

Report to: Cabinet

Date of meeting: 16 July 2024

By: Director of Adult Social Care and Health

Title: Local Government Association (LGA) Peer Challenge of Adult Social Care

Purpose: To inform Cabinet Briefing of the key findings from the LGA Peer Challenge and set out the priority improvements for the Adult Social Care and Health Department.

RECOMMENDATIONS

Cabinet is recommended to:

- 1) Note the findings from the LGA Peer Challenge of Adult Social Care (ASCH);
 - 2) Approve the ASCH Priority Development Plan in response to the LGA challenge and note how the plan aligns with and contributes to existing Council priorities; and
 - 3) Agree arrangements for monitoring progress against the Development Plan through a sub-group of the People Scrutiny Committee.
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1 Background

- 1.1 In February 2024, the Council commissioned the Local Government Association (LGA) to undertake a Peer Challenge Review focussed on how well Adult Social Care (ASCH) are delivering our duties under the Care Act 2014.
- 1.2 The Peer Review was an important part of our preparation for Care Quality Commission (CQC) assessment of ASCH; noting that we do not have a date for assessment of East Sussex and this could be anytime in the next eighteen months.
- 1.3 The final report from the LGA Peer Challenge Review Team has been received and this report summarises the headline findings and the plans that ASCH are developing to address the priority areas for improvement.

2 The LGA Peer Challenge Review

- 2.1 The LGA Peer Challenge Team comprised seven people with expertise in adult social care and local government. This included an elected Member, an Executive Director of Adult Social Care, Wellbeing and Communities and a Principal Social Worker, from other authorities.
- 2.2 The Peer Challenge Team were supplied with over 200 documents pre-review, including the ASCH Self-assessment document (Appendix 1), which has been adopted as the new LGA best practice exemplar. There was a high degree of correlation between the position set out in our Self-assessment and the LGA team findings.
- 2.3 The LGA Team held almost 40 meetings and spoke with approximately 235 people during the four days on site in East Sussex. The team spoke to a range of council staff as well as Members, partners, carers and people who draw on services. The team completed a case file audit on a cross

section of 12 ASCH clients. The peer challenge team spent over 184 hours with the Council, the equivalent of 24.5 working days.

3. Findings from the review

3.1 The full final report from the LGA Peer Challenge Review Team can be found at Appendix 2. The main findings are summarised below and provide an amplification and helpful prioritisation of our existing self-identified strengths and areas for improvement, as evidenced in Message 1 below :

3.2 Key messages

Message 1: The Council know themselves well

The Council have a clear understanding of their strengths and areas for improvements and have a robust transformation and improvement plan in place.

Message 2: Integrated Adult Social Care Front-Door

Health and Social Care Connect (HSCC) is the single point of access for adult social care. The service is a best practice example of collaborative and integrated working between adult social care and health that has been in existence for the last decade.

Message 3: Waiting Lists

A standardised approach regarding those adults/carers on waiting lists and how their safety and wellbeing are monitored whilst awaiting an assessment, is required across the adult social care and health directorate.

Message 4: Workforce

The peer team witnessed an adult social care workforce that were skilled, knowledgeable, passionate and committed to the residents of East Sussex.

Findings – Theme 1 – Working with people

3.3 Quality Statement 1, Assessing Needs

Strengths:

- **HSCC** – as above, our integrated front door is a great example of successful and effective joint working.
- **Strengths based practice approach** – how we consider and build on people's existing strengths when assessing their care and support needs, and how best to meet those needs, was noted as a particular asset in the case file audits.
- **Occupational Therapy Service**– including our use of clinics to reduce waiting times.
- **Support for carers** - including the Carers Breaks and Engagement Team and our strategic partnership with Care for the Carers.
- **Emergency Duty Service** – highly skilled team of Approved Mental Health Professionals (AMHPS) providing services out of hours.

Areas for consideration:

- **Waiting times for assessments** – as do most, if not all ASCH departments, we operate waiting lists for assessments including: Care Act needs assessments, Financial Assessments, Deprivation of Liberty Safeguards (DoLS), annual care and support reviews and assessments for equipment and minor adaptations.
- **Management of waiting lists** – whilst all authorities will have waiting lists, the team found that there is scope for improving and standardising how we manage waiting lists and support people while they wait.
- **Experience of carers** – all of the carers spoken to by members of the review team reported a poor experience of ASCH. Whilst we do not believe this is entirely representative it is nevertheless a source of concern.
- **Experience of self-funding people** – findings suggested that the information we provide for people who pay for their own care could be improved.

3.4 Quality Statement 2, Supporting people to live healthier lives

Strengths:

- **Prevent, reduce, delay** – the review team noted strengths in our current offer and welcomed the development of a Prevention Strategy to develop this further.
- **Befriending scheme** – delivered through our Public Health function in partnership with the Voluntary, Community and Social Enterprise Sector (VCSE), the scheme is designed to combat loneliness which is known to have a detrimental effect on people's wellbeing. The scheme was valued by people that the LGA team spoke with.
- **Day services** – a good range of day opportunities to meet people's care and support needs in the county were noted.
- **Community support for adults with learning disabilities** – good support for people in their own home and in supported living. This directly provided service is currently rated 'Good' by the CQC.

Considerations:

- **Information and advice** – Scope to improve information and advice offer particularly through development of our website; potentially using 'mystery shopper' approach to inform how we develop the offer.
- **Direct Payments** – ensuring that overdue Direct Payment reviews are added to the ASCH Risk Register

3.5 Quality Statement 3, Equity in Experiences and Outcomes

Strengths:

- **Co-production** – positive examples of co-production, through the involvement of clients, carers and other key stakeholders in service design and in creating the ASC Strategy.
- **Equality, Diversion and Inclusion** – including: joint work with NHS to improve data recording across services, work to reach 'seldom heard' communities, service provision in areas of high deprivation and work within the Workforce Programme to reduce harassment and discrimination of staff.

Considerations:

- **Rurality** – consider taking further steps to prevent rurality contributing to inequity of people's experience and access to services.
- **Workforce Race Equality Standards** - consider implementing the workforce race equality standards which are a statutory requirement for NHS organisations.

Findings – Theme 2 – Providing Support

3.6 Quality Statement 4, Care Provision, Integration and Continuity

Strengths:

- **Provider Market** – Good capacity and quality in the independent sector care market and good relationships with providers as well as good joint arrangements with the NHS to help support quality.
- **Commissioning** – strong commissioning and joint commissioning arrangements with key partners such as NHS, Borough and District housing authorities and the VCSE sector.
- **Joint Community Re-ablement (JCR)** – *'an outstanding partnership provision...in terms of supporting a timely journey out of hospital and a robust reablement offer'*. JCR is a joint service provided by ASCH (who provide the home care re-ablement element) and East Sussex Healthcare Trust (who provide rehabilitation services through occupational therapists and physiotherapists). The service helps to keep people at home in the community as well as supporting hospital discharges.
- **Market Support Team** – highly experienced team with excellent relationships with care providers and the CQC which has a positive impact on supporting and developing provider quality.

- **Co-production in commissioning** – many positive examples of involvement of clients and carers in the development of service specifications and provider selection, particularly with people with learning disabilities or mental health needs.

Considerations:

- **Young Adults with Complex and Challenging Needs** – there is currently a lack of suitable provision across health and social care services for this small but complex and high need cohort of people.
- **Information provided at hospital discharge** – people who draw on services reported that information provided at discharge could be poor (this is believed to be primarily an issue for NHS acute hospital teams not ASCH Hospital Discharge Teams).
- **Contract monitoring** - The peer team concluded that a dedicated and structured approach to contract management would provide increased visibility and assurance over the efficacy of Council commissioned contracts and the opportunity to monitor and measure the impact and outcomes for people.
- **Market Position Statement** – all ASCH departments are required to produce this document which sets out the current state and future requirements of the care market in their area. The LGA queried whether the scope of the ASCH document should be expanded and give further consideration to the future impact of East Sussex demographics.
- **Relationship with providers** – whilst relationships with many providers were reported as being positive, care home providers expressed some frustrations and would like more forums to network and share learning.

3.7 Quality Statement 5: Partnerships and Communities

Strengths:

- **Learning Disability** – the skilled team and service offer for people with learning disabilities, including the role of the Involvement Matters Team who ensure meaningful consultation and engagement with clients and carers, were praised.
- **Transitions** – these are services for young people, usually those who have been known to Children’s Services, as they transition into adulthood. It was noted that pathways for people aged over 26 years could be developed as part of ASCH’s work on services that facilitate the transition from childhood to adulthood.
- **Integrated Care Partnership: Sussex Health and Care Assembly** – There was evidence of maturity in the system with the Council seen as a well established system partner, who effectively champion the East Sussex ‘place’.
- **Voluntary, Community and Social Enterprise Sector (VCSE)** – VCSE organisations reported good relationships with the Council who have retained funding to the sector and continue to listen and learn from them regarding areas of local need.
- **Mental Health Social Care** – the Council’s skilled practitioners and role in joint mental health bodies was reported as very positive. However people with lived experience did report particular issues relating to housing.
- **Approved Mental Health Professional (AMHP) Service** – the highly skilled AMHP staff were noted with good practice examples in the county. A lack of NHS bed provision was noted although a robust policy is in place to help mitigate this.
- **Social Supervision and Forensic Social Work** - Forensic social workers (who work with individuals in the criminal justice system) were extremely knowledgeable and skilled senior practitioners who evidenced robust risk assessment and management abilities, supported by a wealth of risk management tools.

Considerations:

- **Integrated Care Board (ICB) and Continuing Health Care (CHC)** – Overall the relationships on the ICB were reported as positive and mature however some areas of challenge, reported elsewhere, were identified e.g. bedded care for complex and challenging young adults and CHC eligibility decision making. Further work was also required to align planning cycles between the council and NHS Sussex.
- **Section 117 Aftercare (Mental Health Act 1983, as amended, 2007)** - ASCH staff reported challenges in regard to Section 117 Aftercare and the approach taken by the NHS Trust. The Council, in collaboration with Sussex Partnership NHS Foundation Trust (SCFT), may wish to

review current practice across teams to ensure current practice is aligned to Section 117 of the Mental Health Act and the Code of Practice (2015).

- **Dementia Pathways and Service Provision** - Both the SPFT, the Council and the ICB are aware that the current dementia offer could be improved. Council practitioners and managers reported a significant gap in relation to the availability of accredited dementia friendly home care.

Theme 3 – Ensuring safety

3.8 Quality Statement 6: Safe Systems, Pathways and Transitions

Strengths:

- **Safeguarding Adults Board** – we have an experienced Chair and excellent partnership and collaboration arrangements, for example, with the Safer Communities Partnership, the Domestic Abuse Partnership Board and the Children Safeguarding Partnership which again is best practice.

Considerations:

- **Preparing for Adulthood and Transitions** (from Childrens services)– recommendation that ASCH develop transitions pathways which are co-produced with young people and their families.
- **Knowledge of Section 11(2)(b) Care Act 2014** – which sets out what is to happen where an adult or a carer refuses to have a needs or carer’s assessment. Staff could not demonstrate knowledge of this element of the Care Act. Need to ensure it is specifically referenced in practice guidance and refresher training on Care Act.

3.9 Quality Statement 7: Safeguarding

Strengths:

- **Safeguarding in Adult Social Care and Health Teams** – the team found excellent case work, well trained staff and robust allocation processes. Every team has expert support from a member of the Safeguarding Development Team.

Considerations:

- **Statutory three stages and management oversight of Safeguarding concerns** - Safeguarding concerns raised with ASCH are subject to a three stage test to decide whether they should be progress to a Safeguarding enquiry or not. The LGA team found examples of the three stage test being undertaken twice: within HSCC and then again by the receiving team. It was also noted that there is no oversight, by a professionally registered worker, of decisions not to progress a Safeguarding concern to an enquiry.
- **Provider Safeguarding concerns** – there are two routes in ASCH that these concerns can be raised through and ASCH should look at a single pathway.
- **Organisational Abuse Large Scale Enquiries** – recommended that an organisational abuse large scale enquiry procedure and practice guidance is implemented.
- **Person in Position of Trust** – in East Sussex we have chosen to refer to our Person in Position of Trust (PiPoT) manager as a Local Authority Designated Officer (LADO), aligning our nomenclature with that of Children’s Services. This is not the terminology used in the Care Act and it is recommended we adopt the PiPoT designation throughout ASCH.
- **Safeguarding Audits** – Recommended that we enhance our existing audit programme and include the three stage test outcomes (which, as above, determine whether an issue meets the threshold for a safeguarding enquiry) and the outcomes of safeguarding enquiries. Our case work was found to be good but an enhanced audit framework would provide greater assurance and evidence of our quality of practice.
- **Inappropriate Safeguarding Concerns** – ASCH receives a high volume of inappropriate Safeguarding concerns from the police. Recommended that this issue is escalated to the Safeguarding Adults Board.

Theme 4 - Leadership

3.10 **Quality Statement 8: Governance, Management and Sustainability**

Strengths:

- **Assurance and Performance Boards** – the Performance Board and Improvement and Assurance Board were found to provide good governance and oversight of performance and continuous improvement in ASCH.
- **Risk Register** – Noted the use of Risk Registers across the Council with a recommendation to update the ASCH register.
- **Annual Teams Business Plans** – golden thread running through team business plans, risk registers, the ASCH Strategy and Council priorities with associated Key Performance Indicators (KPIs) was noted.
- **Workforce Sustainability** – numerous initiatives to support retention and recruitment under the ASCH Workforce Programme were noted.

Considerations:

- **Health and Wellbeing Board** – Many strengths were noted including mature, established relationships and good engagement. However the LGA Team agreed with the Board members that it is time for a refresh of the Board's purpose. The peer team suggested that a focus on a whole life prevention strategy in response to demographic challenges could be a good starting point.
- **Performance Data** – Noted that ASCH produces and uses a large quantity of performance data. Data on the outcomes that matter to people who draw on services could be enhanced.
- **ASCH Strategy** – Recommended that further work is undertaken to ensure that the ASCH workforce know and understand the priorities of the directorate.
- **Quality Assurance Framework** – the LGA team noted recent work on the ASCH Quality Assurance Framework for practice and agreed with the ASCH self-assessment that further work was required to develop and embed the framework including ensuring compliance with the number of audits required.

3.11 **Quality Statement 9: Learning, Improvement and Innovation**

Strengths:

- **Supervision** – the recently launched, updated staff supervision policy and its link to the Quality Assurance Framework was noted. It is recommended that audits of supervisions are undertaken as part of the audit programme.
- **Culture** – a passionate and dedicated workforce was observed and there is a strong wellbeing offer from the Council. Case load and case allocation was appropriate.
- **Principal Social Worker (PSW) and Principal Occupational Therapist (POT)** – Well regarded, knowledgeable and skilled PSW and POT were noted.
- **Assessed and Supported Year in Employment Offer (ASYE)** – the support offer for newly qualified social workers in their first year of practice was found to be comprehensive, positive and supportive.

Considerations:

- **Reported Inequity in pay** – ASCH staff reported an inequity in pay for registered staff following their Assessed and Supported Year in Employment when compared to Children's Services social workers, who receive a 10% market supplement to their pay.

3.12 **Case File Audit Findings**

The Case File Audit findings were very positive. Twelve casefile audits were undertaken as part of the peer challenge. The main findings showed that in 87% of cases there was significant evidence of strengths-based practice, and in 90% of cases evidence of robust recording demonstrating professional curiosity, accountability and ownership. In 80% of cases there was evidence of management oversight and 85% of cases evidenced robust risk assessment and management. In over 90% of cases interventions and responses were timely.

4. ASCH Action Priority Development Action Plan

4.1 Members will recall that ASCH completed a rigorous self-assessment process using the industry standard Association of Directors of Adult Social Services (ADASS) and LGA Workbook during 2023/24. The LGA Peer Challenge review has highlighted some important, additional considerations.

4.2 We have used the intelligence from our self-assessment and the LGA review to create a Priority Development Plan for ASCH. The Priority Development Plan is organised under four main headings:

- **Prevention** - Working together to prevent, reduce or delay people's needs for our services and to enable wellbeing and independence. Including helping people access other kinds of support.
- **Waiting times** - Reducing waiting times wherever we can, keeping in touch with people and ensuring their wellbeing while they wait.
- **Safeguarding** - Introducing better checks and reporting to ensure we can reflect our high standard of safeguarding practice and outcomes for people.
- **Quality** – Develop how we measure and continually improve the quality of our practice and the support and services we fund.

4.3 Tasks that do not naturally fall within these priorities are listed under 'Other key work'. When communicating our priorities for the coming year we will also include:

- **Value for money** - managing Council money well so that we meet the care and support needs of local people.

This has not been identified as part of our CQC preparation process as the CQC do not take an authority's financial position into account as part of their assessment. However it will be a key part of the messaging for staff and other stakeholders regarding what ASCH must achieve in 2024/25.

Delivery of the Priority Development Plan will require the re-focussing and prioritisation of existing resources and, at this stage, it is not anticipated that the identification of any additional resources will be necessary. If however, the potential need for additional resources is identified during implementation, this will be considered as part of the usual Reconciling Policy, Performance and Resources (RPPR) process.

The ASCH Priority Development Plan

4.4 The current Priority Development Plan is in draft and will be finalised over the next few months. Within ASCH, the Improvement and Assurance Board will have responsibility for developing the workstreams under each priority and for monitoring progress and ensuring delivery. This will be a key element of our preparation for assessment by the CQC.

4.5 It is proposed that progress against the LGA review findings and ASCH Priority Development Plan will be overseen by a sub-group of the People Scrutiny Committee.

Links to ESCC Priority Outcomes and ASCH Plans and Strategies

4.6 ESCC Priority Outcomes

The development work has been grouped into themes taking into account the Council's overarching priority outcomes. Members will note that the ASCH priority areas for development align with the Council priorities of:

- Keeping vulnerable people safe
- Helping people help themselves
- Making best use of resources now and in the future

4.7 ASCH Portfolio Plan

The ASCH priority development plan is a key part of our CQC preparations as set out in section 1.18 of the ASCH Portfolio Plan, most notably:

- *‘implement an enhanced assurance and improvement framework within ASCH to better support the culture of continuous improvement, which the CQC assessment regime seeks to promote’*
- *‘deliver the agreed priority improvement projects highlighted by the self-assessment and the Local Government Association Peer Challenge Review’*

4.8 Adult Social Care Strategy

The ASCH Strategy, agreed by Cabinet in June 2023, identified the six key areas most important to East Sussex residents. These are:

1. Right support, right place, right time
2. Information and communication about care and support
3. Cost of living and cost of care, now and in the future
4. A suitable home
5. Personal connections with others
6. Group activities, hobbies and volunteering

4.9 The table below shows how the ASCH development priorities, derived from the LGA Peer Challenge, will contribute towards the delivery of what residents told us was most important to them:

ASCH Development Plan Priority	Contributes towards delivering:
Prevention	<ul style="list-style-type: none"> ▪ Information and communication about care and support ▪ A suitable home ▪ Personal connections to others ▪ Group activities, hobbies and volunteering
Waiting times	<ul style="list-style-type: none"> ▪ Right support, right place, right time
Safeguarding	<ul style="list-style-type: none"> ▪ Right support, right place, right time ▪ A suitable home
Quality	<ul style="list-style-type: none"> ▪ Right support, right place, right time
Value for money	<ul style="list-style-type: none"> ▪ Cost of living and cost of care, now and in the future

4.10 We have worked with colleagues in Communications to ensure we have clear messaging regarding ASCH priorities, for staff and other stakeholders. This will include explaining how they relate to what local people told us was most important to them. The five ASCH priorities will be publicised internally and externally under the strap line ‘Doing what matters’. The name deliberately echoes the ‘What Matters To You’ strap line used for the ASC Strategy; and we will use the same branding in order to visually reinforce the link between the ASCH development priorities and the ASCH Strategy.

5. Conclusion and reasons for recommendations

5.1 The process of, and product from, the LGA Peer Challenge has proven immensely beneficial in terms of our preparation for the CQC Assurance process by confirming the current priority areas for development as part of our journey of continuous improvement.

5.2 External assurance of Local Authority Adult Social Care duties has recently been reintroduced after an absence of 14 years. The LGA Peer Review has provided the opportunity to refresh our skills in clearly and concisely identifying and articulating our strengths and also our areas for development. It has been an invaluable ‘dress rehearsal’ for organising and managing a multi-faceted, on-site inspection, in order to ensure an accurate and fair outcome for the Council.

- 5.3 The product of the Peer Challenge has confirmed that we know our strengths and areas for improvement and has provided us with validation of the priority areas for development to improve our service and support to our residents, contribute to the delivery of Council Plan and ASC Strategy priorities as well as better prepare for the new assurance process.

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