

Southampton City  
Council  
Adult Social Care  
**Peer Challenge Report**

May 2019

**Final**

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# Executive Summary

Southampton City Council (SCC) requested that the Local Government Association undertake an Adult Social Care Peer Challenge at the Council and with partners. The work was commissioned by Sandy Hopkins the Chief Executive and Richard Crouch, Chief Operating Officer at Southampton City Council. They were seeking an external view on the state of the adult social care service, which form of the Adults, Housing and Communities Department at Southampton City Council and intend to use the findings of this peer challenge as a marker on their improvement journey. The specific scope was to give a really clear base from which to reframe the work of the department, in particular:

- Is social work practice in line with delivering within the statutory requirements of the Care Act?
- Do we have sufficient capacity and capability within the workforce?
- Is the budget set at the correct levels?
- Does the council have the right strategy and governance arrangements in place to deliver its adult social care objectives?

It was clear to the peer team from the pre-reading and the conversations we engaged in whilst onsite in Southampton that senior leaders from across the Council, both members and officers see a significant opportunity to transform the Council. The adult social care management team were commendably honest about the position of the service in the self-assessment for this work. Throughout the onsite work there were few things of which they were unaware. If peer challenge is, in part, an assessment of self-awareness it is to their credit that very few things we discussed with them were a surprise. Being in this position makes it easier to improve.

The key changes that need to be made at SCC are fully understood by the leadership in that the strategic resources review needs to be agreed and fully implemented. As part of this there will be the appointment of a permanent Director of Adult Social Services (DASS) with statutory responsibility for both commissioning and delivery of adult social care which should ensure that there are clear lines of accountability, responsibility and reporting to members, partners and staff. This will provide the stability adult social care requires.

Through this process in adult social care it needs to be ensured that there is sufficient leadership and capacity at all levels to deliver the service from the DASS, through the Assistant Director level, middle and frontline managers. When this structure is put in place, consider how to ensure there is a good understanding of social work practice and safeguarding at a senior level. So that when decisions about frontline service delivery are made they are informed by this knowledge, with senior colleagues and Elected Members fully apprised of risk when advice and guidance is given.

The service needs to create a base budget for adult social care based on need and then a strategy to deliver the service within these resources. Then use this understanding of what is required to negotiate with colleagues both inside and outside SCC about what good adult social care delivery looks like. This process should create clarity and confidence for adult social care at all levels. Thus it should be possible to address the culture of anxiety and the capacity issues that presently bedevil the service and hinder its ability to work really well for people.

New lead members are dedicated to working with adult social care staff to provide good leadership and direction and it is a positive position to be in that there are good partnership relationships across the City. There are strong relationships with health to deliver integration as well as the good work of the Joint Commissioning Board and the Integrated Commissioning Unit. The ICU's focus is on transformation and creating system change of which Adult Social Care is a key element.

Senior managers recognise the need to strengthen the approach to communicating the new vision and strategy for Southampton across adult social care and its partners, so that staff are clear about the way forward and how they can play their part in it. In order to contribute to this transformation staff will need more support in managing changing cultures and ways of working. The details of these and other issues are outlined and discussed in the body of the report.

# Report

## Background

1. Southampton City Council (SCC) requested that the Local Government Association undertake an Adult Social Care Peer Challenge at the Council and with partners. The work was commissioned by Sandy Hopkins the Chief Executive and Richard Crouch, Chief Operating Officer at Southampton City Council. They were seeking an external view on the state of the adult social care service, which form of the Adults, Housing and Communities Department at Southampton City Council and intend to use the findings of this peer challenge as a marker on their improvement journey. The specific scope was to give a really clear base from which to reframe the work of the department, in particular:

Scope	Key areas of focus
Is social work practice in line with delivering within the statutory requirements of the Care Act?	Outcomes for people Service delivery & effective practice
Do we have sufficient capacity and capability within the workforce?	Resource & workforce management
Is the budget set at the correct levels?	Resource & workforce management
Does the council have the right strategy and governance arrangements in place to deliver its adult social care objectives?	Vision, strategy & leadership

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’ with no surprises. All information was collected on a non-attributable basis in order to promote an open and honest dialogue.
3. The benchmark for this peer challenge was the Adult Social Care Key Areas of Focus Tool (Appendix 1). Prior to the peer challenge exercise SCC completed a self-assessment to give the peer challenge team a view with which to compare what they read, heard and saw whilst onsite.
4. The members of the peer challenge team were:

- **Moira Wilson**, Care and Health Improvement Adviser, Yorkshire and the Humber, Local Government Association
  - **Amy Cross**, Executive Member for Reducing Health Inequalities and Adult Safeguarding, Blackpool Borough Council
  - **Jamaila Tausif**, Associate Director of Commissioning, NHS South Cheshire CCG & NHS Vale Royal CCG
  - **Scott Woodhouse**, Strategic Commissioning Manager, Adults, North Tyneside Council
  - **Grace Hanley**, Assistant Director Health and Social Care, Brighton and Hove City Council
  - **Michaela Pinchard**, Independent Adult Social Care Consultant
  - **Marcus Coulson**, Challenge Manager, LGA
5. The team were on-site from 14<sup>th</sup> – 17<sup>th</sup> May 2019. 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 and partners
  - focus groups with managers, practitioners, frontline staff and people using services and carers
  - reading documents provided by the Council, including an independent case file audit and a self-assessment of areas of strength and challenges
  - taking into account the report of an in-depth finance review completed in advance by the Local Government Association's Care and Health Improvement Adviser for Finance and Risks
6. The peer challenge team would like to thank councillors, staff, people who use services, carers, partners and providers for their open and constructive responses during the challenge process. All information was collected on a non-attributable basis. The team was made very welcome and would in particular like to thank Sharon Stewart, Adult Social Care Service Lead and Nash Gwaze, Executive Personal Assistant at Southampton City Council for their invaluable assistance for the onsite support to the team in planning and undertaking this peer challenge which was well organised and administered.
7. Prior to being on-site the team considered eighty-nine documents including a self-assessment. Whilst on-site the team had forty-two meetings with at least seventy-three different people. The peer challenge team have spent about 336 hours with Southampton City Council and its documentation, the equivalent of 42 working days.
8. Our feedback to the Council on the last day of the challenge gave an overview of the key messages. This report builds on the initial findings and gives a detailed account of the peer challenge.

## Context

9. To understand the present context that Southampton City Council Adult Social Care finds itself in it is important to realise the recent history of the organisation. In January 2019 Sandy Hopkins took up the post of Chief Executive and is bringing stability to the organisation after a period of change, that change included an interim Chief Executive and over the past five years five Directors of Adult Social Services.
10. Ms Hopkins has instigated a review of strategic resources that will include a revised strategic management structure with altered responsibilities and reporting lines. As well as the new Chief Executive the peer team spoke with a wide variety of people at all levels in the organisation who expressed a desire to improve the Council as well as the delivery of services in adult social care.
11. The relationships between partners across the City appears to be good and this is evidenced through some effective integrated working. The partnership landscape across the City will change further and there is an opportunity for the new Chief Executives at Southampton City Council, University Hospitals Southampton Foundation Trust and a change in leadership at Southampton Clinical Commissioning Group to forge yet stronger ties between themselves and with other key partners in the City such as the wider business community. To drive this there is recognition of the need for SCC to be more outward facing.
12. Within adult social care it was clear that staff and councillors are committed to those they serve and work hard to deliver positive outcomes for them. This is despite the capacity issues the department is experiencing. As with all adults services across the country significant cuts in funding have required a reduction in the number of staff. This has got to a point in Southampton where in essence there appear to be too few staff to deal with the demands to deliver a safe, effective service. Several groups of staff are experiencing severe stressors due to high workloads with fewer colleagues to complete tasks yet with still the same desire to do a good job. The changes in the department have not been restricted to frontline staff but also includes senior management. The present leadership is split between an operational lead and a commissioning lead, both of whom report to a Chief Operating Officer. This results in some people both within the organisation and outside being unclear how the responsibilities for different aspects of adult social care business are allocated and unsure of to whom to speak to about issues, this may also create risk in decision-making. The individuals in these posts, however, take responsibility and work hard to try to reduce any apparent confusion and manage the inherent risks involved.
13. Added to the issue of limited capacity is that of culture. The present tone of the culture, within the adult social care department is one of anxiety. This inhibits staff decision-making and their ability to prioritise, leading to accounts of anxiety and exhaustion. The positive response by a number of staff at the frontline and at team manager level was impressive as they have organised themselves into peer support groups to protect themselves and their well-being. This needs to change for the better.

## Key Messages

- Agree and implement the strategic resources review
  - Appoint a permanent DASS and ensure there are clear lines of accountability, responsibility and reporting to members, partners and staff
  - In adult social care ensure there is sufficient leadership and capacity at all levels to deliver the service
  - Consider how to ensure understanding of social work practice and safeguarding is represented at a senior level
  - Create a base budget for ASC based on need and then a strategy to deliver the service within these resources
  - Use this understanding of what is required deliver the ASC service to negotiate with colleagues both inside and outside SCC about what good service delivery looks like
  - You are doing some really good work in the:
    - Senior Practitioner Support Group
    - Extra Care Housing
    - Community Independence Service
    - Integrated Commissioning Unit
    - Integrated Discharge Bureau
    - Joint Commissioning Board
    - Joined up Better Care Fund
    - Total Integration Case Study
    - Support and engagement from key partners
  - But you need to focus on the basics in a caring manner:
    - Information & advice for people to help themselves in their communities
    - How people access services
    - Person centred needs assessment
    - Managing risk
    - Delivering personalised care and support plans
  - Workforce capacity is an issue across adult social care resulting in delays in response times, multiple hand-offs and increasing pressure on frontline staff and managers for example at the Front door and the Social Wellbeing Teams.
15. The key changes that need to be made at SCC are fully understood by the leadership in that the strategic resources review needs to be agreed and fully implemented. As part of this there will be the appointment of a permanent Director of Adult Social Services with statutory responsibility for both



commissioning and delivery of adult social care which should ensure that there are clear lines of accountability, responsibility and reporting to members, partners and staff. This will provide the stability adult social care requires.

16. Through this process in adult social care it needs to be ensured that there is sufficient leadership and capacity at all levels to deliver the service from the DASS, through the Assistant Director level, middle and frontline managers. When this structure is put in place, consider how to ensure there is a good understanding of social work practice and safeguarding at a senior level. This should ensure that when decisions about frontline service delivery are made they are informed by this knowledge, with senior colleagues and Elected Members fully apprised of risk when advice and guidance is given.
17. The service needs to create a base budget for adult social care based on need and then a strategy to deliver the service within these resources. Then use this understanding of what is required to negotiate with colleagues both inside and outside SCC about what good adult social care delivery looks like. This process should create clarity and confidence for adult social care at all levels. Thus it should be possible to address the culture of anxiety and the capacity issues that presently bedevil the service and hinder its ability to work really well for people.
18. The peer team had the privilege to hear about some really good work in the:
  - a. Senior Practitioner Support Group, enabling staff to work effectively across adult social care.
  - b. Extra Care Housing is part of the Adult Social Care priorities for 2019/20 and the service the peer team visited at Erskine House provides a positive and effective offer for its residents.
  - c. The Community Independence Service, is an integrated team with Solent NHS Trust, the community health provider, with social work practitioners and occupational therapists working as three locality teams aligned to Better Care clusters, delivering assessment and a reablement plan, supporting people with long term care and support arrangements in straightforward cases where goals cannot be reached with reablement and an individual's own strengths and networks. This service is an exemplar of integration and rated outstanding. Those who use the service are satisfied with the service, saying that it helps them regain independence, that staff listen to them and that they feel safer following support.
  - d. The development of an Integrated Commissioning Unit (ICU) in 2014 demonstrates a joint commitment to further strengthening integration with arrangements underpinned by Section 75 and Section 113 agreements and relevant governance and delegation. This includes a shared ambition for change. The ICU covers commissioning for Adults, Children and Public Health in the Council and a large element of the CCG budget. The ICU as an integrated commissioning team, is integral to delivering the City's Health and Care Strategy and has supported significant change across the City. The quality team within the ICU has a specific focus on improving quality in commissioned services and managing safeguarding concerns. The team is a mix of health and social care practitioners with differing areas of expertise. They support care homes and home care providers

through a range of activities including quality assurance visits, review of local intelligence and quality data, providing access to training and support through the Learning and Development VIP programme, providing bespoke training and facilitating access to specialists such as medicines management pharmacists, infection prevention and control and clinical nursing practice.

- e. The Integrated Discharge Bureau includes the Complex Care and Hospital Discharge Team who support people to be discharged safely from an acute or community hospital, with a focus on delivering the enhanced discharge pathway.
- f. The Joint Commissioning Board acts as a single health and wellbeing commissioning body for the City of Southampton with members having delegated authority to make decisions. The City's Joint Commissioning Board allows for integrated governance arrangements. The Board is comprised of Council Cabinet Members and members of the Southampton Clinical Commissioning Group Governing Body, enabling truly joined up decisions to be made.
- g. The Joined up Better Care Fund. There is oversight of the Better Care Programme and the associated pooled resources from both the CCG and Local Authority to support the delivery of the Better Care Programme. In 2018/19 this totalled £111.5M (£74.5m from the CCG and £37m from the Council), making Southampton one of the country's top ten authorities for pooling an amount way beyond its national requirement of £16.177m, which demonstrates its commitment to integrating health and social care at scale. The closer working has delivered progress in reducing Delayed Transfers of Care (DToC). The data to February 2019 shows a reduction in the overall rate of DToC (as a percentage of total available occupied bed nights) over the last 3 years, although the national target of 3.5% is not being achieved.
- h. Total Integration Case Study: Southampton (under the banner of Better Care Southampton) are one of the 5 case studies featured in the 2017 SCIE Report 'Integration 2020: Scoping research Report to the Department of Health'. The report presents findings from a programme of scoping research and engagement to better understand what excellent integrated health and social care should look like in 2020; to test out the Integration Standard with national stakeholders and local areas; and to provide feedback and support for further development of the standard.
- i. Support and engagement from key partners within the Council, with wider health commissioners and providers, and with voluntary and community sector partners.

19. Whilst there are areas adult social care does well it is recognised that there needs to be a focus on the basics of service delivery in a caring manner in such areas as:

- a. Information & advice for people to help themselves in their communities
- b. How people access services

- c. Person centred needs assessment
- d. Managing risk
- e. Delivering personalised care and support plans

20. Adult social care senior staff are aware that workforce capacity is an issue that results in delays in response times, multiple hand-offs and increasing pressure on frontline staff and managers. There were significant examples of these pressures in the work at the Front door and with the Social Wellbeing Teams that the peer team spoke with.

21. There is also the well-known issue of the culture of the department that is probably also present in other areas of the Council. Staff report that the culture is infused with anxiety as everything is a priority and must be completed to a high degree of accuracy even though there have been significant cuts to the number of posts. A smaller number of clearer priorities, with other things de-prioritised and an increase in capacity would remedy these issues. To achieve this the department needs clear and consistent leadership that sends and reinforces these messages over a period of time so that staff will believe them and see the differences.

## Political recommendations

22. For the politicians who lead Southampton City Council, and in light of the issues adult social care is working with in terms of capacity and workforce, it is key for all members to understand the pressures that staff experience between fulfilling their role as advocates for the community and also acting as a gatekeeper to the diminishing resources that are available.
  23. It would be useful to decide on 2 or 3 political priorities that all strategies can work towards to give clear direction to the officer group to achieve. This gives clear political leadership and a message that is recognised by residents. This allows for clear decision making criteria for offices to follow. All strategies and major policy decisions can be checked against these priorities. If residents understand the message from political leaders they are more likely to understand what the Council is trying to achieve. Examples of priorities are usually, i) To grow the local economy and support existing businesses, and, ii). To improve the lives of people, living, working and visiting the City.
  24. Consider how to brief the portfolio holder and other members using options appraisals in a timely way that allows for debate, policy development and the management of risk. This would promote the development of political understanding and discourse about adult social care and the challenges it faces.
  25. Adult social care should implement a system for managing member enquires to ensure there is a timely and appropriate response to queries and clear lines of responsibility for requests and replies.
  26. The Council may wish to revisit the issue of all out elections to provide certainty for staff and continuity of political leadership for elected members.
  27. It would be possible to seek to use the Overview and Scrutiny function more effectively for the development of policy, inform decision-making, scrutinise key aspects of adult social care delivery and help cross party working through the use of pre-decision scrutiny.
  28. Use informal Cabinet to have policy discussions and support Cabinet Members in decision-making.
  29. Consider the offer of political support and development opportunities for all members, such as attendance at the National Children's and Adult Conference (<https://www.local.gov.uk/NCASC-2019>) and the LGAs member development programmes the webpage for which can be found here: <https://www.local.gov.uk/our-support/highlighting-political-leadership>
- Other LGA Member Development Programmes are:
- The Leader's Programme: <https://www.local.gov.uk/our-support/highlighting-political-leadership/lga-leadership-development-leaders-programme>
  - Next Generation: <https://www.local.gov.uk/our-support/highlighting-political-leadership/next-generation>
  - Leadership Essentials Programmes: <https://www.local.gov.uk/our-support/highlighting-political-leadership/leadership-essentials>

30. Training for all Cabinet Members should include further developing a more in-depth understanding of the budget and how to influence the budget setting process as it progresses each year.

## **Outcomes for people to improve independence and wellbeing**

31. It was clear to the peer challenge team that partners respect adult social care delivery teams, have good relationships with them and there are some good integrated working arrangements in place. For example the Community Independence Service, the Integrated Learning Disability Team and the good links with the CCG and the Accident and Emergency Delivery Board. The respect of staff working together in the Urgent Response and Community Independence Service had for each other and their respective roles was evident in their dedication and commitment towards achieving the best outcomes for people using the service. Successes described included; the transfer of health and social care pathways into a single pathway, multi-disciplinary working with staff upskilling in each other's areas and reducing unnecessary referrals and hand offs.
32. There is a clear understanding of Deprivation of Liberty Safeguards (DoLS) risk within the Council both at the strategic and operational levels and a good audit tool to manage the risk. A potential development to consider would be to highlight this on the Corporate Risk Register so it can be managed further.
33. The Shared Lives Service is delivering really good outcomes. In addition there are two residential care homes, with a total of 67 beds and it is these services that are rated as "Good" by the Care Quality Commission.
34. Adult social care senior managers recognise that co-production with people who use services and family carers' needs to take place. The medium term adult social care strategy has a commitment to the co-production of a longer term strategy and the department is learning from the way that it approaches decisions to close services such as residential care. A care service for people living with a learning disability has also highlighted the need for a genuine co-production approach. It is proposed to establish a "Making Social Care Work" Board with broad representation, including people with lived experience, to oversee this process. There was also good evidence of this within the Extra Care Service redesign. The peer team recognise that the service is self-aware and has a clear desire to learn.
35. The commissioners of the Learning Disability Service are working with operational staff to change the offer. The joint appointment with the CCG of an Integrated Service Manager for Learning Disability in November 2018, has brought much needed additional senior leadership capacity and has enabled a clear focus on practice and service improvements. There is significant service user involvement in the Learning Disability Partnership Board and Carers of people with learning disabilities were consulted as part of the Learning Disability Market Position Statement. Action is planned as a result of their feedback. The Choices Advocacy survey and focus group of service users with learning

disability collected information on their views and stakeholder meetings have also been held with voluntary organisations and carers of people with learning disability.

36. There is a new social work manager in place to support social work supervision with the mental health teams. This is adding capacity and oversight through effective supervision which in turn is leading to better case management and team support. It is likely that it will also reduce staff absence and sickness rates.
37. You recognise there is more work to be done on complaints and compliments. You recognise that learning from complaints will help you to improve outcomes for those who access services and you also recognise that feedback from users and carers needs to be collected and then used to inform strategy and change service delivery.
38. During the past twelve months changes had taken place in the safeguarding service. This involved a move from a central specialist safeguarding team to a front door triage system at Social Care Connect, the relocation of safeguarding social work staff to the local social wellbeing teams, and retaining a central quality assurance hub.
39. The Quality Assurance Team are working well with care providers on safeguarding issues. The Quality Assurance Team (part of the Integrated Commissioning Unit) have a proactive approach to working with and alongside care providers. This can be through the open and trusting relationship they have already or by responding to safeguarding or quality issues brought to the attention of the team. This approach has seen an overall improvement in the quality of provision and ratings by CQC over the last five years.
40. The peer team considered that the new safeguarding system was not fully embedded as it was difficult for managers to have a joined up view of the whole safeguarding system, and backlogs were reported at different stages. We advise that you undertake a joint review of the safeguarding pathway with partners and quality assurance system to report to the Safeguarding Adults Board, to include:
  - a. the timeliness of assessments on customer safeguarding pathway
  - b. managing risk and the allocation of cases
  - c. quality assurance of case flow in real time
41. It is also important reconsider how to ensure a line of sight between operational social workers doing safeguarding and the Southampton Safeguarding Adults Board. Under the Care Act the SAB has a key role in holding all partners to account for the effectiveness of safeguarding arrangements. As part of the review of the safeguarding pathway the Council with its partners should consider how best to ensure there is a line of sight on safeguarding practice to the SAB.
42. The peer team suggest the department look at the capacity for operational and commissioning staff to work even more closely together. At present there is a desire from both sides to communicate on commissioning intentions and the operational issues that inform them. However this intent is sometimes

scuppered by a lack of capacity for operational staff to be able to respond in a timely manner.

43. Adult social care recognises that there is insufficient capacity to carry out timely social care assessments and reviews (including those required to support service transformation) and similarly there is the awareness of the need to assure yourselves of the status and workflow of reviews and assessments across all service areas.
44. Address the capacity issues in the MCA/DoLS team and provide training on Mental Capacity Act/DoLS and assurance and monitor it through supervision. Consider a further audit to complement the two completed in 2017 and 2018 to check on progress, manage risk and ensure that senior adult social care management and the portfolio holder are advised of the potential risk of community DoLS risk. Following the case audit that was completed in 2018 it states that there were 61 uncompleted assessments, however the staff involved suggested they had over 300.

## **Vision, Strategy and Leadership**

45. It was clear to the peer team from the pre-reading and the conversations we engaged in whilst onsite in Southampton that senior leaders from across the Council, both members and officers see a significant opportunity to transform the Council. That would involve, in part, addressing the capacity and cultural issues prevalent in adult social care.
46. The Adult Social Care and Integrated Commissioning Unit Leadership Team were commendably honest about the position of the service in the self-assessment for this work. It was interesting to note that throughout the onsite work in the peer team's developing understanding of the department and in our ongoing discussions with them there were few things of which they were unaware. If peer challenge is, in part, an assessment of self-awareness it is to their credit that very few things we discussed with them were a surprise. Being in this position makes it easier to improve.
47. New lead members are dedicated to working with adult social care staff to provide good leadership and direction and it is a positive position to be in that there are good partnership relationships across the City. Examples the peer team heard about where that Better Care Southampton gives a clear strategy for the next five years developing integrated services and the Southampton Place is recognised in the Hampshire and the Isle of Wight Sustainability and Transformation Partnership plan.
48. There are strong relationships with health to deliver integration as well as the good work of the Joint Commissioning Board and the Integrated Commissioning Unit.
49. Senior managers recognise the need to strengthen the approach to communicating the new vision and strategy for Southampton across adult social care and its partners, so that staff are clear about the way forward and how they can play their part in it. In order to contribute to this transformation staff will need more support in managing changing cultures and ways of working.

## Working together

50. The corporate policy and projects management functions provide much needed capacity to deal with change. They can add value and be useful enablers of transformation in adult social care. The challenge for the department is for adult social care to find the capacity to engage and respond to requests in a timely and effective way.
51. There are good working relationships between operational and commissioning teams and between commissioning and Home Care providers and voluntary and community sector colleagues who are seen as equal partners. The Joint Commissioning Board works well, in part, due to the high levels of trust in place to develop joint commissioning arrangements, also SCC and CCG work well together in the pooling of budgets. In 2018/19 this totalled £111.5M (£74.5M from the CCG and £37M from the Council), making Southampton one of the country's top ten authorities for pooling an amount way beyond its national requirement which is £16.177M, and demonstrating its commitment to integrating health and social care at scale.
52. The peer team saw some good integrated services and front line teams working together. Examples were the Total Integration Team, the Learning Disability Team and the Community Independence Service.
53. The work on Transitions with Children's Services department is an example of good joint working, thoughtful training and development and engagement with young people and their families. Transition to Adulthood pathways have been developed by health and social care staff working together and in partnership with stakeholders. A guidance document has been developed as a collaborative piece of work and there have been implementation workshops for front line staff.
54. Whilst onsite in Southampton the peer team had the privilege of meeting with frontline staff from adult social care and health and their managers from a range of settings across the City. As a group they came across as resilient, hard-working and thoughtful with a clearly stated desire to deliver positive outcomes for the people who used the services as well as the carers of those people. It was typical that they were able to identify opportunities to improve their services which is a very positive position for the service to build on.
55. Better Care Southampton gives a clear direction for health and care over the next five years. It could consider how to engage and communicate this to public and staff so that teams feel greater ownership and understand how it fits into the day-to-day business of their teams.
56. The department may wish to consider how to provide effective and timely feedback to internal and external stakeholders about what is happening and ensure learning is put in practice with regards to areas such as the complaints procedures and safeguarding. There was evidence to suggest that different people involved in these areas did not always feel as well informed as they would like.
57. As has been mentioned previously there needs to be a more effective level of communication with staff on a range of issues. This could be widened to include



teams involved important service developments such as the insight and intelligence teams.

## Resource and Workforce Management

58. The recruitment of the new Principal Social Worker is seen by all as a welcome development. Members of the peer team met with the person concerned and were impressed by her understanding of the challenges, her ideas and approaches to address them. The note of caution we would like to sound is that given the current context, the post holder will need to be properly supported by the organisation and her colleagues to ensure that any improvements are sustained and effective.
59. Southampton's new Chief Executive is supportive of staff and their Continuing Professional Development and their personal learning through investment in people to achieve organisational learning. This welcome focus should seek to play its part in bringing the present culture to a positive place for staff as well as those who use services.
60. The adult social care department at Southampton appears to this peer team to have somewhat lost its focus on delivering its core business well due to competing priorities and capacity issues over the recent past and is now seeking to recover its position and focus. The commissioning of this peer challenge is an example of that intent to improve. The peer team heard about a strong network of peer support that adult social care staff use to maintain their wellbeing and we suspect the prevalence of this approach is, in part, due to a perceived absence of care by the department for its staff. There is also a growing recognition in the service of the need to change current practice that is seen by some as old fashioned and traditional, towards an approach which is focussed on delivering personalised care and support which helps people to maintain their independence and community networks.
61. The senior managers in adult social care are aware that there is a lack of staff capacity in the service to do the job well, which is a legacy of the recent cuts. This was further highlighted by the recent report from John Jackson the Local Government Association, Care and Health Improvement Adviser for Finance and Risks. You are also aware that funding some social worker posts from the temporary IBCF monies is a short term measure. Therefore you know you need to address the issue through the recruitment of social work staff to move towards your comparator average of 2.6 adult social care workers per 1000 65+ population and further develop support to retain the current workforce.
62. Related to the above point the service needs to make sure there is an appropriate level of investment in staff training and development so that staff report they feel guided and supported by the organisation so they can do their work well. With this in mind there need to be clear systems and management oversight to ensure consistency on a range of issues such as staff attendance, supervision and Personal Development Reviews.
63. The experienced staff in the department work hard to guide and support their newly qualified colleagues and there is significant good will towards their work and colleagues.
64. The peer team heard about the introduction of a new information technology system for adult social care. Along with the understanding of the need for

genuine co-production with those who use services and their carers it is an opportunity for the department to involve operational teams in the scope, design and delivery of this new system so they feel involved and listened to.

65. Review the current panel process to ensure good outcomes for people and that decision-making is as close to the customer as possible and enables greater budget control. All care package funding at present needs to be agreed by a panel which is an administrative burden and difficult to manage. Adult social care should seek to move to a system of delegated responsibility where staff have greater scope and flexibility to agree packages at team leader, team manager and service manager levels. The aim would be to give staff greater ownership for the funding and ensuring that it is more aligned to the outcomes to be achieved by the client.
66. In the recent report by John Jackson the LGA CHIA the comment was made that "Your Market Position Statements contain some useful information but there is more work to be done", the peer team concur with this statement.

## **Service delivery & effective practice**

67. The Public Health function at Southampton City Council are engaged with the prevention agenda and are clear how they can contribute to the priorities of the Council as a whole and the adult social care department.
68. The teams that are integrated with health are making good progress delivering positive outcomes for people and there is a desire by staff to get it right. This was the case with the Community Independence Service (CIS) which is an integrated team with Solent NHS Trust, the community health provider, with social work practitioners and occupational therapists working as three locality teams aligned to Better Care clusters, delivering assessment and a reablement plan, supporting people with long term care and support arrangements in straightforward cases where goals cannot be reached with reablement and an individual's own strengths and networks. The Urgent Response Service has an Outstanding Care Quality Commission rating and is an example of successful integration and investment with health and social care teams working together as one to deliver a seamless service.
69. There has been an improvement in the quality of CQC rating of both internal and commissioned services. The focus over the last 18 months for the quality assurance meeting has been on ensuring the CQC regulated services (Kentish Road, Shared Lives, Urgent Response Service, Glen Lee and Holcroft) meet the requirements of registration. Extensive action plans have been in place particularly in relation to Kentish Road, Glen Lee and Holcroft to support them in achieving a rating of good when inspected by the CQC. Current ratings are good for all services with the Urgent Response Service rated outstanding.
70. The Extra Care housing at Erskine Court that builds on the success of the earlier pilot at Manston Court, is a great service with resident led groups and activities.

71. The peer team agree with the recent staff conference work held with expert speakers, including Lyn Romeo, the Chief Social Worker for Adults. This focused work with the Learning Disability Team to reduce workloads, investing in senior social workers' development and is appointing champions for key areas such as safeguarding and mental capacity.
72. During the self-assessment phase for this work senior adult social care leaders initiated a number of staff focus groups to hear about the staff experience of working for SCC and better understand the challenges faced, this itself is commendable. The list of issues that staff felt needed to be addressed included: better communication, a lack of staff and resources leading to a reactive, crisis management approach rather than preventative work, the service being reliant on staff working extra hours, long waiting lists of cases to be assessed and receive services, a lack of clarity of what the service's overall strategy is, variability in access to training and the need for effective support from information technology, administrative support and the human resources function to deliver their roles. The peer team endorses the intention to deal with these issues to further enable staff to be more able to deliver good services.
73. As you move to focusing on fewer key priorities consider how the Target Operating Model works to achieve these objectives and manages risk. You state in your self-assessment that the target operating model was designed to support the transition from a traditional, care management, deficit-based approach to one that supports self-management and a strengths-based approach. You are well aware that the implementation of the new model has been hindered by not being able to receive accurate and dynamic management information reports thus making it difficult to know the effectiveness of this new approach. As you move forward with a more concise focus it would be well worth re-visiting the model to see how this revised focus relates to it.
74. Ensure service users and staff understand personal budgets and how they should be used in personalised ways to meet needs and improve outcomes.
75. The insourcing of the Capita contract is an opportunity to improve the joint working across all service areas such as the Financial Assessment and Benefits team, the Debtors team and the Contact Centre.
76. The senior staff in adult social care are aware of the challenges with the ongoing changes to the information technology system and are seeking to ensure it adds value to staff tasks. As an aspect of this some consideration should be given to introducing a dashboard at the frontline that allows for all staff to see the costs and progress of packages through the care system. This would enable staff to see the impact of their decisions with both service users and their management colleagues and could be a tool to generate greater responsibility and ownership of the finance issues involved for all.

## Immediate next steps

We appreciate the senior political and managerial leadership will want to reflect on these findings and suggestions in order to determine how the organisation wishes to take things forward.

As part of the peer challenge process, there is an offer of further activity to support this. The LGA is well placed to provide additional support, advice and guidance on a number of the areas for development and improvement and we would be happy to discuss this. There are two LGA colleagues with which to discuss future developments:

**Sarah Mitchell, Care and Health Improvement Adviser for the South East** is the main contact for adult social care issues between you and the Local Government Association. Her contact details are, email: [sarah.mitchell@local.gov.uk](mailto:sarah.mitchell@local.gov.uk) Telephone: 07769 302051.

**Will Brooks, Principal Adviser** is the main contact between your authority and the Local Government Association for all other issues. His contact details are, email: [william.brooks@local.gov.uk](mailto:william.brooks@local.gov.uk), Telephone: 07949 054421.

In the meantime we are keen to continue the relationship we have formed with the Council throughout the peer challenge. We will endeavour to provide signposting to examples of practice and further information and guidance about the issues we have raised in this report to help inform ongoing consideration.

## Contact details

For more information about the Adult Social Care Peer Challenge at Southampton City Council please contact:

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For more information on adults peer challenges and peer reviews or the work of the Local Government Association please see our website <https://www.local.gov.uk/our-support/peer-challenges/peer-challenges-we-offer/safeguarding-adults-and-adult-social-care>

**Read the Adults Peer Reports:** <https://www.local.gov.uk/our-support/peer-challenges/peer-challenges-we-offer/safeguarding-adults-and-adult-social-care-0>

## **Appendix 1 – Key Areas of Focus benchmark questions**

This is the Key Areas of Focus for peer challenges in adult social care that was used as the benchmark for this peer challenge. It was used as it covers a wide range of areas of business and thereby enabled to peer team to ensure they covered all relevant areas for this work.

The peer challenge process aims to help local government to help itself to respond to the changing agenda for adult social care. Undertaken from the viewpoint of a friend, albeit a 'critical friend', a peer challenge allows a team of people who understand the pressures of running a local authority to review the council's practices in a challenging but supportive way. A peer challenge includes an assessment of current achievements and provides recommendations of how further improvements can be made. It is a constructive, collaborative and supportive process with has the central aim of helping councils improve. It is not an inspection, nor does it award any form of rating category.

The following sections set out the key areas of focus for peer challenges in adult social care. They have been tested with the sector. The key areas of focus also can be used as a means of self-assessment.

They are centred on the following key themes:

- 1. Outcomes for people who need care and support to improve independence and wellbeing**
- 2. Participation**
- 3. Vision, Strategy and Leadership**
- 4. Working Together**
- 5. Resource and Workforce Management**
- 6. Service Delivery and Effective Practice**
- 7. Commissioning and Market Shaping**
- 8. Improvement and Innovation demonstrating notable practice**

Every council and partnership is different and the challenge team will ensure the challenge is individually tailored to the needs and priorities of each local authority. The intention is not to cover all the questions as they appear below. Instead scoping would be done with the individual authority to select the areas most appropriate to them. The full Key Areas of Focus document can be downloaded from the LGA website here:

<https://www.local.gov.uk/our-support/peer-challenges/peer-challenges-we-offer/safeguarding-adults-and-adult-social-care>.