



Doncaster Council

**Adult Social Care Peer Challenge
Feedback report.**

Yorkshire and Humber Regional Peer
Challenge Programme
January 2019

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Introduction

Doncaster Council asked for a regional Adult Social Care (ASC) peer challenge as part of sector led improvement within the Yorkshire and Humber ADASS Region. The peer challenge was based on the Local Government Association (LGA) Adult Social Care areas of focus, but the specific priorities identified by the council for the team to focus upon within this framework were:

- Recognise what has been achieved to date
- Identify areas of focus going forward
- Identify areas for development and improvement
- Highlight areas of innovation and good practice.

To achieve this the peer challenge focussed on the following domains, at the request of the council:

- Outcomes for people who need care and support to improve independence and wellbeing
- Working Together
- Service Delivery and Effective Practice
- Improvement and Innovation demonstrating notable practice

The Yorkshire and Humber ADASS regional peer challenge programme is not a regime of inspection and seeks to offer a supportive approach undertaken by 'critical friends'. It is designed to help an authority and its partners assess current achievements and areas for development within the agreed focus of the review. It aims to help an organisation in identifying its current strengths along with what it should consider in order to continuously improve. All information was collected on the basis that no comment or view from any individual or group is attributed to any finding. This approach encourages participants to be open and honest with the team. The peer challenge team would like to thank all stakeholders who made themselves available to meet the team for their open and constructive responses during the challenge process and for making the team feel very welcome.

The Yorkshire and Humber ADASS Regional Group contracted an LGA Associate to deliver this peer challenge using LGA methodology and the outcomes are owned by them.

The members of this regional adult social care peer challenge team were:

- **Cath Roff**, Director Adults and Health Leeds City Council – (Lead Peer)
- **Cllr David Roche**, Rotherham Council
- **Jo Bell** – Head of Service Operations, York City Council
- **Saf Bhuta** – Head of Quality, Safeguarding and Quality, Kirklees Council
- **Margaret Rosser** – Service Improvement and QA Lead, Calderdale Council
- **Nigel Parr**, Head of Service, Safeguarding, Access and Quality, Leeds City Council, (Case File Audit only)
- **Venita Kanwar** (LGA Associate – Peer Challenge Manager),

As part of the Peer Challenge process, two members of the team undertook a case file audit on site on the 16th of January. The full team were subsequently on-site from 23rd January 2019 until 25th January. The programme for the on-site phase included activities designed to enable members of the team to meet and talk to a range of internal and external stakeholders. These activities included:

- Interviews, focus groups and discussions with councillors, senior officers, frontline staff, people using services, carers, providers, voluntary sector and partners.
- Attendance at a half day workshop about multi-agency integrated working at a neighbourhood level
- Reading documents provided by the council including a self-assessment of progress, strengths and areas for improvement against key areas of business
- A comprehensive audit of 14 individual case files

The key messages in this summary report reflect the presentation delivered to the council on 25th January 2019 and are based on the triangulation of what the team read, heard and saw. This report seeks to cover the areas Doncaster Council was particularly keen for the team to explore.

Background

The Corporate Plan, 2018 - 2019 for Doncaster sets out clearly how social care and health services are to be delivered, and is supported by the “Vision for Community Led Services” document. It is evident that elected members and senior officers are driving a strengths-based approach (SBA) in Doncaster, in collaboration with partners.

“We are developing community strengths and assets, and putting resources nearer to communities. This includes the integration of health and social care services to keep people healthy, safe enable them to be independent in their own homes for longer”

The Doncaster Vision for Community Led Support is:

“Doncaster residents coming together to shape community services; working alongside teams, across the whole social care and health sector and beyond to build capability, understand local need and develop solutions using existing strengths, assets and resources to maximise community independence and wellbeing” (2018)

1. The Adults Health and Wellbeing Directorate, (Public Health, Communities and Adult Social Care), in Doncaster Metropolitan Borough Council (DMBC) provided a comprehensive self-assessment for the peer team which addressed its progress against the four areas selected by the Council contained in the “*Adult Social Care Peer Challenge: Key Areas of Focus – additional probes*” document. The peer team felt that the self-assessment clearly reflected the current strengths and challenges facing the Council and ASC. The peer team were told by the Council that the peer challenge provided an opportunity for reflection and to take stock in terms of how far Doncaster ASC and partners had travelled. It was evident to the peer team that the Directorate was self-aware.
2. The political leadership in DMBC is committed to delivering excellent services to the residents of Doncaster. There is continuity in terms of a political stability, enabling councillors to be strategic in their vision and able to implement priorities and plans. There is a sound understanding of key issues and of the challenges for the AHW Directorate. Elected Members are supportive of prioritising expenditure and resources for social care, spending 22.29% of the total council budget on adult social care. Although resources are scarce, DMBC have moved forward with a vision for social care that harnesses the Doncaster pound, aiming to provide integrated local community based provision, reconfigured to reach a wider range of support focused on early intervention and prevention. Members spoke highly of officers, and likewise officers spoke highly of Members and felt well supported and constructively challenged by them. This was evidenced in discussions with a portfolio holder, a Scrutiny Member, Healthwatch and triangulated with senior officers. Discussions with Members showed a good grasp of the key issues, commitment, a shared vision and a passion to move forward and embrace change.

3. There is effective scrutiny and challenge, with the portfolio holder for ASC meeting regularly with the Chair for Scrutiny: an engaging and professional relationship was described.
4. The adult social care senior leadership team in Doncaster has faced resource challenges over the last two years: at one point with over 54 vacancies across social care services, a churn of staff at a senior and operational level has taken its toll in driving change and providing stability. Partners spoke of difficulties, given the lack of continuity of staff, in delivering on strategies and plans. However, Doncaster is firmly on an improvement journey which has resulted in a number of previously vacant posts being filled which is bringing stability to their management tiers (though the peer review team noted the use of agency staff as temporary capacity, however since the conclusion of the review, the Council has advised the review team that the use of agency staff has reduced to below the level in comparator councils'). Doncaster is delivering effective services in line with the vision of transformation led by the Director of People, who has been in post since April 2017 (having previously joined the authority as Director of Children's Services in August 2015)). He, along with his senior management team, has implemented a 'back to basics' plan to lay the foundations from which a stable service can now be delivered, along with the vision of transformation which has been set by them. The senior management team has strengthened their management oversight. For instance, the team has recently commenced monthly budget monitoring and increased performance accountability through performance dashboards.
5. Doncaster MBC has embarked on a transformation journey across adults, health and wellbeing services following an analysis carried out by Ernst and Young. The programme of work following the analysis led to the establishment of a set of principles and vision that provided a context for the operating model and areas of opportunity for both transformation and savings. The seven key areas of focus are:
 - Redefining of the customer journey
 - Community led support
 - Transforming commissioning and engaging the market
 - Digital technology – new case management system
 - Alternative service delivery models
 - Performance management and continuous improvement
 - Integration with health
6. Now on the third year of the improvement journey there are significant achievements, as well as further work still to be done, all of which has been described to the peer team as part of the peer challenge process.
7. In line with most other local authorities, Doncaster reduced expenditure on ASC by 12% in 2016/17. CIPFA benchmarking shows that although Doncaster has average ASC spend per capita, there is higher spend on older people and lower spend on mental health services than the England average; the spend on learning disabilities is in line with the average. (CIPFA benchmarking, Rachel Ayling Review).

Outcomes for people who need care and support to improve independence and wellbeing

Areas of strength

- A clear aspiration to improve outcomes for people with care and support needs was evident in a number of key strategic plans
- Senior managers and operational staff are establishing a strengths-based approach
- Good example: SMILE service, enabling independence across ages and facilitating employment opportunities for adults with learning disabilities
- Good prevention offer through the Stronger Communities /Wellbeing Team
- Reduction of admissions to residential care and inpatient mental health services

8. Key strategic plans evidence aspirations to improve outcomes for people. “Doncaster Growing Together” (which includes Doncaster Caring) is the partnership strategy and it sets out a vision for Doncaster along with the outcomes DMBC, in conjunction with partners, seeks for the people of Doncaster.

“Doncaster Caring” states the following outcome *“Community Led Support – staying in your home for longer means you have greater control of your independence and choices. We will work with services to keep people out of hospital and in their homes and communities”* and *“Transforming the ways our Health and Social Care Services are designed, including using technology.”*

“The Doncaster Place Plan” describes a shared vision for health and social care and identifies areas of opportunity to test joint commissioning and operational integration.

“Your Life Doncaster Transformation Programme” describes areas of focus to build upon the Place Plan. It includes the identification of Rapid Improvement Programmes and longer-term work streams which focus on the following three outcomes for the people of Doncaster:

- People are more healthy and independent with a focus on prevention and early intervention, encouraging people to be self-reliant through effective information, advice and guidance and to reduce health inequalities to help people stay healthy for longer
- People are more empowered to get involved in their community and to use local community based support, building community capacity to meet health and social care needs and to embed a strengths-based approach (SBA).
- People are safe and can get support when needed. Creating a greater diversity of community providers and services, providing high quality, safe local treatment and support in planned and urgent situations, improved wrap-

around and holistic support for individuals and families and efficient partnership working to respond to increasing demand.

There is a thread that runs through Doncaster's plans and strategies that evidences the delivery of a strengths-based approach.

9. A strengths-based approach (SBA) is in development with managers and operational staff are beginning to speak the language of SBA. Foundations are being laid through workforce development, implementation of a quality assurance framework, embedding practice standards, adoption of the regional strengths-based charter and audit tool, reconfiguration of the "front door" and the development of a joint commissioning strategy with the CCG to re-shape the market.
10. The peer team was impressed by the Supportive Multi-ability Intergenerational Life Experiences day activities service or SMILE. SMILE delivers day opportunities support for older people, people with learning disabilities, and people who need specialist support. SMILE saw a move from traditional building-based models of support to the use of community settings such as libraries and community centres in the heart of communities. Co-produced with carers and people using services, the move to a community-based model was achieved by taking people along with the service and gaining their support provided them with ownership. People in communities engaged with SMILE are connected and supported to build their confidence and resilience. One of the by-products of community located services is the decrease in reliance on council transport, generating independent travel and savings as a result. Feedback provided by people using SMILE indicate that individuals feel empowered to make decisions, quality of life is reported to have improved and barriers between people have been broken. A notable outcome is the increase of people with learning disabilities supported to get into employment currently at eight to nine people per year, working for organisations including the Council, NEXT and ASDA.
11. There is a very effective Communities, Health and Wellbeing service in place: it is an all age service covering four areas of the patch. The passion of the staff that we met with for prevention and ensuring good outcomes for the people they worked with was palpable. There are good links with Public Health, the Police and other agencies: for example a cycle scheme which enables men to get to work while at the same time having a positive impact on their health. The team has a strong neighbourhood focus and information sharing systems with Health. Staff are well supported through forums (the first team to set up a staff forum) and workshops. In terms of areas of focus, there were three areas:
 - greater links with commissioning staff, including sharing of the commissioning timetable and commissioning staff to champion the community voice;
 - improvements to reporting systems and the sharing of data (it is hoped that the new IT system (Mosaic) which is part of the Doncaster Integrated Peoples Solution (D.I.Ps) will assist here;
 - greater integration and professional regard among staff.

The positive impact of the service included increased early interventions and an increase in people feeling safe, coupled with qualitative evidence such as photographs videos and booklets. The connection between the Directorate's strategic direction is evident.

12. Team members understood their communities and they demonstrated expert knowledge of people and place, with a strong presence in communities. There are 21 Community Led conversation points set up following the identification of "hot spot" locations. Services are quality assured using Survey Monkey to assess their performance, alongside working to robust performance management measures.
13. Change is occurring in Doncaster: there was a reduction in the number of people receiving long term support by 680 from 2016/17 to 2017/18 and a reduction in the number of people admitted into residential care from 707.6 per 100,000 population in 2017/18 to 440.3 as at December 2018.

Areas for consideration

- The Strengths-Based Approach needs a stronger focus on what matters to people as the starting point of the conversation
 - Social work documentation needs reviewing to support and underpin strengths-based practice
 - There needs to be a stronger focus on recovery opportunities across all user groups, not just a focus on activities of daily living.
 - Prevention approaches could be further strengthened through a clear Assistive Technology offer supported by appropriate mobile apps. An increased availability of assistive technology should complement and support home care in promoting people's independence and be a core part of the strengths-based approach
 - Your Life Doncaster website – needs further development, for example: limited information on what to do if there was a mental health crisis, quality of information
 - The STEPs service needs to move to a more integrated re-ablement service
 - Whilst admissions to long term residential care have reduced, this has created a displacement elsewhere (i.e. in homecare).
 - A single view on quality and safeguarding could be achieved through stronger formal links between commissioning, providers and the social work service
14. While there is an improving focus on strengths-based practice, there is more to be done. The peer team was aware of the traditional language of "assessment and care management" still being used in some areas of adult social care services and this was supported by the findings of the case file audit. There is no doubt that moving to a SBA has set out a culture and practice challenge but officers and managers are committed to this approach. However DMBC staff in some discussions stated that they felt some DMBC middle managers still needed to adopt the new culture and adapt to the direction of travel. SBA conversations with people need to start at the front door, with what matters most to the person and then any support required should build on from that conversation. The peer team heard from people they interviewed that individuals were being "diverted" from formal social care rather than it being perceived that they were having their needs met

appropriately but through using community assets, which did not feel like the language usually associated with a strengths-based approach.

15. Recovery opportunities for all user groups needs to be strengthened and not solely focus on achieving activities of daily living. Recovery opportunities should also include social and emotional well-being. This will focus practitioners' energy on an individualised approach building on people's unique abilities to enable them to accomplish what is important to them and help with attainment of achievable goals that matter to people's day to day lives. There still appears to be an expectation on the part of the public that the 'council will provide' and a disconnect between the day to day business and strategic direction of the council. Despite recent challenges, the commissioning function is starting to focus on empowering the community to help itself and moving to real co-production: this will help provide good outcomes for people especially if it is coupled with a focus on recovery and undertaken in conjunction with assessment staff.
16. One of the transformation ambitions for the Directorate is the better use of technology. The focus on prevention could be much more enhanced by increasing the choice offered by digital solutions such as assistive technology, which in Doncaster currently is limited to traditional technology, and has been described by senior officers to be "poor and undeveloped". A view was expressed that some middle managers showed some reluctance to fully embrace assistive technology, for example in the use of mobile apps. The opportunities for enabling people to remain at home independently and preventing them from developing dependencies on limited council resources are numerous. The Directorate is aware of this gap and recognises it as an area of importance. The peer team would suggest that this area should be explored at pace and may lead to some efficiencies.
17. Many officers spoke of *Your Life Doncaster* website \ database as a valuable information resource. However, there is a need for further development. The peer team found that it was not easy to navigate or identify a service easily (e.g. within three clicks of a mouse). For example, it was particularly hard to locate services relating to what could be provided in the event of mental health crisis, difficult to find services relating to healthy eating, and we were told, by front line staff, difficult to understand whether services listed were up to date and that they found the information on it to be "limited". Front line officers found it to be helpful, but needed to have more detail provided to them (for example opening hours etc). While the *Your Place Doncaster* site provides links to organisations, the council could consider developing a set of standards for organisations which are on the site: these could include making it obligatory to ensure organisations' pages remain updated and have clear detailed information about what is provided. A wide range of services including those such as mental health crisis support and areas of public health support, (and there may be others that are currently not listed) should be included.
18. The work on developing the *Your Place* portal for the new system has been described as a priority for the next twelve months, including the development of public facing portals to enable self-serve for citizens. Closer working with front line staff, the digital team, people using services, carers and providers on the

development of portals will ensure that service delivery remains effective and relevant and will embody true co-production.

19. The council should review, with its health partners, the potential benefits of developing a more integrated home-based multi-disciplinary service for those people being discharged from hospital that optimises their opportunity for recovery. The Rapid Response team, which is a developing service and takes referrals within managed boundaries, is a good example of what a collaborative approach can achieve. The team are very aware that they need to review the overall intermediate care offer and there is support to move forward with this.
20. Whilst there has been a reduction in the number of people admitted to residential care (as indicated in paragraph 13) there was some evidence that this has created a displacement of costs to other areas of the service particularly homecare. Other local authorities adopting a strengths-based approach have found it delays people's entry into formal care but, when that care is needed, it requires a higher level of support. The increase in this cost is usually covered by savings achieved in the placement budget. This is to be expected, however, care should be taken to ensure that the increase in home care support is not solely due to the reduction in residential care placements and that there is sufficient oversight of the displacement and increase in homecare support and that this is consistent with achieving positive outcomes for people. An increased availability of assistive technology should complement and support home care in promoting people's independence and be a core part of the strengths-based approach. Home care would then be serving a two-fold approach in the sense of enabling those on the verge of residential care to be supported safely at home, where possible, and also augmenting the assets and strengths of those people with lower level needs, enabling them to continue living in their communities in the way that best meets their outcomes.
21. Whilst there was a clear articulation of the Doncaster Vision, supported by a range of strategies and plans, the peer team found these difficult to navigate. DMBC would benefit from consolidating their aspirations in to a single, well defined narrative which serves as the vision and strategy for people with care and support needs across the district.

Working Together

Areas of strength

- Positive partnership working is a strong feature of the Doncaster approach
 - This is evident from exec/senior management level right through to the front line
 - Strong evidence of shared values and wanting to achieve the very best for Doncaster citizens
 - Positive steps to developing an integrated neighbourhood model of health and care
 - One year legally binding Joint Commissioner Agreement and Partner Agreement to Provider Collaborative
 - Effective collaboration with the VCF, e.g. Social Isolation Alliance
22. The peer team heard time and again of the very positive partnership working in Doncaster. This was evident at executive level through to the front line. Many senior partners expressed their acknowledgement that ASC was now in a period of stability which enabled plans and strategies to be implemented in a consistent way and further promoted effective joint planning. At the front line, an integrated front door is enabling officers to have holistic conversations, the resulting impact being a rounded service to people approaching the council for services. There were requests from front line officers for further work to be done with formalising the connections between housing colleagues to improve support to people leaving hospitals or prisons, or simply requiring homes.
23. The Portfolio holder spoke of being on a journey, adding that staff were passionate for change with positive and strong partnerships. A provider spoke of strong partnerships with partners such as the CCG and the Hospital Trust keen to work together. Scrutiny was described as respected, valued and confident.
24. There was much evidence of commitment to achieving good outcomes for people, working together with other organisations in a pragmatic fashion and delivering effective practice. This was evident at all levels from CEO to front line. There is a clear strategic vision and a passionate workforce in Doncaster to ensure that these elements are integrated and deeply embedded. More front line staff need to understand and own the vision – perhaps the core values and behaviours that the directorate work to need to be further embedded, as currently there appeared to be limited understanding of the key values or behaviours. In discussion, senior staff were aware these needed to be refreshed.
25. From the outset, there was a clear focus amongst staff in Doncaster of the identity of ‘place’, the changing and positive culture, along with good evidence of shared values. Quality and person centeredness were strong themes throughout discussions and these themes were particularly prevalent through the staff and Provider Focus Groups.
26. Two members of the peer team attended a workshop which aimed to strengthen multi-agency integrated working at neighbourhood level. The peer team were impressed with the level of engagement by staff, their vibrancy and motivation to

deliver services based on local need, and the level of work that had been accomplished since October 2018 when the first workshop to instigate locality inter-agency working took place. Staff had begun connecting with each other and started to understand the intricacies of each other's roles, responsibilities and service provision. The workshop revealed a realisation of the amount of incredibly good local and national practice which could be drawn upon, and there were commitments made by senior officers and front line staff to share more with each other. Connections and networking was taking place, and opportunities were developing to ensure seamless service provision and to 'join the dots'.

27. Joint commissioning arrangements had recently been strengthened through formal agreements, such as the one year Commissioning Agreement, which sets out clear expectations, roles and responsibilities across the whole system.
28. There is effective collaboration with the VCF around the Social Isolation Alliance. This concept developed around the vision of the portfolio holder and senior officers to strongly engage with partners in tackling loneliness. This has developed into a working group of several VCF providers who have been tasked with developing an action plan with support from the Council

Areas for consideration

- Opportunities to strengthen the approach to empowerment and involvement of people in the transformation of social work practice (co-production)
 - Consider greater involvement of providers in shaping strategies, plans and innovating in service provision
 - Consider strengthening the Strategic Housing function to extend choice and support for home based solutions
 - VCF partners would welcome a more inclusive approach to the support to carers and their own organisations. It would be helpful for the Council to consider the most effective way to support providers so as to work together in order to achieve the best outcomes for people and deliver effective and high quality services.
 - Greater visibility of the role public health play in the 'Caring' theme
29. During this period of transformation, and adaptation of service provision, there are opportunities to strengthen the approach to empowerment and involvement of people in the transformation of social work practice (co-production). Your staff understand what works and would value the opportunity to form part of the solution. They felt strongly that they should own and drive the transformation of their practice with the Transformation Office playing an enabling role. Their involvement would bring added benefits in ownership of services and further increase their motivation levels. It would also help to embed the directorate vision within the organisation and capitalise on the passion and commitment of staff.
 30. Your providers are keen to be involved in the shaping of plans and innovating service provision. They had much to say with regard to wanting a better understanding of the council's vision, which they felt had not been clearly articulated. This, they thought, was partly due to the number of different officers

during the period of staff churn, but also felt there were limited opportunities provided to them for involvement.

31. Providers told of a sense that they had been “*talked at*” rather than “*talked with*”. They told the peer team “*relationships are fragmented*”, “*contracts team are unhelpful*” and that they really wanted an increased and improved focus on quality across care homes. Providers felt that the contracts, commissioning and safeguarding services felt disjointed to them, and the interfaces between them needed improvement. There was feedback that commissioning and contracting staff were not learning from the past, with providers questioning the Council’s aspirations for supporting improvement across the sector. DMBC would benefit from strengthening their offer to the provider sector, in the spirit of collaborative working. The peer team were made aware that Provider Forums were to be set up. This will be welcomed by providers and would go some way in strengthening relationships.

32. To support the ambitions set out in the ‘Caring’ theme of the partnership vision, Doncaster would benefit from reviewing existing arrangements for joint working with their Strategic Housing function to ensure that current and future housing needs for vulnerable people are met. Setting out formal governance arrangements to support joint working, along with taking an outcomes based commissioning approach which provides strategic analysis of demand and need, would support Doncaster in making best use of assets and resources.

33. VCF members stated that there needed to be a more consistent approach around information sharing. The strength of the partnership was sometimes dependant on certain officers being involved. The VCF would also like to see the formation of an umbrella group of independent providers developed with support from the council which could for example provide advice, support and information sharing to them such as HR advice, funding advice, and charity status advice when requested.

34. Your public health officers could play a more prominent role in delivering the “Caring” theme. The preventative and early intervention focus of their work would sit well in each of the themes of Doncaster Growing Together, but particularly in the “Caring” theme. The peer team would suggest that Public Health’s strengths could be utilized more effectively to deliver a preventative approach.

Service delivery and effective practice

Areas of strength

- Very clear message from Chief Executive: “what matters is what works” – permission to innovate
 - Recognition and focused piece of work in getting the basics right: “doing boring well”
 - Good use of external expertise to guide Doncaster on their improvement journey, e.g. Cormac Russell, Prof John Bolton
 - Workforce development, coherent corporate strategy including analysis of needs and challenges
 - Clear evidence of effective inter-agency collaboration, e.g. Complex Lives, Intermediate Care and Rapid Response
35. The peer team heard a very clear message from the Chief Executive that she has given all staff permission to innovate: “what matters is what works”. This statement supports the aim of transformation and provides clear direction from the executive team in a way that enables the opportunity to drive, within the organisation, a culture of improvement.
36. The Director of People recognised on arrival that the transformation of services without solid foundations in place could not be done: “*it would be like building on sand*”. Effective practice could only be delivered on the premise that the basics needed to be right, the systems needed to be right and the rapid improvement projects needed to be identified. Work was undertaken to identify priorities, and the initial 49 issues were reduced to 13. Finally, the senior management team needed to build capacity to deliver, before transformation could commence. It is important that staff experience transformation as something they own and drive and isn’t done to them. Some staff reported that they felt this was not always the case.
37. Doncaster is outward looking and has made good use of external expertise using the work of Professor John Bolton (managing demand) and Cormac Russell (Asset Based Community Development or ABCD). The peer team heard of a number of examples of the use of external expertise to advise and support service improvement. Doncaster have also embraced sector led support (this Peer Challenge for example) to assist them at such a key point on their continuing road to improvement.
38. There were some positive areas of progress with regards to workforce development. With an aging workforce which is predominantly female, along with a high turnover rate and low retention rate, Doncaster share a set of workforce challenges much like many ASC departments across the country. There was however, strong evidence to indicate that Doncaster had a good grasp of the challenges, strengths and areas for development. They recognise that there is still a long way to go but feel that the capacity and capability is there. There appears to be an effective analysis of learning needs which has been translated into a wide-ranging annual workforce plan and draft Corporate Workforce strategy which is waiting for Member approval. *Doncaster Growing Together* is seen as a joint pragmatic partnership with good

links to areas such as the Children's Trust. There are some good outward looking links such as with the South Yorkshire Teaching Partnership. A key and developing strength of Corporate Workforce development is shown through their Reward and Recognition Framework for staff.

39. There is clear evidence of interagency collaboration as evidenced by the Complex Lives, Intermediate Care and Rapid Response services for example.

Areas for consideration

- Further consideration to the quality of practice, e.g. constraints of current IT system and forms: the new system must support a strength and outcomes based approach
 - Embedding the strengths-based approach to commissioning to support a range of diverse services that respond to changing needs and expectations
 - Ensure all managers are signed up to the direction of travel and adopt new ways of working
 - Rapidly conclude your preferred model of multiagency front door arrangements
 - Check in on how the current Front Door arrangements are working – feedback indicates there are some tweaks required
40. The process of culture change and service transformation requires a whole system recalibration. The adoption of a new case management system should ensure that it has the capability and flexibility to support a strengths-based approach otherwise the service will find that there will be a mismatch to reconcile new recording practices into a system that does not recognise the approach. The peer team found evidence of this in the case file audit exercise, for example the forms did not allow strengths-based practice to be adequately recorded. The constraints of case recording was recognised and echoed by front line staff and managers alike.
41. The commissioning of a menu of services that supports strengths-based practice should be considered. If the workforce is trying to work in a strengths-based way and the only services available to them are limited to those that could be described as “traditional”, this could result in incongruence and a limited offer to people using services. Commissioners and front line staff working together is the most effective way to embed diverse services that respond to changing needs and expectations
42. The workforce should fully understand the direction of travel. The Council has made a good start on workforce development and setting a vision and direction of travel. However, the Council should ensure that all staff understand their role in meeting Doncaster's ambitions for communities and involve them in providing the answers. The Council needs to ensure that performance management requirements are clear and that supporting tools, for example appraisals and practice standards, are embedded and achieving the practice desired. One of the Council's aims is to work in a way that uses digital solutions to improve service delivery and enable flexibility by means of a digitally enabled workforce. Resources, for example, hand held tablets, have been provided to ASC staff, yet usage of these

according to figures provided to the Chief Executive is at 15%. There is immense challenge in ensuring that staff work in a more effective way and there is still some way to go with convincing the workforce of the adaptability and safety of using digital solutions.

43. It would be useful to check in on how the current front door arrangements are working. Feedback indicates there are some tweaks required. While there have been reported success in terms of customer outcomes, for example signposting individuals to more suitable services in line with Community-led support, advice from Occupational Therapists and a greater understanding of 'What Matters to Individuals' would strengthen the approach., Front line workers reported being unclear of the vision and focus of the service and how it should best operate having both a call handling and service response function. Some staff said they felt unclear whether the team is a 'Front Door' call handling service where customers are triaged, or whether the frontline staff take on customers concerns and resolve them by working with the individual. There was some indication of poor staff morale and confusion of purpose. The strengthening of performance development reviews and supervision may help to alleviate some of the current concerns.

Improvement and Innovation demonstrating notable practice

Areas of strength

- Recognition that you had some significant service challenges which raised a number of issues and service risks, yet you turned that around in a short amount of time
- People are saying they are seeing progress, stability and signs of improvement
- Doncaster Council is very self-aware and outward looking
- Examples of innovation across the system, e.g. Micro Health and Wellbeing Boards, Health and Wellbeing Board focus on BME communities, rolling out ABCD approaches (e.g. Well North in Denaby)
- Breadth of Stronger Communities service – continuous learning

44. Adults, Health and Wellbeing has experienced significant service challenges over the last two years, with considerable losses in staff both at senior officer level and at the front line. The Assistant Director, Adult Social Care and Safeguarding, when she came into post was the only AD in Communities, Commissioning and ASC, and the Director was newly appointed. There were also 54 vacancies in Adult Social Care, and at one stage only two senior officers (at team leader level) working alongside the Assistant Director and an Interim Head of Service. The risk of unsafe practice was significant, yet did not manifest itself due to the senior team's immediate prioritisation of issues and push for improvement. The transfer of an Assistant Director in to the Directorate who had practical experience of implementing a strengths-based approach in communities strengthened senior management capacity and capability too.
45. The Director of People's "back to basics" approach has turned the service around, and in January 2019, the peer team found many senior officers in position, focusing on the agenda for transformation alongside officers improving performance on key indicators, for example delayed transfer of care from hospital attributable to ASC has improved from 4.3 to 1.6 at the end of 2017/18 and there has been an increase in direct payments from 21% (2016/17) to 33% by the end of Dec 2018. There is clear evidence of change and improvement in practice.
46. Partners have indicated that they have seen a change, particularly in the continuity of staff enabling change to happen. There is a Partnership Agreement in place and work is driven by a Joint Committee. CCG colleagues were particularly impressed with DMBC colleagues using the Place Plan to inform change to their work. There are pragmatic and effective working relationships among the Chief Executive and officers of Social Care, Health and Public Health. This is underpinned by a shared set of values. The focus on good working relationships needs to continue to guard against organisations being pulled off track by single issues or short-termism. There is an effective Healthwatch in place which has positive relationships with the Council and the NHS. A particular example of this was the relationship with commissioning staff which has enabled the "Care Home Conversation" Project that Healthwatch has undertaken, with residents in care homes. Healthwatch would like to extend this approach so that the public in general can speak about their day to day experiences with Healthwatch as they would to their friends

47. Staff in the council have an absolute passion to provide the best support possible for service users and this was demonstrated in various initiatives such as SMILE and the Communities and Wellbeing Team. The Communities Well Being Service demonstrates an outward facing approach through links with key partners, in particular recognising that people who live in the communities are the main stakeholder group. Where relationships are not as positive as they might be, for example, between commissioning staff and providers, there is clear commitment to change this.
48. The portfolio holder and others gave good examples of positive and emerging innovations. In Well North Denaby, a local steering group is in place which includes local organisations that are set up to improve the well-being and health of people living in a former coal mining village. This scheme included “micro-grants” given out via Healthwatch to help people to become more active. The Health and Well-being Board, the peer team heard, is one of a few nationally that has reviewed the needs of the BME community in this context. There is a political appetite to develop micro HWBBs to consist of local groups and organisations working at the local level to improve well-being.

Areas for consideration

- Consider a One Doncaster approach to supporting quality in provision between Commissioning and the CCG
 - Further development of an integrated commissioning approach to include Public Health, Children’s and Adults’ and NHS commissioning
 - Review the approach to rolling out strengths-based social care
 - Support positive risk taking in practice
 - Avoid short termism in funding decisions, e.g. disinvestment in 0 to 5 services yet “first 1001” days is a partnership priority
49. There was a legacy that the commissioning function was inward looking and lacked capacity. Given that new senior staff are now in place, the focus is moving from transactional to transformational: this includes developing effective working with staff both within and external to the directorate in the triangulation of information to achieve a much more joined up approach. This included closer working with Housing (recruitment to a joint Housing/Commissioning post was taking place during the peer challenge) and addressing the gap between commissioning and assessment staff. There were also plans for working with the CCG and voluntary sector in terms of increased community led support. The key message we heard was “Commissioning is the responsibility of all – it is a collective effort within and beyond the council.”
50. Staff are willing and keen to adopt a SBA. However, the Council needs to consider reviewing what is in place to enable this approach to be adopted and to identify any gaps. The peer team heard that improvement is needed in commissioning, and supporting the market to develop so that the strengths that can be found in the

community can be harnessed. The team also heard that staff felt that panels process were not conducive to SBA. They felt they were sometimes service led, and deficit based with a focus on savings. Panels appeared to be causing delays to service delivery and we were told, disempowering to the citizen. We heard comments around the difficulties in using review documentation where there was no space to look at an individual's history, hobbies or interests. The peer team were told that improvements were required to make information about services more accessible, for example in easy read formats. Further work may also be required around the Council's communications with the public and partners about the adoption of a SBA, the development of community led services and ambitions for ABCD. Given that the Council has made some good progress in the implementation of the SBA, now would be a good time to ensure the Directorate Vision is understood and owned by all staff, and discussed with partners, providers and citizens. Coupled with this is the need to capture support from HR/OD and staff who have already implemented the SBA approach, so that the "right culture" can be embedded consistently across the directorate in a way that harnesses the visible passion of staff to improve the independence and wellbeing of people who need care and support.

51. To further support a SBA approach, the Council should consider looking at the timeliness of reviews. Some individuals may only require a short period of time to recover, therefore undertaking a review after two or three weeks following any interventions to find out how people are managing, may further embed the approach and reduce long term dependency on services.
52. On the one hand, the peer team were told that positive risk taking was encouraged but on the other hand some staff felt it was not supported in practice. Adopting a strengths-based approach to practice also means enabling people to take sensible risks. There was limited evidence of this through discussions and the case file audit. Staff also reflected on historical safeguarding backlogs and whilst this issue has been resolved, Doncaster would benefit from bringing forward their plans to further devolve responsibilities for safeguarding to their place based/locality-based teams.
53. The commitment in Doncaster Growing Together (Caring) states as an achievement "*1001 Days - We have secured an agreement to focus on healthy live birth with adults prepared and ready for parenthood. Children should be healthy, enquiring and secure from birth to their 2nd birthday and beyond.*" The commitment for what will happen next is "*We will deliver a universal offer including effective parenting and clear engagement with families so they themselves can promote the 1001 days with confidence and aspirations for their child, with services working together where needed*". A decision was taken to disinvest 1m from 0 – 5 services in 2018/19. Given the good and effective relationships in place at the CEO level, there should be a guarding against short termism or anything else that could potentially have an adverse effect here.

Case File Audit

Areas of Strength

- There is good evidence of proactive and innovative work with carers, with casework focusing on improving and maintaining the wellbeing of carers, sometimes regardless of their eligibility for care and support services.
- Current support planning documentation includes a focus on outcomes and appears to enable person centred practice. The section titled “A Day in My Life” is particularly helpful.
- Support plans and documentation take into account requirements of the Care Act and there is evidence of treating people with dignity and respect
- There is evidence of good collaboration and consultation with partners, e.g. Physios and Occupational Therapists, leading to positive solutions
- Personal budgets are well recorded with a range of solutions such as direct payments or commissioned services.

Areas for consideration

- Current assessment forms are not conducive to a strengths-based approach and therefore it was difficult during the audit to find the “voice of the person”
- The case management system and forms do not support strengths-based practice. This needs to be considered in the recommissioning of the client information system
- Goals, aspirations and desired outcomes are not always stated in assessment and support planning documentation (where this documentation was provided). There was little evidence of monitoring progress against outcomes with review documentation not made available
- There were several references to the term ‘Traditional Services’ which gave the impression this was part of the Doncaster adult social care lexicon and was inconsistent with a SBA
- There were examples where collaborative working and communication with partners could be strengthened to support a more effective interface between the Acute Trust and Social Care
- There was evidence of delays and backlogs in supporting people through a person led assessment of care
- There was little evidence of wider community resources and individuals’ own assets being considered in finding solutions to meet needs. There were a number of opportunities where a community based or asset based approach would potentially have led to early positive outcomes (e.g. one case where a partnership with Highways would have prevented issues experienced by the service user downstream)

It felt to case file auditors that DMBC’s current assessment forms do not appear to be conducive to a strengths-based approach. They seemed to be formulaic the result of which was that it was difficult to find the “voice of the person” within the structure.

In some of the cases that were audited there was good practice, and dialogue with the person and carer was evident. However, auditors felt that the current forms did not allow full dialogue as they impose a rigidity of structure.

This is not only an issue with DMBC. This has been highlighted through Peer Audits carried out in the Yorkshire and Humber Region by the Principal Social Workers Network. Some local authorities have implemented a “Conversation Record” instead of an assessment form which supports a more natural dialogue between the person and professional which DMBC might find helpful.

It is important that staff feel that they are given permissions from senior managers to develop a creative approach in working with people.

Auditors thought it was vital that staff embed the philosophy of the strengths-based approach. The work of NDTI is supporting this both regionally and nationally and Doncaster is part of their Community-Led Support Programme.

The outcome of the audit carried out by the peer team was felt to be consistent with the audit carried out by an external consultant, Pete Lenehan, where he found that 59% of 76 cases to be good or above, 4 cases were exemplary, 7% were non-compliant and 26 cases were poor.

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