

# Preparation for Assurance **Peer Challenge Report**

## **Gloucestershire County Council**

September 2023

Final



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## Background

Gloucestershire County Council (GCC) asked the Local Government Association to undertake an Adult Social Care Preparation for Assurance Peer Challenge at the Council and with partners. The work was commissioned by the Executive Director of Adult Social Care, Wellbeing and Communities at GCC. She was seeking an external view from a team of peers about the experience of people receiving support from Adult Social Care and comment on the Council's preparations for Care Quality Commission Inspections. GCC also asked the LGA peer challenge team to comment on specific areas of improvement that it was felt it would be helpful to draw out:

- early intervention/ prevention
- co production/ community engagement/ voice of people who use our services
- oversight of our delegated functions particularly Occupational Therapy
- approach to market management - coordination of, market position statement

A peer challenge is designed to help an authority and its partners assess current achievements, areas for development and capacity to change. Peer challenges are improvement focused and are not an inspection. The peer team used their experience and knowledge of local government and Adult Social Care to reflect on the information presented to them by people they met, and material that they read. As the LGA Preparation for Assurance Peer Challenge team spent four days onsite conducting the challenge, this process should be seen as a snapshot of the client department's work rather than being totally comprehensive.

All information was collected on a non-attributable basis to promote an open and honest dialogue and findings were arrived at after triangulating the evidence presented.

The members of **the peer challenge team** were:

- **Karen Fuller**, Corporate Director for Adult Social Care, Oxfordshire County Council
- **Councillor Izzi Seccombe**, Deputy Chair, Local Government Association and Leader of the Council, Warwickshire County Council
- **Sam Prowse**, Expert by Experience, Adviser for Hertfordshire County Council Adult Disability Service
- **Kirsten Peebles**, Expert by Experience, Family Carer
- **Frances Steep**, Expert by Experience, Family Carer
- **Ruth Lake**, Director, Adult Social Care and Safeguarding, Leicester City Council
- **Lynn Stephens**, Strategic Manager Adult Services Health Interface and Intermediate Care
- **Damian Furniss**, Senior Manager for Strategy, Policy, Performance and Involvement (Integrated Adult Social Care) Devon County Council
- **Kirstie Haines**, Principal Improvement Adviser, Learning Disability and Autistic People, Local Government Association
- **Pippa McHaffie**, Adviser, Adults Peer Challenge Programme Local Government Association
- **Marcus Coulson**, Peer Challenge Manager, Local Government Association


The team were in Gloucestershire for four days between Tuesday 19<sup>th</sup> to Friday 22<sup>nd</sup> September 2023. In arriving at their findings, the peer team:

- Held interviews and discussions with those with a lived experience and carers, councillors, managers, practitioners, team leaders and frontline staff, partners
- Read a range of documents provided by GCC including a self-assessment and completed a case file audit of 12 cases.

Specifically, the peer team's work was focused on the Care Quality Commission (CQC) framework of four assurance themes for the up-coming adult social care assurance inspections. They are:

Care Quality Commission Assurance themes	
<b>Theme 1: Working with people.</b> This theme covers: <ul style="list-style-type: none"> <li>• Assessing needs</li> <li>• Planning and reviewing care</li> <li>• Arrangements for direct payments and charging</li> <li>• Supporting people to live healthier lives</li> <li>• Prevention</li> <li>• Wellbeing</li> <li>• Information and advice</li> <li>• Understanding and removing inequalities in care and support</li> <li>• People's experiences and outcomes from care.</li> </ul>	<b>Theme 2: Providing support.</b> This theme covers: <ul style="list-style-type: none"> <li>• Market shaping</li> <li>• Commissioning</li> <li>• Workforce capacity and capability</li> <li>• Integration</li> <li>• Partnership working.</li> </ul>
<b>Theme 3: How the local authority ensures safety within the system.</b> This theme covers: <ul style="list-style-type: none"> <li>• Section 42 safeguarding enquiries</li> <li>• Reviews</li> <li>• Safe systems</li> <li>• Continuity of care.</li> </ul>	<b>Theme 4: Leadership</b> This theme covers: <ul style="list-style-type: none"> <li>• Strategic planning</li> <li>• Learning</li> <li>• Improvement</li> <li>• Innovation</li> <li>• Governance</li> <li>• Management</li> <li>• Sustainability.</li> </ul>

The peer team were given access to at least 142 documents including a self-



assessment. Throughout the peer challenge the team had more than 64 meetings with at least 269 different people. The peer challenge team spent over 462 hours with GCC's adult social care department the equivalent of 66 working days. Initial feedback was presented to the Council on the last day of the peer challenge and gave an overview of the key messages. This report builds on the presentation and gives a more detailed account of the findings of the peer team.

## Key Messages

There are a number of observations and suggestions within the main section of the report. The following are the peer team's key messages to the council:

### Message 1

It was evident to the peer team that there is clear political support for the adult social care agenda. The Leader and Portfolio Holders understand the importance of the Council providing the delivery of good support to local people.

### Message 2


The recent changes in the adult social care leadership team where all senior staff are new appointments over the last eighteen months are seen as positive by staff and partners. There is a shared understanding that there is a real opportunity for transformation of the service by this new team.

### Message 3

It was a real pleasure for the members of the peer challenge team to meet many dedicated and skilled staff committed to delivering good outcomes to the people of Gloucestershire.

### Message 4

The peer team read, heard and saw examples of some really good services delivered by staff who are passionate, and values driven. This is a good basis



upon which to deliver transformed services for local people and there is an opportunity for positive work to be celebrated more.

#### **Message 5**

The partners in the health and care system are well aligned, in that the Council, the Integrated Care Board, Gloucestershire Health and Care NHS Foundation Trust (GHC) all share the same footprint. This should make conversations about aligning and streamlining services easier to agree on. So there would appear to be potential to further develop system wide solutions to improve people's wellbeing.

#### **Message 6**

The peer team felt that there is an opportunity for the adult social care service to be clearer about its key priorities and narrative, aligned to the adult social care Transformation Programme and ensure this is fully communicated and understood across GCC, partners and providers.

#### **Message 7**


The adult social care directorate recognises the disconnect between strategic commissioning and operational teams. The new leadership team need to prioritise this in order to deliver the ambitious transformation programme. Strategic intent is not presently aligned or understood across the council.

#### **Message 8**

The peer team recommend that the service redefines adult social care's role in system-working, particularly in relation to the Urgent and Emergency Care (UEC) work. Ensuring pathways from hospital are clear and support people to return home, in line with strategic intent, should be an area of specific focus.

#### **Message 9**

It is important to clarify the line of sight of adult social care activities in Gloucestershire Health and Care NHS Foundation Trust (GHC). Including social work for people with mental health needs, occupational therapy and



social care reablement. It is important ensure that the Council has line of sight and grip on the Care Act duties it chooses to delegate through commissioned and the partnership arrangements to ensure join-up of services and equity of access, experience and outcome. There is currently insufficient, visible and data driven assurance that these are delivering to the expectations of the s75 agreement. This is a significant risk that needs to be addressed urgently.

### **Message 10**

The adult social care service recognises that there is an imperative for staff at all levels to use data intelligently to drive transformation and manage business as usual. The investment in a modern Care Management System has not been matched by an investment in the capacity and capability necessary to realise all of its potential benefits, nor in the deployment and use of a complementary suite of data analysis tools. A key aspect of the transformation programme is the introduction of an effective data and intelligence system that adds value to staff understanding and decision making, therefore ensuring data and impact is understood.

### **Message 11**

There is an opportunity for GCC to further consider the implications of CQC Inspections and the contribution that is required of the wider Council and local stakeholders. Colleagues across the service, the Council, and its partners need to further develop a collective understanding of the CQC framework and its potential implications and work together to achieve the best possible outcome. The wider corporate and system responsibilities are not fully understood which is a risk.

### **Message 12**

There is opportunity to better embed the voices of local people in the planning and design of adult social care support, through co-production. Building on and improving the architecture for involving people, providers, and partners already in place.



### Message 13

GCC should consider the size and scope of the Transformation Programme, agree the top priorities and their sequencing, to ensure delivery at pace. Communicate this clearly to staff and partners with focused messages on tasks, activity, timescales and outcomes.

### Message 14

Clarify how policy is influencing and driving the required change. The vision and strategy for adult social care in Gloucestershire needs to be articulated more clearly in a framework of policies that are embedded operationally and inform both operational and commissioning practice.

### Message 15


GCC are comparatively low spending on Adult Social Care because they serve a much lower proportion of their population, especially of working age adults. It is difficult to prove a deficit but peer colleagues did find people denied assessment or who said that not all of their needs were assessed. Given the data, it is bound to be a focus for the regulator.

## Theme 1: Working with People

This relates to assessing needs (including that of unpaid carers), supporting people to live healthier lives, prevention, well-being, and information and advice.

### **Strengths**

**‘Make the Difference’ Approach:** Staff at GCC take great pride in the widely understood and valued ‘Make the Difference’ approach that has changed adult social care practices within the council, encouraging creativity and solution-focused interactions based on strengths-based conversations that empower those with a lived experience to actively shape their care and support needs.




**New Case File Audit Framework:** GCC's implementation of a new case file audit framework for the assurance and improvement of practice quality and supporting practice development function, has been seen by staff as an encouraging move. It is offering valuable insights into staff practices at GCC and providing comprehensive assessment of service quality to help identify areas for improvement and best practice.

**Transparency Regarding Pending Pressures:** Teams within the adult social care service display awareness of impending pressures such as waiting lists. They can systematically evaluate and prioritise these according to risk to ensure resources are allocated efficiently in meeting the needs of local people. (However, this was not evidenced in the social care functions delegated to Gloucestershire Health and Care, which is addressed later in this report).

**Reporting Tool for 'Pending' Cases:** GCC utilises a reporting tool for 'pending' cases to oversee risks held by adult social care teams within the Council and ensure timely and appropriate interventions. Building on its functions and impacts would be beneficial, so that the leadership of Adult Social Care are routinely sighted on, and able to support, the risks being managed. This will assist the refinement of the transformation programme.

**Co-Production with Young People:** GCC has demonstrated excellent co-production with young people through Preparing for Adulthood/Transitions. Young individuals report feeling heard, and the council actively responds to their wishes and aspirations. This approach empowers those with a lived experience, giving them a sense of ownership over their care planning processes.



**Increased Communication Opportunities during COVID-19:** GCC leveraged the challenges posed by COVID-19 to explore and implement in short timescales various communication opportunities. Staff adapted to new methods of engaging with those with a lived experience and their families. A good example was use of the Microsoft Teams Application which enabled meaningful interactions between staff and those with a lived experience and carers, underscoring the flexibility of the service during trying times.

**Perceptions of Complex Care Teams:** Complex care teams are perceived favourably by other internal social work teams and wider stakeholders. This is obviously a strength and very welcome as the peer team heard positive views about the complex care team. As a method of improvement the Council may wish to consider doing a deep dive to find exactly what causes this upbeat and affirming experience for other colleagues. Once found it could then be used as a model to take forward measures to strengthen other teams in the health and care system to create the same outcome.

**Focus on Health Inequalities and Joint Action:** GCC has taken impressive strides toward addressing health inequalities by working closely with Public Health in collaboration with the Integrated Care Board (ICB) to address them. Initiatives, such as improving access to cancer pathways for individuals with learning disabilities, demonstrate their dedication to eliminating disparities in healthcare access.

**Evidence of good support:** GCC's dedication to offering excellent support can be seen through various initiatives and services it offers, some of which are illustrated below:

- **CASA:** The Community Autism Support and Advice (CASA) service is a place where people feel safe and is co-producing advocacy support with people, beyond the statutory offer.
- **Citizen Checkers:** The Citizen Checkers programme is a creative way of using people with lived experience to check services.
- **Carers Hub:** The Carers Hub was widely reported to be a strength and there was a clear connection between commissioning, the provider and the Voluntary, Community and Social Enterprise sector (VCSE) to drive the carers support agenda. There is an opportunity here to consider the co-production of a system all age carers strategy.
- **Hospital Nurse Dedicated to Housing Services:** It was notable that hospital nurses dedicated to housing services work together with strategic housing programs to reduce homelessness.
- **Adult Social Care Housing Team:** It was also evident that the adult social care housing team help people organise moves to more suitable accommodation such as housing with support options.  
Providing evidence of the above two successes can further validate them as effective measures.
- **Inclusive Employment Project with GiS Healthcare:** The inclusive employment project work delivers good support to local people, driven through good leadership, hard work and clear understanding of local needs that are creatively addressed.

## **Considerations**

Whilst reviewing **oversight of statutory responsibilities** delivered by Gloucestershire Health and Care (GHC), GCC should undertake an immediate review to assess any challenges with data visibility that might prevent compliance with legal requirements while protecting the interests of people who draw on support

and their carers. Not having this line of site is a considerable risk to GCC in terms of evidence of how they are meeting their Care Act responsibilities.

**Review of Occupational Therapy (OT) Service Location and Management:** GCC should continue to review the location and management of the OT services delegated to GHC to ensure consistency, clarity, and the delivery of joined-up services that benefit those with a lived experience. This review should aim at creating consistency among delivery, whilst creating the conditions necessary for those with a 'lived experience' to have optimal experiences.

**Establishment of Single Assessment Process:** GCC should work towards creating a streamlined assessment process for individuals requiring GCC and GHC collaboration on their care and support, to streamline approaches and avoid duplication of effort.

**Redesign of Financial Assessment Processes:** Current financial assessment processes do not effectively serve GCC or those with a lived experience, necessitating redesign to ensure fairness and clarity in financial assessments. This should be addressed before the new charging policy can be introduced. (NB: It would be worth considering the recent LGA/ADASS Partners in Care and Health programme presentation on using digital technology to assist in preparation for assurance. One area where there are interesting options for improvement is the use of technology in relation to financial assessments.)

**Support for Autistic Individuals without Learning Disabilities:** Individuals with autism without learning disabilities may not receive adequate support or access to social care assessments, making inclusivity difficult and failing to meet specific needs of this group. Addressing this gap is vital in meeting those demands.

**Clarity in Self-Directed Support:** It can be challenging for those with a lived experience to differentiate between self-direct support and direct payments, leading to underreporting. GCC should provide clear guidance that promotes greater understanding of these options for support.

**Enhancement of Direct Payments:** While some individuals have reported positive experiences with direct payments, others have had less than positive experiences. Recognising areas for improvement while building upon any positive experiences is important to optimise how direct payments can best serve those people that receive them.

**Consistent Use of Community Treatment Reviews (CTR) and Dynamic Support Register (DSR) by Adult Social Care Teams to Prevent Admissions:** The peer team did not see evidence of the use of Community Treatment Reviews (CTR) or Dynamic Support Register (DSR) by adult social care teams to prevent admissions. Promoting consistent use should improve service provision and support planning.

**Review of Respite Sufficiency:** As practitioners recognise a shortage in respite care services, GCC should assess whether the existing ones meet those with a lived experience and their families' needs adequately to provide holistic support.

**GCC asked the peer team to comment specifically on the work of co-production**

### **Strengths**

**Partnership board co-Chairs:** The adult social care service has five Partnership Boards ([Gloucestershire's Partnership Boards | Gloucestershire County Council](#)) with enthusiastic and committed co-chairs. These co-chairs are people with lived experience, and therefore bring that knowledge and understanding directly into the discussions and focus of the Boards' work.

**Lived experience in provider teams:** The peer team saw examples of people with lived experience being embedded in provider teams such as the work with CASA.

**Shared Lives Plus:** The Shared Lives initiative at GCC has a co-production group that are visibly involved in explaining the service to other potential users and working to improve the quality of Easy Read materials.


<https://www.gloucestershire.gov.uk/shared-lives/>

### **Considerations**

**Underdeveloped Co-Production:** In the view of the peer team, the co-production work with the frontline workforce is underdeveloped and this is understood by the leadership in adult social care. The consultancy firm Newton Europe are working with GCC and the Integrated Care Board (ICB) on a systems transformation programme (Urgent and Emergency Care and hospital discharge pathways) with the aim of addressing shared priority areas for improvement across the system. Staff commented that they had made suggestions for positive change before the Newton Europe work started that were not acted upon. This would suggest there needs to be a greater focus on engaging staff in the work driven by senior managers and visibly using their contributions.

**Partnership Board Reporting Lines:** Whilst the partnership boards have members with lived experience it is unclear what, or to whom, some of the decision-making of partnership boards influence or report to – some report to the Health and Wellbeing Board but others do not. These lines of communication need to be made clearer so specific measurable outcomes can be achieved.

**Understanding of Co-Production:** The peer team heard some misunderstandings



about what ‘co-production’ is – for example taking reports to the partnership boards and describing them as co-production. There needs to be a clearer statement by adult social care service of what co-production is, and work done by staff to understand what this looks like in their own work.

**Remuneration For Co-Production:** The service needs to set out the scale and process for remuneration of people who contribute to co-production work as this is not stated clearly.

**Co-Production Strategy:** There is no shared corporate co-production strategy. Work should start on creating one.

**Co-Production Training:** The peer team did not find any examples of co-production training being delivered by people with lived experience. This is an opportunity that could be developed by GCC.

**Lived Experience In Service Design:** We did not hear much from people with lived experience about how they were involved in specifying support or contributing their insights into the initial discussions about what support services could look like. The Council needs to ensure that people and communities are systematically involved in the development, design and evaluation of services and that this can be clearly evidenced.

**Co-Producing Workforce Strategies:** We could not find evidence of any co-produced workforce strategies with social care providers around workforce development – although we did hear about work scheduled for the future.



## Theme 2: Providing Support

This relates to assessing needs (including that of unpaid carers), supporting people to live healthier lives, prevention, well-being, and information and advice.

### **Strengths**

**Devoted and Positive Staff:** GCC benefits from having a staff of dedicated and enthusiastic employees who go out of their way to build strong relationships between different organisations, which in turn facilitates effective support to local individuals. Furthermore, such positive working relationships facilitate cooperation and collaboration among service providers.

**Collaborative Partnership with Voluntary and Community Groups:** GCC has consistently shown its dedication to working creatively with voluntary and community groups in order to offer services designed to enable individuals to stay at home or return home safely. One such example is the partnership with Age UK which highlights their ability to leverage community resources effectively for those with a lived experience. Furthermore, it was felt by those with whom the peer team spoke with that relationships with this sector and its representative group ([Gloucestershire VCS Alliance - Gloucestershire VCS Alliance \(glosvcsalliance.org.uk\)](https://glosvcsalliance.org.uk)), have noticeably strengthened over the past two years - reflecting their dedication towards expanding community-based support options.

**Effectiveness of 'Know Your Patch':** GCC has found that the 'Know Your Patch' ([Know Your Patch – Know Your Patch](#)) approach works effectively across many groups at district level, with staff members reporting real value added by this approach in their daily work lives. This demonstrates their dedication and commitment to understanding and meeting the unique needs and characteristics of different local communities so services can be tailored specifically for these environments.

**Trusted Assessor Scheme for Care Home Transitions:** GCC's Trusted Assessor Scheme is widely acknowledged for easing individuals back into care homes by streamlining the transition process and providing individuals with timely support during this pivotal moment in their care journey.

**Creative Transition Solutions:** GCC has implemented creative solutions in transition planning for young people, specifically targeting them with community-based resources that reduce formal support needs. This approach aligns with the intent to promote independence and choice among their those with a lived experience.

**Benefits of Hyper-Local Commissioning for Domiciliary Care:** GCC's hyper-local commissioning model for domiciliary care has made a positive impact on local capacity. The data cited, is related to an increase in capacity and decrease in unallocated packages. Whether this is wholly attributable to the new commissioning framework is not wholly clear (labour market easing, international recruitment etc may also be factors). The Council may wish to do a deep dive to confirm whether this is the case.

The **Provider Assessment and Market Management System (PAMMS)** has the potential to improve market management and mutual arrangements for quality assurance and out of area placements and the providers welcomed this potential development.

**Social Care Housing Team:** The dedicated social care housing team, including an Occupational Therapist (OT), has expanded the housing offer for individuals with housing needs. Through collaboration between health and housing services ensures housing solutions tailored to those with a lived experience. There is also the pooling

of the Disabled Facilities Grant under the Gloucestershire Strategic Housing Partnership.

### **Considerations**

**Reliance on Personal Relationships:** GCC's approach to service provision appears to rely heavily on interpersonal connections. The peer team found staff at GCC delivering good adult social care services to local people. However there were repeated examples of systems and processes that did not work so staff created effective work arounds typically based on good personal relationships between individuals in different parts of those systems. While positive relationships are invaluable, GCC should also develop robust systems and processes in order to ensure services are consistently provided even without specific relationships in place. It is a positive that senior staff are aware of this issue and have a clearly stated intent to address it across the service and systems.

**Limited Oversight of Waiting Lists with GHC:** There is no single clear picture about who is waiting for an adult social care assessment with Gloucestershire Health and Care's (GHC) as data from is not available to GCC staff. GCC needs better oversight of GHC waiting lists as this compromises the adult social care service's ability to effectively manage the wait times. This could negatively impact on the satisfaction of people requiring support and this area is a key indicator as are OT waiting times, Serious Case Review (SCR) wait times and review frequency.

**Absence of Written Strategies and Operating Models:** GCC faces significant difficulties due to an absence of clear, up-to-date written strategies and operating models, such as Section 75 agreements or 'Making Safeguarding Personal' that outline consistent service delivery. Creating and updating such documents are essential in providing informed service delivery.


**IT Systems Integration Issues:** GCC's IT systems do not communicate seamlessly within the Council or across partnerships. Some providers such as Age UK feel they are not trusted to enter or access data held on the Liquid Logic system. While staff working in functions delegated to GHC use separate systems operated by the NHS Trust. Therefore addressing IT integration hurdles is key for streamlining data management and reporting processes.

**Prioritisation of Commissioning Work:** There appears to be some uncertainty as to how commissioning work is prioritised, with decisions sometimes driven more by contract end dates than strategic objectives. Ensuring that commissioning aligns with the strategic goals of the Council and its partners is vital for successful service planning and delivery. The separation between operational and commissioning teams hinders this further.

**Gaps in Data for Population Understanding:** Commissioners noted that there are gaps in data that prevent them from fully comprehending the populations they oversee. By improving data collection and analysis capabilities, commissioners may gain a more complete view of service user needs for more informed commissioning decisions.

**A Lack of Coherence in Care Market Development:** Market development efforts by the adult social care service are scattered and inconsistent, so streamlining and standardising market development practices could ensure service providers are prepared to meet all user needs effectively.

**Absence of an Integrated Equipment Strategy:** Care homes without an integrated equipment strategy face significant difficulties that could potentially cause disputes



with clinicians over its appropriate use, so creating a comprehensive strategy to provide equipment efficiently to support those with a lived experience is important.

**Enhancing Care Navigator Model:** While GCC's care navigator model offers support to individuals who may not otherwise receive adult social care services, it needs to be more interwoven. Ensuring care navigators collaborate effectively with other service providers and professionals can maximise the satisfaction of people drawing on support and enhance the overall service experience.

**Variable Delays at Brokerage:** There are currently variable delays at brokerage leading to a view that those living in the community may not receive an equal service as those coming out of hospital. The peer team heard a significant number of reports in interviews of people waiting long periods of time for care packages in the community. Integrated brokerage didn't seem to work well for those people in the community and it was reported that hospital discharges always took priority. There was evidence that brokerage was not effective as social workers were unable to access the service and were contacting providers directly. Providers pointed out that brokerage did not have capacity to load payments onto Controc, so there were delays of up to three months for payments. The Learning Disability operational team have become so frustrated with these delays that they approach framework providers directly. There needs to be clarity of how brokerage, contract monitoring, market management, quality assurance and market development are best delivered. Addressing these system issues that cause delays and providing equitable access to brokerage services are important in providing timely support and ensuring service user satisfaction.

**Clarity in Intermediate Care Offer:** GCC recognises the complexity involved in providing intermediate care options to residents of Gloucestershire. The roles and responsibilities of the staff involved in discharge pathway decisions are presently

unclear and need to be clarified. Providing clear and accessible information about intermediate care is essential in ensuring people access the right support and in making informed decisions by those with a lived experience and their families.

## Theme 3: Ensuring Safety

This area relates to safeguarding, safe systems, and continuity of care.

### **Strengths**

**Mature and Supported Safeguarding Board:** Gloucestershire Safeguarding Adult Board (GSAB) is a mature Board due to its stable membership over recent years. Support from partners contributes to building strong partnerships across the safeguarding landscape that share information, resources and expertise to ensure work to support the safety of adults who have additional needs for care or support.

**Successful GSAB Homelessness Initiative:** The GSAB Homelessness initiative continues to deliver successful outcomes and providing a positive approach for protecting adults at risk who may be experiencing homelessness - often among the most marginalised groups of society.

**Improved Specialist Safeguarding Team:** The specialist safeguarding team has undergone improvements, with increased capacity and a diverse skills mix being added. This advancement is particularly useful for triaging cases quickly, leading to a perception that more confident, consistent decisions are being made during the initial screening stage. Though this early-stage development holds promise there was no data available at the time of the peer team visit; it will be interesting to see if this emerges over time.


**Decreased Waiting Times:** One of the major achievements for GCC is the reduction in waiting times during the initial six weeks of Single Point of Access operation particularly reaching threshold decisions faster and thereby providing quicker responses to safeguarding concerns. This shows increased efficiency within the system, which will ultimately allow quicker responses to initial enquiries and in making threshold decisions. However this information was shared verbally with the peer team and the Council should ensure that it is able to confidently evidence this with data over time.

**Proactive Procedure Improvement Culture:** Staff members are pro-active in recognising potential areas for procedure improvement and have the knowledge necessary to raise any concerns with the Policies and Procedures Group in order to foster an environment of continuous improvement that ensures safeguarding procedures remain relevant and efficient. This indicates a positive culture.

**GHC Staff Participation in Safeguarding Training:** GHC staff have reported being included in GCC's safeguarding training offer, though their main professional support may come from health-oriented safeguarding teams rather than adult social care. This promotes a unified approach to safeguarding training as well as an increase in collaboration across different parts of the system.

**Robust Emergency Planning and Business Continuity:** GCC has implemented extensive emergency plans, out-of-hours support services, major incident response strategies and business continuity arrangements that ensure it can effectively respond to unexpected events such as critical incidents (pandemic, floods, provider failure). GCC's successful responses show it can effectively maintain service delivery despite challenging circumstances.

**Strategic Risk Management:** GCC has implemented sound strategic risk management practices. There have been instances when mitigating actions were



agreed upon and implemented successfully. Examples cited were workforce initiatives targeted on roles/areas with high vacancies and commissioning framework changes aiming to address insufficiency. These lead to tangible improvements in areas like market sustainability and workforce sufficiency.

**Effective Provider Failure Protocols:** GCC has established and tested protocols to effectively respond to provider failure, providing an organised and planned response in cases when service providers cannot deliver as contracted, safeguarding those with a lived experience wellbeing in the process.

**Infrastructure for Pandemic Response:** Although initially lacking an infrastructure for pandemic response, staff demonstrated adaptability and resourcefulness to ensure business continuity and support to providers during the COVID-19 pandemic, showing resilience and commitment to those with a lived experience.

### **Considerations**

**Gaps in the GSAB Partnership:** There are acknowledged gaps in the GSAB partnership, particularly between District Councils and the Children's Safeguarding Partnership. Addressing these gaps and strengthening relationships is necessary for an improved safeguarding network.

**Voice of People with Lived Experience:** Under current arrangements, individuals who have first-hand experience with safeguarding processes are missing from discussions around safeguarding efforts and person-centredness in services. Incorporating their voices can enhance effectiveness while making services more tailored toward individuals' needs.

**Limited Data on Outcomes:** There is limited data collected on outcomes of safeguarding processes, with few reports on 'Making Safeguarding Personal' indicators and only minimal contributions of data analysis from other partners.



Enhancing data collection and analysis could offer insight for continuous improvement. This data issue is a theme with other examples in this report.

**Clarity in Service Pathways:** Some service pathways, particularly regarding discharge from hospitals, lack clarity. Overreliance on bed-based care may not always correspond with those with a lived experience' health and fostering people's health and wellbeing. Clearer pathways with more diverse approaches should be prioritised for care delivery.

**Oversight After Initial Triage:** While initial triaging of safeguarding enquiries appears effective, the transfer to locality teams for Section 42 enquiries or any other response, creates a 'break' in oversight of the whole safeguarding pathway. Establishing an ongoing oversight system should ensure that cases are constantly monitored to provide assurance across the safeguarding response pathway. There is also a question here as to how the professional expertise of the safeguarding team is being used as they reported that they do not do service user visits.

**Two Waiting Points:** Connected to the issue above, there appear to be two main waiting points in the safeguarding process: at the Single Point of Access (SPA), and when dealing with Section 42 processes within locality teams. The measurement and management of waiting times should be from the perspective of the service user. The service should ensure that there is visibility over total alert-resolution times including strategy meetings which are vital to effective safeguarding. The end to end process was not.

**Visibility for Non-Professionals:** For individuals contacting the council with safeguarding concerns it is often unclear what will come next, who is addressing their concern, and where or how they can get feedback on it. Improving communication and information provision to these individuals will create greater transparency and support.

**Effective Risk Management of Mental Health and CHC Needs:** GCC needs to assure itself of the possible difficulties in the safeguarding response when individuals have Mental Health (MH) or Continuity Healthcare (CHC) needs. Establishing clear responsibilities in this area is vital in order to achieve effective risk management.

**Data Management of Low-Level Concerns:** Patterns of low-level concerns are identified in a spreadsheet by the SPA. This is not the most effective way of managing this risk in terms of data intelligence and necessary actions. As with other areas of the business where spreadsheets are used in parallel with the Council's case management system, this leads to duplication, inefficiency and potential data protection issues. It is therefore important to provide more effective responses, streamlining data management processes is imperative for more effective responses.

**Missing 'Threshold' Guidance:** Whilst the new SPA assists with consistency, there needs to be clear guidance on safeguarding thresholds across GCC to ensure that safeguarding decisions are consistently made according to established norms and standards. Without this guidance for safeguarding processes, ambiguity may arise, making decisions inconsistent and according to established standards more challenging.

## Case File Audit Findings

The peer team considered 12 cases in the audit.

### Strengths

**Integrating the 'Make the Difference' Model:** During the pre-onsite case file audit there was evidence of the 'Make the Difference' model being implemented into practice, such as references to team 'Huddle' meetings and 'Three Conversation Model' in case records. Carer feedback also confirmed this approach citing changes in how their stories were heard and respected. Recent publicity can be found here:

[How one council swapped paperwork and panels for enhanced person-centred practice and peer support - Community Care.](#)

**Occupational Therapy Involvement:** All cases demonstrated evidence of occupational therapy input, including the use of enablement strategies (graded, outcome-focused approaches to increase independence) and assistive technology, such as iPads and Zoom calls to facilitate family contact.

**Quality Support Planning:** The auditor observed evidence of effective quality support planning, as well as personalised weekly schedules reflecting an approach tailored to individual clients.

**Inclusion of People with Learning Disabilities:** Evidence showed active engagement and support for individuals with learning disabilities to attend self-advocacy groups such as Inclusion Gloucestershire.

**Positive Experiences in Preparation for Adulthood:** Many positive experiences were highlighted during the Preparation for Adulthood work, such as assessments completed at age 16 and the successful organisation of introductory visits to college for young people.

**Legal Literacy:** Legal literacy is a broad aspect of practice and the case records showed a good understanding and application of the Children with Special Educational Needs and Disabilities (SEND) code provisions or Care Act duties.

**Positive Carers Hub Feedback:** Carer feedback was highly positive towards the Carers Hub; one carer noted its support as being ‘absolutely brilliant’.

## **Considerations**

### ***Assessments***

**Assessing Case Recording and an area of Legal Literacy:** earlier in this report above we make the point that there are strengths in the case recording practice related to legal literacy. Interestingly the case file audit also suggested there is an opportunity to improve the case recording and legal literacy specifically focused on the Mental Capacity Act, safeguarding and risk in that cases should be able to consistently reflect rights-based practice as well as include the voice of those involved in those areas. Obviously, the case file audit completed for this work was of a comparatively small number of people's records and the Council may want to look more comprehensively across practice to see if this view is more prevalent, or not.

**Enhancing Risk Analysis:** Improvement is needed in how risk assessments are carried out, including formal assessments conducted within case recording systems. This would demonstrate professional curiosity and analytical thinking as well as documenting the actions taken to protect people's wellbeing.

**Contingency Planning:** The audit highlighted missed opportunities for future planning and crisis prevention due to inadequate contingency planning practices. Increased communication and oversight could help avoid last-minute crises.

## **Carers**

**Clarity in Carer Assessments:** Care Act assessments should be recorded more clearly so it is easier to ascertain when they have been offered (or declined), completed, or referred forwards to the Carers Hub.

**Diverse Carer Experiences:** Carers had mixed opinions of the Carers Hub; some reported positive experiences while others did not. The service should conduct further investigations into why their experiences varied so as to better address and understand them, while also clarifying alternatives available for individuals not interested in using it.

### ***Prevention/Early Intervention/Choice & Control***

**Limited References to Direct Payments or Individual Service Funds:** Within audited cases, only limited references were found regarding consideration or use of Direct Payments or Individual Service Funds as potential interventions or solutions. Further exploration into this field should be performed to evaluate these programs' efficacy more effectively as there is data also indicating they are comparatively under-utilised.

## **Theme 4: Leadership**

This relates to capable and compassionate leaders, learning, improvement, and innovation.

### **Strengths**

**Knowledgeable and Committed Staff:** Feedback from stakeholders has consistently underscored GCC's staff members' knowledge, enthusiasm, and dedication in providing services which have an immediate and tangible effect on those with a lived experience. Their skillset contributes significantly to quality service delivery.

**Operational Leadership at GCC:** Staff demonstrated frontline operational leadership that is instrumental in prioritising and successfully executing critical functions such as assessments, reviews, safeguarding responses and risk management. Through such strong guidance and management of frontline teams, effective responses can be provided for those with a lived experience with diverse needs.

**New Directorate Leadership:** The newly established leadership team within adult social care is well regarded for its clearly outlined roles and responsibilities. It is developing its sense of priorities for, and approaches to, improving service delivery.

These are essential steps toward aligning efforts with strategic goals while improving overall service quality.

**Strengths in System Working:** GCC has made good progress with regard to system working. Alignment with and collaboration among partner organisations and stakeholders creates an improved and coordinated service delivery approach, thus increasing service effectiveness while creating positive relationships in the broader care ecosystem.

**Opportunities for Portfolio Holders:** Portfolio Holders have the opportunity to assume a more substantial role in the adult social care service through further engagement with the officer leadership so they can set priorities, give direction and monitor and challenge progress towards goals. Engaging actively can provide useful direction, support and oversight that ensures continuous service improvement.

**Political Leaders' Desire for Data Confidence:** There was a clear desire from the political leadership to have more accurate adult social care data that they could have confidence in. Using this they could then understand the service better and make more informed decisions for adult social care. Improved trust in the quality and accuracy of the adult social care data would allow political leaders to make more effective decisions regarding service provision and resource allocation.

**Political Overview and Scrutiny:** There is also the related issue that more accurate data enables the overview and scrutiny function to add value to the services' delivery of good support to local people and help address the challenges of providing good support and being better able to manage CQC assurance.

## **Considerations**

**Delegated Functions to Gloucestershire Health and Care (GHC):** While Gloucestershire Health and Care (GHC) has been granted specific functions by GCC

through Section 75/76 agreements, there appears to be limited oversight or control over these functions. GCC should work to ensure that oversight is clarified and achieved with this key partner.

**Rebalancing Priorities:** The corporate leadership of GCC are rightly focused on improving both Children's Services and the Fire and Rescue Service, who have had challenging inspection outcomes from their respective regulators. As regulation also returns to adult social care there is the need to also focus on the Council's legal responsibilities that need to be fulfilled under CQC's assessment of Care Act duties. As CQC makes its plans for inspection known it is imperative for the Council to demonstrate that it is meeting its Care Act duties and meeting the needs of those who draw on support.

**Clarity for Members:** Elected members need a clear understanding of adult social care's objectives, challenges, and strategies for mitigating risk. The officer leadership of adult social care need to consider how to work with members to keep them fully informed of strategies, plans and progress towards goals. Ensuring this information is accessible and comprehensible is vital in order to promote alignment and support for adult social care's initiatives.

**Utilisation of Nationally Reported Data Sets:** GCC should carefully consider its approach to using nationally reported data sets, including those related to learning disability, employment and waiting lists. There is currently a risk that some data sets submitted by the Council and used by the CQC in their assessment may not represent reality. The service should seek to ensure that use of data sets is improved and are accurate. By optimising this use and ensuring robust sign-off processes it should be possible to improve insights drawn from such data while informing decisions - ultimately improving service delivery.

**The evolving role of the Principal Social Worker:** As CQC roll out their assessments it is becoming clearer of their increasing focus on the evolving role of the Principal Social Worker (PSW). The expectations of the role are changing and as a result Councils are moving towards a PSW role that holds a senior role providing strategic direction to the quality of operational activity for adult social care. This means they monitor, provide guidance and clarity at a senior level of the lived experience, that of carers and the related activity of frontline adult social care staff. Going forward this role will be an important feature of the Council's internal processes to assure itself that local people are receiving good support and it will need to think carefully about how the role is positioned and how the responsibilities are delivered.

## Top Tips for Assurance Preparation

- Appoint an adult social care lead.
- Political briefings.
- Secure corporate support and buy-in.
- Maximise the Council's adult social care business intelligence capacity to inform the self-assessment.
- Get health partners and integrated services leadership on board.
- Compare and learn from children's inspections.
- Gather insights from partners and providers.
- Be clear on approaches to co-production and responding to diverse needs.
- Encourage organisational self-awareness.

## Lessons learned from other peer challenges



Councils need an authentic narrative for their adult social care service driven by data and personal experience.

The narrative needs to be shared with those with a lived experience, carers, frontline staff, team leaders, middle managers, senior staff, corporate centre, politicians, partners in health, third sector and elsewhere.

Ideally this story is told consistently and is supported by data and personal experience - don't hide poor services.

This will probably take the form of:

- What are staff proud to deliver, and what outcomes can they point to?
- What needs to improve?
- What are the plans to improve services?

In the preparation phases, consider putting it on all team agendas **asking staff what they do well**, what's not so good and to comment on the plans to improve. Collate the information from this process and add to the self-assessment. Ensure the self-assessment is a living document that is regularly updated.

Immediately prior to CQC arriving, ask staff what they are going to tell the regulator. **How is their experience rooted in observable data** and adds to the overall departmental narrative? These stories drive the understanding of yourselves and others.

The regulator is interested in outcomes and impact from activity. The self-assessment needs to reflect this as do other documents.

**The conversation with the regulator is not a chat.** For those interviewed it should be a description of what they do and the impact they have had. Case examples written in the authentic voice of those with a lived experience bring this alive.

## Immediate Next Steps

We appreciate the senior political and managerial leadership will want to reflect on

these findings and suggestions to determine how the council wishes to take things forward.

As part of the peer challenge process, there is an offer of further activity to support this. The LGA is well placed to provide additional support, advice, and guidance on a number of the areas for development and improvement and we would be happy to discuss this.

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In the meantime, we are keen to continue the relationship we have formed with the Council throughout the peer challenge. We will endeavour to provide signposting to examples of practice and further information and guidance about the issues we have raised in this report to help inform ongoing consideration.

## Contact Details

For more information about the Adult Social Care **Preparation for Assurance** Peer Challenge at **Gloucestershire County Council** please contact:


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For more information on the peer challenges and the work of the Local Government Association please see our website: [Council improvement and peer support | Local Government Association](#)