

Preparation for Assurance **Peer Challenge Report**

Gateshead Council

March 2024

Final Report Draft 3



Background	3
Key Messages.....	6
Message One: Strong leadership	6
Message Two: Self - Assessmet	6
Message Three: Own your progress	7
Message Four: Keep communicating	7
Case File Audit.....	8
Theme 1: Working with People	9
Quality Statement One: Assessing needs.	11
Quality Statement Two: Supporting people to live healthier lives.....	14
Quality Statement Three: Equity in Experiences and Outcomes.....	15
Theme 2: Providing Support.....	17
Quality Statement Four: Care Provision, Integration, and Continuity	18
Quality Statement Five: Partnerships and Community.....	21
Theme 3: Ensuring Safety	23
Quality Statement Six: Safe systems, Pathways, and Transitions	25
Quality Statement Seven: Safeguarding.....	26
Theme 4: Leadership	29
Quality Statement Eight: Governance, Management, and Sustainability	30
Quality Statement Nine: Learning, Improvement, and Innovation.	32
Top Tips for Assurance Preparation - for consideration	34
Lessons learned from other peer challenges.	34
Immediate Next Steps	35
Contact Details	36

Background

Gateshead Council asked the Local Government Association (LGA) to undertake an Adult Social Care Preparation for Assurance Peer Challenge at the Council, and with partners.

Dale Owens, Strategic Director Integrated Adults and Social Care Services, commissioned an independent peer review to assess the ability of the adult social care service to deliver good services to people, as well as preparedness of the adult social service for a Care Quality Commission (CQC) assessment. The focus was on an independent perspective on how prepared adult social services are for a Care Quality Commission (CQC) inspection and how well Gateshead is delivering adult social care services for its residents.

Gateshead Council received the letter from CQC advising of the plan for their assessment on 18th March, the day before the Peer Challenge commenced. It was agreed with Dale Owens that the priority would be to consider the self-assessment and to offer feedback on whether the areas considered to be strengths are evidenced and whether there has been progress in the areas for improvement.

The purpose of a peer challenge is 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 (ASC) to reflect on the information presented to them by people they met, and material that they read.

Prior to being onsite, the LGA Peer Challenge team undertook a case file audit, and review of data. The team were then onsite for three days holding interviews, focus groups, and discussions to fully understand the adult social care department to develop feedback and recommendations through triangulating the evidence presented.

All information collected was non-attributable to promote an open and honest dialogue.

The members of the peer challenge team were:

- **Sue Wallace-Bonner** Director of Adult Social Services, Halton Council
- **Councillor Keith Cunliffe**, Deputy Leader and ASC Portfolio Holder, Wigan Council
- **Wendy Shepherd** Head of Service, Health, Hospitals and Sourcing, West Sussex County Council
- **Tracey Harrison** Assistant Director (Deputy DASS) Tameside Metropolitan Council
- **Angela Connor** – Assistant Director Adult Social Care/ Principal Social Worker Stockton on Tees Council
- **Michaela Pinchard** – LGA Associate
- **Kathy Clark** - LGA Peer Challenge Manager.

The team were on-site at Gateshead for three days from the 19th March 2024. In arriving at their findings, the peer team:

- Held 30 interviews and discussions with over 150 different people including Councillors, officers, partners, people with lived experience, and carers.
- Read a range of over 200 documents provided by Gateshead Council, including a self-assessment.
- Completed 5 case file audits and spoke to 7 Carers and people with lived experience.

The peer challenge team spent approximately 220 hours with Gateshead Council; the equivalent of 29 working days. Invariably, this is still a snapshot of Gateshead Council, rather than being totally comprehensive.

Specifically, the peer team's work focused on the Care Quality Commission (CQC) framework four assurance themes for the up-coming adult social care assurance

process. They are:

Care Quality Commission Assurance themes

<p>Theme 1: Working with people. This theme covers:</p>	<p>Theme 2: Providing support. This theme covers:</p>
<ul style="list-style-type: none"> • Assessing Need • Supporting People to Live Healthier Lives • Equity in Experiences and Outcomes 	<ul style="list-style-type: none"> • Care Provision, Integration, and Continuity • Partnerships and Communities
<p>Theme 3: How the local authority ensures safety within the system. This theme covers:</p>	<p>Theme 4: Leadership. This theme covers:</p>
<ul style="list-style-type: none"> • Safe Pathways, Systems, and Transitions • Safeguarding 	<ul style="list-style-type: none"> • Governance, Management, and Sustainability • Learning Improvement and Innovation

The peer challenge team would like to thank Councillors, staff, people with a lived experience, carers, partners, and providers for their open and constructive responses during the challenge process. All information was collected on a non-attributable basis.

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 observations and suggestions within the main section of the report linked to each of the CQC themes and quality statements. The following are the peer team's key messages to the Council:

Message One: Strong leadership

Gateshead has a strong leadership team in place, which is highly regarded by staff and partners. Your vision, values and culture are understood, and the Golden Thread from Corporate level to frontline is evident. Portfolio holders work well together to address the challenges facing Adult Social Care. There is a bravery in the improvement plans to tackle the challenges the Council faces, but there is confidence that these are achievable, based on improvements already being delivered, as well as the delivery of savings and a balanced budget outturn the budget plans and projections for the Directorate. However, the Peer Team suggests that given the pressures in the Directorate around throughput of work and waiting lists, sickness absence and recruitment, the capacity to deliver will need to be kept closely under review.

The team heard Gateshead is a good place to work.

Message Two: Self Assessment

The Peer Team thought the Challenge confirmed many of the strengths in the council's self-assessment but felt the narrative could be more focussed and structured around evidencing these strengths and the CQC standards. The Director's presentation captured some of this more succinctly.

The Peer Team thought the council has used data to evidence strengths and areas for improvement, but that there is too much description of services and process in the current self-assessment. Combining data with more lived experience case studies, pen pictures and storyboards around the areas identified as strengths will demonstrate impact rather than process and strengthen the self-assessment.

Many of the areas identified for improvement could be framed more positively, reflecting the council's current position. An outline of the plans, with resources,

timescales and success measures for monitoring improvement delivery would help offer evidence of the capabilities to deliver the improvements.

Message Three: Own your progress

The Peer Team observed evidence that some of the areas where you want to improve will be in areas where progress has already been made. The current language in the self-assessment does not always reflect this and appears more negative than it needs to be. Two examples of this are:

- Strength based practice already happens, and the embedding will be around how this is recorded and captured.
- The changes in the relationship with the ICB is already delivering good joint working and the historic issues are now less relevant.

Where there are identified risk areas, for example around managing any waits for assessment or support, the narrative about how you are addressing and mitigating these in the self-assessment could be stronger.

Message Four: Keep communicating

There has been good progress in making senior leaders, including the Director (DASS) much more visible to front line staff. This is very widely appreciated.

There is an energy and a buy-in for the changes that the Directorate's Transformation programme will bring, but this will need a clear communication plan to be maintained over the three years of the programme, to keep staff motivated and engaged.

The Team heard from some frontline staff who are feeling the pressure and did not seem fully confident about the oversight and mitigation by management. For example, where people are working under pressure, staff said they may not always undertake the checks for those waiting for assessment as expected. As the narrative on key areas is strengthened the Peer Team recommends makes staff receive regular feedback on management responses and actions, to be able to tell CQC as consistent a story as possible.

Case File Audit

As part of the Peer Challenge, a case file audit was carried out on **5 cases**. Although this was a small sample it was still possible to see some themes emerging, which have been consistent with the interviews with frontline staff and feedback from carers

Strengths

Good evidence was seen of relationship-based work.

The new care management system promotes a more strength-based approach.

Some good approaches to Multi-Disciplinary Team (MDT) working were seen, particularly in the ASSET team.

Recording was clear and concise.

Records showed a clear understanding of legislative framework – both the Mental Capacity Act and the Care Act.

Some evidence of social work theories and models which have been used.

Considerations

There was no evidence seen on case files of supervision discussions or management decisions and reasons for decisions, but decision making should form an important element of the recording.

The journey between teams and handoffs were not easy to see or follow.

At the time of the audit there were still different systems for recording certain aspects of a case, which appeared to lead to a lack of evidence/link up. For example, no evidence was seen to indicate if the person was subject to DoLS or appointeeship.

Safeguarding recording was not easily seen as part of the case management system which may make it harder for safety plans to be found and followed.

Multi-Disciplinary conversations clearly happen, but from the recording it appears that Social Workers were leading and driving work in all the circumstances seen.

Theme 1: Working with People

This relates to assessing needs, planning, and reviewing care, arrangements for direct payments and charging, supporting people to live healthier lives, prevention, wellbeing, information and advice, understanding and removing inequalities in care and support, and people's experiences and outcomes from care.

Strengths

Gateshead Council's Self-Assessment identified strengths as:

Reduced waits for domiciliary care. The self-assessment provides good evidence that the numbers waiting have reduced, and the Peer Team heard from staff that the increase in domiciliary care capacity has impacted very positively, with reduced the waiting times for support.

Improved website with people who use services. The ASCOF indicator survey of Gateshead service users shows 76% said it was easy to find information, well above the national average. The Peer Team heard that there have been improvements to the website, and some staff found these positive, however some staff also felt that 'Our Gateshead' (the VCSE provided community resource website) was hard for people to access and some information was out of date. The Team also checked and understood why people might still find it hard to navigate. This is potentially an area for continuous improvement.

New conversational style assessment documentation. The Peer Team heard that the new IT system and conversation record is welcomed by staff and enables them to evidence strength-based practice. Peers were impressed that the council had looked for a system to support and develop good practice already evident and had not used a system/paperwork solution to impose cultural change, which rarely works.

Achieving Change Together (ACT) Team evidence excellent outcomes and

strength-based delivery. The Peer Team was impressed by the case stories the team were able to share, which enabled people to live more rewarding lives, with more independence and less restrictions and in the process, and was also delivering cost savings.

Views of people who draw on support. ASCOF Indicators support that Gateshead Council has outperformed the national averages for a number of the survey indicators. However, this would be stronger if it can be backed up by other feedback evidence.

Better Care Fund (BCF) investment and reduction of delays. There is evidence that BCF investment has reduced hospital delays.

Considerations

Gateshead Council's Self-Assessment identified areas for improvement as:

Lack of clear prevention offer and front door signposting. The Peer Team recognise that Gateshead Council are aware of the need to offer a stronger response at the Front Door and were impressed by the plans and the early stages of the work with National Development Team for Inclusion (NDTi) to address this. Current numbers being signposted are low, and the Peer Team heard that staff are not always clear on where they can signpost to.

Waiting lists for assessments and teams feel pressured even with low caseloads. The Peer Team agreed this is an area of concern and have addressed it more fully in the report below.

Strength based practice needs embedding and evidencing. The Peer Team felt that the emphasis needs to be on embedding the new IT system to allow the Council to evidence strength- based practice.

Low numbers of carers assessments and Direct Payments. As outlined in the self-assessment, data confirms these as areas for improvement. Gateshead Council is an

outlier on both ASCOF indicators.

High numbers in residential care. Gateshead Council is an outlier on this indicator.

Quality Statement One: Assessing needs.

Strengths

We heard in multiple meetings that staff are working with a strength-based approach, and they were able to give examples to demonstrate it. This came through most strongly in the conversations with the specialist teams, for example with the ASSET and ACT teams talking about creative solutions that the approach had enabled them to develop, but practitioners from all the teams were confident to talk about their practice and the way they are encouraged, for example to use their professional curiosity. The case file audit reviewed only a small number of cases, but it confirmed good relationship-based practice, and the Peer Team heard a level of confidence from advanced and senior practitioners that the approach is embedded. Staff and managers reflected that the new conversational style record helps them to evidence a strength-based approach and welcomed the new IT system which is starting to support them to record in a more strength-based way.

The ASSET team offers a good example of Gateshead Council working in a preventive person-centred way and there are good examples of how they help people with multiple challenges to retain choice and control in their lives, and to enjoy more engagement in their own communities.

Within the small group of carers that the Peer Team spoke to there were reports of good social work support, if a worker was allocated, with a very positive example of how a social worker had supported the family and enabled someone to stay at home with a risk enablement approach.

The safeguarding triage team see it as their role to ensure early conversations about the outcomes people want to achieve. This was seen by staff as one of the positives of the pilot and will help assure Gateshead Council that that a person-centred approach is taken when there may be safeguarding concerns.

The Single Access Point team is proud of their success in being able to help people access support without a Care Act assessment, stabilising and closing a high percentage of their referrals. The Peer Team was not able to triangulate this with data but recognised the new IT system, Mosaic, will help to evidence this, including hopefully monitoring any early re-referrals.

Considerations

The team heard about a range of points at which someone could wait for an assessment or support. It was not clear to the Peer Team whether there is a way of tracking if someone has multiple waits in different teams and question, or, based on conversations with staff groups, whether the processes to manage and mitigate this are working as set out by the Senior Leadership Team. The Peer Team suggests that this needs to be reviewed, and kept under review, to assure Gateshead Council that Waiting Well Checks are being undertaken, and the full waiting times for individuals understood.

The Peer Team heard from Locality Team staff that they feel they are firefighting and needing to respond at crisis points to those waiting for an assessment. If it is not already happening, Gateshead Council may wish to look at how they monitor the issues that emerge as a crisis whilst someone is waiting for an assessment. Keeping staff informed of any mitigations that may be possible could help morale in the teams.

The Peer Team also heard about the delays in undertaking reviews in Locality Teams, which staff said makes it harder for them to look at outcomes. There are examples elsewhere of Councils working with trusted care providers to enable them to undertake person-centred and strength-based reviews, which might be worth Gateshead Council considering. The Team heard that there may already be an element of this approach in place, with internal staff working jointly across reablement, provider services and technology enabled care, but did not hear any examples of using trusted assessor models with external providers.

As well as the low numbers for carers assessments (as identified in the self-assessment) the team heard views to suggest the carers do not understand what support they should expect. They reported not being clear on the outcome of any carers assessment and although some appeared to be receiving support through the Carers Centre, the connection between the Carers Centre and the council seems not to be understood and so people thought they were not being supported by the Council. When Gateshead contracts with a new Carers Support provider it should be possible to require the provider to make the Council's role much clearer. Carers also spoke about the lack of information available, other than via Age UK, prior to getting a worker allocated, and that Direct Payments did not seem to be offered routinely. Information about how to go about finding their own solutions (even when over local authority threshold for funding) was missing.

As stated above the Peer Team heard some positive comments from staff about the website changes to make information more accessible, but other staff and carers felt it was still difficult to find information. When the Peer Team looked at the "Our Gateshead" (the VCSE provided community resource" website) they could understand why people might find it hard to navigate, but also recognised this is often the case in many other council areas.

The Peer Team heard of several barriers to offering people a Direct Payment (DP). Processes were described as slow; support for people to manage their support is

limited; and there are eligibility and usage restrictions. The Peer Team was not able to meet with the Finance colleagues (Revenue and Benefits) who administer the scheme. Where they are used there was some examples of creative usage. The Peer Team felt that to increase numbers and to make the most of the opportunities a DP offers, a broader consideration, beyond the plan to enhance the DP support team capacity, would be useful, to ensure the administration and the criteria are reviewed as well.

Quality Statement Two: Supporting people to live healthier lives.

Strengths

There is widespread pride in the enablement offer, with a range of services available, and good multi-disciplinary working which seems to be joined up with health partners. The council's data confirms that more people are now able to access this because of the additional BCF funding, and the numbers delayed in hospital have reduced.

The Peer Team felt that there is additional evidence of Gateshead Council's enablement approach embedded in other services, including for young people preparing for adulthood and the ACT team. The Team heard examples of how an enabling assessment of need has improved lives and reduced restrictive support. Including case studies or pen pictures could help Gateshead Council provide evidence of the way people are supported and the outcomes and areas of health improvement.

Peers heard about the efforts to reduce waits for Occupational Therapy (OT) and equipment at the lower end of need, at the Front Door and about the reduction of the backlog for safeguarding concerns. Whilst there are issues about the overall waiting list, there could be a more positive narrative about the small wins, and the way the council is tackling the challenge. If this can be combined with, for example, the work to develop technology enabled care, with the council data showing increasing numbers with both basic and additional technology increasing, the narrative will become stronger. Again, it would be useful to have some case studies ready to demonstrate this in action.

Considerations

As set out in the self-assessment the prevention offer seems to be not coherent or well-coordinated, and this makes signposting from the front door more difficult. Based on what Peers heard, there may be a reliance on Social Prescribers to offer this, but as this is not a joined-up approach it increases handoffs. A more joined up approach with Primary Care Networks (PCNs) would support both the Front Door arrangement and health improvement. The Team heard that this is likely to be considered through the work with NDTi.

Health support for people with substance misuse needs was reported to be limited by the ASSET team. This will need consideration with health partners and commissioners.

Peers heard about some blockages for people moving on from enablement services, particularly in the rural areas. This is reducing access to others to help people to recover independence.

The ASCOF indicators for 22/23 suggest that the outcomes for people receiving short term support, where the sequel was lower or no support, were not as good as the national average, although those still at home after 91 days after discharge was slightly higher than average. If the council and health partners have not already considered the reasons for the continued need for support, it might be worth some exploration.

The Peer Team heard very little about self-funders, so it is not clear what the approach is to supporting people able to fund their own support.

Quality Statement Three: Equity in Experiences and Outcomes.

Strengths

The investment in the ASSET team to work with people who are often more difficult to engage is delivering good outcomes for people. The council's self-assessment includes a good case study.

There is work in other Council Directorates, primarily Housing, to work more closely with local communities and understand need in those communities. The NDTi work will be building on this, and the self- assessment contains a case study of an initiative with one of the minority communities (Jewish) in the Borough.

Council staff told Peers there are some good processes to respond sensitively to feedback, although we have not been able to check the evidence of this.

Considerations

The Team did not see indications that the Council is systematically considering barriers to access support, through review of data or through engagement and feedback.

The Team heard confirmation of gaps in support based on geography/rurality, as referred to in your initial presentation. This included care provision in the west of the Borough.

Looking at Gateshead Council demographic profiles, there are other minority communities in the Borough (non- white, Asian/Asian British) with whom the Peer Team did not hear about any engagement.

A review of recent reports taken to Cabinet, available on the Council website, showed that Equality Diversity and Inclusion considerations are included, with references to the completion of Equality Impact Assessments. This was less explicit in the conversations with the Peer Team.

Theme 2: Providing Support

This relates to market shaping, commissioning, workforce capacity and capability, integration, and partnership working.

Strengths

Gateshead Council's Self-Assessment identified strengths as:

More people now remaining at home and reducing new admissions to care homes. Published ASCOF indicators do not reflect a reduction in admissions to residential care, but your local data suggests a change over the last year.

Gateshead staff were very clear in meetings with the Team, about a Home First ethos for hospital discharges.

Flow from hospital improved through enhanced services for Pathways 1 and 2.

The reduction in the number of people delayed supports this. Services to support discharge are jointly commissioned and appear joined up. It might be helpful to show any work on demand and capacity modelling, to evidence the new investment in Pathway 2 beds, given the Home First strategy.

Extra care development. There is a positive plan to develop additional capacity.

Home care capacity has increased. This can be evidenced, with the impact in reduction of waits for support packages. Providers valued the incentive provided by the Council to offer the Real Living Wage to support recruitment and retention and therefore capacity.

High proportion of registered care is outstanding or good and positive relationships with providers. The LG Inform report for Gateshead Council, (Preparation for Assurance report, as of March 24) showed the Council was very slightly above the national average for Good and Outstanding Care Homes and significantly above the average for Good or Outstanding community-based locations.

Considerations

Gateshead Council's Self-Assessment identified areas for improvement as:

Housing for people with more complex needs. The Peer Team heard confirmation that this is a gap in the support offer in Gateshead.

Embed engagement and co-production. Gateshead Council's self-assessment is possibly a little harsh around co-production. There is a strategy developed and there are examples of co-production happening, for example with the new Home Care Contracts, and the NDTi work. The Peer Team agrees this needs to be embedded further, although on a 1-1 customer level, the team were hearing that solutions and support plans were developed in a co-produced way, with several examples of good practice and listening to people to find solutions together.

Increase DPs, Individual Service Funds (ISFs) and Self Directed Support (SDS). Indicators for SDS suggest Gateshead are performing better than the national average, and carers DPS are in line with the national average. However, DPs for people who use support is significantly lower than national average. More information on what the Peer Team heard is within Theme 1 considerations.

Commissioning strategies to inform market shaping. The Peer Team felt the council is addressing this with a change in culture and ways of working within the Commissioning Team.

Work on relationship with Integrated Care Partnership (ICP). This was an area where the Peer Team felt the Council has focussed too much on past issues. There is a change under way in working with the ICP, but this is perceived very positively by ICP colleagues.

Work with providers to develop a culture of continuous improvement. Providers and commissioners reported very positive relationships. Providers felt confident they can talk to council staff, but there were some reflections that the assurance framework assesses, but does not always support them to improve quality.

Quality Statement Four: Care Provision, Integration, and Continuity

Strengths

The Peer Team heard of several good, person-centred and outcome focussed services. These included:

GATES, which was described as excellent. The service provides good outcomes for people, supporting them into employment. The ASCOF indicator supports this, as Gateshead is well above the national average for People with a Learning Disability in employment at 9%. Examples of employment found included with IKEA and Primark, suggesting this is not just about sheltered employment. The team also heard about proposals for a fashion show with one of the employers, to celebrate their inclusive workforce.

One day support provider, in particular, who offered both staff and service users access to their gym to improve health and wellbeing,

Transitions services which are offering young people the opportunity to develop independence skills an enabling some to move from specialist (and sometimes restrictive) residential settings to more independent living.

The Peer Team considered that Gateshead can show it is moving towards more commissioning for outcomes. The Team heard that Intermediate Care is commissioned with an outcome focus and the new contracts for home care are intended to shift to outcomes.

Commissioners are starting to work and think strategically. The commissioning team is starting to shift from a tactical contract and market management approach to a strategic market shaping role. The peer team heard the examples of good engagement with the market and older people to move to a locality based domiciliary care model and also developing consideration regarding commissioning in the voluntary sector, to support the prevention offer.

Peers heard of few good examples of where DPs are being used creatively, when they are in place, particularly for young people preparing for adulthood. One example was a young person accessing a specialist day service focussing on independent living skills to support them to move onto independent living in the future. There were two examples where DPs allowed people to access more culturally appropriate support to follow their interests and one which allowed someone to stay close to family.

Considerations

Some concerns were raised about the quality of care at home from carers, including that their concerns have not been addressed when they are raised. It was not clear if the concerns were raised with the council or with the provider. If Gateshead does intend to look at developing the approach to quality assurance and improvement further, one area for consideration might be how to capture and respond to service user and carers concerns.

We heard from providers that the quality assurance frameworks do not fully support quality improvement. There was a view that the framework is a fair and transparent way to assess quality but that it takes a traditional inspection type approach, with a requirement for an improvement plan, rather than helping providers to improve. One provider said this could be anxiety provoking. A more supportive, and collaborative approach to improvement should help to drive up quality.

Some providers reported issues over timely payment, bringing sustainability risks to their organisations. It appeared this may have been related to the transfer to new systems, but it may suggest a need to ensure stronger communications around significant change if this is the case.

Carers also raised that they are often faced with long delays and uncertainty over invoicing for support costs.

The Team heard a perception in more than one session that there is no longer a voluntary sector infrastructure organisation, but this seems to be due to a change in provider. The new provider has worked historically in Newcastle, and so there may be some though around branding, and communication needed to raise the profile of the new provider in Gateshead, to support strategic partnership working with. and within, the sector.

Providers may not understand the market shaping ambitions or how they can change to meet emerging needs— some talked about offering vacant beds to out of area placements if the council does not use them.

As set out under Theme 1 the Team heard about barriers to using DPs, including perceptions of long delays in processes and some limitations for where and how they can be used. Gateshead Council are aware of the need to look at ways to increase take up of DPs.

Quality Statement Five: Partnerships and Community

Strengths

The Peer Team saw a real energy around the work with NDTi, from adult social care staff, partners, housing, and the voluntary sector. Ambitions are aligned and shared and the work will build on current locality-based assets to encourage, commission, or facilitate responses to meet the needs of local communities. This will require working more closely with the Voluntary, Community and Faith sector.

The voluntary sector recognised there are early signs of change and improvement in the way the council works with them regarding Adult Social Care. The sector appears keen to work with the council more and are encouraged by the approach the Director is leading in both engagement and the way they are commissioned. They see the start of a move away from a traditional contract compliance approach.

Peers had a strong message from staff and health partners that partnership working is generally good operationally on the ground, with multi-disciplinary working and personal relationships and connections enabling a joined-up approach to provision of support and problem solving.

ICP colleagues at Place welcomed the recent reset in ways of working initiated by the council and were signed up to what they see as shared priorities and shared ways of working.

Considerations

The Peer Team had some questions about the balance between capacity and working arrangements for bed-based and home-based Intermediate Care, given there has been a significant investment in new bed-based provision, but an ambition for Home First. Staff talked very positively about Sister Winfred Laver Promoting Independence Centre and the multidisciplinary support that will be offered. However, the team also heard that home-based support capacity to support discharge is stretched and the additional Halo domiciliary care contract, to support discharge, is not offering the same outcomes around reablement, with less access to therapy support.

Although voluntary sector providers were eager to develop stronger relationships with

Council and Adult Social Care, they may still talk about historic or current issues about the way they are commissioned. It might be helpful to acknowledge this for CQC, but within the context of how the council intends to use the opportunities to work differently in future.

The Peer Team heard about 'strong locality foundations' for the NDTi work in the session with the project steering group but felt these are not drawn out enough in the self-assessment, The Team felt these foundations could be more strongly evidenced, along with showing any early steps, setting out more explicitly the longer term aims, and the way the council will track benefits and impact.

The information from the ASSET Team was that joint working with Primary Care Networks (PCNs) currently appears to be limited. Peers were not sure if this applies more widely. The Team heard that the NDTi and Locality work will allow more work with PCNs, which will strengthen integrated community work, in which case the Team suggests this could be referenced more clearly as one of the expected benefits of the Community Support programme with NDTi.

Gateshead Council recognises there are gaps in the support available and plan to develop commissioning strategies to address this. Some of the gaps mentioned to the Team included:

- Care Home provision in the West of the Borough;

- Drug and Alcohol services;

- Respite and short term care;

- Support for people with autism;

- Overnight care;

- Suitable housing for people with complex need.

The Team has not had access to enough information to comment on relative priority, but wanted Gateshead Council to be aware what might be identified by staff and partners as gaps.

Theme 3: Ensuring Safety

This area relates to Section 42 safeguarding enquiries, reviews, safe systems, and continuity of care.

Strengths

Gateshead Council's Self-Assessment identified strengths as:

Fully compliant with Deprivation of Liberty Safeguards (DoLS) in care homes.

The Peer Team understands there is no waiting list for DoLS in care homes, but noted there is for Community DoLS. The DoLS team, who work with care homes and hospitals were able to provide some good examples of how their assessments had helped improve outcomes, which it would be good to have available to share with CQC. Staff were aware of, and seemed supportive of, plans to review current ways of working to streamline the process and make best use of resources,

Reduced risk in 97% of section 42 enquiries. The data supports this statement.

ASSET Team's work with vulnerable residents below safeguarding thresholds.

The Peer Team has commented previously on the positive work of the ASSET Team in working with vulnerable adults.

Multi agency training by the Safeguarding Adults Board (SAB). The Peer Team heard from providers that SAB training was valued. There is a perception that it would be fairer if it was available free to all providers, rather than just care homes.

Links to broader safeguarding issues – CHANNEL. This was not explored during the Challenge, but the Team's reflection is that it might be useful to be able to show what this means in practice and what makes it a particular strength.

New safeguarding triage at front door. This was confirmed by staff to the Peer Team. More consideration is set out below.

Serious provider concerns model. This is a multi-agency approach to addressing concerns. Some providers felt it would be helpful to have more information about the

process at an earlier stage, but the Peer Team heard no concerns about its effectiveness or fairness. The information about the process in the evidence library looked comprehensive.

Good partnership work on Right Care Right Person. The Peer Team did not explore this in any detail and the self-assessment does not give any details of how the council knows if the new protocols are effective.

Internal serious incidents policy and lessons learned. This also was not explored in any great detail, but it would be helpful if there are good examples of when this has been used and specific examples of the effectiveness of the policy to support this as a strength. The Peer Team heard of one example where repeated issues around self-neglect were being addressed, through the Safeguarding Board, to address the wider learning from the individual incidents.

Considerations

Gateshead Council's Self-Assessment identified areas for improvement as:

Partners understanding of the threshold for Safeguarding referrals. The Peer Team heard that the training on thresholds offered by the Triage Pilot is beginning to improve partners understanding and practice, including that information does not need to be shared just for information. This may be an improvement area where progress is already being made therefore, and it would be worth reflecting this in the self-assessment.

Referrers not asking for desired outcomes at the point of an enquiry being made. Again, the Peer Team heard that the new Triage pilot has started to address this and will make contact to agree desired outcomes if referrers have not. There may still need to be work with other agencies, but there is a stronger story than the self-assessment currently reflects.

Response times to requests for information. This was not explored during the Challenge.

Community DoLS capacity. The Team agreed this is an issue.

Quality Statement Six: Safe systems, Pathways, and Transitions

Strengths

The Peer Team did not hear any concerns about unsafe hospital discharges and heard from one reablement service that their readmission rates to hospital are very low, which suggests safe discharges.

Relationships with hospital colleagues were described as good, although colleagues are sometimes seen as risk averse. There is a Trusted Assessor arrangement and good multi-disciplinary team working.

Home First as a concept seemed well embedded, with both council staff and the health partners the Peer Team met with talking confidently about it. The Age UK support for Pathway 0 is effective and very well regarded.

The Peer Team was impressed with the early planning for young people to prepare them for adulthood. There appears to be a connected pathway between Children's and Adults' services and positive stories around an enabling approach, which supports good outcomes for young people, using least restrictive options and a My Home ethos. The Team felt there are some good case studies or pen pictures which could be used to show this as a strength around safe systems as well as for Theme 1.

The Team has commented on the work of the ASSET team already but recognise there is a strong approach to risk assessment and positive risk management plans.

Considerations

With waiting lists in various parts of the pathway it is important to ensure good assurance on process compliance, risk mitigation and to monitor any cumulative waits for people. As already commented on under Theme 1, it would be helpful for the council to be able to show how this assurance is monitored and how mitigations are agreed if there are issues with process compliance. As noted previously some

teams report 'firefighting' and think those waiting risk are escalating to crisis point.

Handoffs between teams where there are waiting lists will also bring risks. The Peer Team understood that handovers between teams are not always clear or smooth. The Peer Team also heard, however, that there is good management of high-risk cases and handover between teams, including to Locality Teams from the ASSET team.

The Peer Team heard there are limited options for support for people with Mental Health and Learning Disability and complex needs. The lack of support locally can result in care home placements out of area. The Peer Team did not test how strong the assurance of oversight of these placements is, but out of area placements bring additional risks which would require additional safeguards.

Quality Statement Seven: Safeguarding

Strengths

The Peer Team heard some good examples of the way that Gateshead Council and partners are working together on prevention and early intervention. The PITSTOP approach with the police is developing a shared approach to responding to concerns about vulnerable people, who may not reach the threshold for a formal safeguarding intervention. PITSTOP allows the Police to share information and agree the best approach between agencies.

Also working primarily below the formal safeguarding threshold, the ASSET Team offers complex risk management with Multi- Disciplinary Team engagement.

Commissioners confirmed the Serious Concerns Policy works well with providers. The Team heard of one excellent example of the multi-agency response to recent high-profile concerns about a local provider, which featured in a Panorama programme.

The pilot of a Safeguarding Triage team has reduced a backlog of responding to reported concerns, after the initial bedding in of the new arrangements. The Triage Team contacts the person or their representative, discusses outcomes, arranges an advocate if needed, sets up an initial safety plan if needed and determines if an Enquiry is required. They are now responding within the 5-day target and are

ensuring Making Safeguarding Personal is addressed from the outset. Together with the safeguarding team they are looking at wider safeguarding considerations including substance misuse and domestic abuse.

A new Independent Chair for the Safeguarding Adults Board (SAB) has introduced appropriate challenge within the board, with some of the differences seen in a new Board Strategy, with plans to increase the voice of people who have experienced safeguarding; progress on the backlog of Safeguarding Adults Reviews (SARs); better use of data; and a Learning Register which will help track how learning is being embedded. There is good engagement from partners and a line of sight to the Chief Executive of Gateshead Council to assure the Council the Board is meeting statutory responsibilities.

Considerations


The Council recognised there is work to do to prioritise SAB development areas. This includes the development of a risk log to support this prioritisation.

The Peer Team felt that there may be some quick wins for some areas for development, for example whilst a SAB Quality Assurance framework is developed and multi-agency case audits agreed, some level of assurance on safeguarding practice could be provided by mapping and sharing confidence levels around individual agency quality audits.

There is work starting on sharing and understanding data and the Peer Team would recommend that this should include consideration of where there may be low levels of concerns and referrals. This might be from particular agencies, or about particular communities or people with protected characteristics, or about categories of abuse.

Peers heard there is a differential offer to care homes who can access free safeguarding training and domiciliary care who have to pay. If there is a rationale for this, it may need to be shared with providers, who do not fully understand why this is the case.

There was some concern about a decision on future of the Triage team needing to be taken. If this could be made it would help team morale and planning



Whilst there are a number of ways in which agencies collaborate around shared response to risk, there does not appear to be a Vulnerable Adults Risk Management (VARM or MARAM) policy or process. To connect the various approaches the Peer Team suggest considering developing a multi-agency risk management panel with a good link back to the SAB.

Theme 4: Leadership

This relates to strategic planning, learning, improvement, innovation, governance, management, and sustainability.

Strengths

Gateshead Council's Self-Assessment identified strengths as:

Strong and stable political leadership and support for Adult Social Care budgets. The Peer Team agrees there is a very stable political leadership and strong support for the plans to address the challenges facing Adult Social Care.

Strong financial resilience and MTFS 5-year plan. The peer team heard of confidence from corporate colleagues regarding financial delivery and plans.

Workforce plans – particularly apprenticeships. The apprenticeship model is clearly valued but Peers wondered if other elements of the council's workforce strategy need to be referenced as well, to draw attention to any key messages in the strategy.

The workforce understands roles and requirements. The Peer Team did not hear anything to contradict the findings of the Well-Being survey.

BCF investment and hospital flow – home first discharge model. The improvement in hospital flow is well evidenced. The Peer Team had some questions about the balance of investment between bed based and home-based intermediate care, which is outlined under Theme 3.

Relative spend on working -age adults – based on strength-based approach and strong housing offer. The relative spend can be seen in LG Inform reports. Peers considered there are some good enabling services, which encourage independence and employment, as outlined in Theme 2.

Considerations

DP numbers low –The Peer Team felt that this, and other areas for improvement,

could be focussed on how the council have used information about performance to inform strategy, allocate resources and deliver actions to improve outcomes. This should focus on how the council will manage performance and turn the curve on key metrics, perhaps with DPs and residential care numbers as examples. The current language draws attention to poor performance, rather than how the council is addressing it.

High spends on older adults – high numbers in residential and nursing care homes. As above, there may be a more helpful way of framing of this on the leadership and management actions the council is taking – with an improvement in the metrics being the outcome the council expects to see.

Services are not yet co-produced - and the council lacks meaningful coproduction. As above this is described with a deficit basis. With regards to leadership direction of travel the council can demonstrate it has developed a Carers Strategy with co-production and has initiated the work with NDTi to evidence the leadership commitment and shift to a new way of working.

History of lack of governance and shared outcomes with ICP. The Peer Team felt the feedback from Health colleagues was very positive about the changes that have been made and the reset in the relationship and governance. This could be seen as a strength, with intent and commitment to continue to build on the new shared objectives and priorities.

High staff absence levels. The peer team agree this is a challenge. The Team picked up some risk that not all managers see stress outside of work being something they can help address.

Scale of change is challenging for some. The Peer team picked up strongly that there is enthusiasm for the strategy and direction of travel. The biggest concern raised was how to manage this, while demand is high, and workloads pressured.

Quality Statement Eight: Governance, Management, and Sustainability

Strengths

The Peer Team heard in many sessions a very positive regard for leadership. This included the visible leadership of Director and Senior Leadership Team. The

Connect and Collaborate sessions were welcomed by many, and the visits to teams were particularly welcomed. Partners also spoke of the energy, and 'brave' leadership from Dale Owens.

Political leadership was also seen as brave by partners, and Peers were impressed by the collaborative working of Portfolio Holders to agree and then champion proposals for Adult Social Care, through Cabinet and democratic processes.

Peers were able to see how a 'one council' approach is developing. Finance colleagues were supportive but challenging, and have confidence about Adult Social Care's ability to manage savings and budget discipline. This has enabled investment to support transformation and to respond to business cases about needs and demands, in line with strategic direction. There are examples of good links with Housing, over supported housing development and locality working, and the good Transitions pathway indicates good links with Childrens Services.

The Peer Team heard a strong consistent message (Golden Thread) around the council and adult social care vision and values throughout the conversations, from staff, partners, and carers.

Management was widely reported to be supportive, and peers heard many examples of teams supporting their colleagues. Supervision and the wellbeing offer are valued, with an openness about mental wellbeing and support for staff with protected characteristics.

The peers heard about increasing the use of data to inform strategic and operational work, driven by the Strategic Director. This was talked about in developing strategic commissioning plans, within the safeguarding board, underpinning the NDTi Project and at operational team level, for example in the ASSET Team using new tools to measure and show impact.

Considerations

Peers felt there is more opportunity for Gateshead Council's portfolio holders and overview and scrutiny committees to offer constructive challenge and oversight of the plan, timing, and benefit delivery of improvement and transformation plans.

It was clear the council understands the risks of the pace and scale of change. Peers picked up from staff some understanding of the experience of a Kubler Ross Change curve during some more recent changes, but Peers were not sure they heard much about whether or how the council might address the risks or use theories of change thinking to support staff.

The Peer Team was aware that management capacity has been increased, but that recruitment has not been immediately successful. If there are delays in bringing in additional management capacity, the council may want to consider interim measures to address the immediate pressures.

Whilst there was a broad welcome for the staff events, some staff say they are not confident to speak out in the collaboration sessions. Peers are aware there will always be a need for a range of engagement and listening approaches.

Quality Statement Nine: Learning, Improvement, and Innovation.

Strengths

Peers were impressed by the bold and innovative actions being taken to deliver the Council's high ambitions for improvement. For example:

Addressing the need for changes to ICB relationship to build better ways of working.

A three-year commitment to the NDTi programme, with partners, to reshape the operating model for social care, facilitating and enabling an infrastructure and developing networks that will root it communities with a community asset based and strength-based approach. Co-producing this, starting with no set blueprint.

Peers heard of strengths in the council's approach to learning and development, with a highly regarded apprenticeship programme, linked to universities. The ASYE offer is growing and needs review to ensure sustainability. Training opportunities were seen as positive and particularly the opportunities for Applied Mental Health Practitioner. Reflective Practice is promoted, and supervision valued.

Many, although not all, staff said they feel progression, professional curiosity and creativity is encouraged within operational constraints.

Considerations

Peers felt there is more to do regarding Equality Diversity and Inclusion and heard there will be a corporate approach to this. Peers felt the ambition is there for staff, with a recognition that there are opportunities to do more, with for example support groups for staff with protected characteristics, which may then be able to help shape further work.

Peers felt they heard little about plans to develop understanding of, and work with, all of Gateshead's communities but recognise the Community Support programme may present opportunities.

The Peer Team did not have much opportunity to explore the council's overall programme management approach, but with such a significant change programme this will be important to keep this clear, simple but robust. Setting out key success measures will help demonstrate the council's intentions to monitor and chase progress.

Clear communications plans will help Gateshead Council maintain the great energy for change throughout the directorate and to ensure staff feel engaged and involved. Peers heard in some sessions that frontline staff do not always feel connected to and involved in change programmes, for example the introduction of the new IT system and the early stages of the Community Support programme, and some do not feel connected to a One Council approach at the frontline level.

LGA Top Tips for Assurance Preparation - for consideration

- 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 therapy!** For those interviewed it should be a description of what they do and the impact they have had in people's lives. 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 organisation wishes to take things forward.

Whilst it is not mandatory for the Council to publish their report, we encourage Council's to do so in the interests of transparency and supporting improvement in the wider sector. The LGA would like to publish this Preparation for Assurance Peer Challenge Report on the Association's website but will only do so once we have been

advised that it has been put in the public domain by the Council through its own internal governance processes.

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 several 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.

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For more information on the programme of adults peer challenges and the work of the Local Government Association please see our website: [Adult social care peer challenges | Local Government Association](#)