

Salford ASC Assurance Preparation Challenge

October 2022

Background

Salford submitted a LGA ASC Risk Self-Assessment in June 2022 as part of the NW ADASS SLI approach. Salford also developed and provided a comprehensive selection of preparatory documentation in advance of their Challenge session. NW ADASS utilised existing regional benchmarking data to provide additional analysis to accompany the self-assessment and preparatory documentation.

A Salford Assurance Preparation Awareness Challenge Day was held on 20th October 2022, building on the self-assessment and data analysis.

The NW ADASS Challenge team included Martin Farren (NW ADASS Associate, former DASS at Liverpool), Becky Squires (PSW at Cumbria) and Iona Purvis (NW ADASS Senior Research Analyst).

Charlotte Ramsden (DASS), Mark Albiston (MD, ASC) Paul Walsh, (AD Commissioning), Ann Brooking (PSW) a range of other Salford colleagues including frontline practitioners contributed to sessions throughout the day.

The Challenge Day sessions were organised by Salford colleagues and delivered over Microsoft Teams. The Challenge team recognise and commend Salford – particularly Martin Sexton, who led on the Challenge for Salford - for their thorough organisation, positive engagement and openness throughout the process.

This report summarises the observations of the Challenge team primarily from the Challenge Day discussions, which were informed by documentation provided by Salford. The team cannot identify risks outside those articulated through these discussions.

Introduction

- The Challenge Team commend Salford for their positive engagement and openness throughout the process and their level of preparation, including the depth of documentation. This coupled with humility and not assuming they were doing everything perfectly demonstrated a genuine desire to get things right for people. This was truly both impressive and helpful to the process.
- The group came across as highly experienced, knowledgeable and cohesive. Providing good leadership to the service, sector and partners, with a strong commitment to improvement and developing self awareness.
- A clear vision and strategy to build on a “strengths based model” and to support people to maximise their independence and live at home was articulated
- The service came across as very well managed, taking into account demographic challenges (particularly linked to significant levels of deprivation and health inequalities). Demonstrated a strong overall performance in this and of delivering within budget.
- A key ingredient to the model in Salford is the substantial positive history of joint working, collaboration and integrated working, particularly with NHS partners – former CCG, plus NHS Provider Trust culminating in a formal structural integration from 2016 and S75 Agreements.
- The Challenge Team recognise the clear commitment to transformation, a plan which addresses key areas for development, and in the process of developing the specific plans and capacity to drive strategic development, building a good platform for the future.
- The core challenge, as with most LA’s, is juggling these demands and maintaining the momentum of an ambitious programme while dealing with increasing demands, significant system change, plus new legislative and regulatory requirements.
- In preparation for assurance, all LAs are encouraged to develop a clear and evidence-based narrative of how they are performing now. This must demonstrate a robust understanding of strengths and areas for development and the qualitative and quantitative data that informs this self-assessment. This will be vital to ensure CQC can have confidence in the improvement plans that are in place to address areas for development.

Theme 1: Working with People (Assessing Needs)

Quality Statement: We maximise the effectiveness of people's care and treatment by assessing and reviewing their health, care, wellbeing and communication needs with them.

- The wellbeing principle is embedded throughout the local authority care and support system and is clearly promoted when carrying out all care and support functions. People's care and support reflects their right to choice, builds on strengths and assets, reflects what they want to achieve and how they wish to live their lives.
- Assessment and care planning arrangements are person-centred, strengths-based, timely and accessible, and focus on achieving the best outcomes for people; assessments and care and/or support plans are co-produced, and up-to-date; support is co-ordinated across different agencies and services and decisions and outcomes are transparent.
- The needs of unpaid carers are recognised as distinct from the person with care needs; assessments, support plans and reviews for unpaid carers are undertaken separately.
- People can easily access the local authority's care and support services through multiple channels, including online and self-assessment options. There is equality of access for people with different cultural/protected equality characteristics.
- The local authority has arrangements to tell people how to access services and facilities for help with non-eligible care and support needs and for referring to other agencies/departments.
- The local authority has arrangements to identify and respond to immediate risks to people's wellbeing, while they are waiting for an assessment.
- The local authority has an assessment and eligibility framework for adults and unpaid carers (who appear to have a need for care and support) that is transparent, clear and consistently applied; people can appeal against assessment and eligibility decisions, and appeals are heard in a timely way.
- The local authority has a transparent, accessible and fair framework for charging adults who receive care and support services after their individual needs and financial situations have been assessed; the framework is used consistently.
- The local authority has assessment teams who are appropriately trained and with the experience and knowledge necessary to carry out assessments, including specialist assessments.
- Unpaid carers have access to information, training, support and equipment required to undertake their caring role safely and effectively.
- Assessments for adult social care in the community and any subsequent care and support plans include people's medicines support needs.
- People have timely access to direct payments; processes are easy to use and enable people to maximise their choice and control about how to meet their support needs.
- People have access to independent advocacy services to support adult and unpaid carers with assessment, care and support planning or review if required.

Theme 1: Working with People (Supporting People to Live Healthier Lives)

Quality Statement: We support people to manage their health and wellbeing so they can maximise their independence, choice and control, live healthier lives, and where possible reduce their future needs for care and support.

- The local authority works with people, partners and the local community to make available a range of services, facilities and other measures to promote independence, and to support people to prevent, delay or reduce their needs for care and support.
- The local authority has a clear, co-produced strategy to prevent, delay or reduce care and support needs and a coherent and adequately resourced delivery plan. The plan is informed by data about the local population, including the Joint Strategic Needs Assessment and it seeks to address local priorities and inequalities. Specific consideration is given to support the wellbeing of unpaid carers and the needs of people who fund their own care and support.
- The local authority has a range of preventative services and other measures delivered by a diverse range of providers, working collaboratively across the system.
- The local authority has arrangements to monitor and evaluate the impact of its prevention strategy and the outcomes for individuals and the community.
- People in the area have equal access to preventative measures that are not subject to eligibility criteria, for example, equipment, adaptations, reablement.
- The local authority works with partners to deliver high-quality, responsive intermediate care and reablement services to enable people to return to their optimal independence.
- Charging arrangements for preventative services do not lead to inequality of access for people living in the area.
- People most at risk of a decline in their independence and wellbeing are identified and prioritised for care and support.
- The local authority works with partner agencies, providers and local communities to develop, fund, commission and deliver its prevention strategy.
- The local authority promotes innovative approaches to prevention activity, for example technology and digital innovation.
- People in the area have access to equipment and minor home adaptations required to maintain their independence and continue living in their own homes. They have information on accessing a Disabled Facilities Grant.
- People in the area have access to information and advice on their rights under the Care Act and to enable them to make informed decisions about how their care and/or support needs can be met,
- There is enough information and advice on care, support and wellbeing. This is accurate, coherent, accessible and available to all people in the area when they need it, including for people who fund their own care and support, and for unpaid carers.
- The local authority takes steps to evaluate whether people understand information and advice and to ensure that they can use the information.
- The local authority facilitates access to independent financial information and advice about care and support for people in the area.

Theme 1: Working with People

Findings

- Good overall performance as reported that overall assessments are done in a timely fashion, particularly targeted at those in greatest need/most vulnerable.
- ASC stepped up and delivered through out the Covid-19 crisis, adapted and developed services with no significant backlogs. Particularly successful in having no Covid deaths in LD services.
- A clear commitment to “strengths based practice” and overall strategy “Living Well at Home”, with integrated neighbourhood teams, contact centre providing information, advice, triage and direct access to a range of support services (front door). Use of person centred tools and multi-disciplinary model.
- Higher than average numbers receiving long term support
- Supported a reduction in use of residential nursing home care
- Low staff turnover in in-house services
- Positive use of D2A to manage demands through covid pandemic and ensure flow through the system, getting people out of acute care.
- Commitment to prevention / early intervention and promoting avoidable admissions to acute care.
- Higher than average number of people returning directly to their “normal” place of residence.
- Good performance in avoidable admissions
- Recognition of the growth in those with multiple needs, and complexity of needs.
- The Local system has an established risk share agreement covering ASC spend, the systems ability to live within its means will be challenged following the creation of GM NHS-ICB

Theme 1: Working with People

Recommendations

- Query direct access to services and development of a self assessment
- Low use of personal budgets/direct payments, and PHB's. Suggest review of uptake and any potential barriers to this.
- Query Carers DP performance as no data available - how many Carers have a DP / personal budget. There may also be scope to develop broader carer support to prevent home breakdowns and avoidable admissions to acute and residential care
- Consider scope for greater NHS investment proportionally in preventing avoidable admissions e.g. supplementing DFG, Carer Support, community development activity. Are there opportunities to build this further?
- Investigate access to services/support for those who may not band for formal ASC. Particularly post covid, for those who require befriending support, basic advice, support with finances, housing and filling in forms etc
- Query the use of performance data to understand the effectiveness of the front door both to improve outcomes and reduce demands on A&CM. E.g. how many people are managed effectively without requiring a full assessment, how are unmet needs collated to inform service development etc.
- Concerns expressed by staff that assessments are done in a timely fashion but they are struggling to access community based services which is potentially driving admissions to res care and complaints, and increasing length of stay.
- Query performance in respect of the number of people still at home after 91 days
- Query number of people with a disability in paid employment as no data
- Query length of stay in acute care
- Query the opportunity to further exploit CLS, personalisation, and community / neighbourhood models of provision
- Query if risk aversion culture is driving high level of small packages of care, and whether these needs could be met differently to free up the use of these resources to support timely discharges

Theme 2: Providing Support (Care provision, integration and continuity)

Quality Statement: We understand the diverse health and care needs of people and local communities, so care is joined-up, flexible and supports choice and continuity.

- The local authority works with local stakeholders to understand the care and support needs of people and communities, including people who fund or arrange their own care, now and in the future. They use this to shape and develop the market so that people have access to a diverse range of local support options to meet their care and support needs that are safe, effective, affordable and high-quality. These are available when, how and where they need them. There is minimal need for people to receive services or support from outside of the local authority area.
- Commissioning strategies are co-produced with stakeholders and people in the local community. Local authority strategies are aligned with the strategic objectives of partner agencies (for example, health, housing, public health).
- The local authority works collaboratively with partners so that it commissions models of care and support that are in line with recognised best practice.
- The local authority works collaboratively with partners so that contracting arrangements are person-centred, efficient and effective. These support the delivery of high-quality care, experiences and outcomes for people.
- The local authority works with partners and neighbouring authorities to respond to specialist needs and to jointly commission specialist services when required. This creates efficiencies and achieves better outcomes for people.
- The local authority works with providers and stakeholders to ensure services are sustainable, affordable and provide continuity for people. Contracting arrangements support this (eg: contract duration supports continuity). The local authority collaborates with service providers to ensure that the cost of care is transparent and fair.
- The local authority understands its current and future workforce needs. It works in partnership with care providers, including personal assistants and other agencies, to develop, support and promote a capable and effective workforce. This facilitates and supports quality improvement and encourages training and development for the care and support workforce.
- The local authority actively supports innovation in care and support provision, including using incentives or financial support, for example, grants or match funding, where there are gaps or to develop the diversity of care and support options for people in the area.
- Unpaid carers have timely access to high-quality replacement care for short breaks and unplanned situations.
- Commissioning practices and services delivered on behalf of the local authority comply with the requirements of the Equality Act 2010 and proactively addresses the needs of people with protected equality characteristics.
- Everyone can access the care and support they need when they need it.

Theme 2: Providing Support (Partnerships & Communities)

Quality Statement: We understand our duty to collaborate and work in partnership, so our services work seamlessly for people. We share information and learning with partners and collaborate for improvement.

- The local authority works collaboratively with local partners to agree and align priorities and responsibilities. This enables it to identify, understand and address the needs of the whole community, including inequalities.
- The local authority recognises the unique contribution of the community and voluntary sector in the provision of care and support and actively promotes their involvement as equal partners.
- The local authority has agreed roles, responsibilities and accountabilities with partner agencies for delivering shared priorities, for example Better Care Fund, Continuing Health Care, Hospital Discharge, Delayed Transfers of Care, and Transforming Care. There are enabling mechanisms such as pooled budgets, information sharing arrangements, governance protocols, co-location and integration of staff teams from partner organisations.
- The local authority actively works towards integrating care and support services with those provided by the NHS and by other partner agencies, such as housing, employment, transport and leisure. Services work together to provide better outcomes and enhance the wellbeing of people who need care and support and unpaid carers.
- The local authority monitors and evaluates the impact of its partnership working on the costs of social care and the outcomes for people. This informs ongoing development and continuous improvement.
- The local authority prioritises integration of services in areas such as reablement, intermediate care and end of life care services where evidence shows this improves people's wellbeing. This takes account of the key national and local priorities and objectives.
- The local authority works with partners to deliver high-quality, responsive intermediate care and reablement services to enable people to return to their optimal independence

Theme 2: Providing Support

Findings

- Good relationship with providers, with good CQC rated services. Outstanding improvement in CQC ratings of residential care provision.
- Access to timely provision of equipment in the home.
- Strong local relationships with a history of a commitment to joint working and integrated teams and aligned strategies. Linking to a strong collaborative approach with the NHS.
- Proactive reablement service, largely focused on supporting effective discharges from acute settings.
- Investment in Living Well/independent living
- Positive commitment to co-production and engagement of service users to support and inform service development / commissioning strategies
- Access to a range of services for those with more complex needs, in particular the role of the High Risk panel.
- Strong commitment to WFD, training and development, use of online training, commissioning specialist training. Staff say they feel well supported.
- Good recruitment and retention of staff inhouse (2% turnover)
- Proactive use of apprenticeships and the levy
- Positive quality of life satisfaction
- Access to a range of Community Led Services which are being developed. CLS approach to reduce POC and comparatively low use of low cost Domiciliary Care services.

Theme 2: Providing Support

Recommendations

- Explore whether you are making effective use of the JSNA to consider quantifying levels demand and service required to meet future needs e.g. supported accommodation, Shared Lives (role of wider sector).
- Prioritise access to sufficient respite to support carers, including DP's to extend the market.
- Query access to lower level community based support e.g. day care, befriending.
- Transitions: query ASC taking the lead from 16+.
- Staff queried access to sufficient high quality housing with support for people with multiple needs, and community based support. Query community development strategy.
- Timely assessment, but delays due to access to sufficient services, mainly due to the lack of workforce capacity in provider services resulting in delays eg what used to take 1-3 days is now 2-3 weeks. Delays have increased admissions to res care and complaints – need for more innovation in solutions to meet needs (personalisation).
- Need to quantify WFD capacity issues / risks in independent sector as directly impacting upon being able to commission sufficient services – described as a key challenge.
- Investment in DP's can reduce demands on traditional services, diversify the market – more than just access to PA's, query reviewing rates to attract capacity and role of VCS.
- Opportunity to influence NHS to focus on wider community, prevention and investment in social care and reduce historic national focus on discharge from acute (and MH inpatient) services and reactive approach – NHS investment in VCS and community sector.
- Staff expressed concerns about the use of agency staffing / vacant posts impacting on retention due to perceived impact on workloads – queried potential for a more creative approach
- Opportunity to involve staff who highlighted the scope to streamline processes / reduce bureaucracy - a more balanced and proportionate approach – DP process described as arduous.
- Risks due to high rate of voids in residential care at over 21%, plus comparatively low level fee's in domiciliary care
- Recommend a deeper look at demonstrating how engagement with people in receipt of services and carers influence service development. There was good evidence of service user groups etc, but less about how these interface with services. (also relevant to DPs)

Theme 3: Ensuring Safety (Safe systems, pathways and transitions)

Quality Statement: We work with people and our partners to establish and maintain safe systems of care, in which safety is managed, monitored and assured. We ensure continuity of care, including when people move between different services.

- Safety is a priority for everyone, and leaders embed a culture of openness and collaboration. The local authority learns from adverse events.
- There is strong awareness and monitoring of the areas with the greatest risks to people's safety and wellbeing, and solutions are developed collaboratively.
- Care and support is planned and organised with people, partners, and communities in ways that improve their safety across their care journeys and ensures continuity in care, particularly when people move between different services, or when responsibility for care and support passes between agencies.
- The local authority understands where there are risks to the continuity of people's support. It has plans to mitigate and manage them so that people's safety is maintained, for example when moving between children and adult services and discharge from hospital.
- The local authority carries out effective and timely transition assessment and planning when young people and carers move from children's to adult services to ensure a seamless, co-ordinated and person-centred process. There is a clear understanding of responsibilities, including funding arrangements.
- Funding decisions or disputes do not lead to delays in the provision of care and support. There are interim arrangements while decisions are being made.
- Local authorities ensure continuity of care and support when people move between areas so that they can move without worrying that they will not have the care and support they need.
- The local authority can respond to unplanned events and emergencies to minimise the potential risks to people's safety and wellbeing, for example because of a provider closing or suspending its business.
- Roles, responsibilities and accountabilities are agreed and recorded. The right training is provided when social care providers are commissioned to provide medicines support and delegated healthcare duties.

Theme 3: Ensuring Safety (Safeguarding)

Quality Statement: We work with people to understand what being safe means to them and work with them as well as our partners on the best way to achieve this. We concentrate on improving people's lives while protecting their right to live in safety, free from bullying, harassment, abuse, discrimination, avoidable harm and neglect, and we make sure we share concerns quickly and appropriately.

- The local authority has a Safeguarding Adults Board that has clear understanding of the key safeguarding risks and issues in the area. It has a clear, resourced strategic plan to address them, and holds local safeguarding partners to account.
- There is a strong multi-agency framework for safeguarding people with care and support needs and the roles and responsibilities for identifying and responding to concerns are clear.
- Concerns are investigated promptly to minimise risks to people's safety and well-being.
- The local authority sets safeguarding thresholds at a level that is in line with best practice and guidance and they are applied consistently. The scope of safeguarding enquiries includes people who are subject to modern slavery or human trafficking.
- There is clarity on what constitutes a safeguarding concern and concerns arising from the quality of services. There are clear pathways for responding to either type of concern.
- Information sharing arrangements are in place so that concerns are raised quickly and investigated without delay.
- Safeguarding enquiries are carried out sensitively and without delay, keeping the wishes and best interests of the person concerned at the centre. People can participate in the safeguarding process as much as they want to. People are supported to make choices that balance risks with positive choice and control in their lives.
- People in the area have access to clear, accessible, good quality information about safeguarding and the types of abuse. This explains how the system works, how to raise concerns about their safety and how to access mainstream community safety measures.
- People feel safe and protected from bullying, harassment, avoidable harm, neglect, abuse and discrimination, and their liberty is protected where this is in their best interests and in line with legislation.
- Relevant agencies are informed of the outcomes of safeguarding enquiries when it is necessary to the ongoing safety of the person concerned.
- Safeguarding plans and actions to reduce future risks for individual people and risks within the area are acted on promptly.
- The local authority uses safeguarding adult reviews to identify failings and to learn lessons from cases where adults with care and support needs have experienced serious abuse or neglect. It takes action to drive best practice.
- The local authority has a positive culture that focuses on learning and promotes opportunities to improve understanding of safeguarding.
- The local authority focuses on preventing abuse and neglect and identifying risk early. There are robust risk management processes.
- There are sufficient resources and suitably skilled staff to deliver safeguarding duties.

Theme 3: Ensuring Safety

Findings

- Proactive commitment to SARs, including those that are discretionary.
- Good use of learning from SARs and safeguarding reviews, with PSW playing a lead role.
- Commitment to continuous improvement, professional curiosity and annual thematic reviews.
- Robust safeguarding processes, framework, board sub structure and policy using performance data supporting - good outcomes, and prevention.
- Wider system engagement in SAB , link to serious and untoward incidents
- SAB links to wider agenda – homelessness, modern slavery, risks of exploitation – deprivation, economic challenges e.g. self neglect, health and social well being.
- Strong LA input and leadership. LA involved in all cases to agree any escalation to S42, and discretionary SARs, SARs panel.
- SAB Chair meets regularly with Chair’s from other key forums.
- Embraced Making Safeguarding Personal, to ensure “users voice”
- Salford Quality Improvement Network - significant improvement in CQC rated service, in particular residential care
- Commitment to quality improvement and investment in Quality Monitoring – risk based approach.
- Use of data/performance management framework to inform multiagency audits.

Theme 3: Ensuring Safety

Recommendations

- Backlog of annual reviews may impact upon both service user outcomes and effective use of resources - consider benefits of an independent review team.
- Need to consider wider workforce challenges particularly across the independent sector, workforce age profile, etc.
- Need to demonstrate EDI in workforce and how it reflects the community.
- If the Safeguarding Chair is not a fixed term post, ought to consider how you explain to CQC how the role is proactive, reviewed to maintain its independent.
- Need to ensure sufficient funding and capacity to support SARs – query practitioners experiences.
- Ensuring performance reporting reviews composition of referrals eg age, EDI etc to consider any under or over representation.
- Query development of Single Agency process link to SARs
- Query the impact of issues accessing services and delayed packages of care on well being and safety, in particular in mental well being.
- Need to consider capture of impact/outcomes, and link to complaints.
- Query Quality Monitoring of Dom Care and non regulated services e.g. extra care, supported living.

Theme 4: Leadership (Governance)

Quality Statement: We have clear responsibilities, roles, systems of accountability and good governance to manage and deliver good quality, sustainable care, treatment and support. We act on the best information about risk, performance and outcomes, and we share this securely with others when appropriate.

- There are effective governance and performance management arrangements at all levels. These provide visibility and assurance on delivery of Care Act duties, risks to delivery, quality and sustainability, and people's care and support experiences and outcomes.
- The local authority uses information about risks, performance and outcomes to inform strategy, allocate resources and to deliver the actions needed to improve care and support outcomes for people and local communities.
- There are effective governance arrangements at all levels. These support evidence-based delivery of adult social care, oversight of quality, support learning and development, and performance management.
- There is a stable adult social care leadership team with clear roles, responsibilities and accountabilities.
- Risks in the local authority operating environment, and any political or organisational changes that may affect business, are assessed and mitigated.
- The local authority's political and executive leaders are well informed about the potential risks facing adult social care. They reflect these in their corporate risk registers and take them fully into account in their decision-making.
- The local authority has effective budget oversight, accountability and governance. It assesses the impact of any budget reductions and whether the level of savings required will affect its ability to meet statutory duties, including comparison with regional and national benchmarking groups.
- All levels of governance and management function effectively and interact with each other appropriately.
- Equality and human rights and diversity principles are embedded in the local authority's values, culture, and leadership behaviour. Leaders know the current challenges to equality and human rights, and have plans to tackle them.
- The local authority has a clear strategic ambition and objectives regarding improving outcomes for unpaid carers, with a coherent and adequately resourced delivery plan

Theme 4: Leadership (Learning, Improvement & Innovation)

Quality Statement: We focus on continuous learning, innovation and improvement across our organisation and the local system. We encourage creative ways of delivering equality of experience, outcome and quality of life for people. We actively contribute to safe, effective practice and research. .

- The local authority designs the system and services around people who need care and support and unpaid carers and the outcomes that are important to them. Services are developed by working with people and their communities. Individuals and communities are involved in decisions at all levels of the system.
- The local authority has arrangements to support improvement, innovation and research, and processes for evaluating and sharing learning.
- The local authority embeds learning from people's feedback about their experiences of care and support, and from staff and partners throughout its work. This informs the strategy, improvement activity and decision making at all levels. Co-production is embedded throughout the local authority's work. Improvement plans are monitored and evaluated to ensure they achieve the intended impact and outcomes.
- There is a strong focus on continuous learning and improvement. This includes through appropriate use of external accreditation, shared learning, best practice and research.
- Innovation and new ways of working, including technology, are encouraged and supported to improve people's health and well-being outcomes.
- The local authority challenges its own performance and invites external challenge.
- The local authority engages with and contributes to system-wide reviews and demonstrates that it embeds and shares the learning from them.
- The local authority seeks guidance and support to improve when necessary. It uses other support organisations when it identifies risks and areas for improvement.
- The local authority shares learning, best practice and innovation with peers and system partners to influence and improve how services are delivered.
- The local authority actively participates in sector-led improvement activity.

Theme 4: Leadership

Findings

- A cohesive senior team with a 'can do approach'. Setting a clear standard, vision and direction of travel – Salford Vision 2030.
- Keen to learn and strive for continuous improvement
- Delivering strong overall performance within budget
- Strong commitment to and history of partnership working – S75 agreements to support structural integration; TUPE'd staff
- A systemic approach, promoting social model, leveraging financial support
- Clear shared governance both across the council and with partners, with shared strategic plans and robust governance
- Plans supporting transformation to meet future challenges with investment in critical additional capacity required. Demonstrating good self awareness and understanding of legislative / regulatory and system challenges ahead.
- Understands the local population needs and place – intelligence led.
- A sense of pride, but needs to celebrate the success/ strengths and promote the ASC model as a potential exemplar. Need to shout together about what you are doing and achieving.
- Staff overall feel well supported.
- NCA – wider system support, and opportunity to influence.
- Positive work by the PSW in developing the SW strategy, this has contributed to a strong SW identity and a strong social perspective throughout the organisation which is creditable.

Theme 4: Leadership

Recommendations

- Frontline staff recognised the benefits of integration. Despite this, it is perceived that a medical/acute model bias remains, as well as a lack of understanding about social care and on-going needs post discharge.
- Staff in MH are seconded from NCA so can feel excluded from some issues and that they fall between agencies.
- While there is a strong commitment to strength-based practice this also needs to be reflected in personalisation principles / practice.
- Opportunity to influence NHS/partners to embrace CLS and greater investment in social model, community based solutions – wider system design.
- Lots of documentation but query development of Local Account to provide a succinct statement/plan, particularly for those who use services – you said, we did, plus summary priorities / planned actions.
- Recognition of the impact of covid and legacy demands has and is having on staff dealing with higher volumes of working, plus more complex needs.
- Need to review assessed risks based on more recent events eg economy, as there is a potential significant impact on more deprived communities resulting in increase in demands across health and social.
- In particular consider the impact on the workforce and the wider care market, cost of care, support for carers, WFD plan (particularly in the independent sector).
- Potential scope for more investment in early intervention / prevention (corporately and with NHS), assistive technology, DP's, Carer Support.
- Need to ensure the financials as stated accurately reflect the true level of spend and includes the wider system support.
- Scope to develop use of BI to use performance data to inform future investment / commissioning.
- Salford have arguably gone further and achieved more than most places in terms of Integration – structurally and strategically - opportunity to celebrate more as a system and highlight nationally the benefits of the integrated model, warts and all.

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