

Adult Social Care Local Government Association Peer Review Update and readiness for Care Quality Commission Assurance.

To: Adults and Health Committee.

Meeting Date: 5 October 2023.

From: Executive Director Adults, Health, and Commissioning.

Electoral division(s): All.

Key decision: No.

Forward Plan ref: N/A

Outcome: Enclosed are the key recommendations of the LGA Peer review for Adult Social Care and progress to date on those recommendations.

Recommendation: Adults and Health Committee are recommended to note and comment on the information outlined in this report.

Officer contact:

Name: Patrick – Warren-Higgs.

Post: Executive Director, Adults, Health, and Commissioning.

Email: Patrick.Warren-Higgs@cambridgeshire.gov.uk

Tel: 07443 147279

1. Background

- 1.1 A previous self-assessment report came to Committee in December 2022. This report is a follow up to understand the progress Adult Social Care (ASC) has made following the feedback and outcomes of a Local Government Association (LGA) Peer Review of Adult Social Care and Commissioning in 2022.
- 1.2 The council requested that the Local Government Association undertook an Adult Social Care *Preparation for Assurance Peer Challenge* to gain a view on how Councils can deliver value for money, quality, effectiveness, and the most personal outcome focused offer for local people. This work was commissioned by the Association of Directors of Adult Social Care Eastern Branch as part of their preparation for the then future Care Quality Commission (CQC) Enhanced Assurance process, which came into effect on the 1 April 2023.
- 1.3 The context for the 2022 Local Government Association peer review was that it was undertaken building upon the self-assessment that is a core part of the sector lead improvement programme in the Eastern Region led by the Association of Directors of Adult Social Care (ADASS). Therefore, the original Committee report summarised the findings in detail from the self-assessment, a subsequent external challenge session with a former Director, Ray James, and the Local Government Association peer review. Here we will review the actions and outcomes in relation to the Local Government Association peer review.
- 1.4 To note, at the time of writing this report for Committee, adult social care and commissioning are preparing the Self- Assessment for 2023.

2. Main Issues

2.1 LGA Peer review.

- 2.2 The framework the peer challenge team used was the Care Quality Commission CQC five key questions and quality statements. The peer challenge focused on the questions, Well Led, Safe and Responsive and included the peer challenge team's reflections around the extent to which Equality Diversity and Inclusion was embedded in the Councils.

- 2.3 Key questions explored were as follows:

Key question: well-led

“There is an inclusive and positive culture of continuous learning and improvement. This is based on meeting the needs of people who use services and wider communities, and all leaders and staff share this. Leaders proactively support staff and collaborate with partners to deliver care that is safe, integrated, person-centred, and sustainable, and to reduce inequalities. There are effective governance and management systems. Information about risks, performance and outcomes is used effectively to improve care”.

Key question: safe

“Safety is a priority for everyone, and leaders embed a culture of openness and collaboration. People are always safe and protected from bullying, harassment, avoidable harm, neglect, abuse, and discrimination. Their liberty is protected where this is in their best

interests and in line with legislation. Where people raise concerns about safety and ideas to improve, the primary response is to learn and improve continuously. There is strong awareness of the areas with the greatest safety risks. Solutions to risks are developed collaboratively. Services are planned and organised with people and communities in a way that improves their safety across their care journeys. People are supported to make choices that balance risks of harm with positive choices about their lives. Leaders ensure there are enough skilled people to deliver safe care that promotes choice, control, and individual wellbeing.”

Key question: responsive

“People and communities are always at the centre of how care is planned and delivered. The health and care needs of people and communities are understood, and they are actively involved in planning care that meets these needs. Care, support, and treatment is easily accessible, including physical access.

People can access care in ways that meet their personal circumstances and protected equality characteristics. People, those who support them, and staff can easily access information, advice, and advocacy. This supports them in managing and understanding their care and treatment. There is partnership working to make sure that care and treatment meets the diverse needs of communities. People are encouraged to give feedback, which is acted on and used to deliver improvements.”

- 2.4 Once the final report from the LGA peer review was received, we built the recommendations into the overall Adult Social Care and Commissioning improvement plan. Most of the LGA peer review recommendations mapped clearly to the areas identified within our self-assessment, but there were other helpful suggestions around preparing for an external inspection that were made, which have been included in the improvement plan.
- 2.5 The recommendations, proposed actions, and updates from the LGA peer review were:
- 2.6 **Key Recommendations and proposed actions.**
- 2.6.1 Recommendation 1 - The Council should be clear in their narrative about which functions are shared, to ensure that these are understood by staff and partner organisations, and that there is congruity between the expectations of the Care Quality Commission (CQC) and their experience during a review.

The recommendation from the peer review was that prior to any CQC assurance that we review the shared arrangements and ensure they were clearly set out and understood by staff and key system partners.

Adult Social Care completed the proposed action which was to review the shared service arrangements and overall structure for Adult Social Care, and this progressed further as part of the separation from Peterborough City Council (PCC). Where shared services remain currently, Transfers of Care (Hospital Discharges) and the Adult Social Care out of hours Emergency Duty Team, these arrangements are being reviewed further to determine if they should remain.

2.6.2 Recommendation 2 - The Council should ensure that there is a clear and easily identifiable audit trail from performance monitoring to decision making to actions so that this can be easily followed.

What the peers said - It is important that the Council's trail of activity from decision making to action is clear and auditable. The Councils' Performance Board demonstrated a good understanding of performance issues. However, it was not obvious to the peer challenge team what actions were being taken to make improvements, and action trackers appear to be maintained separately. Examples included the low rates of people with Learning Disability and/or Autism being supported into employment, and carers' experience, which had shown a deterioration in the carers survey. In both cases the peer challenge team were unable to find evidence of the Council's action plans to improve. It was recognised that there were areas of concerns regarding the quality of data in some instances, and that further work was being completed to develop performance reports.

Adult Social Care completed the action to hold a performance improvement plan which will allow the Council to evidence the performance improvement actions being undertaken in a clear way. The project to develop the range of self-service performance and strategic data reports continues and will continue to be an evolving journey as we understand more what CQC are looking for within their assurance process.

2.6.3 Recommendation 3 - The Council's strategies for early help, prevention and strength-based working is dependent on doing more through the voluntary and community sector. To do this, they will need to ensure sufficient capacity, including consideration of longer-term funding for the sector.

What the peers said - The strategy for early help, prevention and strength-based working is heavily dependent on voluntary and community sector capacity. The sector felt that it was already getting more referrals than they were able to manage: "there are lots of travel agents, but not enough holidays". Consideration should be given to longer term funding for voluntary and community organisations to enable them to offer sustainable employment and increase the resilience of the sector. Whilst the commitment to working in neighbourhoods in an integrated way is to be applauded, there are some concerns that the voluntary and community sector does not have sufficient capacity to meet the council's aspirations for early help. There were gaps in services described such as psychological support for people accessing care and support and emotional support for carers. Voluntary and community sector partners were aware of the Councils' commissioning activities - including community catalysts, integrated communities, health neighbourhoods, joy app, social prescribing - but there were some concerns about commissioning being "piecemeal", "confusing" and "fragmented", and whether there is the capacity to deliver.

The pressures affecting the local voluntary and community sector have been recognised in the Council's Market Sustainability Plan, with inflationary and market sustainability funds allocated in support. The Care Together programme is focused on building capacity in the voluntary, community and social enterprise sector at grassroots level to support more people to live independently at home for longer. It does so using a community development approach with Integrated Neighborhood partners and local grant funding investment to stimulate growth of new and existing community groups. Over £200,000 of Care Together seed funding has also been committed in 22/23 to help set up or expand voluntary/

community groups and social enterprises in local communities. This includes mobile warden schemes, healthy lifestyle/fitness for older people, knit and natter sessions, community transport, year-round community living rooms/warm hubs and much more. The Council is also investing in the development of Care Microenterprises so local people have access to a wider range of care and support in their local community than ever before.

It is also a wider piece of work that we are working through with the Integrated Care Board in respect of provided longer term funding. For example, continued expansion of place-based commissioning through Care Together i.e., expanding commissioning at integrated neighbourhood by replicating joint Primary Care Networks (PCNs) and Council funding of a Voluntary Community Social Enterprise (VCSE) partner to identify and support carers in two more parts of the county (Huntingdon and Fenland). Participation in the 'One Team' pilot in North Cambridge to further develop collaborative working and prioritisation around a community using a population health management approach. This will lead to greater alignment of VCSE funding by Council and health partners.

- 2.6.4 Recommendation 4 - The Council should minimise backlogs of assessments, including Deprivation of Liberty Safeguards and reviews. Where external agencies are used to complete reviews, the Council should ensure that agency staff are clear about their authority and the process to make changes to care and support.

What the peers said - Any CQC enhanced assurance review is likely to focus on backlogs of assessments. The council has a backlog of Deprivation of Liberty Safeguards that it would be wise to reduce. The council has a backlog of reviews and some care providers mentioned that this was affecting their ability to provide appropriate support to some people. Some progress has been made to reduce the backlog of reviews using an external provider, and some feedback suggested agency staff were not clear about their authority and the process to make changes to people's care and support. Other issues include long waits for occupational therapy and Approved Mental Health Practitioner (AMHP) availability.

Adult Social Care has a clear focus on waiting lists and are seeking ways to maximise opportunities to address these, including the use of specific grants such as the Market Sustainability and Improvement Fund (MSIF) workforce allocation. There are specific action plans for teams with the biggest challenges. We are investing in the Deprivation of Liberty Safeguards, as this holds the largest back log area for Adult Social Care, to focus on the highest priority cases, whilst looking at sustainable options that we are working alongside regional colleagues in exploring.

The investment into the Deprivation of Liberty and Safeguarding backlog has a plan agreed, which has been approved at CLT and is making use of MSIF to substantially increase the capacity in the team via the use of external Best Interest Assessor assessments. This is to increase activity over a 6-month period in order to clear the back-log (approx. 200 assessments per month) and then to maintain a steady state of responding to referrals that are triaged as high. Long-term funding has been secured that will enable the completion of 125 assessments a month to be embedded within the team as permanent additional capacity. This will mean that referrals are not being placed on a waiting list, people will be supported and seen in a timely manner and that the team can focus existing resources on quality of work and a sustainable approach to supporting those referrals that have been assessed as low. All referrals are screened and triaged in accordance with the ADASS prioritisation tool

and reviewed every 6 months in order to quantify that the individuals' circumstances have not changed.

- 2.6.5 Recommendation 5 - If further savings are required to adult social care the Council should carefully consider the impact on quality of services and consider, the CQC Enhanced Assurance review.

What the peers said - With such a large corporate financial gap being likely it is assumed that adult social care will be required to make further savings for the Medium-Term Financial Strategy, starting next year. The peer challenge team encourage the Council to think very carefully about the nature and timing of the savings to avoid compromising quality and to consider the risk of an adverse CQC judgement.

Adult Social Care has completed the proposed actions by ensuring all savings proposals will be considered by commissioners, ASC officers and the principal social worker, to ensure Adult Social Care is clear on any potential impact to the market or quality of practice before progressing further. Adult Social Care is currently within the Business Planning cycle.

- 2.6.6 Recommendation 6 -The Councils should work with the Integrated Care Board to consider further integration of hospital discharge arrangements, aligning them with the 'discharge to assess' model that is regarded as best practice.

What the peers said - Both Councils have significant financial challenges with a significant gap between corporate income and expenditure expected from 2023/24 and rising to 2027/28. The NHS also has very substantial financial challenges. There is risk that decisions are made unilaterally that have a detrimental impact on other partners and risk undermining the good relationships that have been fostered. Some examples of this include recent changes by the Integrated Care Board (ICB) in the process for discharging people from hospital to 'pathway 3' beds, which have increased delays. Whilst relationships between the Councils and the NHS at senior leadership level are good there were reports of difficulties at operational levels with reports of some middle managers continuing to work in silos.

We continue to work with our health colleagues towards evolving the discharge from hospital model in to one that delivers the better outcomes for people. We are key partners in several workstreams under the umbrella of the Home First Discharge to Assess (D2A) Programme lead by the Integrated Care Board (ICB). Several pilots of more seamless hospital discharge have been tried over recent years and then halted due to the temporary nature of the funding. Future delivery models must be based on sustainable funding agreed between partners and conversations about how we can achieve that are ongoing. A proposal, worked up between all parties, is being presented this autumn to the system wide Unplanned Care Board setting out current gaps in the current discharge pathway 2 along with proposals on how these can be expanded.

In terms of the specific recommendation around pathway one, the local authority reablement model continues to be strong, delivering good outcomes for people, the majority of whom can live independently without the need for long term care. This remains

independent of the health led Intermediate Care Team (ICT) offer, which supports people who have predominantly health needs when then leave hospital.

Our focus currently is on evolving other pathways as this is where, as a system, we have identified there is more opportunity, but the aspiration for a joined-up pathway 1 has not been lost and can be revisited once current priorities have been worked through. Further exploration is also needed by system partners regarding a commitment to explore the potential further benefits and opportunities of implementing fully the Discharge to Assess guidance.

- 2.6.7 Recommendation 7 - The Councils may wish to reflect upon how they could expand the provision of Direct Payments and ensure that these strike the right balance between choice and control for recipients and assurance.

What the peers said - The council has some improvement to make in relation to the offer of direct payments to people accessing care and support and carers. The peer challenge team recommend that the council reflects upon how they could expand the provision of direct payments and strike the right balance between choice and control for clients and assurance for the Councils. It was not clear or evident if a direct payment was offered as a default and take up of direct payments differs significantly between Cambridgeshire and Peterborough. The council commissions a direct payment support service, but choices for people who have direct payments appeared limited due to the lack of availability within the market

Improving the direct payment offer for local people has been a key priority of the Council over the past two years. The Self-Directed Support Programme was established in 2022 and, working with service users and other stakeholders, has produced a blueprint for how the Council's direct payment offer could be improved. The programme is currently implementing the changes needed in our culture, processes, systems and local market, with the aim of increasing the number of people who access a form of self-directed support. One example of this is the introduction of Individual Service Funds, initially piloted in East Cambridgeshire and now being rolled out across the County. As part of Care Together, the Council has also invested in the creation of Care Microenterprises to ensure there is a much wider choice of care and support in local communities.

- 2.6.8 Recommendation 8 - The Councils should engage with the market and develop strategies to secure the sustainability of care provision, taking a more pro-active role to market shaping and development across Cambridgeshire and Peterborough for all client groups.

What the peers said - Markets appear to be fragile, and care providers' feedback was not particularly positive. Care providers felt that engagement from the Council was limited, and they did not feel that Councils were taking their views sufficiently into account. There will be opportunities to deliver more cost-effective services through proactive development of the home care market. The Market Position Statement (MPS) is in the process of being refreshed and there is consideration being given to strategies for developing and shaping the market and the future of care. Recognising that this is something that has begun, the peer team would encourage council to make rapid progress, as these are documents that the CQC will expect to see. It would be good to have strategies that are co-produced with care providers, polished, and approved by the time of a CQC assurance review.

In March 2023, in recognition of rapid changes in the care market, the Council prioritised publishing its Care Sector Strategy for Commissioned Services. This document was informed by sector-based discussions between commissioners and care providers. It explains how a more resilient care sector delivering an equitable range of services to provide our residents with the right services, in sufficient levels, could help meet current and future needs. At the same time, in consultation with the market, the Council published its Cost of Care and Market Sustainability Plan, which, informed by a deeper understanding of local market pressures and the costs of delivering care. These reports including an updated report in June 2023, influenced how we support the market financially to become more resilient. Consequently, work to co-produce the Market Position Statement was subsequently moved to December 2023. As a result, we would be able to refresh the market priorities to take account of the impacts of the strategies and finances made available by the Council.

- 2.6.9 Recommendation 9 - The Councils should consider how they might demonstrate greater leadership in offering employment to people with learning disabilities, autism, and mental health needs.

What the peers said - The Council benchmarks low for employment for people with learning disabilities, autism, and mental health needs. There is an opportunity for the Council to demonstrate some stronger leadership and to set an example on how employment is offered to these groups in their capacity as major employer.

Cross-departmental workshops took place to identify barriers which obstruct a clear pathway to employment. The outputs led to a design proposal which included the need to developing job coaches, expanding travel training, arranging job application, interview and retention support, segmenting services to separate supported employment from day opportunities, and integrating prospective employers into any new service. This work is currently being benchmarked with similar services across peers, Mental Health pathways, and the Council's corporate employment pathway. Whilst this work has progressed, it is recognised that much more is required to improve our overall performance.

- 2.6.10 Recommendation 10 - The Councils have made some early progress with initiatives to ensure Equality, Diversity and Inclusion and should consider how these can be extended and fully embedded.

What the peers said - There are pockets of good practice on Equality Diversity and Inclusion (EDI) that the council can build upon. For example: front line staff valued an EDI tool that helped them to begin conversations with people; there are monthly lunchtime conversations corporately on EDI, with adult social care staff encouraged to attend; there is a dedicated EDI team across Cambridgeshire and Peterborough who are working to raise awareness; consultants have been appointed to develop EDI training; and commissioners have reviewed their Equality Impact Assessment documentation and are providing training on the completion of these. However, during the peer challenge, very few staff were able to articulate the work they were doing on EDI, or how EDI could make a difference to people with protected characteristics. For example, commissioners could not evidence how they met the needs of their culturally diverse communities, and it did not appear to be an area of focus in their activities. This was reflected in the comments of care providers who did not feel that the Councils took account of EDI in strategic commissioning, although social workers often did at an individual level. Care providers would welcome co-producing the

approach to EDI - for example supporting the Council to understand EDI in their staffing profiles. The voluntary and community sector has EDI very well embedded in their practice and training, and the Councils should consider learning from their approach.

The Council now has an approved EDI strategy in place covering the whole authority. Concurrently, we have started work on a Strategic Workforce Plan for the adult social care workforce employed by Cambridgeshire Council to address various challenges related to the workforce, with the ultimate objective of providing high-quality outcomes for people with care and support needs. This strategy will be cross referenced to the Council's People's Strategy to support consistency.

The Council has recently launched an introduction to EDI which covers topics such as microaggressions, unconscious bias and this has been further developed to include the Four Pillars of Inclusion which explores four building blocks to inclusivity in work and life - Principles, Perspectives, People and Power, which focuses on skills and reflection on behaviours. We have annual equality information reporting. We are currently doing some work on comparing to the census data.

The Council was the first upper tier authority in the East of England to sign up to UNISON's Anti Racism Charter, which we did in May 2022.

The Adults, Health and Commissioning Directorate are implementing a number of actions to strengthen and EDI. This includes running specific training for all practitioners by an external facilitator, cultural competence, and anti-racism training. We have continued to build on this by delivering specific reflective sessions to practitioners on anti-racism within the workplace, hosting a practitioner event in March with the theme of EDI in practice and have added specific questions to our audit tool to understand how we are identifying and supporting people with protected characteristics. The Principal Social Worker (PSW) continues to maintain a focus of EDI in practice this year as a practice priority, with further plans in place to deliver bespoke sessions to the workforce with support from Learning and Development colleagues.

Plans to continue to focus work on EDI, with a specific anti-racism lens include:

- Reflective workshops being delivered by the PSW in conjunction with Learning and Development colleagues
- The Adults PSW and Childrens PSW developing anti-racist practice standards for embedding within the directorate
- The Adults PSW being a key member of the regional EDI network, which is currently being formed and having some specific standards to bring back into the directorate
- FLAIR (external organisation) to review the internal workforce and challenges with EDI in practice, retention and progression and support an improvement plan spanning the next 3 years.
- Reflective session for Adults Leadership Forum being delivered by PSW

3. Alignment with ambitions

- 3.1 Net zero carbon emissions for Cambridgeshire by 2045, and our communities and natural environment are supported to adapt and thrive as the climate changes.

There are no significant implications for this ambition.

3.2 Travel across the county is safer and more environmentally sustainable.

There are no significant implications for this priority.

3.3 Health inequalities are reduced.

There are no significant implications for this priority.

3.4 People enjoy healthy, safe, and independent lives through timely support that is most suited to their needs.

The report above sets out the implications for this priority throughout as it focusses on the finding of the peer review in relation to the delivery of adult social care services, and the council's work with the wider health system.

3.5 Helping people out of poverty and income inequality.

There are no significant implications for this priority.

3.6 Places and communities prosper because they have a resilient and inclusive economy, access to good quality public services and social justice is prioritised.

There are no significant implications for this priority.

3.7 Children and young people have opportunities to thrive.

There are no significant implications for this priority.

4. Significant Implications

4.1 Resource Implications

There are no significant implications within this category.

4.2 Procurement/Contractual/Council Contract Procedure Rules Implications

There are no significant implications within this category.

4.3 Statutory, Legal and Risk Implications

There are no significant implications within this category.

4.4 Equality and Diversity Implications

There are no significant implications within this category.

4.5 Engagement and Communications Implications

There are no significant implications within this category.

4.6 Localism and Local Member Involvement

There are no significant implications within this category.

4.7 Public Health Implications

There are no significant implications within this category.

4.8 Climate Change and Environment Implications on Priority Areas.

There are no significant implications within this category.

4.8.1 Implication 1: Energy efficient, low carbon buildings.

Neutral as there are no significant implications within this category.

4.8.2 Implication 2: Low carbon transport.

Neutral as there are no significant implications within this category.

4.8.3 Implication 3: Green spaces, peatland, afforestation, habitats, and land management.

Neutral as there are no significant implications within this category.

4.8.4 Implication 4: Waste Management and Tackling Plastic Pollution.

Neutral as there are no significant implications within this category.

4.8.5 Implication 5: Water use, availability, and management:

Neutral as there are no significant implications within this category.

4.8.6 Implication 6: Air Pollution.

Neutral as there are no significant implications within this category.

4.8.7 Implication 7: Resilience of our services and infrastructure and supporting vulnerable people to cope with climate change.

Neutral as there are no significant implications within this category.

Have the resource implications been cleared by Finance? N/A This report is for information only.

Name of Financial Officer:

Have the procurement/contractual/ Council Contract Procedure Rules implications been cleared by the Head of Procurement and Commercial? N/A This report is for information only.

Name of Officer:

Has the impact on statutory, legal and risk implications been cleared by the Council's Monitoring Officer or Pathfinder Legal? N/A This report is for information only.

Name of Legal Officer:

Have the equality and diversity implications been cleared by your EqIA Super User? N/A This report is for information only.

Name of Officer:

Have any engagement and communication implications been cleared by Communications? N/A This report is for information only.

Name of Officer:

Have any localism and Local Member involvement issues been cleared by your Service Contact?

N/A This report is for information only.

Name of Officer:

Have any Public Health implications been cleared by Public Health?

N/A This report is for information only.

Name of Officer:

If a key decision, have any Climate Change and Environment implications been cleared by the Climate Change Officer?

N/A This report is for information only.

Name of Officer:

5. Source documents guidance

5.1 All source documents and their locations are outlined below:

Adult Social Care – Self Assessment Committee Report September 2022. [Council and committee meetings - Cambridgeshire County Council > Meetings \(cmis.uk.com\)](#)

Care Sector Strategy for Commissioning Services. [Document.ashx \(cmis.uk.com\)](#)

Cost of Care and Market Sustainability Plan - [Document.ashx \(cmis.uk.com\)](#)

Update on Market Sustainability - [Document.ashx \(cmis.uk.com\)](#)