

BRIEFING	TO:	Overview and Scrutiny Management Board
	DATE:	2 December 2020
	LEAD OFFICER:	Ian Spicer, Assistant Director Adult Social Care and Integration Sally Morris-Shaw, Principle Social Worker
	TITLE:	Update re Adult Social Care Restructure and Pathway
1. Background		
1.1	Adult Social Care Pathway: <p>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.</p> <p>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.</p> <p>Post restructure a 20-week coaching programme for managers was completed in order to develop leadership and management skills.</p>	
1.2	<p>The 'Huddle Board' approach, utilising an IT platform implemented at the same time to support the coaching programme has remained 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.</p>	
1.3	<p>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.</p>	
1.4	<p>There is also an internal audit of the Restructure and Pathways underway that is due for completion in Quarter 4.</p>	
1.5	<p>As previously reported a Sector led Improvement Regional Peer Challenge took place in February 2020, four months after implementation, with the following broad outcomes:</p>	

	<p>Peer Review scope:</p> <ul style="list-style-type: none"> • To identify the confidence levels of staff and managers • To understand the level of culture change • To feedback on practice assurance <p>Strengths:</p> <ul style="list-style-type: none"> • 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 <p>Areas for consideration:</p> <ul style="list-style-type: none"> • Pathway clarity • Sufficient capacity • Sustainability • Celebrating successes • Improving the Carers offer
2. Key Issues	
2.1	<p>Adult Social Care Pathway Review September 2020</p> <p>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.</p> <p>The objectives of the review are to create clarity on the challenges of the pathway, and to present these objectively for decision making by the Adult Social Care Leadership Team.</p>
2.2	<p>Examples of what is working well</p> <ul style="list-style-type: none"> • 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.

	<p>There has been positive feedback on the practice development sessions provided for staff.</p> <p>LAS support role fits well within this service area and feels like an opportunity to really bring this function in as a core part of the service.</p> <ul style="list-style-type: none"> • The Practice Team has been able to add valuable insight into current practice and identify areas of need, as well as support much more professional practice development than previously available.
2.3	<p>Examples of what could be improved</p> <p>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.</p> <ul style="list-style-type: none"> • 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. <p>The First Contact team feel being able to undertake visits would help reduce duplication and capacity challenges for Social Workers.</p> <ul style="list-style-type: none"> • 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. <p>Unsure whether that the disbanding of CHC has achieved its desired impact</p> <ul style="list-style-type: none"> • From a Professional Practice (PP) perspective confidence of staff is a concern. • Staff across the teams are not understanding the Strategic Lead roles and therefore not making best use.
2.4	<p>Performance</p> <p>Overall post implementation performance across the key 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.</p>

2.5 Summary

The full review is yet to be action planned and feedback to staff in detail. This is underway and will be completed in November 2020.

In enclosing some of the feedback above, it is clear that it is proving difficult to extricate the impact of the pandemic from the successful implementation of the pathway. In context the new pathway was four months into its implementation when the pandemic arrived, the service has therefore been operating for longer under the pandemic (eight months) than in the new ways of working. It is difficult to ascertain clearly what the impact has been of the pandemic on the pathway other than significant.

Notwithstanding the impact of the pandemic, significant themes can be identified for further action:

DRAFT FOR DISCUSSION

Wider review themes

In addition to the service area specific feedback included in this review, wider review themes which span across the directorate have been included below. These views have been again gathered through staff engagement.



Delegated Authority: there is an opportunity, and the willingness, for appropriate delegation of decision making from SMT to wider directorate leadership.



Vacancies: across the directorate there are 9 FTE vacancies. Furthermore, turnover has reduced from before the new pathway, where there is not a fairly static workforce that has not struggled to recruit.



Culture: there is not consistency in culture and approach across all teams, which leads to varied experiences for service users and therefore outcomes.



Consistency: there is inconsistent practice from Managers relating to a number of areas, the most considerable including the management of Duty and the following up properly on capability issues.



Skills & capability: there continues to be gaps in skills and capabilities since the implementation of the new pathway.



Positioning staff in areas of strength: staff feel as though not all were placed in roles that play to their strengths, and as a result the service is suffering.



Rotas: due to sickness, maternity, and further reasons, the existing rotas for CHC, Duty and OoH are putting additional pressures on the same staff group, which is then impacting on the day to day job for these individuals.



Understanding of the pathway: there is evidence that not all teams understand the overarching pathway, individual teams remit, and their responsibilities. This is leading to confusion.

Big hearts, big changes

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3. Key Actions and Timelines

- 3.1
- Peer Review took place 12-14 February, with a key focus on the Pathway changes.
 - Internal Audit commissioned to review impact of the changes Quarter 4.
 - Formal 6-month Review of the restructure and pathways to be undertaken in April 2020, this was completed in September/October 2020.
 - Further work around the 'Digital Offer' and accessibility to advice and information is continuing.
 - Development of an Assistive Technology Strategy is a vital element to supporting reablement and independence.
 - The coaching programme ended on 14 February. Sustainability plans in place to continue the progress made. Investment in internal resource to support this.

4. Recommendations

4.1

1. That the report be noted.
2. That a further update be provided to the Overview and Scrutiny Management Board when the internal audit has been completed, and the solution focussed action plan is underway.