Social Care and Health Overview Scrutiny Committee   Agenda Item No. 9

20 July 2017

Adult Social Care – Organisational Change

Ward(s)   All

Portfolios: Cllr D. Coughlan

1. **Executive Summary**:

1.1 This report sets out the progress made within the Directorate over the course of the first 12-14 months of the permanently appointed senior leadership team. Furthermore, the report will highlight the findings of the Adult Social Care – workforce survey, which looked at issues affecting staff morale and motivation. Finally, the report will outline some of the recent changes within the directorate that will help shape a renewed culture of professionally led practice, and underpin our commitment to front line staff support and development.

2. **Reason for scrutiny**:

2.1 The Committee asked for a report following the Adult Social Care - Staff Survey, to gain insight into the workforce morale, and an understanding of the actions taken senior leadership team to address any areas of concern.

2.2 It is expected, that Scrutiny Committee members will gain assurance that the senior leadership team are affecting positive change across the workforce.

3. **Recommendations:**

3.1 That the Committee note progress in relation to positive change within the Adult Social Care workforce.

4. **Vision for Adult Social Care**

4.1 We work with citizens and communities to promote health, wellbeing and independence and if people need additional support we work with partners to ensure that people can access high quality services which maximise independence and safety, and that respect the autonomy, dignity and diversity of the citizens of Walsall.

4.2 Our vision for the workforce is:

4.2.1 We will support and develop with staff group to enable them to meet the challenges ahead in a supportive environment, where despite significant budget pressures;

every level of the organisation is committed to ongoing practice development. We are committed to improving outcomes for service users and our workforces continued professional development.

5. Staffing across the Directorate

5.1 Adult Social Care has seen a significant reduction in terms of capacity within the directorate workforce over a number of years. In 2013 the service had a Full Time Equivalent staff group of 524 front line staff and 44 management positions. By the end of 2016, this had reduced to 414 frontline staff and 26 management positions.

5.2 In terms of the directorate senior leadership team, we have seen a reduction of 3 Head of Service posts and 12 Service Manager posts, which were deleted and a new structure with 3 Group Manager posts established in their place. This current senior leadership team is a significant reduction on the previous models, and the current Directorate Management team recognised that this reduction left the directorate with insufficient management capacity. This lack of capacity appears to have contributed to what was a loss of overall strategic leadership within the directorate. As such, there had been a loss of focus on operational practice as day to day management tasks were prioritised over leadership functions. It appears that various interim Directors and Assistant Directors had focussed on specific problem areas, mainly driven by budget pressures, without developing basic practice. For example, reviewing care packages with a view to freeing up some savings, without looking to change practice.

5.3 With the appointment of the permanent leadership team at the start of the last financial year, we have adopted a more holistic approach to dealing with the challenges of increasing demand, increasing cost and reducing financial and non-financial resources.

5.4 One of the main findings from the Adult Social Care Peer Review that was conducted in 2015 highlighted that the workforce felt they had not been engaged or indeed developed for some time, and the workforce felt disconnected from senior leadership team and did not have a sense of direction.

5.5 Given the issues outline above, it was clear that the leadership team had to address some areas of practice concerns, and the issue of management/leadership capacity, whilst at the same time, being mindful of the challenges facing Adult Social Care and the findings of the Peer Review. As such, the Executive Director implemented a survey of the workforce, with a view to hearing their concerns, aspirations and views, in order to help shape actions that could address any significant workforce issues, whilst developing the overall model and strategic vision for Adult Social Care going forward.

6. Staff Survey:

6.1 The Executive Director was keen to understand the workforce views of the directorate in terms of a wide range of areas. As such, a survey was issued across the entire Adult Social Care Workforce and asked a range of questions about what it is like to work within Adult Social Care.

6.2 As expected, there was a mix of positive and not so positive feedback, as outline below:

i) Positives:
- Proud to work for Walsall
- Do a very meaningful job
- Satisfied with basic pay
- Satisfied with benefits
- Satisfied with colleagues high level of very and fairly satisfied (only 1 v' dissatisfied)
- Satisfied with working hours
- Making the best use of skills and ability
- Feeling you have accomplished something

ii) Mixed view:
- Satisfied with your Job
- working environment
- Resources to do the job
- Feedback on your performance
- Receiving praise for good work
- Training to do your job well
- Opportunity to show initiative
- Work life balance/family friendly/work policies

iii) Not so positive:
- Don't feel valued by the Council
- Feel stressed about workload
- Lack of Job security
- Lack of Resources for my service
- Lack of Career development opportunities

The following was identified as being most important to our staff:

- Job Security
- Basic Pay
- Feeling of achievement at work
- Resources to do your job
- Family friendly policies
- Maximising your skills

6.3 In addition to the basic tick box questions, staffs were encouraged to use free text to add any comments. A cross-section of these are outlined below:

- "There is a poisonous corporate culture at Walsall and I wish EDMT all the luck in the world at turning this around before the ongoing brain drain of your best and brightest leaves you with little to work with."

- "time of massive uncertainty, lack of communication about what that means for my service area and feels like the "extra mile" is expected for no thanks or appreciation and for less pay."
- "It is my view that Social Workers in Walsall Adult Social Care are devalued and to some extent oppressed".
- "New director much more approachable. Feel valued in the team.... but less so in the wider directorate"
- Communication from management is very poor or nonexistent particularly during changes."
- "I just feel that I have no job security with all the budget cuts and the environment in which I am working is unpleasant in Adult Social Care."
- "No respect or understanding from senior management of the work of my team No opportunity for progression, racial micro aggressions throughout my career in Walsall and discriminatory decisions made against certain workers. knowing that if I air my issues then I am likely to be disciplined. I do love my profession, my team and my role, but for the last several years these have both been degraded purposefully."
- "Feel more motivated since we have a permanent leadership team.... "
- "Social Workers views are not taken into consideration and supervision is nonexistent in the Council."
- "There is a lack of training opportunity for experienced staff in Walsall and lack of management support during key changes or structure."
- "Paula is doing a good job"

6.4 Despite the tone of some of the comments and some of the less positive findings from the staff survey, it was good to see that the issues staff highlighted were issues which had been raised within the staff forum events (see below), and the directorate Management Team had already begun to address some of these issues. For example, the staff voice had been given a new forum. At the time, proposed changes to the roles of Team Managers and Advanced Practitioners would ensure a work force development culture was beginning to be embedded within the workforce.

6.5 The directorate plans to re-run the staff survey later this year and we would hope to see a change in level of negative responses.

7. Actions to involve Staff and Change Culture

7.1 Staff Forums:

7.1.1 The Head of Community Care established a series of Staff Forums, which are open to all front line practitioners (not managers), with a view to hearing directly from the workforce about the day to day issues they face and any concerns they have. These forums are delivered in an informal way to ensure that staff can speak freely about any issues. The events started in September 2016 and run every 4 months. These events have proved extremely popular with staff and this had led to over subscription for places and the need to run over three sessions each time. These forums will continue into the future.

7.1.2   In addition to allowing the staff voice to be heard by senior management, they have also provided an opportunity for us to have open and honest discussion with staff around the budget pressures and solutions, whilst not in itself giving job security, the discussions have allowed staff to be more involved in the decision making process around services and service provision. The forums have also allowed us to shape and share our vision and aspirations for the directorate and the workforce. These forums continue to receive positive evaluation from the workforce.

7.2   Managers Forums

7.2.1   The Executive Director has established a series of Managers forums, both formal and informal which are open to all staff within leadership and management roles. Similar to the staff forum, these provide an opportunity for managers to raise and discuss concerns and views, and talk through opportunities. They also ensure that the leadership team shares and owns the overall vision for the directorate in terms of service and staff support and development.

7.2.2   These forums too receive positive feedback from evaluation and ensure that the Directorate Management team develop an overall view of pressures, challenges faced by our front line leaders.

7.3   Direct Contact with the Director and Heads of Service

7.3.1   The current Directorate management team all have open door policies in place so staff are enabled and encouraged to speak directly to senior managers if they wish to do so. We have already seen some good examples of ideas from the front line which we have been able to take forward in terms of future planning. This approach has also enabled worker to approach us directly in relation to any concerns they may have, safe in the knowledge they will be listened to and actions taken if necessary. The Directorate Management Team is committed to the development of a learning workforce that listens to and values the contribution and commitment of all our staff.

8.   Restructure of Adult Social Care

8.1   Following on from the work undertaken in relation to the issues of practice and support for our frontline staff. The directorate undertook a review of the roles of both Advanced Practitioners and Team Managers. It was considered that their current job description was not fit for purpose, and did not focus on staff/workforce development, or practice improvement and performance. Additionally, it was acknowledged that there was insufficient management capacity at the Team Manager level which was needed to ensure the change in culture and practice required could actually be delivered. As such, both roles went through a period of staff and trades union consultation and new job descriptions were implemented. Furthermore, we increased the number of Team Managers to ensure adequate capacity to deliver change and support the workforce.

8.2   Both the new Advanced Practitioner and Team Manager roles are now clearly focussed on staff development and practice improvement. The Advanced Practitioner post also provides an opportunity for career progression within the directorate, and will enable staff with appropriate qualification, to take their first step

into workforce development and leadership roles. The overall management restructures within the directorate have begun to strengthen professional leadership across the directorate, and this has enabled us to change practice to ensure it is Care Act compliant.

8.3 We are currently going through a similar process with our Group Managers to ensure there is sufficient capacity within the locality model at the senior operational level. Moreover, our Team have been reorganised to ensure they focus on place based delivery of services, in line with the Walsall Together programme aims relating to localities i.e. our teams are now focussed around GP practices working alongside colleague from the NHS, to ensure easier access to services at the point individuals require our services and a more integrated way of working.

9. Joint Commissioning Structures

9.1 The Joint Commissioning Unit (JCU) was established in 2009. The team was designed to work across both Walsall CCG and Walsall Council, to improve the commissioning of health and care services.

9.2 The JCU appears to have operated effectively for several years with both organisations managing their budgets successfully, and fulfilling their responsibilities in this area. However, support for the JCU has diminished over time as the worsening financial position has placed stress on the arrangements. This led to both parties questioning whether the joint commissioning arrangements were appropriate and sufficiently robust.

9.3 A review of the arrangements was conducted by Deloittes last autumn which identified a number of areas where there were significant weaknesses in the operation of the joint commissioning arrangements such as governance, financial controls, and leadership. Given this, all of the options were considered and through discussion it was agreed that the existing arrangements would be dissolved, this would enable each organisation to gain a greater clarity of the existing jointly commissioned services and would enable both organisations to develop a more objective view about how they could work together better in future.

9.4 The Joint Commissioning Unit continues to work through the dissolution of the existing joint arrangements and has capitalised on the opportunity to explore the benefits offered by operating single commissioning units. Conversations have also started to develop future integrated commissioning models, such as alliance contracting and place-based commissioning within a mutually supportive environment.

10. Investment in Training and Workforce Development Opportunities.

10.1 With the recent investment from central government in relation to Adult Social Care, we have allocated a significant sum toward training and development of the workforce, particularly in relation to post qualifying practice award training. This investment and the commitment from the leadership team to work with staff to promote career progression and general career pathway, has already seen a tenfold increase in the numbers of application for such training. Whilst staff reporting that they not feel more valued and supported by the directorate, but are also more committed the directorate.

11. Resource Allocation Panel

11.1 A benchmarking exercise highlighted that Walsall was very generous with its allocation of funding in some cases, and was over paying for care in others. When we looked at the control mechanisms in place, we found these were extremely poor. They focused on allocating budget to ensure the model of practice was delivered. However did not seem to recognise that these models of practice were still grounded in care management principles which had been embedded with the principles of the NHS and Community Care 1990, rather than being embedded within more traditional professional Social Work practice models, that are more aligned to the principles of the Care Act (2014). That is, the model of Social Care in Walsall appeared to be one of managing people with Council support to meet their needs on an on-going basis, rather than a model that promotes individual wellbeing, self determination and independence, resilience and integrated community support models, which draw heavily on individual and community support systems.

11.2 In order to challenge this practice and ensure consistency in allocation of resources, a new model of Resource Allocation Panel (RAP) was introduced in September 2016. Previously, resources were approved by various managers within the service, the practice requirement is that now all requests for resources must come to a RAP. RAP meetings are held three times per week and for 5 hours per session. Each RAP is Chaired by either the Executive Director or one of the two Assistant Directors and co-chaired by a Group Manager. The panel also includes, a member of the brokerage team, a report from the finance admin team and legal services as and when required. Each case is presented by the Social Worker requesting the resources, supported by either their Team Manager or Advanced Practitioner.

11.3 Since the introduction of the Resource Allocation Panel, we have seen consistency improve, average costs of care decrease and a greater awareness of the financial challenges at every level within the Directorate.

12. Demand Management Programme

12.1 In order to deliver the transformational change that is required to achieve the savings targets set in the MTFO, the ASC directorate has developed a programme of activity. The 'Demand Management' transformation programme has a number of projects within it. One of these projects is the 'Deep Dive' project – the project groups, made up of stakeholders across the Directorate and Corporate Finance colleagues meet fortnightly and monitor a number of key deliverables, these include:

1. Ensure all care package expenditure is scrutinised and authorised by the redesigned Resource Allocation Panel (RAP) in line with the RAP guidelines
2. Review and change policies to support areas of change:
   - Ordinary Residence
   - Out of Borough placements
   - Legal Limits of Care
   - Holidays/Respite
   - Medical Appointment Chaperone

3. Create the environment and culture in Social Work teams to support an improvement in support planning:
    - Reorganisation of Social Work Teams into Localities and introduce allocation of all cases and case holding.
    - Implementation of Support Planning expectations through 1-1's
4. Use CM2000 intelligence to target reviews of care packages
5. Introduction of Community Based Support and Residential and Nursing Home contracts
6. Review and redesign Brokerage to improve capacity and capability.
7. Review and redesign Intermediate Care pathways to ensure that most people with social care needs access Intermediate Care following a spell in hospital and outcomes following Intermediate Care are improved.
8. Review the unit price of care in high spend areas and ensure value for money

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