

Local Members' Interest

N/a

Healthier Communities and Older People Scrutiny and Performance Panel

17 March 2009

Final Report of the District Arrangements Working Group

Recommendations

1. That the Healthier Communities and Older People Scrutiny and Performance Panel endorse the report of the District Arrangements Working Group.
2. That the report be presented to the Cabinet Member for Healthier Communities and Older People and the Corporate Director for Social Care and Health.
3. That a response to the recommendations be received by the Panel within 3 months of the report being presented to the Directorate.

Report of the Scrutiny and Performance Manager

Background

4. The District Arrangements Working Group was set up to evaluate the impact of the district model in Social Care and Health following its first eighteen months of operation. In particular the group looked at the impact the new arrangements were having upon partnership working, addressing local priorities and communication with local communities and elected members. The evidence for the review was obtained by speaking directly to District Directors, staff and partners about the changes that had occurred over the past eighteen months. Three districts were chosen representing different geographical and demographic areas with a differing mix of social care and health priorities.
5. The attached report summarises the evidence gathered by the Working Group during its investigation. The final recommendations of the Working Group are set out in the report. The Directorate is asked to provide a response to the recommendations at the July 2009 meeting.
6. **Legal Implications** – There are no direct legal implications arising from this report.

7. **Resource and Value for Money Implications** – The directorate is asked to consider the financial implications of any recommendations before agreeing to the recommendations.
8. **Risk Implications** – The report highlights an importance in maintaining current resources and highlights the opportunities and risks presented by the changing demographical profile of the communities of Staffordshire.
9. **Climate Change Implications** – there are no direct climate change implications arising from this report.

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**Healthier Communities and Older People Scrutiny and
Performance Panel**

**District Arrangements Working Group
Final Report**

March 2009

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Foreword

There are significant challenges facing Social Care and Health services both nationally and in Staffordshire in the future. The expected increases in the elderly population in some parts of Staffordshire will be amongst the highest in the country. An increasingly older population brings with it both opportunities and challenges in respect of a greater range and complexity of support needs. This is set against a backdrop of needing to ensure value for money and uncertainty as to how nationally the support and care needs of an ageing population will be financed over the long term.

In undertaking this investigation we wanted to assess the progress in implementing the new district structure arrangements in Social Care and Health within the County Council and the emerging impact of these new arrangements. As councillors we wanted to assure ourselves that the organisational changes were beginning to yield positive outcomes that were having a direct impact upon service users and local communities. We also wanted to assess the extent to which wider directorate and County Council cultural and process changes were taking place to reinforce the direction of travel that as councillors we want to see.

We spoke directly to District Directors, staff and partners to hear first hand the changes that have been taking place over the past eighteen months and the impact these changes were having. Intentionally we spoke to these groups separately on most occasions so as to allow people to speak freely about what was working well but also importantly what the challenges and barriers were.

I, on behalf of all of the members of the working group, would like to personally thank the District Directors of East Staffordshire, South Staffordshire and Newcastle under Lyme and the staff and partners that gave their time to speak to us during our visits. Their openness and willingness to talk to us made this investigation both worthwhile and enjoyable. My hope is that through our report and recommendations we can support the innovation and commitment that exists within the districts and especially amongst our frontline staff whose commitment and enthusiasm shone through during our visits.

Councillor Mrs. Perry
Chairperson of the District Arrangements Working Group

Summary

Eighteen months on from the implementation of the district arrangements within the Social Care and Health Directorate, Scrutiny Members undertook an investigation to establish the progress that has been made in implementing these new structures and the impact they were having. Rather than duplicate the performance monitoring arrangements that exist within the directorate, and corporately, the Working Group chose to focus on two key themes. These themes were:

- Are the district arrangements having a visible impact upon the working relationships with partner organisations, including the voluntary and community sector, and in turn leading to improved outcomes that could be attributed to more effective joint working at a locality level?
- Have the district arrangements resulted in improved communication across teams, organisations and with local elected members?

During an intensive period in November 2008 the Working Group undertook a series of visits to a sample of districts to speak to District Directors, partner organisations and staff. Three districts were chosen representing different geographical and demographic areas with a differing mix of social care and health priorities.

Some of the positive messages that arose from the visits included a clear message that communication had significantly improved both with partners but also with staff, a locality focus enabling the development of shared commitment across agencies to tackle local priorities and stronger Social Care and Health presence at partnership forums. The social care presence within the districts was more visible, approachable and engaged. Staff spoke repeatedly of initiatives that they felt empowered to develop locally to respond to local needs and priorities including fast track initiatives to improve the customer journey.

Areas for ongoing development include the development of a strengthened brokerage and advice service as the personalisation agenda progresses, support to the 3rd sector and ongoing progress in respect of updating ICT systems, freeing up resources from traditional services to reinvest in more effective personalised services, reducing paperwork and bureaucracy and ensuring adequate staffing levels and effective training and development for staff including agency staff.

Recommendations

Having completed its investigation the District Arrangements Working Group recommends:

1. That the Social Care and Health Directorate, working in partnership, develop a clear strategy and action plan for the ongoing development of brokerage, signposting and advocacy support on a countywide basis for service users, carers and those that pay for their own care. This is to maximise the opportunities that are presented by personalisation whilst ensuring that vulnerable individuals are not daunted by the choice and perceived complexity of these opportunities.
2. That a single County wide 24/7 single telephone number, with the corresponding infrastructure to provide rapid response to queries, is developed to enable service users, carers and the wider public to be able to effectively contact Social Care and Health services and obtain timely support/information.
3. That further steps are taken to refine the contract management and quality assurance mechanisms that are in place. This is to ensure a stronger focus upon outcomes for individuals rather than simply statistical outputs and the ability to work with and support smaller providers. Ultimately contract management must be robust enough, and clearly defined in terms of expectations, to enable timely remedial action of contracts where service standards are not being met.
4. That clear action plans are communicated to staff and councillors in respect of the implementation of outcomes from the Systems Thinking pilots and the development of new ICT infrastructures. Both of these initiatives are seen as being very positive in respect of taking the directorate forward and delivering improved services and customer journeys to local people and communities. There is however a potential gap between the vision that has been created and its implementation. Effective and regular communication will enable momentum to be maintained during this period.
5. The Directorate's DMT is asked to review its workforce planning priorities to ensure that the workforce plan will deliver both budget and value for money priorities but also the staff resource to deliver the vision of excellence that is being clearly articulated, especially in respect of unfilled vacancies in frontline services.
6. That the Social Care and Health Directorate develop, and importantly articulate, the potential role of District Directors in meeting the directorates, and County Council's, wider priorities in the future.
7. That given the range of district management and engagement mechanisms being developed across the local authority; the County Council reflect on the links between these arrangements to ensure they are collectively supporting improved services and communication at a locality level and are not duplicating resources and effort.

The Healthier Communities and Older People Scrutiny and Performance Panel have previously made recommendations about the development of a Voluntary and

Community Sector Strategy. Following this investigation the Working Group wishes to reinforce the importance of supporting the sector to enable it to respond to, and obtain the opportunities of, the commissioning intentions of the County Council and its partners.

As a Working Group we recognise that our investigation comes at a time of financial constraints both nationally and locally combined with growing pressures upon Social Care and Health Services as a consequence of an ageing population with growing complex support needs. Investment in Social Care and Health Services by the County Council, Health partners and the independent, private and voluntary and community sector remains key to protecting some of the most vulnerable people within our communities. We feel that the gains made through the district approach are at risk should funding be squeezed to meet other directives.

In developing their work programme for the coming year the Healthier Communities and Older People Scrutiny and Performance Panel should maintain an ongoing dialogue with District Directors. This will benefit Members in terms of their understanding of the opportunities and barriers faced in moving forward Social Care and Health services in Staffordshire. It also provides officers with a sounding board and channel of communication through to Members which has proven constructive over the past twelve months.

Membership and Terms of Reference for the Working Group

The membership of the Working Group was as follows:

Mr. P. Davies	Mr. G. Morrison
Mr. T. Dix	Mrs. S. Oatley
Mr. D. Dixon	Mrs. K. Perry (Chairperson)
Mrs. V. Downes	

The District Arrangements Working Group was established by the Healthier Communities and Older People Scrutiny and Performance Panel in July 2008. The intended outcome from the review was to:

- Make informed evidence based comments on the progress in implementing the district arrangements in Social Care and Health after 18 months of operation.
- Comment on the impact the district arrangements were having on key operational outcomes including improved partnership relations, improved communication with Members in localities and improved responsiveness to local needs.
- Make recommendations about the future development of locality working both within Social Care and Health but also to highlight good practice that could be adopted more widely.

To facilitate this, the Working Group visited three of the districts to speak to District Directors, partners and staff to obtain first hand feedback as to the impact of the social care district arrangements. As part of their investigation the Working Group undertook the following visits:

- Newcastle-under-Lyme District – 11 November 2008
- East Staffordshire District – 19 November 2008
- South Staffordshire District – 26 November 2008

The findings of these visits and the additional information presented by the Directorate during the course of the review are presented in the report. The Working Group's remit was to consider the effectiveness of the district arrangements overall rather than any one specific district. As not all districts were visited it was considered inappropriate to highlight issues specific to one area, although positive case study examples from each of the three localities visited are highlighted.

In order to ensure a frank and open exchange of opinions commitment was given to not attribute comments either to individuals or district areas. As such the report is structured in a way that summarises the comments of the three principle groups consulted which were District Directors, partners and staff. All three groups were asked to identify the strengths of the new arrangements and the ongoing challenges and barriers. It is these that were used as the basis of the recommendations of the Working Group. It is recognised that some of the comments were individual comments rather than necessarily the views of the focus group as a whole.

The Working Group was supported by Darren Evans – District Director for Newcastle, Madeleine Fullerton – District Director for East Staffordshire, Stuart Rees – District Director for South Staffordshire, Julie Roberts – Senior Member and Democratic Support Officer and Duncan Whitehouse – Scrutiny and Performance

Manager. Additional evidence was provided by officers within the Social Care and Health Directorate and partner agencies during the course of the review.

The Development of the District Arrangements in Staffordshire

The district based management arrangements in Social Care and Health were established in May 2007 with the appointment of eight District Directors covering Staffordshire, Moorlands, Stafford, Cannock, East Staffordshire, Newcastle, South Staffordshire and Tamworth. They took operational management responsibility of district teams as well as individual strategic accountability for countywide social care priorities to ensure a balance between achieving local and countywide priorities.

The driver behind the changes to the district structures was to ensure local capacity and leadership to progress the Social Care and Health objectives at a locality level. This was with the aim of providing greater opportunities to work in partnership to ensure responsive services that identified and met local needs. Key to these developments was the ability to draw together closer working relationships between Social Care and Health, Health services, District and Borough Councils and the private, independent and voluntary and community sectors.

The revised workforce structure within Social Care and Health, of which the district arrangements is a key part, has resulted in a reduction of 390 management positions within the directorate between August 2005 and August 2008 and a reduction in the overall number of staff during that period of 1915. During the same period local and national performance benchmarks and external inspection feedback continued to improve.

Summary of Findings from Partner Agencies

One of the strong drivers for a move to a district arrangements structures was to facilitate stronger working relationships on the ground between the Social Care and Health Directorate and partner agencies both in the public sector and the independent and private sector and the voluntary and community sector. Few organisations organise themselves exactly on a county boundary basis hence a locality based presence was deemed to provide a local point of decision making and communication.

During the scrutiny investigation the working group spoke to a range of partners in order to discuss their perceptions of the impact of the new district arrangements. Organisations including representatives from Staffordshire Fire and Rescue Service, Newcastle 50+ Forum, Age Concern, health colleagues and district and borough officers all attended focus group sessions to discuss their perceptions as to the working relationships with the district teams.

Overall strengths outweighed areas for development in respect of partner's perceptions as to the effectiveness of the district arrangements in Social Care and Health. Participants in the focus groups highlighted a marked difference between relationships pre and post the recent organisational changes. There was felt to be a strong improvement in relationships since the district arrangements were introduced with clear local contacts that were willing to sit round the table and importantly had the authority to contribute resources and leverage to enable local action and innovation.

Partners were felt to be working more closely together and responding collaboratively to agreeing local priorities and developing both individual and joint activities to address these. Communication was not felt to be as remote with a local District Director and District Team that partners could build a positive working relationship with. Social Care was now more visible at partnership forums and there was a clear willingness to get out and hold discussions with local groups and communities.

In terms of areas for ongoing development partner organisations cited the need to ensure that whilst it was important to respond to local needs and innovate at a local level it was still important to ensure there was a core offer of social care and health services that the public could recognise on a countywide basis. The direction towards greater choice and personalisation was very much to be embraced as providing choice and opportunity to the users of social care services. For many people however it was access to services rather than simply choice that was important to them. Partners needed to work together to develop effective advocacy and brokerage services that enabled service users and their carers to understand the choice of services available to them and to access those services quickly and effectively. It was important to recognise that services were aimed at some of the most vulnerable people within the community and that they need to be supported to be able to make the choices that best met their needs.

The voluntary and community sector spoke about their move towards a stronger emphasis on preventative services and the learning curve that some needed to be go through to respond to changing socio and demographic issues and the corresponding commissioning intentions of public services locally.

Engagement with the 3rd sector, whilst improving, still needed to be nurtured within a backdrop of fragmented engagement of the sector in the past. Whilst locality working and personalisation presented opportunities to the sector it also presented risks in terms of its capacity to build and maintain relationships with a range of district based structures and the risks inherent in responding to changing needs, and hence commissioning intentions, quickly and effectively.

A full breakdown of the issues raised during the focus groups can be found in appendix 1 of this report.

Summary of Findings from Staff

There have been significant changes in terms of staffing structures within Social Care and Health over the past few years as a consequence of the Changing Lives programme and the need to refocus services to meet changing service user needs and expectations and to ensure value for money. These changes have inevitably led to a period of uncertainty amongst some staff. Overall however the strengths identified by staff outweighed the areas for development and there was a clear commitment to utilising the stronger empowerment of staff at a locality level to innovate and enhance services to local people and communities.

There was a strong sign up to the vision for high quality social care services within Staffordshire and staff were proud of the fast track initiatives that they were implementing. New initiatives particularly highlighted were phone assessments for low level aids and adaptations; Healthnet, a targeted prevention service and Unique Care, an initiative where social workers, community matrons and GPs were working together to identify and support individuals that were at risk. Innovation was

considered to be easier with a locality focus and a stronger sense of empowerment than existed when everything had to be directed through Stafford.

Staff spoke of visible improvements in customer journeys and closer collaboration both across social care teams and working with partners. There was a growing recognition of the benefits of going out and developing an ongoing dialogue with communities. Staff were developing training and support packages to support dialogue with black and minority ethnic groups.

Overall communication with staff was described as having greatly improved with management being more local to staff and hence less distant. Equally staff were pleased that communication with service users and carers was being given a higher priority which they felt was a key part of their job satisfaction.

Areas for development included concerns around the balance between providing services and support to service users and carers and the amount of paperwork that was required to be completed. Staff very much brought into the vision of what excellence would look like in Staffordshire but there were still concerns about the staff and other resources being available to deliver against this.

Capacity was also needed to build advocacy and support and community support infrastructures for key groups such as those with learning disabilities. This could not be delivered by the County Council on its own and would require partners working with communities to build effective support infrastructures.

A full breakdown of the issues raised during the focus groups can be found in appendix 1 of this report.

Summary of Findings from the District Directors

District Directors felt that the district arrangements presented an exciting opportunity to respond to local needs and to build strong working relationships with partners and stronger dialogue with service users, carers and local communities. There was felt to be a strong vision around Social Care working with partners and individual service users and communities to enable people to live the lives they wished to lead.

Over the past 18 months there had been strong developments and proposals around day services, strong partnership working with for example the Alzheimer's Cafes and the work with Elite. There was a far more proactive approach to involving and engaging service users and stakeholders and there were strong working relationships with the District and Borough Council's. There were some exciting initiatives being developed and there is enthusiasm for the work taking place to review systems and processes to ensure they are efficient and effective from the customer's perspective.

Continuing to build capacity was essential with effective commissioning to support current and future needs. The pace with which it has been possible to reinvest resources from traditional services into new services has been slow at times but it has been important to ensure service users, carers and the wider community were not left behind on the journey.

In terms of areas for development the changing demographic profile within the County poses one of the most significant pressures on services in the future with the predicted growth in the older population. Gaps exist around day opportunities with

the transition away from traditional day services. ICT remains an issue with systems that have been in place for a long time. The current system is time and labour intensive in terms of getting up to date management information out.

The effective commissioning and management of contracts was seen as being key to ensure the delivery of high quality services. Relationships with partners was strong and improving although cultural differences and different organisational and national priorities at times caused challenges that had to be overcome, especially with some parts of the NHS. Recruiting and retaining staff also remained an issue in some areas which impacted upon the pace with which the renewed vision around Social Care services could be delivered.

Additional Feedback on the District Arrangements

It was felt inappropriate to directly ask service users and the communities of Staffordshire questions about the impact of new district arrangements. How the directorate structures itself and manages its functions should ideally be invisible to those that receive services. The intention of these organisational changes was however to improve the quality and value for money of services provided by, and through partnership, with the Social Care and Health directorate.

The positive messages emerging from partners and staff through the Working Group have been reinforced by external inspection. The 2007-08 Annual Performance Assessment of Social Care Services for Adults Services for Staffordshire stated that “the new district arrangements are focusing upon local services for local areas have been very successful and welcomed by partner agencies, people in the local areas and the district and borough councils.” The report goes on to say that “the new district structure was put in place at the beginning of the year and some initiatives and changes were implemented very early on with demonstrable effect. Feedback from partners and people who use services supports the arrangements and confirms that they are viewed as positive. There are also links between the districts and the county to ensure people can learn from each other and the District Directors take a county lead on priority areas.” Overall the report highlights that “the district arrangements have been successful in developing a range of services based on local services for local people in an integrated way with a wide range of partners from all sectors.”

Significant progress had been made in developing consultation and service user and carer feedback mechanisms to enable the directorate to understand the needs of the people it supports and obtain feedback on the effectiveness of the services it delivers. Examples of the consultation and engagement mechanisms in place included:

- The districts, as part of their District Action Plan performance management arrangements, were required to evidence the differences that were being made to services within localities and the impact these were having.
- A “Your Voice” conference has been held to enable direct dialogue with residents, carers, staff and relatives affected by the home closures to have direct dialogue with the Corporate Director for Social Care and Health and officers.
- There is a recognised need for consultation events to be held in a range of locations to ensure all communities get the opportunity to have their say given the size of the County.

- An Improving Customer Experience (ICE) process had been developed whereby each District Director is required to speak to 12 clients annually in order to discuss on a one to one basis the service they have received and suggestions for improvement. Councillors may wish to consider speaking to their District Director about the possibility of sitting in on one of these sessions on an annual basis.
- Further work was needed in order to obtain feedback as to the effectiveness of agency care staff.

Overall, key messages that were coming back to the directorate through its consultation and engagement mechanisms were that service users and carers were seeing tangible improvements in the services they were receiving and they felt their voice was being heard as part of new developments. Ongoing difficulties included the ability to access the directorate at first point of contact especially by telephone.

Equality Implications

The visits provided evidence of targeted support being developed for key groups within the community. In East Staffordshire for example work was underway to provide training and awareness of staff and agency employees to raise awareness of cultural differences amongst communities that could lead to misunderstandings that could affect service provision. There was also active engagement with local colleges to develop training and support to encourage people from all ethnic backgrounds to take up a career in social care. Support for people with learning difficulties was also identified as a priority area for development.

The Working Group is of the opinion that were all recommendations to be accepted and implemented then there would not be a negative impact upon any one group within the community. The recommendation of developing a single 24/7 contact number is seen as increasing access of all communities to Social Care and Health services.

Appendix 1: Summary of Comments Made During Visits

Findings from Partner Organisations during the Visits

Strengths Identified by Partners
<ul style="list-style-type: none">• District arrangements are a strong improvement on what existed previously given that the needs of localities vary between urban and rural areas and areas with high levels of deprivation and areas that whilst being more affluent also have pockets of deprivation. A one size fits all approach from Stafford didn't work.• It was felt that partner agencies were responding to the need to deliver their services in a different way with a strengthened preventative approach. The Fire and Rescue Service was identified as a service that has adopted a stronger and more pro active preventative approach.• Joint Commissioning and pooled budgets were cited as providing strong opportunities to respond to local priorities and need.• Partnership working is much improved and the new district arrangements are having direct implications on working together to respond to local needs.• 12-18 months ago the relationship between Social Care and the local voluntary and community sector was cited by one partner organisation as abysmal. Although not perfect that relationship has changed dramatically and was very much moving forwards.• There is a strong degree of trust in the District Directors and their teams and a feeling that partners can share difficulties and reach a solution. Partners spoke about feeling able to e-mail/ phone when needed and that District Directors and their senior officers were always willing to come out and talk to partners and forums.• Health and Social Care were notable by their absence at partnership meeting 12-18 months ago (along with Health). There has been a real organisational shift with District Social Care representation round the table and a willingness to contribute, lead and deliver against the partnership agenda.• Previously partners were given often only 48 hours to respond to consultations from the County Council. This approach is changing however with far greater opportunity to comment on proposals at an earlier stage (although there still the odd occasion when short notice is given for feedback).• Previously there has been a sense of a silo mentality of specialist teams which is no longer the case.• Communication is much improved. A local contact is far more effective for a small voluntary organisation than trying to navigate the complexities of one large organisation based in Stafford.• Borough Council and District Teams are working closely together to deliver shared services (the blue badge scheme being one example that was cited).• Things have moved on in the past 12 months. Positive targeting across agencies of specific health needs is felt to be taking place.• The Health and Wellbeing Board has been a great improvement.• The District structure is highly effective with a strong focus and clear outcomes.• It was felt that there was stronger alignment with priorities and resources of social care and health including the reshaping of services, teams and secondments.• Partners spoke of a good balance between County Council, PCT and 3rd sector priorities.• The changes have brought about greater speed in responsiveness,

decisiveness and improved relationships.

- One countywide voluntary and community sector organisation felt that there was a better relationship and understanding through the locality arrangements and that the JCU has brought better relationships and a strategic approach to commissioning.
- The district model had allowed senior middle managers to identify and resolve issues more quickly and effectively rather than everything being dragged through various management layers.
- The new approach works best where the agenda and direction of travel is clearly on the table.
- Districts appear to be more active in encouraging flexibility to respond to local needs.
- It is important that at a local level for organisational priorities to be themed around local priorities rather than those specific to the organisations involved.
- Ultimately social care services need to be seen as being very local and very personal and the district based arrangements were felt to support this ethos.
- Having greater control over our care has enabled us to choose more enjoyable experiences. Key ongoing support would include greater employment opportunities and access to “normal” (not emblazoned with county council logos) transport.

Areas for Ongoing Development

- A key priority locally is the development of brokerage services to provide signposting and wider support and advocacy to enable people to make informed choices about the services being made available to them. This is an essential part of the move towards greater personalisation.
- Some partner organisations voiced recognition of their development requirements in ensuring that they are best able to represent the views of the people and communities they represent.
- There is recognition that the district arrangements offer greater opportunity to respond to local needs. There is however a need to ensure that the core service offer remains the same across all eight districts.
- Recognition does have to be given to countywide 3rd sector organisations that may need to build relationships with more than one district social care team and implication this has upon resources. Potential for 8 times the relationships and problems with attending a plethora of locality meetings. Smaller 3rd sector organisations are likely to benefit from more locally based contacts.
- One partner organisation felt that public bodies still struggled to engage the 3rd sector. There was recognition of the role and work of SCIO but not all of the 3rd sector is involved in SCIO.
- There were some breakdowns in communication over recent years with the recommissioning of services that meant that adequate notification had not been given.
- It was suggested that whilst the personalisation agenda was to be welcomed it does push greater risks onto the 3rd sector as a consequence of the greater range of choice available.
- The quality assurance of Personal Assistants going into peoples homes remains an issue.

Findings from Staff during the Visits

Strengths Identified by Staff

- Staff felt that services and the vision for high quality social care in Staffordshire is getting better every day.
- Staff are proud of a number of fast track initiatives that they have been implementing to improve services to local people and communities (phone assessments for low level aids and adaptations being cited as one example).
- Staff felt there was better management structure in place and more staff overall.
- There are better links with partners.
- Strong relationships were being built with local social housing providers.
- There are developing targeted prevention services such as Healthnet.
- Unique Care is an innovative project with social workers, community matrons and local GPs working together to provide pro active identification and support to individuals at risk. 150 vulnerable people have been identified through the projects that were identified as being at high risk of reaching crisis point within the next 6-12 months.
- Very strong relationships being built with the Mental Health Team and local GPs.
- Visible improvements to customer journeys including joint visits and assessments.
- There is a stronger emphasis on officers going out and speaking to community groups.
- There is a recognised need to employ people from ethnic communities to better meet diverse community needs.
- Officers currently developing cultural and religious packs to support staff in understanding cultural and language differences/ barriers.
- There was felt to be opportunities to develop capacity within local colleges to provide training and qualifications.
- Staff recognised the importance of allaying peoples concerns over any form of change by providing people with concrete examples of the services available to them and the support on offer. A positive innovation has been to provide taster sessions enabling service users to experience activities they could undertake through use of a Direct Payment. Some people remain concerned about dealing with the financial responsibilities of Direct Payments.
- A reduction in the number of things imposed on us from Stafford enables us to more effectively respond to local priorities and the needs of local communities.
- There was a feeling that homecare services have stood still for a long time but are now moving forward.
- Staff felt there were stronger working relationships with health and independent agencies.
- The Health and Wellbeing Board provides a positive opportunity to build constructive partnership working.
- One of the greatest improvements over the past year has been improvements in communication with staff. We feel a much stronger part of the future direction of the service.
- A lot of work being undertaken to make communication with service users and carers more accessible including regular local forums.

Areas for Ongoing Development

- Waiting lists were improving but the balance between form filling and spending time with service users was felt not to be right meaning staff don't always have the time to spend with users of our services.
- The pressure on staff is greater than it was ten years ago and there are difficulties in ensuring the capacity to support Direct Payments. Some staff felt that the pressure on them was at times immense. Staffing levels remain an issue.
- Changing Lives is something staff are signed up to but resources are tight in terms of delivering all of the vision. A recruitment freeze has had an impact on the ability to move things forward especially during times of sickness levels.
- A growing issue was the impact of less community and family support to individuals as they grow older or suffer from health difficulties. This puts greater pressure on social care and health services.
- There is a pressure on the Access Team to meet with everybody within 7 days and delays in getting packages in place when some elements of that package are passed on to other teams. These delays cause frustrations for both service users and staff.
- Bureaucracy remains an issue with the amount of paperwork which requires the duplication between reviews, risk assessment and quality standards. There is also a feeling that time is spent signing and counter signing paperwork. The current review of paperwork will hopefully address some of these issues.
- Continuity of services for individual service users is crucial. Training and support to agencies and agency workers is also key in spotting early problems and preventing longer term and more costly interventions. The transient nature of the homecare agency workforce is also a problem.
- It is important to go out to community groups and explain what is available to them, especially for some groups such as those with learning disabilities?
- There is a feeling that there currently isn't the capacity in terms of delivering all of the personalisation agenda that they would wish.
- Capacity is needed to build advocacy and support to those with learning difficulties (photograph images and symbols required for effective consultation). A need for time and capacity to deliver meaningful engagement and consultation.
- Personal Assistants pose a difficulty for some bme groups as there are misunderstandings over cultural differences.
- Potential staffing issues building with an older workforce – 75% of staff over 55. There has also been a loss of some good staff due to uncertainties over the past couple of years.
- Telephone access remains an issue in some areas and a review is underway to improve customer access points.
- There isn't currently the infrastructure within the community to be able to adequately meet the needs of certain groups such as those with learning disabilities.
- In addition to improving the customer journey it is important to routinely capture customer feedback and evidence real customer involvement and empowerment. As a directorate there is also a need to review reward and remuneration policies for those giving feedback.

Findings from District Directors during the Visits

Strengths Identified by the District Directors
<ul style="list-style-type: none">• There are strong developments around day services.• Enhancement of services is dependent upon access to money tied up in traditional services. A need to recognise transition arrangements that meet the care needs of existing users of services.• A lot of work taking place to involve service users and stakeholders. There is ongoing mapping and gap analysis of services.• There is a need to continue to build capacity to be able to commission effectively to meet current and future needs.• Lean intervention will be valuable when fully introduced but not moving forward as fast as staff on the ground would like. Enthusiasm for introducing a system that is efficient and effective.• Positive range of activities delivered locally during National Older People Day including a range of intergenerational activities.• Ability to share work and good practice through both the Social Care and Health Performance Group and fortnightly meetings between the District Directors.• Work taking place with District Councils to address performance in respect of Disabled Facilities Grants.• The District arrangements present an exciting opportunity as well as challenges with a focus on both district and countywide priorities.• Strong vision around Social Care working with partners and individual service users and communities to enable people to live the lives they wish to lead.• Strong partnership working developing such as the Alzheimer's Café and the work with Elite.• Strong homecare provider network but further work taking place to raise quality standards. The team is very much looking to use the opportunity of contracts coming to an end to improve quality standards.• Working closely with the 3rd sector to provide support and develop capacity.• No major barriers in respect of the rolling out of the Changing Lives agenda although it has taken some time to realise that the reality was different from rumours and worst fears.• Relationships with District Council's are good although there have been difficulties at an officer level purely because of staffing changes. Relationships with County and District Councillors are very good.• The relationships with Health are working well although there remain tensions between cultures.• Countywide initiatives being developed to support and advise self funders• There is stronger working with the District Council's including an Occupational Therapist within district home providers.• Clearer assessment pathways are in place.
Areas for Ongoing Development
<ul style="list-style-type: none">• Gaps exist around day opportunities with transition from traditional day services.• Changing demographic profiles pose one of the most significant pressures on services in the future with the predicted growth in the older population in the future.• Effective contract and quality management will be essential to ensure high

quality commissioned services. There needs to be a pro active management of contracts.

- Independent living for people with learning disabilities will also be an increasing priority.
- Individual budgets are not progressing as quickly as we would like. It isn't the intention to charge ahead without taking service users and partners with us and being clear about future need and pressures.
- A need to recognise that not everybody wants, or is comfortable with, having a Direct Payment.
- Partnership links could be further improved and actions to improve the effectiveness of performance management arrangements for the LSP.
- A key ongoing challenge is the capacity to deliver against all priorities including the capacity to meet demands of partners especially the PCT. Work ongoing to develop appropriate care pathways to ensure move on from hospital at the appropriate time.
- The business case for local Extra Care developments are progressing well although there have been some tensions between partners in terms of the innovations to be included in the developments.
- There have been cases where hospitals have discharged individuals without appropriate care and support which has prevented some pro-active support that would have prevented readmissions.
- Challenges were presented by the fact that the district teams were not fully staffed and that some of this was due to decisions from HQ.
- The availability and timeliness of financial and performance data is not ideal given the outdated IT system (KISS). The system is time and labour intensive in terms of getting effective management information out of it. The codes for the system are complex and leads to recording errors which in turn potentially impact upon performance as assessments are being recorded incorrectly.