The enclosed cabinet report includes an action plan focusing on our delivery of these recommendations (Appendix A).

Corporate learning arising from the domiciliary care tender.

The following corporate learning points have been developed from Management Teams reflections following the domiciliary care re-tender. These are;

Resourcing Change

The reports of both regulators and of IPC and PWC clearly show that as an organisation we have been trying to do too much with too little. There is good reason for this; when resources are tight it is difficult to justify investment in top professional and managerial posts or using consultants. Our staff have willingly tried to do everything and do not like saying no. However the consequences of this approach is now well documented.

The regulatory reports rightly highlight shortcomings in commissioning and procurement capacity and capability however the resource issue goes much further. We must accurately assess the resources to make planned changes at every stage and provide those resources. This means managerial and leadership capacity and capability within services but also corporate capacity and capability for legal, HR, finance and IT support as well. There is also a need to ensure that governance processes are adequately supported.

Market and Business Development

One of the critical factors for successful commissioning is the ability to provide the required service to meet the desired outcomes. A learning point from the regulatory reviews was that the domiciliary care market was not sufficiently developed to meet the requirements of the contract packaging or the service specifications. We need to work with providers and markets to develop service provision. This is a different skill to procurement or purchasing and requires expertise. We must ensure that we have access to this expertise and deploy it at the start of the commissioning cycle.

Governance and Scrutiny

The organisation has well established governance structures and protocols. However, like change, their operation requires resource and appropriate behaviours. The Council has undertaken significant work on staff engagement and values and which has led to major improvements. To further improve we need to ensure that the work of programmes and projects and their supporting decisions can be readily subject to inquiry and objective scrutiny.

Data

The planning and delivery of services and change requires the Council to fully analyse and consider all available data. A prerequisite to this is that the data must be available and must be robust. The regulatory reviews have indicated that, in respect of the domiciliary care contracts, this was not always the case. This is a corporate issue which must be addressed if the Council is to deliver successful change and improvement. Ensuring that the Council has access to and fully considers all the available data requires investment in both capacity and capability.

Adult Social Care learning arising from the domiciliary care tender.

The following observations and learning elements have been developed by members of the Adult Social Care Senior and Operational Management Teams and through the 'Learning Event' facilitated by the Institute for Public Care following the publication of their report. This learning event (held in April 2015) brought together the People Director Management Team and Senior Managers as well as a number of Heads of Service from across the council to reflect on the outcomes of the report and IPC recommendations, many of which transcend adult social care and are applicable across the Council.

The following nine learning outcomes are based on the reflections of the Adult Social Care senior and operational managers in response to the service's experience over the last three years.

1. **At the time of the domiciliary care retender, Adult Social Care did not have sufficiently experienced or dedicated staffing capacity to allocate to the domiciliary care project, consequently we have been overly reliant on interim managers and consultants in key positions to deliver key strategic projects.**

Adult social care as a service has changed significantly since 2013, as the service has embarked upon a challenging transformation process and has made demonstrable progress on this journey. Over the last three years we have developed our joint commissioning strategies for people with learning disabilities, mental health, Older People and are nearing completion of our assistive technology and older people's accommodation plans. Following a complete restructure of Adult Social Care and commissioning we have invested in a number of new posts (particularly in transition and mental health) and have undertaken a large scale commissioning skills development programme amongst our staff. We have successfully redesigned and retendered our supported living accommodation and respite services for People with Learning Disabilities, redesigned the community equipment service and completed its retender and commenced the development of an extra care scheme in Newtown.

At the point of the tender of the domiciliary care service in January 2014, the Head of Service was new to the Council, the commissioning unit within the People Directorate was in the process of formation and a permanent senior manager for Commissioning had yet to commence his appointment. Consequently the domiciliary care commissioning project was predominantly delivered by consultants to the council whose engagement to the project was time limited to the completion of the tender. Essentially, at the point of tender, the Council did not have an internal team capable of managing a complex commissioning exercise and since then capacity and training has been invested in the service since 2014 to ensure that these projects are led and owned by the service ourselves. This change in the commissioning unit's ability to deliver a complex project is exemplified in the recent successful completion of the Learning Disability Supported Living, Respite tenders and community equipment tender – all delivered to a high standard, achieved the savings required and have led to good outcomes for customers.

Despite delivering some improved outcomes Adult Social Care still faces many high profile and complex change management and service reconfiguration projects that require completion. This is especially in relation to the Social Service and Wellbeing Act and the budget reductions the services has to deliver (and will continue to do so) during a period of increasing customer demand. An investment in additional senior management capacity has been provided in order to deliver improvements as part of the Cabinet's response to the scale of the required change. The responsibilities of the current Head of Adult Services have been split to reflect the service's operational and transformational change requirements. The council is also giving consideration to the project management and commissioning capacity required across the council as we seek to remodel and redesign services in order to improve the experience for our service users in line with the spirit of the Social Services and Wellbeing Act [2014] and meet the continued financial pressures due to the demography in the county which are the most significant in Wales.

Within Adult Social Care, the major change programmes for the period 2016-18 include;

- Integration of our key services with PTHB and in particular our focus upon older people's services within the first phase of our integration plan
- Managing demand more effectively through a strengthened 'front door' and effective information, advice and assistance through Powys People Direct
- The 'Hearts and Minds' of our front line staff enabling them to take a 'strength based approach responding to 'what matters ' and ' what is important to people '
- Working with our communities and partners to build personal responsibility and changed expectations of what adult social care can offer
- Reconfiguration of Learning Disability day time activities to release £1M of savings.
- Significant reduction in the number of residential care placement of frail older people who will be supported in their own homes and the roll out of assistive technology and development of extra care schemes.
- Management of demand and capacity within the domiciliary care, residential and nursing care sectors.
- Domiciliary care commissioning arrangements post 2018.

2. Our information quality and data systems were not sufficiently robust to provide us with timely and accurate information upon which to make decisions.

The quality and accuracy of Adult Social Care's data systems at the time of the domiciliary care tender were inadequate to meet the needs of a modern social care service. Whilst during the past two and a half years improvements have been made to the quality of data in the commissioning service considerable further work is required in order to meet the data reporting requirement of the new Social Service and Wellbeing Act and to effectively manage the performance of the service. Progress is being made to implement some 'automatic' reporting systems however, this challenge is particularly pertinent at a time when the performance management resource of corporate support services has been reduced and the demands of new legislation have increased the Council's responsibilities.

The forth-coming CCIS system will be an important mechanism to ensure our business processes, procedures and single record system are effective to support our integrated delivery with health colleagues in order to improve service delivery and the experience for our citizens.

3. Pressure to achieve budgetary savings led to hurried decision making and immediate pressure to re-tender the domiciliary care service.

In December 2013 the Adult Social care budget was projecting an overspend of -£2.6M and the new Adults' Management Team faced significant pressure to deliver urgent savings in order to control the budget. This pressure was increased by three changes in political administration between October 2013 and January 2014. Prioritisation and decision making particularly in relation to contentious service and budgetary decisions was difficult to achieve.

The domiciliary care retender coincided with the retirement or voluntary redundancy of a significant number of 'in house' domiciliary care staff, linked to a wider Council voluntary redundancy initiative. During this period Adult Social care were also restructuring the department in order to streamline the service but also to achieve £500,00 savings from the staffing budget and to further make savings to reinvest in the re-ablement service (prior to this, the re-ablement service had not been fully funded from base budget).

In hindsight, the development of the re-ablement service should have had a separate project plan and been properly funded with invest to save monies. The consequence of managing the closure of the in-house service at the same time as the deployment of the re-ablement model hindered the flow of clients through our support in the home systems and increased pressures on hospital discharges.

Managing the closure of the in-house service and the domiciliary care tender implementation required the same officer team, and further stretched the service. It should be noted that the safe management of the in-house service at the time was severely problematic as the service had been allowed to decline in staff numbers over a number of years, this had led to pockets of the County having a very small in house service with severe difficulty in covering the care needs of the customers requiring a service. While the VR/VER of care staff did have some impact upon the challenges of the wider home care service, it is important not to overstate the impact of this change on the wider domiciliary care project as the actual service delivery hours of these staff were relatively small and a number of the former in-house staff joined the re-ablement service. Nevertheless, the management of the closure of the in-house service alongside the commencement of a new contract was challenging to achieve.

4. The delivery of multiple projects and service changes at the same time as a major change (such as the retendering of the domiciliary care contract) requires adequate resourcing in order to deliver the required outcome.

In 2013, as a result of CSSIW inspections, scrutiny audits and the service's own improvement objectives Adult Social Care (ASC) was seeking to deliver almost 400 individual projects and improvement actions. Through the 2014/15 Service Improvement Planning project these multiple priorities were rationalised into nine core improvement programmes, each with multiple projects. Even through the process of rationalising the service's improvement programme, nine programme objectives is still a very large work programme for a service to manage, however reducing the work programme further was not possible due to the urgency of much of this work.

The transformation of ASC should have commenced many years earlier (as many other Welsh authorities had commenced service redesign over ten years ago), if this had happened, it is likely ASC would have been in a far stronger position to manage (and potentially avoid) the challenges faced in 2014/15. This is because far greater service resilience and technical capacity would have been developed within adult social services.

The impact of the challenges faced in domiciliary care extended beyond the management of the domiciliary care service and affected ASC's ability to deliver other programmes of work. This was because the people resource was reallocated from other programs and projects into domiciliary care to manage the safe delivery of services. At the height of the challenges the core domiciliary care team were working very long hours, many officers cancelled or postponed their holidays in order that the safe delivery of service to vulnerable people could be maintained. The level of exhaustion the team experienced at this time cannot be overstated and has taken many months to recover from.

While today's domiciliary care service is well managed, delivering good outcomes and receiving positive customer satisfaction levels the service still demands significant team capacity to maintain this level of service effectiveness. This level of officer demand will continue over the next three years as preparations continue to implement the recommendations of the domiciliary care options appraisal and cabinet report. Additional project management and commissioning resource will be required to effectively implement this work, and these resources have not yet been secured to facilitate this. An 'invest to save' bid is currently being prepared to provide this much needed capacity.

5. Commencement of home care transfers over a weekend / bank holiday period added unnecessary complexity to the management of the transfer process.

As part of the 2014 domiciliary tender, handover to the incoming agencies was conducted over a weekend period, this was timed in order to align with the County Council financial payment cycles and to reduce the pressure on the finance service that had already reduced staffing numbers due to wider council budget cuts. However well intentioned, this arrangement increased the pressure on adult social care during an already challenging period. In the recent supported living and respite tenders the service has ensured that these transfers took place during the working week demonstrating a 'people first approach' to ensure safe delivery.

6. Engagement with providers is key as part of building the capacity to manage significant service change.

At the point of the domiciliary care contract award (and the procurement process leading up to it) the service and the main consultant working with providers had a poor working relationship with a number of the local providers. This contributed to the low

base from which we were starting and was exacerbated by the tender and transitional arrangements.

The sub-contracting arrangements that were put in place contributed to a lack of direct line of sight and relationship between some providers and our commissioning staff, along with the added pressure of the cost effectiveness for main providers of this approach.

Since 2015, the commissioning team has dedicated time and effort to improving the working relationships, trust and co-operation between providers and the Council. This is exemplified in the Domiciliary Care Providers Forum that continues to grow in strength and is leading to some encouraging signs of providers co-operating with each other.

7. Engagement with service users and selecting a model of care appropriate for a rural community.

IPC and CSSIW made a number of important recommendations in relation to engagement with service users and carers as part of service development, and its critical role prior to service redesign or change. As a management team we fully accept these recommendations and these are reflected in our action plan and were built into the 2015 supported living, learning disability respite and community equipment tenders.

Working through the process of the domiciliary care options appraisal (November 2015) we have learnt that selecting models of care for highly rural areas is complex, with many determining factors and consequently in practice there is no single 'correct' answer or model for Powys' provision. The domiciliary care tender has reiterated to us the importance of flexible models of support and the need and ability to 'flex' commissioning approaches to respond to the presenting and changing need, including the scope and opportunity to swiftly purchase care outside of framework contracts when the need arises. All future commissioning arrangements will require this commissioning and procurement flexibility.

8. The importance of a 'Team Powys' approach that delivers good outcomes for our citizens through effective cross departmental working and resource planning.

At times, during the domiciliary care commissioning project effective inter-departmental working was challenging as individual departments were focused on delivering their change programmes and restructuring in order to respond to the significant financial cuts that the Council faced. Therefore the retender took place during a period of reduced resources and restructure which reduced the organisation's capacity to assist during a period of service crisis.

In order to deliver effective services during periods of transformation a more co-ordinated approach is needed so that resource, processes and systems are sufficiently agile to respond during periods of significant challenge. Further development is

required to ensure that as a service we deliver strengths based, outcome focused support that truly promotes our citizens independence, this will require a culture change in many of our teams and training, coaching and mentoring will be rolled out help facilitate this change in lines with the Social Services and Wellbeing Act.

9. Robust processes to evaluating service and citizen risks in terms of monitoring the implementation of contracts and the courage to be prepared to halt contract award or implementation when necessary to do so.

Risk assessment and risk evaluation capability has developed significantly within the service since the period of the domiciliary care tender. This progress has been achieved through training, mentoring by the Institute of Public Care and as the service has matured during the last two years. The test of service maturity can only be experienced when circumstances require a decision to stop, change direction or abandon a commissioning exercise. Building resilience into core activity will be key to avoiding a similar situation.

10. At times of significant service and organisational change, the Council must ensure that its workforce's knowledge, skills and capacity is developed prior to embarking on major service reform.

On face value this reflection is a rather obvious statement, however when services find themselves under immense pressure to redesign and release urgent financial savings it is rather more difficult in practice to resist embarking upon delivery than taking the time to build skill and capacity prior to implementing change.

Since the CSSIW inspection Adult Social Care has restructured, embarked upon a programme of technical skills training, development and capacity building that places the service in a significantly stronger position to continue improving. (see Action 12 p43 of the CSSIW Action Plan). The recent appointment of a Head of Operations and Head of Transformation will give at a senior management level additional capacity to deliver change, however additional resource at middle management and project management levels will also be required to implement the service change required.

The development of an ASC Workforce plan and wider Powys County Council Workforce Strategy will be key to implementing successful long term management of change within the service, this strategy is current under development and is linked to the wider integration programme between Adult Services and Powys Teaching Health Board.

Conclusion:

Powys County Council recognised that there were some very serious challenges that impacted adversely upon a number of our citizens through the tendering of our domiciliary care services, and we deeply regret this.

As a service the journey of recovery from the domiciliary care tender to the delivery of a stable, (yet fragile service) has been difficult and all progress gained since has been hard won. Our operational teams and the ASC Senior Management Team have

worked tirelessly to reach the current situation and I must convey my thanks for their commitment and their willingness to give up their evenings, weekends and at times holidays to ensure that we deliver a safe service to our most vulnerable citizens.

Undoubtedly, Adult Social Care today is a significantly stronger service as a result of the learning gained and improvement activity completed since the domiciliary care tender and stands us in good stead to continue this transformational journey together as a team deeply committed to delivering the very best outcomes with our citizens.

Amanda Lewis – Strategic Director of People

Joy Garfitt – Head of Adult Social Care

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APPENDIX B

CSSIW Inspection (published August 2015) recommendations;

1. **Corporate governance arrangements** for social care commissioning need to be clarified and strengthened in order to effectively challenge and test the design, planning and delivery of the demanding work programme that Powys is facing.
2. The **commissioning strategy** for older people must be based on a rigorous analysis of need and demand at community level and include local infrastructure and innovative and collaborative solutions. It should also consider models of best practice used elsewhere.
3. The approach to commissioning social care services should make greater use of **service user and carer experiences** and facilitate a wider conversation with its communities about what future service models might look like.
4. Future commissioning and procurement exercises for domiciliary care services should be built on a **market development** and partnership approach. It must robustly test the tender submissions, the capacity and capability of organisations to manage the transition of services and deliver the service specifications.
5. The **knowledge and skill base** for managers in commissioning and the management of contractual relationships needs to be developed through a range of solutions including training and mentoring opportunities.
6. The Council needs to strengthen its **relationships** with and oversight of domiciliary care providers operating in Powys, including setting up regular meetings and clear lines of communication with the commissioning managers to address ongoing concerns and queries.
7. The Council needs to consider carrying out a review of the **grants and service level arrangements** to ensure they align with the Powys One Plan and the Integrated Pathway and provide the best value for money.
8. The development of the **integrated pathway** for older people with Powys Teaching Health Board should be clearly defined and articulated to capture the projected demand and therefore capacity required at each stage, including reablement. The future integrated service model must be supported by clear governance arrangements that include financial commitments and management accountability.
9. The **first contact** arrangements via the Powys People Direct should be further developed to ensure it can provide the appropriate level of response, advice, support and information for adult services and therefore reduce the need for an additional duty response at team level.

10. The new adult **safeguarding** management structures and reporting mechanisms must be secured and established as a priority, to ensure that the Designated Lead Managers are supported in their responsibilities and there is consistent reporting, decision making and oversight at an appropriately senior level.
11. The low uptake of **carer assessments** needs to be further investigated to understand the needs of this group of people and how they can be supported in their role.
12. A **workforce strategy** which supports the establishment of the integrated pathway for older people should be developed across the wider health and social care workforce including domiciliary care. Opportunities to build workforce capacity such as care apprenticeships should be considered, as well as potential barriers such as housing and transport'.