Wirral Health & Care Commissioning Peer Review Report on Integrated Social Work

May 2019

Feedback Report

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Executive Summary

Wirral Community Health and Care NHS Foundation Trust (WCHC), together with Wirral Health and Care Commissioning (WHCC) and Cheshire and Wirral Partnerships NHS Foundation Trust (CWP) asked the North West region of the Association of Directors of Adult Social Services (NW ADASS) to conduct an Adults' Peer Review focussing on the quality of front-line Social Work practice within the context of integration, personalisation and neighbourhood working. The work was jointly commissioned by the three partner organisations, which are seeking an external view to consider how the transfer of Social Workers has created a seamless, integrated care and health service that provides an improved response to people in need of support. The partner organisations intend to use the findings of this peer review to strengthen their work on promoting a strengths-based approach to prevention and access to appropriate services. The review team was asked to concentrate its efforts on:

1 – Front Line Social Work Practice – current arrangements: Consider the extent to which current arrangements for Social Work practice provides opportunity to improve social care outcomes for individuals in line with the requirements of the Care Act

2 - Outcome Based Practice: Consider the extent to which current Social Work practice is outcome based in line with the core principles of the Care Act

3 - Maintaining the Professional Status of Social Work: Consider the current arrangements for supporting the ongoing development of professional Social Work practice across the system and suggest any other strengthening opportunities. A significant factor in planning the integrated services was to ensure protection and enhancement of the Social Work professional status.

The team spoke with representatives from a wide range of organisations and the findings in this report are based on the evidence that was obtained from the meetings undertaken whilst on site and the documents presented. The main findings are:

The overarching message that the review team received was that the integration was seen to be; "*the right thing to do*" and that those the team spoke with were positive about that has been achieved so far.

The approach to and delivery of training is a key strength and staff have noted that there are more opportunities for training and development since transferring from the local authority to the Trust. Some of the Social Work staff raised issues around the Trust's mandatory training and the applicability and relevance to Social Work. There is an opportunity to broaden the overall mandatory programme so that it includes Social Care issues (including The Care Act), which both Health and Social Work staff then participate in.

At the time of the review the Principal Social Worker (PSW) had been in post for five weeks. There had been a period of time between the previous PSW leaving and

now when the PSW functions had been delivered by a number of senior staff, both in WHCC and WCT. This situation has led to a general lack of clarity as to who was undertaking the PSW role. Staff were interviewed said that they went to two individuals when they had Social Work concerns, including the Associate Director for Social Care (ADfSC) and the Lead Commissioner All Age Independence. There is a need to communicate to all staff what the PSW is there to do and who is undertaking this role.

Where Multi-Disciplinary Teams (MDT) are in place they provide a speedier and more proactive response to individuals. Staff reported that the MDT approach meant they are more able to problem solve due to an increased understanding by Health colleagues of Safeguarding issues and the Social Care approach to these. The model of integration also supports an approach where the professional skill set can be better matched with the individual's presenting needs and required outcomes.

The ability of the present IT systems to share information between them, is potentially hampering the effective flow of communication. Action needs to be driven at pace to ensure that both staff and service users are not unduly affected through duplications in data entry and the sharing of information.

More needs to be done to increase the effective engagement of General Practitioners (GPs) through the developing GP networks so that they become involved in the Trust's neighbourhood model of care delivery. There are also opportunities for Social Work staff to become more involved and increase the level of working with GPs.

The opportunities to listen to the voice of the service users needs to be strengthened on a strategic level so that there is a clearer understanding of what is happening with people and how their needs are planned for.

The ability to recruit Social Workers and how running with vacancies will impact on the demands of the job needs to be resolved. There needs to be a communication strategy (focussed both internally to tackle the concerns of existing front-line staff and externally to attract new staff) to support the Workforce Plan and promote the benefits of working in an integrated organisation. Consideration should also be given to any interim staffing measures to address priority areas of work and addressing obstacles that arise through NHS temporary staffing rules and processes, thereby ensuring the partnership is not adversely impacted by wider market forces.

There is an over focussing on delivering Key Performance Indicators (KPI) and that by mainly concentrating on quantitative data some of the more qualitative information, on how personal outcomes are being met, may not be fully recognised.

Staff reported that co-location and the developing culture of integration is leading to fewer hand-offs between what was traditionally viewed as Health and Social Care and that there are fewer professional barriers between functions.

The Trust(s) needs to consider how the workforce is supported to take on the new Liberty Protection Safeguards (LPS). Where training and briefing opportunities are identified there may also be opportunities to broaden this delivery beyond Social Workers so that a whole workforce understanding, across both Trusts, is promoted.

Accessing the activities being coordinated by North West Employers' could help in this delivery.

Social Workers said that they felt listened to by Senior Managers and that their professional voice is heard. Where issues are raised, staff said they have seen that action is taken. However, more could be done to show how Social Work practice is recognised and held accountable at Board level and how this is effectively communicated to staff.

Report
Background

1. Wirral Community Health and Care NHS Foundation Trust (WCT), together with Wirral Health and Care Commissioning (WHCC) and Cheshire and Wirral Partnerships NHS Foundation Trust (CWP) asked the North West region of the Association of Directors of Adult Social Services (NW ADASS) to conduct an Adults' Peer Review focussing on the quality of front-line Social Work practice within the context of integration, personalisation and neighbourhood working. The work was jointly commissioned by the three partner organisations, which are seeking an external view to consider how the transfer of Social Workers has created a seamless, integrated care and health service that provides an improved response to people in need of support. The partner organisations intend to use the findings of this peer review to strengthen their work on promoting a strengths-based approach to prevention and access to appropriate services. The review team was asked to concentrate its efforts on:

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2. Peer review is designed to help an authority and its partners assess current achievements, areas for development and capacity to change. The peer review is not an inspection. Instead it offers a supportive approach, undertaken by friends; albeit 'critical friends'. It aims to help an organisation identify its current strengths, as much as what it needs to improve. But it should also provide it with a basis for further improvement.

3. The members of the peer challenge team were:

   - **Sue Wallace-Bonner:** DASS, Halton Borough Council

   - **Rachel Cleal:** Deputy Director of People's Services, St Helens Council

   - **Mark Albiston:** Divisional Director, Salford Royal Foundation Trust

   - **Bev Johnson:** PSW, Adult Services, Bury Council

- **Karen Turner:** Social Care Lead, Community Services, Wigan Council

- **Jonathan Trubshaw:** Peer Review Manager

4. The team was on-site from Tuesday 7th – Thursday 9th May 2019. To identify the strengths and areas for consideration in this report, the peer review team reviewed over 30 documents, held over 35 meetings and met and spoke with over 100 people during the three on-site days and collectively spent more than 220 hours to determine their findings. The programme for the on-site phase included activities designed to enable members of the team to meet and talk to a range of internal and external stakeholders. These activities included:

- interviews and discussions with officers, partners and providers

- focus groups with managers and frontline staff

- collecting information from those who access services

- reading a range of documents provided by the three organisations.

5. The NW ADASS would like to thank; Karen Howell, Chief Executive (WCHC), Graham Hodkinson, Director of Health and Care – Deputy Chief Officer (WHCC), Val McGee Chief Operating Officer (WCHC) and Suzanne Edwards, Associate Director of Operations – Specialist Mental Health and Learning Disabilities (CWP), for welcoming the team into their organisations. The team would also like to thank; Sarah Alldis, Associate Director for Social Care (WCHC), Simon Garner, Lead Commissioner All Age Independence (WHCC) and Adrian Moss, All Age Disability and Mental Health Transformation Manager (CWP) for the excellent job they did to make the detailed arrangements for a complex piece of work across key partners with a wide range of staff and those involved in the access to services. The peer team would like to thank all those involved for their authentic, open and constructive responses during the review process and their obvious desire to improve outcomes; the team members were all made very welcome.

6. Our feedback to the Trusts and Council on the last day of the review gave an overview of the key messages. This report builds on the initial findings and gives a more detailed account of the review.

Key Messages

7. The team was impressed that everyone they spoke with agreed that the integration of Social Workers was; "*the right thing to do*". No one said that they needed to go back to the Council and this positive experience was echoed by colleagues in Health.

8. There was a general recognition of the success that has so far been achieved in integrating Heath and Social Care. The positive impact on front-line staff and the people that they support was evidenced through the encouraging feedback that the team received.

9. There was particularly strong feedback where staff worked in Multi-disciplinary Teams (MDT). These teams were able to make an impact in the communities that they support, and people appreciated the difference in service. Where teams are co-located this speeds up communication and promotes innovation through improved sharing of information and ideas on how to change services. One example was of Therapy teams, where historically there was some lack of clarity as to whether responsibility sat with an Occupational Therapists (OT) in Health or Social Care. Bringing them together has revealed where possible duplications might have occurred and now OTs have shared the responsibility for waiting times; minimising delays in hand-offs and building on a can-do attitude.

10. However, there is an issue with the estate portfolio's ability to provide suitable accommodation to facilitate effective co-location in some areas. Some staff reported that although they were now housed in the same building the teams were based in separate rooms. To some extent this may maintain the physical and cultural divide between Health and Social Care, which is not supported by the lack of harmony in the various IT infrastructures. The team recognised that the Trust and its partners were aware of the issues and have plans to address them, which need to be implemented as soon as possible.

11. The team recognised that the significant work already undertaken on integration has highlighted that there is still more that the two Trusts can do to further the integration of Social Work. Opportunities include the continued development of future Social Work practice, which should be developed in line with the priorities of the Chief Social Worker for Adults, the Local Government Association essential employment standards and the developments arising from Social Work England, which will take over regulation of the workforce.

12. Social Work staff reported that there were issues of working under the NHS brand and undertaking conversations with individuals about charged for services. Some staff said that service users appeared to be confused by conversations with NHS staff about the charging for social care, as the perception is that the NHS is free at the point of delivery. More work is required to improve general communication about the integration and how services are branded.

13. Much has been done to promote the professional standing of Social Work with Health colleagues and there was some acknowledgement that the visibility of

Social Work was stronger now than it had been when they were based within the Council. However, feedback from the front-line was that they were not aware of all the mechanisms and activity that are in place to maintain their professional status. More and on-going work to communicate this activity needs to be undertaken to reassure front-line Social Work staff that their identity and standing is being maintained within the integration. Without this enhanced communication it is clear that there is a risk that this will impact negatively on the professional status of Social Work. The development of a Social Work strategy and professional Social Work Forum could support this.

14. The team was made aware of a number of areas of good practice including; the development of the Trusted Assessor model, the provision of Occupational Therapy, multi-disciplinary triage at the Front Door and the integrated approach to Reablement. More could be done to celebrate where improvements are being made and to communicate this to staff, service users and the wider public. In the team's view other local authorities would also be interested in hearing about the positive benefits of integration.

Front Line Social Work Practice – current arrangements

15. The approach to and delivery of training was perceived by those participating in the review as being a key strength and was identified across a number of the teams. Staff have noted that there are more opportunities for training and development since transferring from the local authority to the Trust. There is a culture of promoting wider opportunities for learning, which includes some of the specialist training with Health colleagues particularly around mental health work. There are also increased opportunities to share and adopt good practice on a multi-professional basis.

16. Some of the Social Work staff raised issues around the Trust's mandatory training and the applicability and relevance to Social Work. These included the mandatory engagement in e-learning programmes for Health, e.g. handwashing, manual lifting, etc. There is a need to explain the relevance of these programmes for all staff, as well as to broaden the overall mandatory programme so that it includes Social Care issues (including The Care Act), which both Health and Social Work staff then participate in. There is also an opportunity to clarify who provides Social Work training on specialist subjects, for example Deprivation of Liberty Safeguards (DoLS); the Trust or the local authority? Developing delivery plans for the Liberty Protection Safeguards (LPS) should clarify the situation.

17. Opportunities to innovate and take ownership are encouraged, including some Social Workers who have established a peer driven Continuous Professional Development (CPD) forum. The minutes from these meetings show an increasing willingness to promote the profession and could be encouraged further. The Advanced Practitioner groups also provide opportunities to share good practice and steer the direction of these professional groups.

18. However, more could be done to increase the opportunities for team and joint development across the Trusts as there are still areas where a them-and-us culture persists. In some locations the language used to describe Social Care colleagues included; "*they came over to us*", "*just because we're co-located doesn't mean we're working closer together*", "*Social Workers are a lot more noisy than nurses*" and "*some* (nurses) *feel put out because they've had to move desks*". These comments were balanced with observations of positives of integration including "*Social Workers and nurses now come together to sort out a package of support for an individual – before they wouldn't know who to talk to*".

19. There are also more opportunities to link up with colleagues on a regional level through the NW ADASS and the NW PSW Network to take advantage of the training resources offered by the network. This includes opportunities for frontline staff and their managers to attend conferences, seminars, action learning and sector led improvement activities. Ensuring emails and alerts that are sent to the Council are passed on in a timely manner to the relevant staff in the Trust would help encourage take-up. The team acknowledges that once the PSW role is fully re-established these activities will be covered as part of their overall remit and that both the Trust and the Local Authority have a role in improving communications.

20. There was a general lack of clarity as to who was undertaking the PSW role across the system. Although the current PSW had only been in post for five weeks at the time of the review staff who were interviewed said they went to a number of individuals when they had Social Work concerns, including the Associate Director for Social Care (ADfSC) and the Lead Commissioner All Age Independence. Further communication is required to ensure staff know who the PSW is and what the main functions of the role are. This may be helped with more face-to-face meetings with the PSW at team meetings, workshops, etc. An increased understanding within front-line teams of who is undertaking the PSW role would also help clarify who has the responsibility for the management and governance of the Social Care agenda within the Trust.

21. Feedback in regard to MDTs indicated that they are now able to provide a speedier and more proactive response to individuals. This was partly attributed to staff having a greater understanding and knowledge of what each other do and are therefore able to have informed informal conversations that keep the whole support network up to date with an individual's situation. Handoffs were being reduced and as a result of this, the team heard evidence of strategies being put in place that enabled much earlier intervention, focussing on prevention activities delivered by Social Workers in cases that had traditionally sat with Health colleagues.

22. Staff reported that the MDT approach meant they are more able to problem solve, particularly at traditionally difficult times; for example, late on Friday afternoons. A key area was the increased understanding by Health colleagues of Safeguarding issues and the Social Care approach to these. This has led to more appropriate referrals with areas of concern being discussed between colleagues rather than formally referred in the first instance.

23. There was acknowledgement from staff that the IT systems currently in use and limitations around their ability to share information between them, is hampering the effective flow of communication. This in turn impacts on the timeliness of interventions and use of staff's time in duplicating records. There is also a danger of information not being clearly identified enough, for example hazard warnings on the summary page of case files resulting in staff not being aware of situations they may be entering. The team recognise that the Trust and the Local Authority are aware of the issues and that work is being undertaken to address them. The team acknowledge the increased focus on the prevention approach when working with individuals. It was recognised that this will be a key area when looking to the future and managing long-term care and hospital admissions.

24. Social Workers commented that Health colleagues' understanding and respect of them as a professional group has increased since transferring to the Trust. This has stemmed from a greater appreciation of the breadth and complexity of the Social Worker role including the day-to-day personal involvement with individuals.

25. The team received feedback from front-line workers that they appreciated the senior leadership engagement in their role. Staff said they knew who the senior managers were and that they had a degree of visibility. Some senior

managers had shadowed some of the Social Workers to gain a greater understanding of their work. The transferring staff said that they felt valued and understood as being new to the organisation(s).

26. Social Work staff reported that they identified as being part of the Trust as well as being part of their team, including where they were a member of an MDT. They also recognised that they were positively involved in growing the culture of the integrated organisation and were enthusiastic about further changes.

27. More needs to be done to increase the effective engagement of General Practitioners (GPs) through the developing GP networks so that they become involved in the system neighbourhood model of care delivery. There are also opportunities for Social Work staff to become more involved and increase the level of working with GPs.

28. Staff reported that there are issues relating to the effectiveness of the Multi-Agency Safeguarding Hub (MASH), especially as there are high volumes of Safeguarding Alerts. There are staffing issues resulting from an on-going vacancy and the availability of cover for the current Social Worker. This needs to be addressed quickly to avoid duplication of work and ensure that 'work-arounds' do not become default practice.

29. Greater clarity is needed in the line management structure and responsibilities within the CWP Older People's team. This is to ensure that professional needs are adequately addressed and staff know where to go with any concerns that they may have. Some Social Workers reported a lack of clarity on who is managing who and whether there was sufficient management capacity as professional support was being provided by a manager who is not responsible for the service.

30. Some Social Workers in the community mental health teams raised concerns that in their perception they are being used as Care Co-ordinators and are unable to undertake Care Act Assessments. There were also some issues raised by some of those professionals working in neighbourhoods who reported difficulty in having a referral accepted into the LD and MH teams.

31. The opportunities to listen to the voice of the service users, needs to feature strongly in any strength based approach that is being adopted. This could include a section in the; assessment, support plan and review documents, to capture the service users voice and record that an assets based approach is in place. Other suggestions which may be considered include; random sample questionnaires, asking Health Watch or the VCSE to undertake some specific engagement events, reviewing the effectiveness of case file audits to understand the 'so what' question, etc. The one service user whom the team met was very complimentary about the service they received and was more than happy to tell their story.

32. There were some concerns expressed by front-line staff regarding the ability to recruit Social Workers and how current vacancies may will impact on the demands of the job. This included whether potential Social Work recruits would want to come and work for a Health Trust or is a more traditional Social Care arrangement more familiar and attractive. There needs to be a

communication strategy (focussed both internally to tackle the concerns of existing front-line staff and externally to attract new staff) to support the Workforce Plan and promote the benefits of working in an integrated organisation. The Workforce Plan needs to recognise the differing demands of the neighbourhoods including that some teams may need resizing based on the demand in each area and of the different areas of the workforce e.g. the Specialist Mental Health workers are an aging workforce and this needs to be addressed through a specific strategy. There were concerns raised about the number of Approved Mental Health Practitioners (AMHP) in post and that there needs to be a clear strategy for the recruitment and retention of AMHP's. It was also reported that Care Navigators did not find the title helpful and would welcome this being reconsidered.

Outcome Based Practice

34. In the team's view the contract between the Council and the Trust is clear, specifying what partners in both organisations are required to do. Areas for development and next steps are identified and seen to be positive.

35. Feedback from staff was that there is an over focussing on delivering Key Performance Indicators (KPI) and that by mainly concentrating on quantitative data some of the more qualitative information, on how personal outcomes are being met, may not be fully recognised; focusing on data 'targets' e.g. 28 day target for completing assessments may impede outcome focused work. The perception from some staff is that the current approaches impact on Social Workers' ability to fully carry out their Social Work practice. More needs to be done to inform the whole workforce about the Board level discussions that are being held between the Trust and the Council to move away from performance driven approaches towards more outcome focussed practice, balanced against the demands in relation to timeliness of the Adult Social Care Outcomes framework. Engaging Social Workers in what this might look like could ensure a more robust system for gathering relevant information.

36. All Social Care staff have access to Research in Practice for Adults (RiPfA) training and are seen to be putting this into practice. The team heard of some good examples of Strengths Based work being undertaken and evidence of improved outcomes for individuals who use the services. These were heard clearly in the session with Care Navigators and the Advanced Practitioners and included examples of; training to deliver strengths based working, the community connector model, Making Safeguarding Personal training, leisure passes provided through the carers offer, etc.

37. The team heard that there are planned audits to evidence the improving outcomes and to support the anecdotal feedback from service users. The team also heard evidence that the integration of Social Work and Health supports better and earlier conversations between professionals, which in turn leads to better outcomes for individuals. The team was also made aware of a planned review of documentation to ensure the way in which policies and procedures are written supports Outcome Focussed Practice. All partners would benefit from a systematic approach to capturing and sharing 'good news' stories and good practice examples of how integration has led to achieving better outcomes for people. Some stories were heard during the review but there did not appear to be a mechanism for systematically capturing and sharing these to ensure their impact is not lost.

38. The third sector partners that participated in the review said that there was a good level of engagement and that work was undertaken with a wide variety of partners. There now needs to be greater clarity on how the system will develop the relationship with GPs and how Social Workers and the increasing focus on outcomes based practice will feature.

39. The integrated front-door services appear to be working well with a focus on prevention and wellbeing. People from a variety of services and organisations are co-located and have a high level of understanding of what each other do.

40. Staff reported that co-location and the developing culture of integration is leading to fewer hand-offs between what was traditionally viewed as Health and Social Care and that there are fewer professional barriers between functions. Staff are sharing responsibility for the care of a person and considering how to keep them well.

41. However, more needs to be done to develop closer working across the two Trusts to strengthen the voice of Social Workers and improve pathways. The team was made aware of number of planned activities and projects to continue the progress of integration. There needs to be an overarching framework across the three organisations that ensures all the various elements are working harmoniously and maps initiatives to ensure staff are not over-loaded at any one time.

42. CWP's Head of Nursing has plans to establish a network for Social Workers. More details are required on how this network will function and how the approach will be shared across the Trusts and the Local Authority to ensure there is a level of commonality and also to avoid unnecessary duplication.

43. The current CWP policy for the care programme approach has not been updated since the introduction of the Care Act 2014 and makes numerous references to the NHS & Community Care Act 1990 and the eligibility criteria as set out in the fairer access to care services. This document needs to be updated to ensure the policy and associated practice are in line with the current legislative framework.

44. Based on the documents reviewed and the interviews conducted the team was unsure as to how the DASS is assured of the delivery of statutory duties in Mental Health. This needs to be considered and clearly set out for both potential internal and external audiences, for example by reviewing provision against the Better Social Work for Mental Health developed by the DHSC. The Trust(s) needs to consider how the workforce is supported to take on the new LPS. Where training and briefing opportunities are identified there may also be opportunities to broaden this delivery beyond Social Workers so that a whole workforce understanding, across both Trusts, is promoted. There may also be opportunities to engage with NW ADASS and NW PSW network and access events that they are offering.

Maintaining the Professional Status of Social Work

45. The team heard reports that professional supervision, including critical reflection, is in place and appears to be working well. Staff said that they received regular formal supervision and had sufficient access to managers whenever they felt the needed to raise an issue.

46. The Practice Educator role is fully supported and valued by staff. There have been a number of new opportunities for staff to complete this training, which has led to an increase in the number of students that can be supported; all of which have positive benefits for the service.

47. There are some Social Work forums and peer support activities in place (please see above). Where activities have been independently initiated to fill a gap where a perceived need has been identified this is being undertaken separately from anything else. There are opportunities for this to feed up to Board level so that the positive work already being undertaken can be shared and opened up more widely. As well as aligning activities to meeting the professional needs of all Social Workers.

48. Social Workers reported that the training offer and opportunities around career development, particularly around integrated working, have been discussed with them. They viewed the offer as being a strength and one that is being more clearly identified to specific roles so that it meets their professional needs. Work is also progressing to develop joint plans for Social Work development and training across the two Trusts, which needs to ensure it links to the professional standards and competencies frameworks for Social Workers.

49. Social Workers said that they do feel listened to by Senior Managers and that their professional voice is heard. Where issues are raised, staff said they have seen that action is taken, an example given was that progression routes were seen as being; "*A little draconian and harsh*". When this was fed back there was an immediate response and a change in the process, resulting in individuals feeling able to apply for promotion.

50. The team heard that there have been positive changes to the governance structures that ensures the voice of Social Workers is heard and included.

51. In the team's view the leadership team values and supports the Social Work teams. Efforts have been made to visit and understand the professional roles. There is now a non-executive director with a Social Work background on the Board and service user stories are used to ground the Board's decisions. There is also professional representation at the Board through the ADfSC.

52. More could be done to promote communication as to how the Board works to the Social Work teams, so that they more fully understand the professional line-of-sight and interest that there is at the Board. At present, the feedback from some front-line Social Workers is that they are unclear how their voice is heard at Board level. Examples of how this might be addressed include; more personal presentations, a 'day-in-the-life-of-a-Social-Worker' where individual

staff members present the information themselves rather than through a manager, proving opportunities for staff to shadow Board members. Social Workers said that they are keen to do more to encourage culture change and further improve integration. This would also help ensure that the Social Work profession is clearly seen as having an equal standing with other Health Care professions.

53. There are several strategies and plans around Social Work practice within the Trust(s) that need to be developed; this includes thinking around the Three Conversations model, continuing the Strengths Based approaches and the direction of professional supervision. The Local Government Association (LGA) have developed essential standards for employing social workers, which gives a framework for ensuring there is a well lead Professional Environment and this might be useful in aiding framing the common strategic approach. Although work is underway on this it needs to be done with more pace and increased communication to provide clarity to the teams about what work is being developed.

54. Concerns were raised by some front-line staff that there might be Social Worker fragmentation as the workforce is split between the two Trusts. Integrated training and events that bring the workforce together could help address these concerns; together with an increased level of communication setting out what staff are doing and sharing good practice. The role of the ADfSC in working across both Trusts could be highlighted and made more visible to staff so that they a more fully aware of the support and representation available to them as one professional group.

Recommendations

The following are the team's recommendations for LCC, together with partners, to consider further and determine what action is required to:

55. 'Touch base' and revisit team building to address any silo working – the team was aware that team building work has already taken place. The evidence from front-line staff suggests that this requires on-going and visible management activity to maintain the integration momentum.

56. Listen to people who use services to fully understand the changes that integration is having on them – the team did not receive much evidence of this during the review. Invite groups of service users to share their experiences in semi-structured settings. More use could be made of electronic feedback surveys.

57. Be clear and transparent within the Trust(s) about the responsibilities for Social Work practice – increase the level of communications around the PSW role and how this links with the ADfSC in the Trust and the DASS in the Council. The PSW should be more visible and accessible to all the Social Work teams in both Trusts.

58. Address recruitment issues for social workers: sell the benefits of working in an integrated system – advertise Social Work vacancies on sites visited by Social Workers. It is unclear as to how effective it is to advertise these vacancies on Health websites. More needs to be done to promote the benefits of working in a Health setting.

59. Develop a strategy for estates and IT to support agile multi-agency working – increase the pace around finding rooms that can accommodate MDTs in one place and ensure that information can be shared between the different IT systems

60. Strengths based practice needs to be embedded in all professions – provide training and develop a culture that supports the strengths based approach across all the professions so that it does not just sit with Social Workers.

61. Develop a community directory of services in relation to self-care – this was identified by a number of staff, partners and service users as a gap. An on-line directory that can be easily accessed would help develop community resilience and support the wider strengths based working.

62. Share success stories and areas of good practice to embed learning – the team was impressed with the benefits that the integration is delivering. Wirral could do more to promote the approach; case studies, video stories, presentations to the community as well as other professionals at the local, regional and national stage. It is important that staff can see that their involvement is recognised by demonstrating how integration is working at an organisational level, the benefits it provides for staff and the people who use the whole range of Health and Social Care services.