

To the Chair and Members of the Health and Wellbeing Board
LGA Peer Review of Adult Social Care

Relevant Cabinet Member(s)	Wards Affected	Key Decision
Cllr Pat Knight	ALL	No

EXECUTIVE SUMMARY

1. The Local Government Association (LGA) Peer Review Report has provided an independent view on the quality and effectiveness of adult social care in Doncaster. The report on the review findings complements our regional sector led improvement framework. Actions arising from the areas for consideration will be taken forward through the Adults and Communities Directorate Plan for 2014/15.

2. The overall message from the review can be summarised as ;

Adult social care in Doncaster is well run, having benefitted from stable leadership over time. There is clear ambition and support for the adult social care modernisation agenda and a willingness to make and carry through difficult decisions. Staff work hard and there are some notable areas of practice that are worth publicising on a wider stage.

Overall, the review team felt that adult social care is well placed to modernise. There was a strong message however that in order to deliver a modernised service we need to up the ambition and pace of changes to the personalisation offer and organisational culture.

There needs to be a greater focus on designing and delivering services alongside service users [co-production] and a need to be more agile with front line staff being empowered to deliver whilst having a greater understanding of performance which drives their behaviours.

3. The report was comprehensive with recommendations on how to build on our solid base and a clear view that these should be pursued at pace. The feedback from the review team was very positive and this is reflected in the final report. Some notable observations about Doncaster include;

The Director for Adults and Communities being a key stabilising influence, Political stability and clarity of political vision, Doncaster being in an enviable position to develop use of the Better Care Fund with NHS partners and numerous examples of excellent and 'enviable' practice e.g Integrated discharge teams, Wellbeing and community officers, One team

working and multi-agency arrangements at Mary Woollett centre, re-ablement and a well led and effective Adults Safeguarding Board.

Ultimately the review team felt that the Council is well placed to modernise social care with a leadership prepared to make important and difficult decisions

RECOMMENDATIONS

4. It is recommended that the Health and Welbeing Board
 - a) Accepts the content of the LGA Peer Review report and recognise its status as an independent view on the quality and effectiveness of Adult Social Care in Doncaster
 - b) Acknowledges and seeks to promote the strengths identified in the report
 - c) Accept regular progress updates on the implementation of the recommendations.

BACKGROUND

5. Assurance of the quality and effectiveness of Adult Social care commissioning and provision, is now undertaken through a framework of Sector – Led Improvement. We receive an annual assessment of performance as well as taking part in regional and national improvement initiatives. To complement this framework, we invited a Peer Review of Adult Social Care to be arranged through the LGA. A peer review is designed to be a constructive and supportive process. It is not an inspection, nor does it award any form of rating or score. It is delivered from the position of a ‘critical friend’.
6. The review was carried out in line with the LGA’s framework for Adult Social Care and it was agreed to focus on;
 - How we **co-produce** services with service users, carers and other stakeholders
 - Whether our current and planned **use of resources and workforce** will meet our strategic aims to modernise adult social care
 - How well **personalisation and direct payments** are taken up in Doncaster
 - Whether the **needs of carers** are being met
 - How effective is the available **information and advice**

In addition, the review also looked at;

- How well **outcomes for service users** are being achieved
 - What **vision, strategy and leadership** is like in the Council
7. An independent review team made up of Social Care and Health professionals, a Council Member and supported by LGA staff, visited Doncaster in January 2014 and looked at our ambitions, performance and delivery on our Adult Social Care priorities.

8. The team considered a self-assessment from the Council and a number of key documents, prior to their on-site week. During the week, they met with 76 people, including council officers, staff from partner organisations, Council Members, service users, carers and care providers.
9. Initial feedback was received at the end of the on site visit in January and now followed up by publication of a final Peer Review Report – a copy of this is attached as **Appendix A** to this report. This report provides the first formal view of the report and presents a summary of findings as well as proposals on how the report should be used and taken forward.
10. The key messages from the Peer Review were that:-

Adult social care in Doncaster is well run, having benefitted from stable leadership over time. There is clear ambition and support for the adult social care modernisation agenda and a willingness to make and carry through difficult decisions. Staff work hard and there are some notable areas of practice that are worth publicising on a wider stage

Overall the review team felt that adult social care is well placed to modernise.

There was a strong message however that in order to deliver a modernised service we need to up the ambition and pace of changes to the personalisation offer and organisational culture. There needs to be a greater focus on designing and delivering services alongside service users [co-production] and a need to be more agile with front line staff being empowered to deliver whilst having a greater understanding of performance which drives their behaviours.'

11. The report offers numerous strengths and highlights that Doncaster has a well run and well led Adult Social care service. Some notable observations from the report are:

- During her tenure, The Director for Adults and Communities has been a key stabilising influence and has achieved much, providing a strong basis to develop further.
- Political stability and clarity of political vision provides a strong base for Adult Social Care modernisation to build on.
- Doncaster is in an enviable position to develop use of the Better Care Fund with NHS partners.
- Numerous examples of excellent practice, including;
 - Integrated discharge teams
 - Wellbeing and community officers exemplifying person centred delivery
 - One team working and multi-agency arrangements at Mary Woollett centre
 - Re-ablement provision
 - Adults Safeguarding Board is well led and effective
- Doncaster is well placed to modernise social care with a leadership prepared to make important and difficult decisions

OPTIONS CONSIDERED

12. The Council's cabinet has accepted the recommendations contained in the report. The report contains many recommendations that are relevant to Social Care and Health in Doncaster. The options are:

- That the Board and its members accept and note the recommendations of the report and use it to promote and develop the sector in Doncaster
- That the Board uses the findings of the report as appropriate

REASONS FOR RECOMMENDED OPTION

13. The peer review report, in the context of the Sector-led improvement framework for adult social care, represents the strongest and clearest independent assessment available and should be used to support improvement across the Health and Social care sector in Doncaster.

14. The expected method for ensuring a proportionate and complete implementation of the recommendations, is through the Directorate Development Plan framework for Adults and Communities. The Director will ensure analysis and prioritisation of the recommended actions, and appropriate resources applied to the achievement of each one.

IMPACT ON THE COUNCIL'S KEY PRIORITIES

	Priority Outcome	Implications of this initiative
1.	Doncaster's economy develops and thrives, underpinned by effective education and skills	Work arising from this report will influence the future development of care provision – which is the largest employment sector in Doncaster.
2.	Children are safe	
3.	Stronger families and stronger communities	
4.	Modernised and sustainable Adult Social Care Services with increased choice and control	The recommendations of the report will influence the future development of Adult Social Care.
5.	Effective arrangements are in place to deliver a clean, safe and attractive local environment	
6.	The Council is operating effectively, with change embedded and sustained with robust plans in place to operate within future resource allocations	The reports findings will need to be embedded in robust plans to develop Adult Social Care.

RISKS & ASSUMPTIONS

15. There are extensive observations contained in the report covering all aspects of adult social care, council and partner service planning and provision. The next steps with this information need to be agreed and taken forward in a coherent manner. Clear action and communications plans are required to ensure that the messages are not confused or diluted, across partners.

LEGAL IMPLICATIONS

16. The Local Authority were under no statutory duty to engage in the Peer review and the purpose of it was to improve following advice from a critical friend. No negative legal implications are identified from the council acting on the advice given following the review.

FINANCIAL IMPLICATIONS

17. This report recommends accepting the findings and recommendations of the Peer Assessment report and using them to continue to modernise Adult Social Care in Doncaster. As such, some of the recommendations represent significant changes to the current way that services are managed/provided there are financial risks associated with implementing the various individual recommendations. It is not possible to quantify any such risks at present, as detailed plans still need to be drawn up. As each individual proposal is

developed, the financial implications will need to be considered and reported as appropriate on at that time.

CONSULTATION

18. The peer review team consulted extensively during the week of the peer challenge. It is acknowledged by the LGA team that further consultation should have been undertaken with service users and carers in order to provide a fuller picture. The draft report from the peer review has been shared with senior officers in Adults and Communities, and a way forward formulated to progress actions arising from the review.

19. This report has significant implications in terms of the following:

Procurement	Crime & Disorder	
Human Resources	Human Rights & Equalities	
Buildings, Land and Occupiers	Environment & Sustainability	
ICT	Capital Programme	

BACKGROUND PAPERS

20. Doncaster MBC Adult Social Care Peer Review Report – February 2014 - attached as appendix A

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Doncaster MBC Adult Social Care Peer Review Report

February 2014

Final

Table of contents

<u>Executive Summary</u>	3
<u>Report - background</u>	4
Vision, Strategy & Leadership	9
Outcomes	10
Participation	12
Resource and Workforce Management	12
<u>Service delivery and effective practice</u>	18
<u>Commissioning</u>	20
Next steps for the future	21
Appendix 1 LGA/ADASS Key Questions	23

Executive summary

Doncaster MBC Adults and Communities Directorate asked for a Peer Review of its Adult Social Care work to be conducted by the Local Government Association. After due consideration the scope of this work was to focus upon:

- **Participation** – the degree to which co-production has shaped service development.
- **Resource and Workforce Management** – to explore whether current and planned use of resources would adequately meet strategic aims in prevention.
- **Service Delivery and Effective Practice** – a focus on personalisation and direct payments in service delivery to check whether Doncaster MBC is meeting the needs of carers well.

The Peer Review team was on-site for a week meeting internal and external stakeholders as critical friends seeking to understand the adult social care work of the Council. There are detailed recommendations arising from the scope in the format of the LGA/ADASS Key Questions.

After due consideration the Peer Team feel able to say that Doncaster MBC adult social care department is a very normal adult social care department that typically has strengths and areas for improvement. It is important to understand that the DASS Joan Beck has been a key stabilising influence in the department for staff and partners and also for the Council as a whole through some difficult times. This achievement delivered over her tenure in charge is highly commendable and it is amplified with successes, a number of which are covered in this report. The Peer Team feels this is a strong base upon which to develop further.

There is a strong basis for adult social care to build on the newfound political stability and the clarity of political vision and ambition to accelerate the pace and ambition of the modernisation activity. Staff could be given more permission to be bold and innovative in the delivery of more personalised services within robust financial monitoring. The Council is in an enviable position to develop use of the Better Care Fund with NHS partners to deliver services in community and preventative settings for the benefit of users and carers in Doncaster. This should be delivered through effective co-production and design with these stakeholders and by empowering staff and service users to have choice and control. If these opportunities are realised Doncaster is in a good position to implement the opportunities and requirements of the Care Bill in relation to entitlements, choice and control and market oversight.

A simple headline from this Peer Review Team is that Doncaster MBC adult social care department is well placed to modernise and deliver personalisation as it goes forward building upon its stability and new found political ambition.

Other recommendations and comment are detailed in the report.

Report

Background

1. Doncaster MBC requested the Local Government Association undertake a Peer Review of its Adult Social Care work. Doncaster MBC was seeking an external view on a wide variety of areas of the business to celebrate the successes of the department and to set an agenda for its future direction.
2. A 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 basis for this review was the LGA/ADASS Adult Social Care Key Questions (Appendix 1). The full list of themes are listed here with those in bold the ones used for this piece of work:

- **Vision, Strategy and Leadership**
- **Outcomes for people who use services**
- **Participation**
- Working Together
- **Resource and Workforce Management**
- **Service Delivery and Effective Practice**
- **Commissioning**
- Improvement and Innovation

4. The members of the Peer Review Team were:

Harold Bodmer, Director of Community Services, Norfolk County Council

Catherine McDonald, Cabinet member for Health, Adult Social Care and Equalities, London Borough of Southwark

Andrew Cozens, LGA Adult Social Care Associate

Carol Drummond, Head of Safeguarding and Designated Nurse, South Tyneside Clinical Commissioning Group

Tony Dailide, Assistant Director, Promoting Independence - Adult Social Care, Leicestershire County Council

Ann Workman, Assistant Director Adult Social Care, Darlington Borough Council

Marcus Coulson, Programme Manager, Local Government Association.

5. The team was on-site from 13th – 17th January 2014. 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 councillors, officers and partners
 - focus groups with managers, practitioners, frontline staff and people using services / carers
 - reading documents provided by the Council, including a self-assessment of progress, strengths and areas for improvement against the LGA Standards for Adult Social Care

Appendix A

- A review of a select number of case files
6. The Peer Review Team would like to thank staff, people using services, carers and councillors for their open and constructive responses during the review process. The team was made very welcome and would in particular like to thank the DASS Joan Beck and her team, which includes both Theo Jarratt and Gill Parker for their invaluable assistance in planning and undertaking the review.
 7. Our feedback to the 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 detailed account of the review. The report is structured around the main areas of the Adult Social Care Key Questions listed above.
 8. 'No Secrets' (DoH 2000) provides the statutory framework and guidance for Adult Social Care. This defines 'a vulnerable adult' as 'a person who is or may be in need of community care services by reason of mental or other disability, age or illness; and who is or may be unable to take care of him or herself or unable to protect him or herself against significant harm or exploitation'. The previous Government published a review of No Secrets with the following key messages for safeguarding:
 - safeguarding must be empowering (listening to the victim's voice)
 - everyone must help empower individuals so they can retain control and make their choices
 - safeguarding adults is not like child protection – vulnerable adults need to be able to make informed choices
 - participation / representation of people who lack capacity and the use of the Mental Capacity Act are important.

The draft Care Bill currently going through Parliament proposes to put safeguarding adults on a statutory footing. Safeguarding remains a complex area of work and case law continues to test the basis on which it is undertaken.

Vision, Strategy & Leadership

Strengths

- The Mayor has brought stability and a clear political vision for Doncaster
- The Cabinet Member provides strong political leadership for and engagement with the department and partners
- The Chief Executive provides ambition and support for the adult social care modernisation agenda
- The DASS provides stability and has provided leadership over time and has delivered results with integrity
- The DASS is pivotal with key partners, particularly the NHS
- ASC is well run, no major crises but needs to be more agile and flexible
- The Council is clearly making important and difficult decisions for the future of adult social care
- Many things are in place, you are ready for take-off on modernisation
- Staff work hard and care about the people they serve and there are examples of excellent practice

Areas for Consideration

- Personalisation is a methodology which should inform whole council working. ASC needs to accelerate the re-think and delivery of its approach
- Build on the work done to anticipate the implications of the new national eligibility criteria
- Strategy should be better informed by more systematic feedback from users and carers
- The concept of Team Doncaster needs to incorporate the benefits of closer integration with the NHS
- There are opportunities for exploring synergies with Children's Services which need to be considered in the light of the Children's Trust
- The scrutiny process should be better informed, more proactive and strategic
- Seek to celebrate successes and be confident and proud of them

9. The Mayor has brought stability and a clear political vision for Doncaster since her election in May 2013. This is a key development in the political life of the Council as it is delivering a clear political ambition and the willingness to make difficult decisions and carry them through. She also is clear about her ambition to help improve the lives of people in Doncaster and clear about how a modernised social care agenda -

Appendix A

including giving people more choice and control and encouraging independence - underpins and supports this ambition.

10. The Cabinet Member for adult social care provides strong political leadership for, and engagement with, the department and partners and is respected for doing so. She sets clear aims which are leading to good results, for example around dementia.
11. The Chief Executive has now been in place for two years and provides ambition and support for the adult social care modernisation agenda. She recognises the changes in Council culture and working that have occurred over this time and is clear-minded about where it needs to go in the future. This is particularly so in adult social care.
12. The DASS provides stability, has provided leadership over time and has delivered results with integrity. It is important to understand that the DASS Joan Beck has been a key stabilising influence in the department for staff and partners and also for the Council as a whole through some difficult times. This achievement delivered over her tenure in charge is highly commendable and it is amplified by successes, a number of which are covered in this report. The Peer Team feel this is a significant achievement and should not to be underestimated and is a strong basis upon which the department can develop further.
13. The DASS has been played a pivotal role with key partners over time as probably the only senior officer to remain in the organisation and one who has maintained strong partnership arrangements particularly with the NHS. It was not a surprise to the Peer Team to hear that her impending retirement is seen by some as a potential risk to their strategic engagement with Doncaster MBC and is a transition that should be managed carefully.
14. The adult social care department at Doncaster MBC is a normal, well-run adult social care department with strengths and areas for improvement like any other. This is a significant achievement. Unlike Children's Services there are no major crises and there is a positive effective working culture of service delivery. There is a shared understanding that in the future it needs to be a more agile and flexible department to deliver modernisation and personalisation.
15. The Council is clearly making important and difficult decisions for the future of adult social care which was demonstrated by the announcement of the proposed closure of a number of care homes and day centres whilst the peer review team were on-site. The need to modernise is understood and there is a determination that this will happen (subject to consultation).
16. The considered view of the peer review team is that many building blocks are in place and the service is "poised for take-off" on modernisation. The structures have been created, there is on-going effective work and relationships with key stakeholders are good. Modernisation of the department and in some of the ways it works is the next step. This is accepted and anticipated with relish by the vast majority of those with whom the peer team spoke.
17. The peer team had the privilege of talking with a wide variety of staff at all levels and with partners. It was evident from these discussions that staff work hard and care about the people they serve and there are examples of excellent practice. Examples we saw were the results on hospital discharge, staff in the integrated hospital team, the locality staff and the managers we met.

18. Personalisation is a methodology that should inform whole council working. A personalised approach to social care relies on a whole council approach, making effective use of universal services to support this so that people using social care have real choices. We found that in Doncaster, personalisation was seen as almost synonymous with direct payments. While they are a crucial part of personalisation, a much wider approach is required. Adult social care in Doncaster therefore needs to accelerate the re-think of its strategy to reflect this approach and then seek to deliver it.
19. The Council has chosen to retain its Fair Access to Care Services (FACS) eligibility criteria at 'moderate' and to realign it when the new national eligibility criteria take effect. The work on the social work re-script is an excellent basis on which to develop this thinking in order for the Council to fully anticipate the implications of the new national eligibility criteria for policy and practice.
20. As part of a wider re-vamp of a more personalised approach to care the strategies in adult social care should be better informed by a systematic approach to include the views and feedback from users and carers. More co-production with user led organisations (ULOs) and carers in policy creation and design would be a way into this.
21. While the concept of Team Doncaster is very powerful, there is some concern from NHS partners that this may move the Council away from further integration of health and social care. While it was clear to us that this is not the intention, the role of key partners in Team Doncaster needs to be clearly described.
22. As the plans for the Children's Trust are developed it is important not to lose the potential synergies with Adult Social Care. Such examples include; work with children with disabilities, services for young people in transition from children's services to adult social care, your approach to Troubled Families, parents with mental health problems and young and parent carers.
23. The scrutiny process that supports and challenges adult social care in Doncaster should be better informed, more proactive and strategic. Scrutiny committee members should take the initiative in deciding topics to consider with research and evidence to support their thinking. This would enable searching questions to be asked of adult social care and others so that they are held to account for the services they deliver.
24. Doncaster MBC and adult social care in particular should seek to celebrate the successes of the staff to develop further the confidence and pride in the outcomes and the services they deliver.

Outcomes

Strengths

Concerted effort has resulted in exceptional improvement in delayed hospital discharge, through the integrated service team, assessment beds and Positive Steps

Well-being Officers exemplify person-centred delivery, community development, joined up working and front-line empowerment

Strong partnership around dementia which is well placed to deliver

Telecare is well promoted as a cost-effective alternative

Legal advice in ASC is user centric and seeks to enable effective service delivery such as personalisation

Performance information is used to drive change e.g. Safeguarding

There is a proactive approach to the early resolution of complaints

Areas for consideration

Up the ambition and pace of the changes to the Personalisation offer and organisational culture

Personal budgets should rapidly become the default route to social care for all eligible users and carers especially for mental health

Use more budget delegation to promote creativity and autonomy

Ensure performance management is more outcome focused and widely understood at the frontline

Commissioning contracts should be more outcome focused

Be more ambitious taking the benefits of integration beyond co-location

Ensure there is good quality data to inform commissioning of better outcomes for people

An effective housing strategy around older people is important to the modernisation programme, ensure it is retained as changes are made

25. Concerted effort over time involving many individuals has resulted in exceptional improvement in delayed hospital discharge and is a really important achievement. This has been delivered through the work of the integrated service team, the use of assessment beds and the Positive Steps initiative all using performance data to drive very tangible improvements. This is worth publicising on a wider stage.
26. There has been the recent appointment of Well-being Officers whose actions exemplify targeted person-centred delivery, community development, joined up working and front-line empowerment. The Peer Team like the concept as it is a very positive step forward and could be developed even further. The role demonstrates the benefits of having a shared adults and communities department.
27. There is a very strong partnership around dementia that includes the Dementia Friendly Community and Dementia Action Alliance work. This partnership between adult social care and the acute hospital trust and the work on Dementia Friendly Communities is well placed to deliver positive outcomes for people with dementia and

Appendix A

particularly their carers and has the potential to be developed further. The Peer Team sees this as exceptional work that should be publicised on a wider stage.

28. Telecare is well promoted as a cost-effective alternative to more resource intensive and expensive forms of care. It is impressive that the Council has succeeded in reducing the average cost of telecare packages and in these austere times it is important that telecare is not seen as an add-on to existing services but, where possible, an alternative.
29. The legal advice and guidance given in adult social care is helpful and user centric and seeks to enable effective service delivery especially in personalisation.
30. The team saw a number of examples where performance information is used to drive change one of which was in adult safeguarding. The triage system in place ensure that alerts that converted to a referral are dealt with more speedily and an appropriate response given. Another example is the improvement in delayed transfers of care.
31. The team were impressed by the attitude and hard of work of staff that dealt with complaints. There is a proactive approach to the early resolution of complaints and there were significant examples given about how initiative has been taken to directly solve issues for those who use services. This can have a significant positive effect for those who experience this good service and creates positive stories in the community about the Council.
32. The Peer Team recommend that you increase the ambition and pace of the changes to the personalisation offer. A key part of this is the speed of change in organisational culture that is required to deliver personalisation. There is a need to re-think how to embed a culture where personalised care is delivered through empowered individuals helping themselves to take control over their care choices, and where this is the norm for staff when working with all those eligible for a service.
33. Personal budgets should rapidly become the default route to social care for all eligible users and carers especially for those who use mental health services and there should be a clear plan of improvement. This was recognised by the Council in their self-assessment and during the peer team's time on site.
34. The Peer Team believe that Doncaster adult social care service should use more budget delegation for middle managers and frontline staff to promote creativity and autonomy that is then properly monitored and managed. This should then relate the size of packages of care or personal budgets to levels of eligibility. This would be a way to addressing perceptions of dependency and at the same time would need to display a level of trust and tolerance for mistakes as frontline staff and middle managers get to grips with this different approach.
35. We recommend that you assure yourselves that performance management is more outcome focused and widely understood at the frontline. It was not clear to the Peer Team that frontline staff had key detailed information about the work of their teams at their fingertips.
36. Commissioning contracts should be more outcomes focused based on good quality data so that there is more flexibility for users, carers and providers. We recommend you move away from time and task contracting to one based on outcomes and a more mature relationship with providers that recognises their skills and closeness to the needs of those they provide services to. We were pleased to hear Doncaster is looking at the Wiltshire model for home care commissioning.

Appendix A

37. The team heard a lot about Doncaster's approach called One Team Working and this approach is strongly supported by NHS partners. While we heard very positive comments about this we also heard some concerns that its development may have stalled. The next stage is to be more ambitious taking the benefits of integration beyond co-location. This could involve joint management with the NHS and increased sharing of roles to provide a fully integrated service for the public.

38. An effective housing strategy for older people is important for the modernisation programme and we suggest you ensure it is retained as changes are made to the way housing is managed and run. A clear housing offer to health that sets out the benefits of housing services in maintaining independence and assisting secondary care is highly worthwhile.

Participation

Strengths

Participation on a page is a sound basis for an approach

Participation mechanisms are gradually improving, there is a consultation tool kit and plan for this

There is promising development in infra-structure support to user-led organisations and small voluntary organisations through New Horizons

Work in learning disability has often been quoted as a good example of co-production, other examples given to us include:

- user engagement in Housing Strategy
- Well-being Officers
- preparation of complaints leaflet

Areas for consideration

There is scope to further develop and embed this

A greater focus on co-production with users and carers involved as a matter of course in service design would improve outcomes here

More systematic approach to a formal collaboration with external providers

Develop partnerships with ULOs to support participation and personalised services

Customer feedback system needs improving

Lessons learnt from complaints are collected and based on a good understanding of change and these should be included in the final report

39. The team were made aware of 'participation on a page' that outlines the approach succinctly, as the name suggests. This is a sound basis for an approach to the area. The Council is involved in work on the Personal Budgets Outcomes and Evaluation Tool (POET) and the Making It Real initiatives. These are good examples of how you can deliver in this area.
40. Participation mechanisms are gradually improving and there is a consultation toolkit and a plan for how this can be used but it needs to be better embedded so they are used as a matter of course.
41. There is promising development in infrastructure support to user-led organisations and small voluntary organisations through New Horizons and the ability of the Innovation Fund to support this. We heard that there had been significant improvement in the Council's work with ULOs in recent times and that this sector is growing despite the present economic conditions and there is more confidence in the future. This is an exciting opportunity to make the most of the Council's reach into local communities to build community capacity, deliver preventative support and to support the voluntary and community sector in delivering Doncaster's prevention ambition.
42. The on-going work in learning disability was quoted a number of times as a good example of co-production for example the joint development of a complaints leaflet, other examples of good co-production include the user engagement in the creation of the Housing Strategy and the work of the Well-being Officers and how they engage with those who use services on a case by case basis. The team also heard about the

Appendix A

complaints leaflets where users and carers were closely involved in their creation ensuring they meet the needs of a variety of audiences.

43. Whilst on-site the Peer Review Team had very limited opportunities to speak with users, carers, their representatives or providers. This was a missed opportunity to display proficiency in this area. The conclusion we drew is that there is significant scope to further develop and embed this work. The team would assume this would be a key aspect of the adult social care modernisation programme.
44. As has been mentioned previously there is a need for an increase in the pace and ambition for personalisation at Doncaster and also a greater focus on co-production. This would include involving users and carers as a matter of course in service design and feedback that would then improve outcomes. As in many authorities the planning and discussions about this tend to involve the usual suspects. There is an opportunity here to change the dialogue by co-producing with a wider range of voices and people with their own stories to ensure that what is planned is creative and transformational and most importantly works for people.
45. The Peer Team recommend that adult social care create a more systematic approach to formal collaboration with external providers through setting up a providers' forum that includes the small and medium sized enterprises as well as the corporate organisations.
46. Doncaster are planning to build on their recent progress in work with ULOs to develop personalisation of social care services and we strongly support this approach and feel that this should be done at pace. We recommend contacting Thurrock Council Adult Social Care department to hear how they do this.
47. The complaints staff are impressive in their dedication and hard work. Lessons learnt from complaints are collected and based on a good understanding of change. The Peer Team heard that this good work was not included in the last final report to elected members; the next one should do so.
48. Adult social care should ensure that the customer complaints collected are then used to drive service improvements and that this is clearly evidenced. You may want to consider the "You Said, We Did" approach that has been used successfully elsewhere.

Resource & Workforce Management

Strengths

- Adult social care has remained a political priority for funding
- Good use of Section 256 monies
- Community Funding Proposals: Seed Fund, Making It Real fund, Innovation Fund
- The Community Agenda is strong and supports ASC Agenda
- Well-being Officers role, Safer Neighbourhoods, Adult Prevention, Stronger Families, Anti-Social Behaviour team
- Work to make every contact by frontline workers count is in hand
- Awareness of how to use non-ASC services e.g. libraries & dementia, developing VCS market, walk along festivals
- ASC performance management system good: challenge sessions, performance clinics, data booklet with corporate monitoring

Areas for Consideration

- Challenge the myths about dependency
- A new framework to support autonomy and decision-making by frontline staff
- Review the Scheme of Delegation for social care budgets to support local decision-making about care and therefore personalisation
- Need to ensure workforce planning drives the modernisation programme
- Ensure that frontline staff are aware of performance and that this drives their behaviours
- Pay attention to the workforce development and resource issues around integration

49. Throughout the recent past as Doncaster MBC has experienced a number of serious issues in other areas of the Council, adult social care remained a political priority for funding despite the Council receiving reduced funding from government.

50. There has been very good use of Section 256 monies. The government criteria for the Section 256 money outlines that the funding must be used to support adult social care services in each local authority, and must also have a health benefit. Beyond this broad condition, NHS England wants to provide flexibility for local areas to determine how this investment in social care services is best used. In Doncaster support to early intervention and neighbourhood work is through the creation of the Seed Fund, the Making it Real Fund and the Innovation fund. Doncaster is in the enviable position of not having had to use this funding to shore up statutory social care spend.

51. The Seed Fund, the Making It Real fund and the Innovation Fund make up the Community Funding Prospectus and have been used creatively to support innovation and local ideas and solutions. They have been welcomed by the community and well

Appendix A

managed. It would be helpful as part of the Market Position Statement for Doncaster to set out what it is trying to achieve with such funds based on the learning so far and the approach Doncaster wishes to take to developing the micro-Provider and Personal Assistant markets.

52. The Community Agenda is strong and supports the adult social care agenda. This is exemplified by the way Well-being officers work with individuals, families and communities to identify and meet need at an early stage. The social work rescript compliments this work and provides a very strong basis for developing community based alternatives to statutory social care.
53. Examples of where the Peer Team thought there was a really strong basis for the community agenda to be realised are through: the Well-being Officers role, Safer Neighbourhoods, Adult Prevention, Stronger Families and the Anti-Social Behaviour team.
54. The service has put in place work to make every contact by frontline workers count as part of its public health approaches. An example of this is the use of a checklist for a range of officers visiting vulnerable people. This could be expanded further.
55. There is awareness of how to use non-adult social care services to deliver the priorities of the department. Examples seen were in libraries with the work on dementia, the development of the voluntary and community sector market and the Walk-Along Festivals.
56. The senior team in adult social care have a good performance management system that includes scheduled challenge sessions, performance clinics and a data booklet coupled with discussions of the performance of each area of the business. There is also contact with the corporate monitoring processes.
57. It was interesting to hear a storyline from a significant number of officers at every level at Doncaster MBC describing the dependency of local people. The Peer Team does not agree with this dialogue. It is a belief that perpetuates the status quo. We recommend that you challenge these myths about dependency and begin to see those who use services as able to take responsibility for themselves and their choices.
58. The issue of dependency can also be applied to staff where a new framework to support autonomy and decision-making by frontline staff should be introduced. Their creativity and innovation is presently stifled by financial arrangements that they do not control. To achieve this would require a review of the Scheme of Delegation for social care budgets to support local decision-making about care and therefore personalisation.
59. Doncaster should ensure workforce planning drives the modernisation programme in the way that staff roles are described evaluated and how staff are trained and performance judged.
60. Pay attention to the workforce development and resource issues around integration. This would entail over coming barriers such as different information technology systems between adult social care and health, protocols around information sharing as well as cultural change from both sides to make the new system work efficiently.

Service Delivery and Effective Practice

Strengths

- Examples of good services include:
 - Adult Contact Team, NHS Response, HEART, Telecare, STEPS & Reablement, night visiting service, Integrated Discharge team
- Sound operational working between ASC and NHS
- Quality Matters, Quality Counts tool is a positive development
- Safeguarding Adult Board is well led and effective and the Cabinet Member provides useful challenge
- Safeguarding risk tool has improved performance and you are a Making Safeguarding Personal pilot
- Case File Audit programme is robust and effective
- One Team Working is a good foundation for closer integration
- Social Work Re-script is potentially a good basis for culture change
- Staff welcome new RAS and streamlined paperwork for personal budgets

Areas for Consideration

- Boost work with and support for carers
- The Hub needs to move to the next phase to become a MASH
- One Team Working and integration needs to move beyond co-location
- Prepare for fewer in-house services, i.e. respite care
- Continue to work with partners to further develop adult safeguarding in preparation for the Care Bill
- In the development of the Children's Trust consider the implications for whole family, Stronger Families and transitions for children with disability
- Social work re-script and asset-based approach has a direct read-across to Children's Services
- Promote the availability of Well-being Officers to all user groups
- Work to ensure that shared services support frontline delivery and that staff are properly trained to use them

61. Whilst on-site the Peer Review Team saw examples from a number teams delivering good services, these included: the Adult Contact Team, NHS Response, HEART, Telecare, STEPS & Reablement, the night visiting service and the Integrated Discharge team.

Appendix A

62. We judge that there is sound operational working between adult social care and the NHS built on planning and goodwill. This needs to now go further with a more systematic approach that gets frontline staff in the community and hospitals working on the things that will improve coordinated care.
63. There is a Quality Matters, Quality Counts tool which is a positive way of measuring social care outcomes for providers and appears to be a positive development in promoting good care in residential and nursing homes.
64. The Doncaster Safeguarding Adults Partnership Board (DSAPB) is well led and effective and the Cabinet Member provides useful challenge to senior colleagues.
65. The safeguarding risk tool has improved performance and the department is a Making Safeguarding Personal pilot demonstrating willingness to look outside the organisation and get involved with national agendas.
66. The case file audit programme, as part of your internal quality assurance procedures of frontline activity, is a robust and effective tool.
67. The One Team Working approach (as previously mentioned) is a good foundation for closer integration with the NHS.
68. The work outlined to the Peer Team concerning the social work re-script is a really good basis for future culture change. However it has developed some inertia and delays waiting for the contracting and support planning to be put in place. We recommend that you just get on with launching the re-script as it is an important and potentially influential piece of work ensuring that it covers the whole end-to-end process of care and focusses on making life simpler for service users and carers.
69. Staff welcome the development of a new Resource Allocation System (RAS) and streamlined paperwork for personal budgets. These need to be rolled out.
70. Whilst the Peer Team were on-site we did not see enough carers, those who work with them or the related systems involved to give evidenced feedback in this area. It was something of a missed opportunity. All the team can say is that you need to boost work with, and the profile of, the support for carers so they feel the Council is involved and supporting them in the roles they play.
71. The team visited the co-located safeguarding teams at their new site and were very impressed with the opportunities that co-location gives staff to communicate across teams and specialisms. The staff are obviously committed and enthusiastic in their roles and to deliver effective outcomes. This Hub now needs to move to the next phase to become a fully-fledged Multi-Agency Safeguarding Hub (MASH) to be able to deliver better outcomes.
72. There was a public announcement made by the Council whilst the peer team were on-site about the proposed closure of a number of in-house care homes and day centres that were an aspect of the modernisation changes taking place (subject to consultation). This will undoubtedly mean a change in the culture and practice of commissioning and social care placement to reflect working with far fewer in-house services. The department should undertake a review of all in-house provider services to ensure they are fit for purpose, efficiently run and managed by the right organisation, be this the Council or other suitable provider.
73. Continue to work with partners to further develop adult safeguarding in preparation for the Care Bill when there will be a statutory framework and guidance to adapt locally.

Appendix A

74. In the development of the Children's Trust we recommend that the Council consider the practical implications for work between adult social care and the Trust in terms of the whole family approach, the Stronger Families initiative and Transitions for children with disability.
75. The work on the social work re-script and the asset-based approach is a really good basis for future culture change and has a direct read-across to Children's Services. In particular this encourages a more community focused approach which supports the early help agenda in Children's Services.
76. The Peer Team thought the creation of the Well-being Officers was a good initiative and their availability should be promoted to all user groups in order further embed their work. As this work continues, and as you recognise, this work should ensure that the people they work with and the outcomes they deliver have an impact on preventing need for social care services and health services and that these can be evidenced.
77. We recommend that you work to ensure that shared services are seen to fully support frontline delivery and that staff are properly trained to use the services on offer. This is especially around the use of the human resources portal that is a source of great frustration to middle management and can fetter their achievements.

Commissioning

Strengths

- There has been a step change in the Council's approach to commissioning through significant externalisation of key services
- Adoption of key parts of Wiltshire's approach

Areas for Consideration

- Commissioning should focus on market shaping and modernisation strategy
- Better use of data and intelligence to make a commissioning led authority
- Move forward on collaboration and integration with the NHS and potentially other councils
- Simplify the process for arranging care
- Further develop and promote the e-market place
- Timely arrangements for paying providers

78. There has been a step change in the Council's approach to commissioning through significant externalisation of key services. Some brave decisions have been made demonstrating the present political vision and determination to modernise.

79. The need to transform the way help to support people to live at home is something that many authorities are considering. The financial imperative as well as the need to move away from time and task commissioning suggests a move towards a more mature relationship with providers and integrated forms of delivery. The team commend you on the adoption of key parts of Wiltshire's approach to domiciliary care that will help to re-shape this area.

80. The approach to commissioning should focus on market shaping and the modernisation strategy in adult social care to ensure the creation of a market that can supply services through working with partners rather than holding onto budgets. In this revised model the decision-making about who uses what services is a clinical and professional one. Care budgets are currently held centrally by commissioners and it is the Peer Teams' view that this compromises both the role of commissioner and that of practitioner. A revised approach would have the practitioner staff (through their team manager) holding delegated responsibility for spending decisions which should engender innovation and creative solutions as well a feeling of control.

81. We suggest you ensure the better use of data and intelligence to move to a more commissioning led authority. This would include so called hard data but also the more qualitative information that makes use of all the data the Council collects about how people use services and where the opportunities are that can be developed. This would then inform the shape of commissioning in the future.

82. Move forward on collaboration and integration with the NHS and potentially other councils. There is a real opportunity to develop this work with the one Clinical commissioning group (CCG) and other health provider to plan together and spend

Appendix A

together to deliver better services. The Better Care Fund provides a potential lever for doing just this.

83. Simplify the process for arranging residential and nursing care which is presently too complicated.
84. The domiciliary care e-marketplace is a good piece of work that could be further developed and promoted.
85. Address the arrangements and effectiveness for paying providers that can leave some small businesses working to tight margins experiencing some significant delays in payment, which for them can be quite serious. This would also promote good relationships with them.

Next steps for the future

Strong base

Pace and ambition

Opportunity of Better Care Fund

Co-production

Empowering staff

Care Bill

86. There is a strong basis for adult social care to build on the newfound political stability and the clarity of political vision and ambition to accelerate the pace and ambition of the modernisation activity. Staff could be given more permission to be bold and innovative in the delivery of more personalised services within robust financial monitoring. The Council is in an enviable position to develop use of the Better Care Fund with NHS partners to deliver services in community and preventative settings for the benefit of users and carers in Doncaster. This should be delivered through effective co-production and design with these stakeholders and by empowering staff and service users to have choice and control. If these opportunities are realised Doncaster is in a good position to implement the opportunities and requirements of the Care Bill in relation to entitlements, choice and control and market oversight.

21. Contact details

22. For more information about the Adult Social Care Peer Review of Doncaster MBC please contact:

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For more information on peer reviews and peer challenges or the work of the Local Government Association please see our website www.local.gov.uk/peer-challenges

Appendix 1 – LGA/ADASS Key Questions for Adult Social Care Peer Review

The following sections set out the high level questions for Adults Social Care.

Please note the intention with this peer support is not to cover all the questions as they appear below. Instead scoping would be done with the individual authority to select the areas most appropriate to them.

In all cases the peer challenge could be undertaken at single council or partnership level.

Safeguarding adults is integral to the adult social care peer challenge but a more in-depth safeguarding peer review could be tailored for the authority.

1. Outcomes for people who use services

- 1.1 Does the Council seek to enhance quality of life for people with care and support needs?
- 1.2 Is the importance placed on outcomes consistent regardless of how old people are, whatever their disability or mental health problems, who pays for their care and their eligibility for services?
- 1.3 Do these outcomes reflect the priorities and needs of citizens and service users?
- 1.4 What evidence does the council have of service user satisfaction?
- 1.5 Is there a strategic and demonstrable approach to improving health and well-being outcomes across the Council and partners?
- 1.6 Do the Council and its partners' approach to safeguarding clearly have an outcome based focus?

2. Participation

- 2.1 Does the Council actively involve people, carers, families and communities in the design, development, delivery and review of innovative care and support arrangements?
- 2.2 Do users and carers of services have easy access to advocacy services?
- 2.3 Do people have real control over the resources used to secure care and support, with commissioning strongly guided by their decisions?
- 2.4 Is coproduction integral to commissioning activity at all stages in the cycle so that the range of support commissioned meets both identified need and people's aspirations for the future within available resources?
- 2.5 Can the Council demonstrate it engages with all aspects of its diverse community?
- 2.6 Can the Council evidence that such engagement has affected the way in which services are delivered and improved outcomes?
- 2.7 Do users of services and carers feel in control and safe?
- 2.8 Does the safeguarding process put the individual in control?
- 2.9 Is safeguarding personalised? Does personalisation include safeguarding?

3. Vision, Strategy and Leadership

- 3.1 Is there recognised and active leadership by the Council on adult social care and safeguarding?
- 3.2 Is there active leadership and clear and resourced strategies and plans that promote the role that all departments across the authority and partners have in promoting health and well-being?
- 3.3 Does the Council have clear and accountable decision making processes (including scrutiny arrangements) that function effectively in practice?
- 3.4 Does the Council focus on cultural change, just as much as systems change and engaging solutions beyond social care?
- 3.5 Is risk identified accurately and managed effectively and do leaders create a climate where risk is openly and constructively discussed?
- 3.6 How does the leadership of the Council demonstrate that it values diversity and that the principles of equality and diversity are incorporated into all the Council's functions?
- 3.7 Is adult social care adapting to reflect changing responsibilities and structures across the Council?

4. Working Together

- 4.1 Are strategies and plans for social care at all levels developed in partnership with people who use services, their carers and other interested citizens, the third sector, health and other relevant stakeholders?
- 4.2 Are health and social care processes, systems and resources integrated to avoid duplication and provide more accessible and joined-up multi-disciplinary arrangements?
- 4.3 Do the partnerships have appropriate governance arrangements, clear roles and accountabilities and are they resourced adequately?
- 4.4 Is there demonstrable evidence that partnership working is adding value and producing efficiencies?
- 4.5 Is there a system and culture of constructive challenge between partners?
- 4.6 Is safeguarding embedded in corporate and service strategies across the Council and partner organisations?

5. Resource and Workforce Management

- 5.1 Is the Council delaying and reducing the need for care and support?
- 5.2 Is the Council managing its financial and physical resources effectively to meet its current requirements and future challenges?
- 5.3 Does it have robust arrangements for reviewing resource allocations and for the reduction and re-allocation of resources where required?
- 5.4 Do the range of services delivered include universal approaches designed for all and targeted support for particular groups?
- 5.5 Is the Council and its partners actively making evidence-based inventions on managing resources efficiently and effectively in adult social care, for example, 'How to make the best use of reducing resources: a whole system approach' (ADASS)?
- 5.6 Are active and supportive communities facilitated?
- 5.7 Does the Council understand prevention, shaping all of its efforts toward promoting good health and well-being?
- 5.8 Are the assets and services that reduce and eliminate demand worked into worked into the JSNA?
- 5.9 Is the Council actively addressing the workforce issues in its area relating to the provision of Adult social Care?
- 5.10 Is the Council ensuring that it has a workforce and culture that supports the achievement of its goals and which embraces the introduction and implementation of change?

6. Service Delivery and Effective Practice

- 6.1 Does the Council ensure that people have a positive experience of care and support?
- 6.2 Do the services delivered meet quality standards, deliver improved outcomes, treat people with dignity and respect and keep them free from harm?
- 6.3 Are there a range of quality services in place that meet the diverse needs of the local population and respond to changing needs and expectations?
- 6.4 Is there evidence that the organisation and its partners are meeting the public sector Equality Duty?
- 6.5 Is there access to easy-to-understand information about care and support which is consistent, accurate, accessible and up to date?
- 6.6 Does the Council and its partners work together to deliver a personalised community-based care and support system?
- 6.7 Are personal budgets available to all those eligible and can the Council demonstrate the difference that they make to someone's life?
- 6.8 Is the Council safeguarding adults whose circumstances make them vulnerable and protecting from avoidable harm?
- 6.9 Do actions take place to safeguard individuals (whether funded by the host or other local authorities, or by individuals themselves) to safeguard people when standards in services put people at risk

7. Commissioning

- 7.1 Is there an integrated approach to commissioning with partners makes best use of resources in meeting local priorities?

Appendix A

- 7.2 Is commissioning informed by the JSNA and the outcomes that the Council is aiming to achieve for local people, recognising the diverse needs of the communities served, and addressing any inequalities?
- 7.3 Does the Council work closely with health partners and others to ensure that they take a whole population approach to commissioning?
- 7.4 Do people have real control over the resources used to secure care and support, with commissioning strongly guided by their decisions?
- 7.5 Is coproduction integral to commissioning activity at all stages in the cycle so that the range of support commissioned meets both identified need and people's aspirations for the future within available resources?
- 7.6 Is there flexible integrated care and support?

8. Improvement and Innovation

- 8.1 Does the quality of services delivered matter to the Council and are there mechanisms in place to regularly review services, and take appropriate action?
- 8.2 To what extent has the Council built its capability to innovate, take advantage of learning from good practice and learn from things that didn't go well?
- 8.3 Does the Council constantly challenge its models of service delivery?
- 8.4 To what extent has the Council built its capability to innovate and take advantage of learning from good practice?
- 8.5 How are resources re-allocated to tackle changing priorities or inadequate performance?