BRIEFING	TO:	Overview and Scrutiny Management Board
	DATE:	28 July 2021
	LEAD OFFICER:	Ian Spicer, Assistant Director Adult Social Care and Integration Jo Hinchliffe, Service Improvement and Governance Manager
	TITLE:	Adult Social Care Restructure and Pathway – Final Report

1. Background

1.1	**Adult Social Care Pathway**: On 21 October 2019, the Council implemented a new Adult Social Care operating structure and introduced new pathways for Rotherham residents to access information, guidance and support. All staff moved into new teams on this date. This followed a period of engagement and formal consultation. The main aims of the new structure and pathways were to ensure a more customer focussed and responsive offer to the residents of Rotherham, resulting in less waiting time at the point of contact; a stronger reablement offer that enabled more people to regain independence; increased continuity of council staff involved; a simpler structure for residents and partners to understand and to raise practice standards and overall performance. This briefing provides an update on activity since the previous progress report to the Overview and Scrutiny Management Board that was received on 2 December 2020.
1.2	To support staff with the pathway changes and new ways of working a 20-week coaching and training programme was implemented. The programme focused on change management, strength-based working as well as leadership and management skills.
1.3	To monitor and understand team activity and the customer journey an online performance platform was introduced called *Perform+*. It uses a 'Huddle Board' approach, providing a daily touch point for teams to discuss successes, areas for improvement, opportunities; as well reporting on team Key Performance Indicators. It is also provides assurance that coaching remains a key tool in supporting managers and frontline staff in delivering the requirements of the new ways of working. Unbeknown to anyone at the time this has proved an additional benefit during the pandemic, enabling teams to keep in closer contact and provide structure around performance and staff welfare.
1.4	With this being large scale change a programme of formal and informal reviews was scheduled to take place throughout 2020. The pandemic did impact on these key reviewing milestones.

2. Key Issues	
2.1	**Sector Led Peer Review February 2020**
	In February 2020 four months after the implementation of the new structure and pathways a Regional Sector-led Improvement Peer Challenge was conducted. The scope of the Peer Review was to identify the confidence levels of staff and managers, to understand the level of culture change and to feedback on practice. It did not make any formal recommendations it only outlined areas for consideration.
	The first consideration related to building on the positive start to ensure "pathway clarity". The peer review recognised that teams still needed to settle into the new way of working. Further to this the review highlight a subsequent consideration of sustainability. The work of the newly formed teams: Professional Practice Team and the Service Improvement and Governance Team were positioned to work with teams to strengthen the delivery of the pathway.
	The next consideration related to "sufficient capacity" in line with corporate financial plans the restructure had to release savings. These savings came from staffing budgets being realigned. The peer review highlighted how the savings target had been met and it suggested ongoing monitoring of resources; acknowledging that as population and demographic changes occur staffing resources and pathways will again need to be repositioned accordingly.
	The review highlighted a consideration relating to improving the Carers offer. This had been referenced in the self-assessment report submitted prior to the formal sessions in February 2020. Work on a carers programme began in March 2020 governed by the Health and Wellbeing Board. It is also part the council's Year Ahead Plan and is also governed internal to Adult Social Care via a Project Assurance Meeting chaired by the Strategic Director.
	The final consideration focussed on "celebrating successes". The peer review team felt work was needed to ensure the enormity of the change was recognised. It was suggested people stories would enhance the pathway changes. This is being picked up as part of the standard comms and engagement work supported by colleagues from the Corporate Comms Team.
	This review highlighted a range of strengths:
	• Leadership is strong throughout the directorate
	• Very clear evidence around partnership working (internally and externally)
	• Strong investment in our workforce
	• Culture has changed in a positive way
	• Coherent performance management framework
2.2	**Adult Social Care Pathway Review September 2020**
	A full review of the Restructure and Pathway was scheduled for six months after its implementation (April 2020). This coincided with the pandemic and full national lockdown. Therefore, the review was delayed until September 2020.
	This review was undertaken to identify what was working well, and what was not working in the way that it was intended - and the reasons why, and therefore what actions may be needed to be considered in order to achieve the original aims of the pathway. The objectives of the review were to create clarity on the challenges of the pathway, and to present these objectively for decision making by the Adult Social Care Leadership Team.

Examples of what is working well

- The introduction of broader roles within Localities has allowed staff to get a more well-rounded development of social care.
- Huddles are seen as a positive regular touchpoint for the teams, and this has been especially useful during COVID-19.
- Staff feel as though if they had their full complement, they would be able to manage demand coming through and the fluctuating needs of the service
- The alignment of First Contact / Customer Contact with Reablement has been extremely positive for supporting the use of Reablement and sharing resource across the service effectively.
- Communication within Access has been improving, and it is felt there is good collaboration across teams.
- Since COVID-19, the IDT discharge process has been working well.
- Reablement has been very receptive and reactive (positively) to working with IDT for the benefit of people and the pathway.

Examples of what could be improved

- Capacity continues to be a challenge in Locality teams, which from staff's points of view is driven by both increasing demand post the COVID-19 period, as well as vacancies, sick leave and maternity leave.

- Staff also reported that they felt a deputy manager / senior work would help to manage the strategic workload of Team Managers (attending meetings, authorisations), as Team Managers capacity continues to be a challenge. When pressed, staff reported that authorisations specifically were felt to be taking up a lot of Team Managers time, and that if there were less authorisations required then it would mean more capacity being available.

- Part-time term working, and certain flexible working arrangements, are causing issues with the consistency of staff across teams and consequently impacting on capacity.

- The First Contact team feel being able to undertake visits would help reduce duplication and capacity challenges for Social Workers.

- The flow of work from Access teams to Localities could be improved.

- Staffing hours, work patterns and leave rota are continuing to put pressure on Access.

2.3	**Internal Audit January 2021** The overall objective of the audit was to provide independent and objective assurance that the Target Operating Model/Social Care Pathway is being applied correctly and consistently by social workers As a result of the Covid crisis the key period of assurance was from October 2019 to March 2020. Development work on the sub pathways and changes to Liquid Logic software, with the exception of the new Care Assessment form was suspended as staffing resources were diverted to the Covid response. Based upon the results of our audit we can provide Substantial Assurance that the controls are operating effectively.

2.4	**Summary**
	In enclosing the review feedback above, a caveat to the information must relate to the impact of the pandemic. In context the new pathway was four months into its implementation when the pandemic arrived, the service has therefore been operating under the pandemic procedures as well as working in the new ways of the pathway. It is still difficult to ascertain clearly what the impact has been of the pandemic on the pathway. Significant challenges and changes continue to still present and routine activity now has to take account of the pandemic.
	Overall post implementation performance across the KPI's has shown sustained improvement with regard to waiting times; assessment numbers; carers assessments and reviews. During 'lockdown' new demand decreased significantly and follow up work saw further improvements. However since 'lockdown' ended demand levels have returned to previous levels with a discernible increase in complexity and safeguarding risks. This coupled with workforce pressures, some of which are pandemic related has meant that the improved performance levels have not been sustained.
	Actions plans were put in place to address the considerations from all the reviewing activity and the Perform+ methodology was the backbone to how this "doing" was managed and monitored.
	With all formal reviewing arrangements having now taken place on the restructure and the pathway Perform+ and corporate processes will check and challenge the work of the pathway and *Appendix 1* is a visual summary of the review journey and the pandemic impact it also shows the move toward business as usual.

3. Key Actions and Timelines

3.1	**Cycle of Continuous Improvement**
	From February 2021 the pathway and staffing structure have been part of routine improvement conversations. Working within a cycle of continuous improvement ensures ongoing incremental breakthrough changes are considered, mapped out and implemented. Four key stages shape how our leadership teams continue to challenge and review ways of working:

Analysis and Understanding
- We analyse problems and current conditions via daily huddles that escalate into a weekly leadership huddle.
- We establish change objectives via monthly Senior Management Team development sessions.

Modelling and Planning
- Implementation plans – each team along the pathway produce a 100 day plan. Within this plan teams consider training requirements, operating rhythms, key performance indicators, as well as forecasting and forward planning.
- Create processes to achieve solutions – problems solving sessions are positioned in team diaries and solutions seeking sessions are supported by the Service Improvement and Governance Team.
- Test small changes – pilot projects are often a feature of our work and are governed via the monthly Project Assurance Meeting chaired by the Strategic Director.

Decisive Action
- Standardise solutions – the Perform+ approach encourages the development of standard operating procedures. This ensures we get one best way of working and enables a structured approach to activities happening at the right frequency we do this through weekly Senior Management Team meetings.
- Actions plans – Appendix 2 provides an overview of the Perform+ model and shows how action planning is a fundamental part of the 100 day plan process.

Key Metrics and Reporting

The following diagram show the reporting framework we work to:

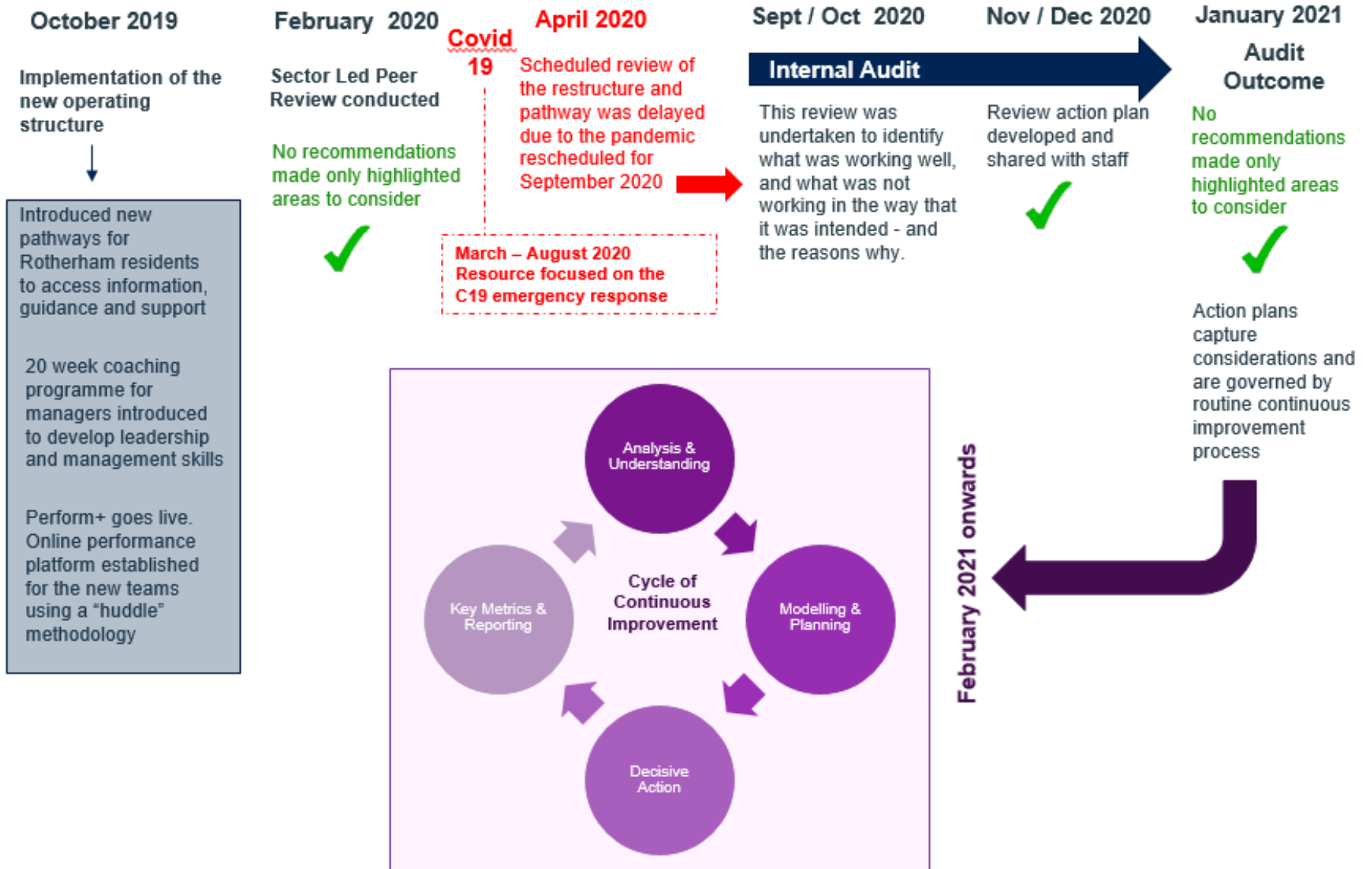Performance Management Reporting Framework
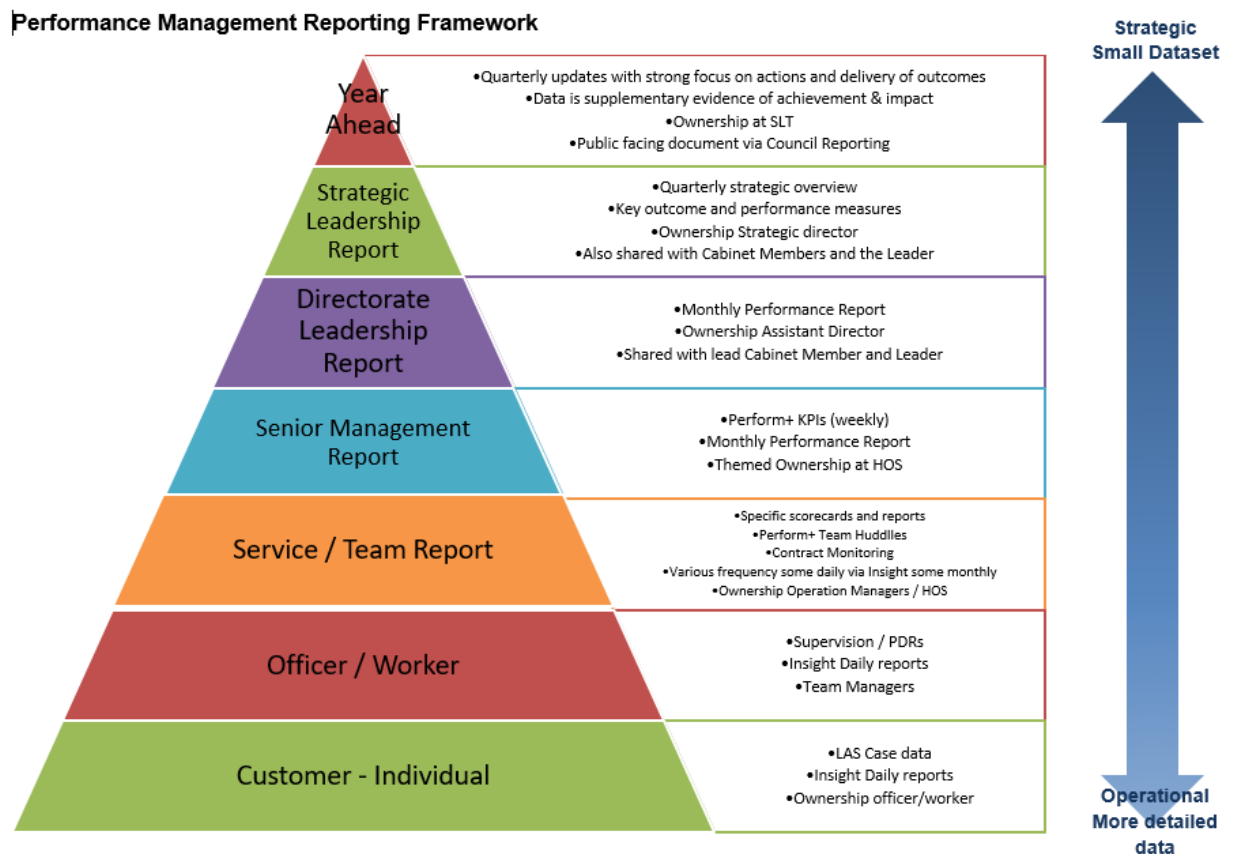
This shows how we link daily operational activity with people through the differing layers of the organisation to test and challenge ourselves in terms of the performance of our teams and our pathway. It also shows the timescales and frequency of our reports.

3.2	**Summary** What is evident from the work we have been doing since February 2021 is colleagues are still very much invested in the principles of the pathway and that we need to ensure everybody understands and feels part of all the different processes we work within. Our operational priorities remain focused on the actions teams will need to work through; ultimately meaning positive outcomes for the individuals who rely on us for support and guidance.

4. Recommendations

4.1	The Board note the all the considerations from the review work that has taken place since the introduction of the Pathway in 2019 have been addressed via implementation plans and the Perform+ model.
4.2	The Board note that the pathway is now subject to routine reviewing activity as per corporate requirements.

ASC Restructure & Pathway: Reviewing Activity (Timeline)

October 2019

Implementation of the new operating structure

Introduced new pathways for Rotherham residents to access information, guidance and support

20 week coaching programme for managers introduced to develop leadership and management skills

Perform+ goes live. Online performance platform established for the new teams using a "huddle" methodology

February 2020

Sector Led Peer Review conducted

No recommendations made only highlighted areas to consider

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Covid 19

April 2020

Scheduled review of the restructure and pathway was delayed due to the pandemic rescheduled for September 2020

March – August 2020
Resource focused on the C19 emergency response

Sept / Oct 2020

Internal Audit

This review was undertaken to identify what was working well, and what was not working in the way that it was intended - and the reasons why.

Nov / Dec 2020

Review action plan developed and shared with staff

✔

January 2021

Audit Outcome

No recommendations made only highlighted areas to consider

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Action plans capture considerations and are governed by routine continuous improvement process

February 2021 onwards

Cycle of Continuous Improvement

- Analysis & Understanding
- Modelling & Planning
- Decisive Action
- Key Metrics & Reporting

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Our Perform Journey

Perform provides a framework of 10 elements to deliver a new way of working for how we work in our teams. This approach is different to any we have invested in before - it deploys full-time coaches teams to introduce an element of 'step-by-step' change every week, making it easier to digest and put into practice.

Vision

Aligns a team to a achieve the same outcome
- Creates a shared view of success to influence actions
- Individuals understand their role in achieving the goal

Performance Reviews

Aligns the team around a common goal through **daily meetings focused on planning for the day** and prioritising, reviewing performance to share best practice and problems, and focusing on assigning owners to key actions.

Visual Management

Clear, visible displays of team information that help to plan and review performance.
- Updates should be live and from all team members.
- Displays should highlight successes and be understood within 3 minutes.
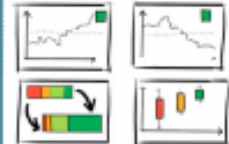
Routine and Practices

Developing a consistent routine for key activities:
- Planning using insight and trends to plan the day.
- Prioritising key activities.
- Control to keep the plan on track.
- Review to learn key lessons.

Problem Solving

A structured approach to **identifying, solving and escalating problems.**
- Identifying the root cause of a problem.
- Blame the process for the problem, not the people.

Standards

Developing **standard operating procedures for key processes** that:
- Reflect the best way of working.
- Ensure a structured approach to enabling activities to happen at the right frequency.

Process Confirmation

Confirmation the **processes are delivering according to set standards** Checking these are being followed and providing feedback to encourage repetition of desired behaviours

Celebrating success

Daily culture of celebrating success
- Understand what motivates people.
- Encourage and recognise desired behaviours.
- Create a real sense of team spirit.

Coaching & Capability

Supporting people to **continuously develop** and improve their performance
- Coaching and development become daily focuses
- Skills and training needs are understood
- Coaching styles adapted

Sustainability

Embedding behaviours through a **clear sustainability plan** that is owned by the trust and led by the quality improvement team. Sustaining the performance improvements through shared ownership of the tools and techniques.

Big hearts, big changes

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