

# Darlington Borough Council

Adult Social Care

NE Regional Peer Challenge

# Overview of Peer Challenge feedback presentation

- The peer team
  - The process
  - Feedback to your key questions
    - Strengths
    - Areas for further consideration
  - Summary and possible next steps
  - Your reflections and questions
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# The Peer Challenge Team

## **Lead Peer:**

Professor Graeme Betts, Executive Director of Strategic Commissioning and Community, London Borough of Newham.

## **Member Peer:**

Councillor Lynn Travis, Executive Member, Health and Neighbourhoods, Tameside MBC

## **Senior Officer Peer:**

Alison McDowell, Service Manager, Older People, Newcastle City Council

## **Peer Challenge Manager:**

Chris Rowland, LGA Associate and Independent Consultant

# The Peer Challenge process

- The Peer Challenge is based on the Adult Social Care Key Questions and your priority issues
- Not an inspection – invited in as “critical friends”
- Part of NE Region programme for Sector Led Improvement
- Non attributable information collection
- People have been very welcoming, open, and honest.
- Very grateful for support whilst on site, in particular from Gail Banyard and Louise Suggett, and to Ann Workman inviting us to visit.

# The Peer Challenge process

- Pre-meeting agenda setting and agreed scope
- Document and data analysis
- Meetings, interviews and workshops
- Feedback presentation
- Recommendations based on the triangulation of what we've read, heard and seen
- Summary letter

# Issues you asked us to consider

**The main context of the Peer Challenge in Darlington is to consider the following questions in a strategic context:**

- How is the Assessment and Care Management function operating at the present time, and how might this develop / be developed in the future?
- How do staff and organisational culture support Adult Safeguarding as an integral element of the Assessment and Care Management function, and with wider partners and partnerships, including through the Multi Agency Safeguarding Hub?
- How are staff and other resources deployed to deliver safe and effective services, and to improve quality of assessment / packages of care?
- How does existing provision impact on the Assessment and Care Management function, including RIACT (the Responsive Integrated Assessment and Care Team) / Reablement Service, Learning Disability Lifestage Service, and in-house provision.

# Adult Social Care Key Questions

- **Vision, Strategy and Leadership**
- **Resource and Workforce Management**
- **Service Delivery and Effective Practice**
- Commissioning
- Working Together
- How well are outcomes for people who use services being achieved?
- Participation
- Improvement and Innovation

# General observations

- Strong sense of place and identity
- Pride in Darlington
- Strong sense of community
- Small authority – obvious challenges but also opportunities such as co-terminosity with CCG
- Strong partnerships and apparent commitment from partners to make it happen



# Vision, Strategy and Leadership

## Strengths

- Consistent, strong leadership throughout the Council, across Members and Officers.
  - Leaders were visible and their leadership valued.
  - Overall, staff understand why a vision and strategy is needed.
  - Health and Wellbeing Board has wide representation and commitment.
  - Strong sense of Social Capital and early work undertaken to develop community participation (e.g. Good Friends, Darlington Partnership).
  - Strong strategic partnership and shared leadership with local partners.
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# Vision, Strategy and Leadership

## Areas for consideration

- Strategy is recognised as challenging, and may be less clear how to develop this in the early stages.
  - Health and Wellbeing Strategy developed but at an early stage.
  - Developing work around integration is positive, but there are risks associated this, and capacity needed to take it forwards.
  - Risks associated with reliance on social and community capital, and focused support needed to support its development.
  - Newly appointed Independent Chair for Safeguarding Adults Board is refocusing the Board, but presently at an early stage.
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# Resource & Workforce Management

## Strengths

- Following Corporate Peer Challenge, approach to resources going forward is transformational not salami slicing
  - Loyal, positive staff group, and high levels of trust throughout the organisation.
  - Focus on staff and organisational development (e.g. Use of Peer Challenge for SLI)
  - Management in ASC is seen as up to the job and delivering well in difficult circumstances
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# Resource & Workforce Management

## Areas for consideration

- Demographics running against you and will continue to add pressure year on year – in particular for Adult Social Care services.
  - Expectations are high
  - Reducing resources and additional £3m seen as a challenging figure
  - Pressure on resources across the public sector – although areas of duplication could be explored through closer integration etc.
  - Reduction in management capacity from previous budget reductions may have stretched resources for ASC; this can leave areas of risk.
  - Not all staff “own” the strategy / Council developments
  - Some staff perceived as unable and/or unwilling to change in response to changing circumstances.
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# Service delivery and effective practice

## Strengths

- Appear to be delivering good outcomes
  - Services generally seen as good and praised
  - Some examples of excellent practice have been highlighted to us, such as RIACT and Life Stages
  - Positive feedback from partners around safeguarding practice (responsive, “excellent”, available).
  - Council seen as an open and good partner.
  - Some areas of performance need attention but Members and managers aware of the issues and addressing them (e.g. high rates of residential placement for Older People).
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# Service delivery and effective practice

## Areas for consideration

- From the evidence and feedback that we have seen, safeguarding in ASC appears to be basically sound. However, there were differing descriptions of how the new systems were working (now), and how they might be developed.
  - Concern that unclear messages from the top of the organisation may confuse and distract staff and partners.
  - Could key people across the Council come together to agree the way forward which will provide the reassurance that the system will be adequately resourced and able to continue to improve?
  - There is a risk of multiple access points to service (e.g. through Intake Team, MASH, RIACT, etc).
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# Commissioning

## Strengths

- We saw many strengths in the approach to commissioning
  - Approach to improving Quality Standards (e.g. in residential care)
  - We recognised the ambitious approach to fully integrated commissioning with the CCG
  - Developing plans around use of ITF as means to further integration.
  - There was a focus on outcomes which is undoubtedly the right way forward
  - Everyone we spoke to said that there was good engagement between commissioners and Heads of Service
  - Positive regard from providers to commissioning team.
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# Commissioning

## Areas for consideration

- However, we believe that relationships between Heads of Service and commissioners may benefit from further discussion about leadership.
  - The structure may need to clarify that commissioning is led by the Strategic Management Team of Service Managers and Commissioners.
  - Going forward, it is essential that the Council through its commissioning develops and supports the market and providers and this should include the development of the 3<sup>rd</sup> and private sector
  - The focus on outcomes should lead to a cross-cutting approach to the delivery of services and use of budgets and this needs to be driven forward to maximise the benefit from a commissioning approach
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# Working Together/Partnerships

## Strengths

- Council has been open with the public and awareness of the risks around funding.
  - Strong 3<sup>rd</sup> Sector in Darlington, and sense of local pride.
  - Good senior management relationships with CCG, NHS providers, and other local organisations.
  - Fortnightly joint Senior Management team meetings with CCG.
  - Regular meetings between AD (ASC) with local 3<sup>rd</sup> Sector CEOs (DAD, and AgeUK).
  - Safeguarding Adults Board has strong commitment from external partners, including GP, Police, CCG, etc – is developing cross-cutting approach to prevention.
  - Health and Wellbeing Board has wide membership and commitment.
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# Working Together / Partnerships

## Areas for consideration

- Local Third Sector partnership group is sporadic, and may need further development.
  - Could ASC work better across the wider authority with other areas of service delivery (focus on outcomes, and all to play a part in the prevention agenda).
  - Communication around DBC priorities and changes not always seen to be effective for other organisations and the public.
  - Proposals for further integration with NHS remains at an early stage, and requires effective and practical support.
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# Transformational Change

- The vision and strategy require transformational change
  - While there is a good deal of understanding and goodwill, transformational change is always more difficult to deliver
  - It may be unrealistic to expect managers to deliver day to day services and to lead transformational change
  - Dedicated OD capacity will be needed to support managers to lead the transformational changes required with staff.
  - In a similar way, it may be challenging for 3rd sector to develop community support networks without targeted investment. The sums involved may be small but represent a commitment to ensure partners can succeed and the benefits are large and contribute to a sustainable approach which will serve Darlington well in the future
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# Risks

- While we heard of good examples of engagement and communication we also heard of others where “strategic” communication was not so good and we would recommend that communication, particularly with the public is reviewed to ensure that the challenges, options and opportunities are better understood
  - There are risks that Darlington may not maximise the opportunities to improve the quality of life of its residents if it does not improve its internal integration of services.
  - While integration with the CCG may offer the potential to resolve many issues, not least of which the financial pressure, this is also a significant risk, and early consideration as to “Plan B” should be given.
  - A similar risk is present for demand management and community support networks. While we believe that this transformational approach may be the right one for Darlington, it also needs to be developed over a short time period, but it can take time to develop and embed coproduction, even with initial investment.
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# Summary

- The Corporate Peer Challenge was well received and has helped Darlington Borough Council step forward.
  - This Adult Social Care Peer Challenge has identified many strengths in Darlington's ASC services and it has also identified some areas for further thought and discussion
  - Given the opportunity to pause and reflect, we believe ASC can continue to improve its performance and build on its many successes.
  - With such a strong sense of place and with such strong commitment from staff and strong leadership we believe Adult Social Care in Darlington can rise to the challenges it faces
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# Possible next steps and quick wins

- Senior leaders and partners for Adult Safeguarding could come together to develop and agree a consistent and clear understanding of the best way to discharge its Adult Safeguarding duties within Darlington (building on existing good practice).
  - Consideration should be given as to how the Council will reassure itself that ongoing development of community capital and community support networks will meet the needs for upstream provision within the timescales required.
  - Develop a market position statement.
  - Review communication strategy around ongoing developments.
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# Your reflections & questions?



# Contact details

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