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Arolygiaeth Gofal a Gwasanaethau Cymdeithasol Cymru
Care and Social Services Inspectorate Wales

Inspection of Adult Social Services

Newport City Council

November/
December 2014

Digital ISBN 978 1 4734 3116 4

WG24672

The Inspection Framework: -

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- Documentation & recording

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Introduction

Purpose

The inspection focussed on the quality of outcomes achieved for older people with complex needs. We set out to evaluate the quality of assessment, care and support planning arrangements and the range and quality of services available to support the achievement of individual outcomes for older people. We also considered the commissioning, partnership working and the leadership and governance arrangements that Newport City Council has in place, to fulfil their statutory duties and responsibilities for older people.

Context

Newport City Council is situated in south east Wales close to the border with England and covers 73.5 square miles. It has a population of 145,000 (2001 census) of whom 89.9% describe themselves as white the remainder include Asian (5.4%) Black 1.7% and mixed race 2.6%, other 1.4%. The number of people over the age of 85 will increase by 74% to circa 6,000 in 2030. The number of people with dementia over the age of 65 will rise by 13% over the next 5 years.

Summary

Newport City Council faces significant challenges in delivering on its statutory responsibilities for older people with complex needs. The inspection found that, while individual staff and managers demonstrated a high level of professional commitment and did their best for the people they were helping, often the organisational arrangements including the current structure and operating model did not support effective and efficient practice. There has been a culture of responding to a crisis rather than working in a proactive person centred way supported by identifying outcomes and pre-empting further problems. This way of working had contributed to the problems within the Council's own residential homes as people were placed there inappropriately when other arrangements had broken down and there was an urgent need for a solution. However this was further exacerbated by the failure to complete timely reviews which allowed people to remain in situations which were not fulfilling their outcomes and in some cases putting them and others at considerable risk.

There are some promising signs of improvement such as the hub operated by the hospital discharge team, the POVA team and it is encouraging that Senior Managers are aware of some of the concerns outlined here and are taking steps to address them. However the scale of the changes required in adult services; from commissioning to reviewing structures and putting in place the systems and processes needed to support these in the context of significant budget challenges and its enhanced responsibilities under the Social Services and Well Being Act (Wales); will require the full commitment of Members and the Executive to the development and delivery of a shared vision for Adult Social Services.

Recommendations

1. A pathway for older people should be defined and articulated which includes the team structures, supporting systems, tools and processes. This should include defining what each member of staff and team are required to contribute at each step and ensuring that they have the necessary skills to deliver their particular responsibilities including where there are integrated and/or collocated arrangements with partners.

2. The point of contact and access arrangements for older people must be clarified and agreed as a priority. Action should be taken to provide assurance that people will be responded to in a timely way and that the staff they are talking to have the appropriate skills and to respond to their needs and concerns. The Council should also consider how other pilots such as the Neighbourhood Care Networks and the "integrated pathway for older people", would interface with the Gwent Frailty single point of contact, the Council's customer portal and the duty system currently operated by Adult Social Services team.

3. Senior Managers must establish where the care management and review responsibilities lie and which teams have the responsibility/ownership for individual cases.

4. An outcome focussed approach to the assessment of older people should be further developed, which supports the consideration of a range of options and opportunities for the individual and their Carers.

5. A robust approach to risk assessment and positive risk taking is required, underpinned by a policy, tools and training which is aimed at improving the skills of assessment and care staff.

6. The approach to Carers' assessments should be improved, including the assessment offer and embedded across all teams.

7. A workforce strategy to support the development of this pathway should be developed which includes skills development (including risk assessment), capacity and succession planning.

8. The arrangements for commissioning of Adult Social Services post April 2015 must be put in place as a priority and progress made on securing the range of services required to meet the future demands, in particular for older people. The links between the Commissioning Plan and the Medium Term Financial Plan should also be strengthened.

9. The scrutiny of performance relating to Adult Social Services should be improved through the provision of supporting information and the development of Members' ability to explore the underlying issues and drive forward the necessary and agreed service improvements.

Inspection Domains

1. Person Centred Assessment

Key Findings:

- **The Contact Centre is not working effectively for older people with complex needs and their Carers. The social services entry points for older people are numerous which means that an individuals experience would differ very significantly depending on which door they came through.**
- **The pathway for older people with complex needs has not been sufficiently defined and is very fragmented leading to numerous handoffs, delays in assessments and reviews and a lack of continuity.**
- **The allocation of referrals is based on workforce capacity and not who is best placed to assess the individual.**
- **There was some good individual assessment work evident, but the documentation currently used does not support an outcome focused way of working.**
- **Risk assessments were not evident in many of the assessments seen and there was a lack of contingency planning and a positive risk enablement approach.**
- **Carers' assessments were not always taking place even where they were providing very significant support and had expressed concern at being able to cope.**
- **The Adult Safeguarding Team is well regarded and provides a responsive and professional service.**
- **The establishment of a social care hub at the Royal Gwent Hospital has reduced the Delayed Transfers of Care and facilitates a more integrated approach to hospital discharges.**

1.1. Access, approach and quality of assessment

1.1.1. The main public facing contact point for adult social services is via the Council's Information Station which has a generic phone number. This was consistently reported as a source of extreme frustration to both service users

and providers who avoided using this portal if at all possible. They expressed concern at having to provide very personal information to the call centre staff who have no training in social care and don't understand the urgency or relevance of the information provided. The standard response was that someone would ring you back within 24 hours. However some situations require a more urgent response.

1.1.2. This is not adequate and does not function well for people who need to make a referral either for themselves in potentially distressing circumstances, or on behalf of someone else. This problem has been recognised by Senior Managers and changes to the adult social care response were imminent at the time of the inspection, but have now been postponed until January 2015. However it will take a very considerable effort to restore the confidence of the people we spoke to in using the 656656 number as the principal mechanism for contacting social services. Staff will also need to be fully engaged as we were told for example that the OT referral system has changed 3 times in 3 months and was about to change again but staff did not feel they had been consulted about these changes.

1.1.3. Furthermore a number of individuals we spoke to said they did not know how to contact either their social worker if they had one or social services, and several said they tend to pass messages via the care agency staff that come to their home. They often did not know who their point of contact should be and did not have a named worker or an allocated team they could identify and it was reported that this situation had got worse over time. Equally, some care agencies said that they did not have close links with the adult teams in Newport City Council and did not know any of the staff by name, unlike some other authorities they were working in.

1.1.4. Improvements have been made to the hospital team response in the Royal Gwent Hospital through the establishment of a social care hub which acts as a filter to determine which referrals require a social services response and when. This originally convened twice a day but has been so successful in gaining the confidence of the NHS staff to understand who, how and when to refer to the hospital social work team, that it is now only required once a day.

1.1.5. Providers praised the brokerage team for its efficiency and helpfulness, including its response to requests for changes in provision. The high number of referrals coming into the system via the brokerage team appears to support what we were told that this is operating as a default backdoor to social services.

1.1.6. All accepted referrals for older people are then directed through the adult duty system which consists of two members of staff who screen them, seeking more information as appropriate and then passing them onto a referral panel for allocation. Many of the referrals are for people who are already known to social services which raises the question that, if reviews were being completed within the appropriate timescales (where necessary bringing them forward), whether they would need to come back via the duty system?

1.1.7 The assessment team would normally hold cases until the 6 week review but in practice cases were allocated according to wherever there was capacity and the assessment and review functions tended to be the default destination for the majority of referrals. There were examples of staff holding onto cases for longer periods because of problems in moving them onto the appropriate team. This aspect has been the focus for the Service Manager this summer and there has been a reduction in the number of cases waiting for allocation from over 100 down to single figures at the time of the inspection.

1.1.8. This problem also applies to the Gwent Frailty Service where a bottleneck in reviewing people to exit this service has been identified. We found examples of staff keeping cases for longer than would be the norm for the Frailty Team, because they were concerned that the individual and their carer needed significant care management input and were not confident they would receive it if they withdrew. Staff also stated that they were aware that a number of mental capacity assessments were needed but that there was no capacity to do this.

1.1.9. The adult safeguarding team was well regarded by partners and providers and had been very responsive in dealing with alerts and referrals. All strategy meetings attended generated an individual protection plan, in accordance with the guidance and these were distributed to attendees of meetings on request. There was a strong emphasis on collaborative decision making and the team receives an average of around 10 referrals a week and had worked hard to close some 200+ open referrals, some of them very historic. However a number of providers said they had felt it necessarily to escalate a concern as a safeguarding referral to provoke a response, when the usual mechanism for raising a concern via the point of contact had not worked.

1.1.10. We concluded that the entry points for older people were numerous and an individuals experience would differ very significantly dependent on their particular entry point. Recent changes appeared to be piecemeal and rushed and although they had improved responsiveness in some areas, it was not clear how the pathway for older people will improve. The overall vision had not been clearly articulated or communicated, including defining what each staff and teams are required to contribute at each stage and what the necessary skill set therefore should be.

1.2. Identification of outcomes

1.2.1. The identification of personal outcomes is the essential output of the assessment process to inform the care and support plans and the arrangements put in place to meet these outcomes.

1.2.2. Good assessment work was evidenced in some of the cases we reviewed across a number of teams. A focus on outcomes was apparent in a number of cases, even though the format of the assessment documentation did not lend itself to this approach. However a majority of assessments tended to focus on needs rather than outcomes, for example washing and dressing rather than achieving outcomes such as sustaining the person in their own home through

supporting the family carers. Often the priority was to address an immediate crisis and there was no follow up to identify the desired outcomes and thereby addressing the underlying cause e.g. social isolation.

1.2.3. Carers assessments had not been completed in the majority of cases looked at, despite the improvement in the performance target of carers being offered an assessment. A number of carers we saw provided very significant support to the individual but had not received an assessment of their needs despite in some instances their expressing concern on a number of occasions that they felt unable to cope. The performance on carers' assessment previously has been poor and a dedicated Social Work Assistant post was created to focus on this. However due to the turnover in post holders for a number of unrelated reasons and this arrangement has not proved to be a sustainable solution.

1.3. Consideration of risk

1.3.1. Risk assessments and a positive approach to managing risk were not evident in the assessments seen, apart from in the care and treatment documentation for people managed by the Mental Health Older People (MHOP) team. In some cases there was a very high level of risk apparent, but this had not been articulated as risk or a contingency plan developed to mitigate the risk. One example was an individual who had had a number of different care providers withdraw due to their abusive manner towards the care staff. A new provider had been identified but no risk assessment carried out or planned interventions to address or manage the person's challenging behaviour or contingency plans had been put in place.

1.4. Involvement of the person and their Carers

1.4.1. There was good evidence of the person and their carer being involved in the assessment process and their wishes were reflected in the planning of care and support. For example we saw evidence of their views having been sought, acknowledged and recorded as part of the assessment whilst in hospital. Some carers felt that the turnover of staff meant that there was a lack of continuity in the care management.

1.5. Documentation & recording

1.5.1 The documentation was completed adequately in the majority of cases inspected and some good practice evident. Providers also reported that the information they received was generally accurate, though that could vary based on the individual social worker concerned.

1.5.2 It was not always clear in the cases reviewed where there were safeguarding concerns and how these were being addressed through a specific protection plan for example, or incorporated into the care and support arrangements. However improvements to the recording and data collection do feature in the Adult Protection Action Plan and are being progressed.

1.5.3 The IT system does not lend itself to evidencing management oversight and decision making. Decisions are recorded in minutes and case notes, with an e-mail from 'QA' sent to the relevant social worker. There was evidence that some domains were not routinely completed and comments are made about

mistakes (including spelling mistakes) and omissions in documents coming to the panel.

1.5.4. There was some confusion about what paperwork is expected in the MHOP Team; some are completing both Care & Treatment Plan and Unified Assessment others are doing one or the other.

2. Quality of Outcomes

Key Findings:

- **Individual reviews were of good quality but were not always timely and were not responsive to requests for early reviews where the situation had changed or there were new concerns.**
- **There was a lack of consistency and continuity as complex cases were not care managed. This resulted in a tendency to be reactive to events rather than anticipating them or aiming to resolve underlying problems.**
- **The Quality Assurance panel should be more transparent about how decisions are made and improve how decisions are communicated to individuals, their carers and also staff.**
- **The services people received were often quite traditional in nature; however the individuals and carers we met were on the whole satisfied with their experiences.**
- **The Community Connectors provides an opportunity to open up other types of community based support and innovative solutions.**

2.1. Achieving outcomes: co-production, effectiveness and timeliness of care and support plans

2.1.1. Inspectors were looking for examples of comprehensive, up to date outcome focussed care and support plans which have a clear read across to the types and range of support and services in place.

2.1.2. We saw a number of examples of people being supported to live their chosen lifestyle even where this meant some risk to their health. For example in one case reviewed by Inspectors the Social Worker had supported the individual's desire not to move into a care home despite the considerable opposition of the family. A solution was found through Extra Care Housing which supported the person's independence but also provided a level of safety and security which was reassuring for the family. A more robust approach to risk assessment and positive risk taking would enhance this further.

2.1.3. The focus was on putting services in place to deal with the presenting problem/crises management and then moving on and there was little transfer of skills/resources to the person or their carer and so they were left with little idea of how to manage their own care and support arrangements or how to deal with a further crisis. This, together with the dysfunctional point of contact arrangements, meant that people were sometimes left at risk in the community. Equally there was nothing in the care and support plans which identified risk despite the high levels of risk in some of the cases seen. This is not acceptable and needs to be addressed as a matter of urgency as it could potentially leave individuals and their carers at risk of significant harm.

2.1.4. The quality of care and support plans was adequate, but appeared to follow events rather than anticipate them. There was evidence in some cases that the individuals and their carers had been involved in the production of their care and support plans and that their wishes and preferences were reflected. There was some evidence of people being slotted into a service rather than other options being considered, for example a small number people with long term mental health problems being placed in the council's residential care homes which could not meet their needs. This problem was compounded by the lack of an outcome focussed approach to assessment and the failure to carry out reviews. The documentation used for the brokerage of care packages is not outcome focussed. None of the cases reviewed had a direct payments arrangement and no offer had been made in the majority of cases, even for carers.

2.1.5. A quality assurance panel of service managers met on a weekly basis to agree and sign off requests for care and support plans. This has been extended to include representation from team managers and requests were submitted from social workers via e-mail. The panel also considered matters of accuracy on the Unified Assessment Process or Community Treatment Plans submitted. Whilst the benefit of this arrangement is that it allows for a degree of consistency, the feedback from staff was that the rationale behind decision making was inconsistent and often there was no explanation why requests were not sanctioned. This left staff in the difficult position of having to invent a reason to explain to the individuals and carers concerned, why they would not be receiving the care and support they anticipated. It was not apparent that individuals get any written information about the decisions made or how they can challenge them. It was a concern that it could also take a number of weeks for none urgent request to be agreed by the panel which can delay the care and support plans being put in place.

2.2. Quality and range of support and services

2.2.1. The types of support made available by Newport City Council tended to be very traditional i.e. domiciliary care packages, day centre attendance and care home provision. However the care plans did meet the assessed needs and were appropriate to their immediate circumstances. On the whole individuals and their carers were satisfied with the service they received. There was little evidence of creative thinking in terms of the care and support arrangements; for example accessing adult education or leisure facilities to address social isolation.

2.2.2. The Community Connectors offer a time limited intervention aimed at supporting people to access main stream services in their community. This may deliver some more sustainable options in the future but it is not yet clear if this service will be continued beyond March 2015 when the funding finishes.

2.2.3. The Council does have in place a range of agreements with the third sector to deliver some specific services such as domestic support for carers and Home from Hospital, and these were much appreciated by the people who were using them.

2.3. Securing rights and entitlements

2.3.1. The financial assessments are completed in a timely way and no questions about finances are asked at the point of contact. People are given the information on charges promptly and in a clear format which is accessible to them. Individuals were identified appropriately as being potentially eligible for continuing health care funding and received timely assessments.

2.4. Suitability of accommodation

2.4.1. The people seen were in a range of different settings including their own homes, extra care housing, supported housing and care homes. There was strong evidence that people were supported to live independently through the provision of Occupational Therapy assessments, adaptations and the provision of community equipment. We also saw examples of people being offered and provided with alternative accommodation if their home was not suitable to meet their needs and could not be adapted.

The use of Telecare is proactively encouraged by Newport City Council and a number of people had this in place and also have access to support from agencies such as Care & Repair. Unfortunately changes in the contracts and providers for Telecare meant that a medication carousel was no longer supported in an Extra Care Housing which had meant that staff now had to support with medication prompting.

2.5. Monitoring progress & reviews

2.5.1. In recent months the Council has been focusing on improving their performance on reviews and the majority of people case tracked had a documented review. Families and care agencies and care homes reported that they had been involved in reviews as appropriate. The review documentation was detailed and thorough but had not always happened within the required timescales although the gap was narrowing. There were pockets of underperformance, most notably in the MHOP Team. Here Inspectors saw a lack of reviews taking place and they were not always responsive to requests for reassessment /review due to changes in circumstances unless the situation became more urgent.

2.5.2. Providers also reported that they had to “chase” reviews and that it was very difficult to elicit an early review if the individuals’ situation has changed or deteriorated. They are sometimes forced to make changes to the care and support provided them and gets them agreed retrospectively. Reviews were not always carried out by the Social Worker who had previous knowledge of

the person; rather they were allocated according to whoever had capacity. This lack of continuity was a constant theme during the inspection.

2.5.3. We also found a broader issue in that it was not clear which team had responsibility for individual cases and where the care management responsibilities lay. This lack of ownership for, in some instances, very complex cases, contributed to the reactive/crisis management culture and approach. As mentioned previously some staff had held onto cases at entry/assessment stage far longer than would normally be expected because they either could not get other teams to take them over or because they had no confidence that the individual would received the support they needed and the situation would break down.

2.5.4. Inspectors were told that both the assessment and review teams had capacity, to care manage people with complex needs; but it was not clear how this was meant to work in practice and more importantly how it supported a proactive, anticipatory care management approach and therefore improved outcomes for individuals and their carers. In practice cases were allocated on the basis of capacity and not which team is best placed to support them based on their skills and expertise.

3. Engaging the person and their Carers

Key Findings:

- **There was no evidence of the promotion or use of Direct Payments by older people.**
- **The Carers Forum and Senior Citizens Forum are strong and active and could offer more opportunities for service users' engagement.**
- **People had received the advice and information they felt they needed at the time of their assessment but it became more difficult later as they had no point of contact.**
- **Information for individuals and carers on complaints and concerns should be clearer and more accessible.**
- **It was not evident that information was consistently available in the medium of Welsh.**

3.1. Ownership – use of resources

3.1.1. People were supported to take an active part in their assessment and in the development of their care and support arrangements but there was little use of Direct Payments including in support of carers. The assessment approach did not encourage individuals to take responsibility for managing their own care arrangements. The Direct Payments information on the Councils website only talks about employing Personal Assistants and does not make people aware that they can use a Direct Payment to pay for services provided by providers and other services and activities to support their eligible needs. Although there was some information on this in the leaflet, it is not clear.

3.2. The voice of individuals and carers

3.2.1. There were positive levels of engagement evident, both at individual level and also through wider forums. There was some criticism of how recent service changes had been communicated and it was felt that there had been insufficient consultation.

3.2.2. However, there had been consultation on the day services reconfiguration with the people who use the service and also stakeholders and the 3rd sector, and an information day was held. There is a Senior Citizens Forum in Newport City Council which meets quarterly and has considered aspects which are relevant to Adult Social Services such as changes to Telecare services and sheltered housing.

3.2.3. The Carers and Senior Citizens Fora are both strong and active bodies; the latter is well supported by the Council. The Carers Forum is funded by the Council in recognition of the substantial role played by carers across the city and acts as the focal point articulating their particular issues. This is facilitated by the Member who is the Carers Champion who acts as a go-between between the forum and officers.

3.3. Access to advice, information & independent support

3.3.1. Individuals felt they had been given the advice and information they needed at the time of their assessment but the lack of a named worker or other point of contact left them feeling that they "get passed from pillar-to-post" and are kept waiting for considerable time for a response. The problems of contacting social services present a barrier to people getting the information and advice they need.

3.3.2. A range of information is available both printed and online in both English and Welsh. The hospital team had developed a discharge information leaflet to assist and inform individuals and their carers about the resources available and how to contact them. There are also leaflets available on Telecare but it is not apparent that these are readily available in Welsh.

3.3.3. There is an advocacy service in place run by a voluntary organisation, commissioned by the Council. It has had good experiences of raising concerns on behalf of service user but felt that social services could make improvements in how it communicates with people. Arrangements for commissioning and contracting services from the voluntary sector are generally satisfactory, with the usual proviso about the difficulties of year-by-year funding and delays in receiving decisions about the following year's funding.

3.4. Complaints and concerns

3.4.1. An annual complaints and complements for social services report is presented to Scrutiny. This highlighted a reduction overall in complaints , including those that proceed to stage 2 and also contained information on learning and improvements made as a result of the complaints made. These tended to focus on changes in process and improving information rather than changes in policy.

3.4.2. The people we spoke to did not always know how to raise a concern or complaint, especially if their only contact is the people providing the care and their concern related to this.

3.5. Equality and diversity

3.5.1. An individual's ethnicity was recorded in the majority of cases and we also saw consideration of religious needs on their care and support plans. In some cases people were supported to practice their religion but in others this was not followed through. In one case there was no consideration given to the person's first language not being English and another where their dietary preferences were not met because the care workers were apparently not able

to prepare fresh food. The people who use services did not match the ethnicity profile of the local authority population and staff and providers confirmed that people from other ethnic backgrounds are underrepresented on their caseloads and in their services. We were told that information was readily available through the medium of Welsh as required by law, but we did not see examples of this in practice.

4. Quality of Workforce

Key Findings

- **There has been a churn in senior management in Newport City Council over the last couple of years but the situation is now more stable.**
- **Team working is a strength including the day to day operational management. However staff and managers need to take a more proactive approach to care management.**
- **There was no overall workforce strategy in place relating to the work of older people services and teams despite the problems identified in turnover, sickness levels and the age profile in some of the teams.**
- **Training opportunities are available and there is good support for continuing professional development.**

4.1. Leadership & decision making

4.1.1. There have been a number of changes in the Service Manager arrangements over the last 18 months but they had a good understanding of their areas of responsibility and the particular priorities and challenges. Staff felt well supported in their roles by their Team Managers and said they led by example.

4.1.2. There was evidence of management oversight of the day to day practice within the adult teams and a commitment to improving some of the areas of poor performance and also some long standing issues of culture and capacity in some areas. However, the fragmented nature of the pathway for older people and the lack of consistency in care management, means that Managers have to micro-manage the flow of work through the system. Also the link between the lack of a proactive approach to care management and delayed reviews had not been sufficiently addressed by managers and meant that the risk of people being placed inappropriately or not having the services and support in place to meet their changing needs remains.

4.2. Professional practice & expertise

4.2.1. The hospital social work team were found to be cohesive and professional and despite this being a very busy team, members were aware of each others abilities and limitations and spoke of how they often 'pitch in' to help each other out. The team was fully staffed and the team manager commended the quality of her workers saying that in more recent times, team members felt more empowered to challenge ward staff who may try to apply pressure to 'cut corners' for the sake of earlier discharge.

4.2.2. The Protection of Vulnerable Adults (POVA) team manager spoke with pride about the expertise of her team. She felt that they had a diverse range of experience in a number of different fields and that there had been conscious efforts to make best use of this. Whilst there was no 'structured' allocation of referrals as such, they would often allocate more complex cases to the co-ordinator who was best qualified to deal with it, whilst enabling colleagues to shadow each other to gain further knowledge and expertise. The competency of support staff who minute take had been problematic but is now said to be much better.

4.2.3. There is a duty co-ordinator on each day and weekly planning meetings are convened to discuss progress, allocation and share professional advice. There is a move to 'recruit' social workers to assist with investigative work and assist with chairing when there are peaks in referrals. This has been received with a mixed response; some being keen to develop this area of their social work, and others not so.

4.2.4. Newport City Council has in place a case management weighting system and monthly commitment sheet but it was not clear how this is being used in practice as the number of allocated cases appeared to be very variable.

4.3. Integrated working across health & social care

4.3.1. Newport City Council is working with Aneurin Bevan University Health Board (ABUHB) to pilot an integrated pathway for older people, particularly those over the age of 85, in west Newport. The proposal is to have an early intervention team which would deliver an approach that supports people to continue to live independently in their own homes. This would build on the Neighbourhood Care Network established by ABUHB which have representation from public health, hospitals and the third sector. The pilot was intended to go live in July 2014 but it is not clear from the information made available what progress has been made and how this has improved outcomes for older people in West Newport.

4.3.2. The discussion about the Neighbourhood Care Network development is ongoing and greater clarity is needed on how this will work in practice and how it will interface with the contact centre and duty.

4.3.3. The social services MHOP Team is based at St. Cadoc's Hospital collocated with ABUHB. Senior Managers in the Council has identified concerns about the operational practice of this team and the Service Manager responsible has been reviewing this with some changes already made. This included making

sure they were focussed on social care priorities which did not always match those of the NHS. For example priority needs to be given to reviews and proactive care management of some very complex cases. The Social Workers in this team are all senior practitioners on the basis that they are also Approved Mental Health Practitioners (AMPHs) however not all operate in this capacity. The staff have also had to record on two IT systems one NHS and the other the Council and greater clarity was needed on where their priorities should be which was being addressed by the Service and Team Managers.

4.4. Workforce planning – recruitment, capacity and skillset

4.4.1. As part of the inspection we considered if Newport City Council has sufficient capacity of well supervised, trained and experienced staff at all levels who are equipped with the necessary tools to fulfil their responsibilities.

4.4.2. There has been a turnover of staff in some areas, notably the MHOP team and they currently have a number of vacancies. The structure and size of individual teams means that this can have a significant impact on the teams overall capacity and effectiveness. Inspectors were provided on request with information on recruitment and the age profile of the teams. However it was not evident that this data was readily available to managers and or that it was used to inform an overall workforce strategy relating to the work of older people services and teams, despite the problems identified in turnover, sickness levels and the age profile in some of the teams.

4.4.3. Levels of staff sickness have been a concern in some areas reviewed during this inspection, particularly Frailty and MHOP teams. Steps were being taken to improve this, but social services was still falling short of it's own targets for reducing overall sickness levels and long term sickness in particular.

4.4.4. A market supplement agreed for the children's social services workforce had led to some resentment from adult Social Workers. It was recognised that the Council was 'behind the curve' when compared with other local authorities' in relation to re-structuring / pay reform. Staff received regular supervision and appraisal and there were regular team meetings.

4.5. Training of staff and support for good practice

4.5.1. We were provided with information about the training delivered over the last 12 months. The training included Mental Capacity Act & DoLS, Adult Protection, as well as specific conditions such as Parkinson's disease. Staff we interviewed reported that they had access to the training and development they needed to fulfill their responsibilities and CPD but sometimes felt the pressure of work meant they could not take full advantage of these.

5. Leadership and governance

Key Findings:

- **The overall strategic vision for older people was not clear and had not been sufficiently articulated to stakeholders or staff.**
- **Members reported that they think relationships with officers were more positive.**
- **There is a very significant amount of work required to achieve the necessary commissioning agenda and the capacity to deliver this was not yet secured.**
- **The Council has a number of partnership arrangements in place with some being more successful than others.**

  The information provided for Members' scrutiny of Performance Management has improved however there is a recognised need for member development in this respect which has yet to be acted upon.
- **Staff have to work around the structures, systems and policies rather than these creating the environment and tools to facilitate and support them in delivering their responsibilities.**

5.1. Governance & management arrangements

5.1.2. We wished to see if the Council had a clear vision for services for older people which was articulated in corporate plans and aimed at improving outcomes for individuals which was sustainable and enjoyed the full support of the Council.

5.1.3. Services for older people are part of the People Directorate of the Newport City Council. The Director of Social Services was appointed on an interim basis in April 2013 and was confirmed in post in April 2014. The Head of Service was appointed in 2013 and has responsibility for all adult social services within Newport City Council, including provider services. His initial appointment was as an integrated post with Health, but this has been retracted and the post is now Social Services only. When he came into post there were also vacancies at service manager level and it has taken some time to build up management capacity. Prior to these positions being filled, there had been considerable churn in senior positions in social services. Members report that they now think relationships are positive and that they get the information and support they need to make decisions and drive forward the necessary plans and service developments.

5.1.4. The Council has an extensive corporate programme which looks across the whole organisation including Right Skills Right People Right Place which is focused on improving back office type functions and reducing the number of managers. The "Prospectus for Change" says Newport will become a commissioning authority and "The New Ways of Working" corporate project is redesigning business processes. However it is not clear how this will impact on adult social services and address some of the challenges identified during the inspection.

5.1.5. There is currently no obvious consensus or commitment to an overall vision for older people but rather a number of plans and initiatives which conflict and are interdependent. The design, communication and delivery of this vision has become more urgent as the financial pressure on the Council has increased over the last 12 months due to the reduction in the settlement from the Welsh Government and the increase in demand because of demographic changes. The scale of the changes required in adult services is significant from commissioning to restructuring and the systems and processes needed to support this in the context of significant budget challenges; the Council needs to agree its vision and priorities and commit to these.

5.2. Partnership arrangements

5.2.1. ABUHB is a key strategic partner for the Council in it's delivery of services for older people with complex needs. It also has partnerships in place with its neighbouring authorities on the old GWENT footprint including the Gwent Frailty Programme and GWICES which provides the community equipment services. There are also arrangements with individual authorities such as a joint commissioning team with Torfaen.

5.2.2. The Gwent Frailty Programme has been in place for a number of years and is delivered through Community Resource teams based in each authority area; however there are variations in how the service is configured and delivered which means that individuals can experience different levels of support and outcomes based on where they live. A detailed evaluation of the service was commissioned and a report published in November 2014. Following this the partners have agreed to continue their commitment to and further develop the Frailty programme. Newport has in addition gained agreement for a readjustment in its financial investment as it has been recognised that it is investing proportionality more than other partners. The projected cashable savings (£7.2m over 3 years) to be realised by the Gwent Frailty project through reducing or delaying demand for long term care and support have not been realised. In practice the delayed demand has been replaced by more complex needs and increased volume.

5.2.3. The Neighbourhood Care Networks mentioned previously could potentially be the vehicle for delivering a more integrated approach focussed on prevention and early intervention. However the documents seen, including the "Integrated pathway for older people", suggest that the NCN's are predominantly an NHS initiative and it is not apparent how they would interface with the Gwent Frailty single point of contact, the Council customer portal and the duty system currently operated by Adult Social Services team.

This had been flagged as a risk in the half year review of the Adult Services Plan but it is not clear how this will be addressed and the risk was considered low by Senior Managers which does not adequately reflect the confusion about the future operating model for the assessment and care management function for older people with complex needs.

5.2.4. The Adult Safeguarding Board operates across the Gwent authorities and has representatives from the Police, Community Safety, Housing, Supporting People, LHB, as well as the local authorities. Newport City Council has two people on the Board – the Director and Head of Adult Services and is very engaged with this arrangement. The Chair feels able to write to members in his capacity as he feels necessary. One of the challenges identified was the turnover of membership e.g. probation has had 3 different representatives and the different operating footprints of some contributors.

5.2.5. In summary a number of partnership arrangements are in place or have been tried in the past with some being more successful than others. There are tensions in some areas for example, the MHOP arrangements and GWENT frailty, and consequently there was some ambivalence expressed about the future partnership arrangements at the most senior levels in the organisation. However, the service plans are heavily reliant on partnership working and therefore this is an area of considerable risk.

5.3. Commissioning, availability, range & quality of services & support

5.3.1. Newport City Council currently has an arrangement with Torfaen Council to share the latter's commissioning manager. Inspectors were informed that this is a temporary solution, Newport having failed to successfully recruit to their equivalent post; the shared arrangement comes to an end in March 2015. The people interviewed did not know what the future plans were beyond this point. This is an area of considerable risk for the Council as there is a large amount of commissioning work to be done.

5.3.2. The Council has in place a Commissioning Strategy for Adult Services 2014 - 2017. It is focussed on the necessary priorities and reconfiguration of services and development of options outside of the traditional range of services currently available. However it is at a very high level and does not define how this will be achieved in Newport or how they will facilitate the integrated pathway or remodel the in-house service provision. The adult services market position statement 2014 -2019 provided has more detail on demand, but is still in draft form and not supported by an implementation plan with timescales or details on the models of service to be commissioned in the future. That said, we were informed that some work is already underway, but it is not clear which elements of the strategy have been prioritised and why.

5.3.3. These documents supported the Inspectors' view that commissioning must improve and that Newport City Council does not yet see itself as a commissioning organisation. The lack of progress was acknowledged by the leadership team and means that the Council is now under increased pressure, not having the services it needs in place and also relatively weak relationships with its provider population.

5.3.4. Senior Managers acknowledged that they were not sighted on the management of and quality of outcomes for older people living in the Newport City Council's own care homes and the poor CSSIW inspections had been a shock. These homes had not previously been subject to the same quality assurance and performance scrutiny as external providers. This contributed to the poor quality identified by CSSIW in 2013/14 which led to a non-compliance notice and enforcement action. Their failures were acknowledged and there has been some real progress following on from the action taken by CSSIW and this is welcomed.

5.3.5. The in-house service provision is now reviewed by the Contracts and Quality Assurance Team in the same way as external provision and it will be subject to a Service Level Agreement against which it can be monitored.

5.3.5. The Council is planning a review of domiciliary care provision and there will be a shift towards working in an outcome focussed way of providing care and support but it will also include the introduction of electronic call monitoring which some providers already have in place. There will be a focus on achieving efficiencies. The Head of Adult Services in Newport is the chair of this work stream with Torfaen Council taking the lead on the commissioning. The GWENT consortium for commissioning has appointed consultants to look at the high cost placements and lead negotiations with providers.

5.4. Quality assurance & performance monitoring

5.4.1. Newport City Council has consistently underperformed in some key performance indicators over a period of time. These include: -

- **Delayed Transfers of Care**
- **Carers Assessments**
- **Reviews**

5.4.2. The performance reports seen by Inspectors indicate that the process for local target setting within Social Services has not previously been sufficiently rigorous. Service areas were previously in the driving seat and set their own targets which indicated a lack of scrutiny and ambition to improve. For example the local target for Care Plan Reviews was 75% when the Wales average was 81%. The actual performance was 64%. The performance report for March 2014 showed the local target set for DToC was worse than the previous performance. The Council set a target for DToC of 15 per 1000, when in the previous year the actual performance was 11.8. In addition the link between medium term financial planning (MTFP) and performance targets was not well articulated.

5.4.3. Senior Managers admit that they started from a low base in relation to the quality of the information and reporting presented. However this is now an area of increased focus across the Council and performance is now monitored at the leadership meeting and the reporting is more structured and the key indicators are mapped against local targets and comparator authorities. In recent months Managers have also been given access to a performance dashboard so they can access the live information more easily and performance is now a standing agenda item at their management meetings.

5.4.4. Inspectors were told that there had been recent change in emphasis and a 'Performance Board' consisting of the Council Leader, Deputy and requisite Cabinet Member put in place. Although the reports presented there now included targets & rankings, Members said the supporting narrative was frequently insufficiently detailed to enable them to properly explore the underlying issues and hold officers to account. There is a recognised need for member development in this respect which has yet to be acted upon.

5.4.5. An Adult Protection Annual report is presented to the Overview and Scrutiny Committee and is detailed and comprehensive and updates members on the progress made against the local action plan and their compliance with the All Wales draft policy and procedures. The Council plans to merge children and adult safeguarding functions under one service manager and it will be important to sustain the good progress made by the POVA team so far.

5.5. Systems, policy & procedures

5.5.1. The current arrangements for duty, assessment and review and configuration of the teams were largely designed through work commissioned from external consultants. Staff expressed concern about how this model was developed and delivered and whether mistakes would be repeated as they understand that the system is about to be changed again, without consultation with them.

5.5.2. The current structures are fragmented and lead to numerous handoffs. The assessment, care management and review functions for older people are split across seven teams, all of whom could potentially be involved with an individual at some point in their care and support journey as follows:-

- **MH Older People**
- **Frailty/Reablement**
- **Occupational Therapy**
- **Assessment Team**
- **POVA Team**
- **Review Team**
- **Hospital Team**

5.5.3. The overall impression is that staff work around the structures, systems and policies rather than these creating the environment and tools to facilitate and support them in delivering their responsibilities. The decision to put further changes on hold is welcomed as wrong decisions and flawed implementation would further undermine confidence and credibility.

Appendices:-

A. Methodology

The fieldwork consisted of the equivalent of up to 8 working days across a two week period as follows: -

Desk Top Case Review:

- CSSIW carried out a desk top review of 50 older people who have complex needs selected from the case file selection spreadsheet. This involved looking at all relevant documents and information contained in their electronic case file including assessments, reviews, care and support plans, carers assessments, adult safeguarding, and financial assessments and agreements.

Case Tracking:

- Inspectors then selected cases 12 cases for case tracking and spoke to the social worker, care manager, other professionals involved and the service user (if appropriate) their carer and also visited the care home or their own home where possible.

Interviews:
CSSIW conducted a number of group and individual interviews with elected members, key managers both operational and those with responsibility for commissioning, strategic partners, service providers and stakeholder groups. We also interviewed jointly with the Wales Audit Office (WAO) the following:-

- Chief Executive,
- Leader of the Council
- Chair for Learning, Caring & Leisure Scrutiny Committee
- Director of People
- Director of Policy, Performance & Organisational Development
- HR Manager

Inspectors also interviewed Senior Managers from the Local Authority including those responsible for the commissioning of services and from key strategic partners organisations as follows: -

1. Head of Adult Services

2. Senior Managers from the Local Health Board

3. Commissioning Manager, Performance Information Manager

4. Chair of the Adult Safeguarding Board.

Observation:
Inspectors attended panels which are part of internal Adult Social Services procedures for example any panels on Funding allocation, Risk, Safeguarding

Focus Groups:

1. Inspectors interviewed groups of staff from the Local Authority involved in assessing older people and developing care & support plans such as Nurses, OT's Social Workers.
2. Service Providers Care Homes
3. Service Providers in domiciliary care
4. In house provider services
5. Local stakeholder organisations from the third sector

B. Inspection Team

Inspection Team:
Chris Humphrey, Lead Inspector
Duncan Marshall, Area Manager
Richard Tebboth, Fee Paid Inspector
Celly Morgan, Senior Inspector

CSSIW Business Support:
Amy Evans
Kirsty Waters
Emma May

Information & Enabling Team:
Jeyvonne Castello

Assistant Chief Inspector:
Nigel Brown

C. Acknowledgments

CSSIW would like to thank the service users and Carers, staff and managers of Newport City Council, Service Providers and partner organisations including the third sector, for their time and cooperation during the inspection fieldwork.