

Dorset Council Adult Social Care Preparation for Assurance **Peer Challenge Report**

23rd - 25th May 2023

Final

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REPORT

Background

1.0 Dorset Council requested the Local Government Association (LGA) to conduct an Adult Social Care Preparation for Assurance Peer Challenge within the Council and with its partners. The work was commissioned by Vivienne Broadhurst, Executive Director People, Adults (DASS), who sought an external perspective on the readiness of the adult's directorate for the Care Quality Commission's Assurance inspections.

1.1 A peer challenge is designed to support an authority and its partners assess current achievements, areas for development and capacity to change. The peer challenge is not an inspection. Instead, it offers a supportive approach, undertaken by friends – albeit 'critical friends' with no surprises. All information was collected on a non-attributable basis in order to promote an open and honest dialogue and feedback from the team of peers is given in good faith.

1.2 Prior to the on-site peer challenge, three members of the peer team conducted eight interviews with individuals with lived experience and twelve casefile audits. The peer challenge team arrived at their final feedback by triangulating what they read, heard, and observed on-site, while keeping in mind the diverse audiences that the adults directorate deal with.

1.3 The members of the peer challenge team were:

- **Martin Farran**, Ex- Director of Adult Social Care
- **Councillor David Fothergill**, Leader of the opposition Somerset Council & Chair of LGA Community Wellbeing Board
- **Julie Phillips**, Assistant Director, Adult Social Care, West Sussex County Council
- **Faye Pemberton-Crow**, Assistant Director, Worcestershire County Council
- **Bev Johnston**, Principal Social Worker, Bury Council
- **Abbie Murr**, Challenge Manager, Local Government Association

1.4 The team were onsite in Dorset between 23rd and 25th of May 2023. The programme included activities designed to enable members of the peer team to meet and talk to a range of internal and external stakeholders. These activities included:

- interviews and discussions with councillors, officers and partners
- meetings with managers, practitioners, frontline staff and those people with a lived experience and carers
- reading documents provided by the Council, including a self-assessment and a range of other material, consideration of different data and completion of a case file audit.

1.5 The framework used by the peer team was the CQC's four themes of Assurance which will be used for the adult social care inspection regime. These are:

1: Working with People	2: Providing Support	3: Ensuring safety	4: Leadership
<ul style="list-style-type: none"> • assessing needs • direct payments • charging arrangements • supporting people to live healthier lives • prevention • wellbeing • information and advice • addressing barriers and reducing inequalities 	<ul style="list-style-type: none"> • care provision, integration and continuity • market shaping • commissioning • workforce capacity and capability • integration and partnership working 	<ul style="list-style-type: none"> • safeguarding enquiries and reviews • Safeguarding Adult Board • safe systems - continuity of care • safe systems - pathways and transitions 	<ul style="list-style-type: none"> • culture • strategic planning • learning • improvement • innovation • governance • management • Sustainability
			

1.6 The peer challenge team would like to thank councillors, all staff, those people with a lived experience, carers, partners, and providers for their open and constructive responses throughout the peer challenge process. All information gathered was on an anonymous basis. The team was made to feel extremely welcome and special thanks is given to Amy-Jane White, Programme Lead for Market Relationships, Major Contracts, over 65's, her team, and Steve Peddie, Programme Director for Adult Services Reform, for their invaluable assistance prior to and during this peer challenge, which was meticulously planned and delivered.

1.7 Prior to being on-site peer team members spoke to three people with a lived experience, five carers and an advocate and considered twelve case files. The peer team read at least 189 documents including a self-assessment. Throughout the peer challenge the team had more than thirty-five meetings with over a hundred different people from adult social care, health, the third sector, other partners, people with a lived experience and carers. The peer challenge team have spent over a hundred and ninety-six hours with the adult's directorate at Dorset and its documentation, the equivalent of twenty-eight working days.

1.8 On the final day of the peer challenge, the peer team presented a summary of key findings to leaders including the Chief Executive, Section 151 Officer and portfolio holder for adult social care. This report expands on the initial findings and provides a comprehensive account of the peer challenge.

Strengths

- A clear political direction driven by the Leader and his team
- Strong senior leadership team in place
- Ambitious, committed and passionate adult social care workforce observed during the peer challenge timeframe
- Dorset is a great place with inward migration, largely of older people
- Adult social care vision, values and key priorities clearly articulated and owned across the workforce
- Dorset know themselves well and can articulate it across the diversity of their workforce
- Strong budget management and ownership
- Strong commitment by staff to transformation/ Improvement e.g., home first, accelerator programme.
- Evidence of market innovation and home care optimisation
- Development of strategic commissioning and independent sector heard and supported, established care association in place
- Robust Trusted Assessor model in place
- TEC offer is robust, innovative
- Established and developing role of trading company (complementary role supporting the wider sector)
- Positive use of data supporting budget/performance and vision for the future
- Clear commitment to development of Housing
- Lots of innovation and delivery of best practice to celebrate
- Overall good performance to comparators
- People feel safe (reporting data)

Considerations

- Lots of learning has been undertaken but embedding and cementing this learning to affect change now needs to take priority
- Need to ensure a single version of the truth regarding data
- Large transformation plan, over last four years, query impact on staff/capacity to deliver, scale of transformation versus business as usual
- Need to prioritise the priorities, not everything can be a priority
- Lot of policies, strategies and guidance but in draft form, these need to be embedded with evidence of the impact
- Need to consider asset-based approach and embed community development, including definition or understanding of localities, co-terminosity and need for more focus on wellbeing
- Need to embrace workforce planning/ productively to inform assessment and care management capacity and performance. Consider implementation of case volume and caseload key performance indicators as evidence seen of needs assessments taking over fifty days and considerable waiting times for reviews
- Consultation and engagement versus co production needs revisiting. Consider the 'coproduction ladder'
- Demographic challenge/opportunities. What will Dorset look and feel like in 10 years' time, opportunity to be national leaders given demographic profile.

1.11 The Local Government Reorganisation of 2019 Dorset created two new unitary councils, from the legacy county, six districts and two unitaries, one of which was Dorset Council. The political administration is well-established, with the Leader and his Cabinet team articulating and steering a clear political course of direction. The current Portfolio Holder for People, Adult Social Care, Health, and Housing had been in office for twenty-three days at the time of the peer challenge due to a cabinet reshuffle that occurred on May 1, 2023. However, this councillor has been a member of the Dorset Council's political administration since May 2019 and demonstrated an in-depth comprehension of adult social care and a clear vision for the future.

1.12 The Chief Executive has ambitious and realisable plans to further transform housing and social services for adults. The Executive Director evidenced a clear vision for adult social care and housing with sound strategic and operational oversight. The adult social care senior leadership team have been on a difficult journey over the last four years in the transition to a unitary authority and working through Covid. Despite these challenges they maintained adult social care delivery and have clearly embraced the newly implemented Integrated Care System (ICS).

1.13 The adult social care and housing strategy and vision demonstrates clearly how it will accomplish the strategic objectives outlined in the corporate plan. The adult social care transformation plan, which has been in effect since 2019 and includes a multiplicity of priorities, is comprehensive. As the transformation plan continues to expand, it may be necessary to consider the risk of transformation fatigue. Given that not everything can be a priority, it is suggested that a review of the plan's priorities be conducted. Consideration of which priorities could be accomplished as part of business as usual could reduce "transformation fatigue" among employees and make transformation goals more attainable.

1.14 Dorset's adult social care vision, values and key priorities were clearly articulated and owned by staff. Staff were able to convey how their roles and service area plans and priorities linked with the overall adult social care and housing transformation plans. This provided evidence to the peer team that Dorset know themselves extremely well and are also very clear on their direction of travel.

1.15 Given the journey adult social care has been on over the last four years a number of strategies, policies, procedures, frameworks and practice guidance are either in draft or in the process of being developed. Consideration needs to be given as to how these are going to be embedded across the directorate and with partners, providers, those who use services, carers and residents to ensure a consistent approach to practice and pathways.

1.16 The peer team were impressed with the commitment and passion of the adult social care workforce as well as the nurturing and supportive culture of the directorate. The following statements are but a handful of comments the peer team heard over the two days:

- *"I love working for Dorset Council"*
- *"The Council is really willing to look at itself in the mirror"*

- *“When things go wrong they are there for you, and that’s the kind of organisation I want to work for”*
- *“The wellbeing offer is fundamental to the core of Dorset council”*

Theme 1 Working with People

This theme covers: Assessing needs, care planning and review, direct payments, charging arrangements, supporting people to live healthier lives, prevention, wellbeing, information and advice, addressing barriers to access and reducing inequalities in experience and outcomes.

Assessing Needs

Strengths

- Robust system in place to manage waiting lists for Care Act needs assessments, staff could articulate approach (inclusive of Trusted Reviewers Pilot)
- Evidence of service user outcomes goals in support plans
- Adult social care front door plan is well articulated with a clear vision
- Robust MCA Team which is nationally recognised as best practice team and good management oversight of DoLS reviews and thriving BIA workforce
- Use of Mosaic to record housing needs (to enable future planning for vulnerable adults)
- OT Team link in early with hospitals to look at specialist equipment required for discharge and work closely with hospital therapists resulting in reduced hospital discharge delays
- Hospital to home service, up to 6 week reablement offer
- Advocacy offer well embedded

2.1 As a result of training and reflective practice sessions, strengths-based practice has been well embedded across adult social care. Examples of strengths-based practice were shared with the peer team during interview sessions with people that use services, their carers and by the adult social care workforce. In eighty eight percent of cases audited by the peer team evidence of strength-based practice was identified. In addition, eighty three percent of cases revealed that the person had identified their own unique outcome goals and had been directly involved in all decisions regarding their care and support.

2.2 During interviews with adults with lived experience, the peer team heard several positive comments about the AMHP Service and specific AMHPs who had gone "above and beyond." Carers reported that AMHPs ensured their complete participation in the assessment process and thoroughly explained their rights as nearest relatives. The peer team could see how much had been accomplished in a brief period of time regarding the implementation of the new AMHP model and how

this model ensures timely interventions and assessments in accordance with the Mental Health Act of 1983 (as amended in 2007).

2.3 The casefile audit evidenced that in ninety two percent of cases appropriate support had been offered to the person using services throughout their journey and that in seventy nine percent of cases people had been given information and a range of options to enable them to make informed choices.

2.4 All casefiles audited by the peer team had case note recordings that were clear and legible. This is an amazing achievement and should be celebrated.

Considerations

- Carers told us they had difficulty finding information, advice and guidance on Council public facing website, causing confusion (carers session)
- Carers assessments not always being identified and reviewed annually (lived experience session and telephone calls)
- CHC reviews being undertaken by private company, 3mth reviews re outcomes causing anxiety (lived experience session)
- Having to repeat story due to duty model (carers session), however adult social care passport work should address this
- Different approaches to the backlog of reviews being implemented across adult social care
- Some service-users felt they were not involved in decision making (small group)
- Consider mental health OT resource re neurodiversity reviews and ASD pathways
- A reminder to staff that they need to share needs assessments and support plans with service user/carer (feedback from lived experience interviews)
- Reviews do not appear to be undertaken in timely manner; one service user waited 3yrs which was undertaken in the library where she worked.

2.5 Regarding reporting progress against a person's outcome goals this was identified in forty seven percent of cases. Those who had achieved positive outcomes because of care and support interventions had only been recorded in forty two percent of cases. Although the casefile audit was a small sample and seen as a 'snapshot in time,' the results of the audit suggest consideration is given to ensure staff always record achieved outcome goals as a result of care and support interventions.

2.6 Several carers and adults receiving care and support services reported lengthy wait periods for a review of their care and support plans during the onsite sessions and the lived experience interviews. Interestingly the casefile audit found that in eighty percent of cases audited no review date could be found. Similar to the majority of adult social care departments across the country, Dorset has waiting lists for the completion of Care Act needs assessments and reviews. Although staff were able to articulate that a robust system is in place to manage waiting lists for needs assessments, further workforce planning and a review of current workforce capacity against demand should be considered. Future workforce planning could be aided by the implementation of

service demand and caseload number key performance indicators. In addition, increased visibility of risk mitigation action plans should be considered, particularly if they are awaiting an assessment need, have an open safeguarding enquiry, and mental capacity issues (identified as lessons learned from a number of safeguarding adult reviews conducted by a variety of local authorities across the country).

2.7 The peer team heard of several different approaches being utilised regarding the backlog of reviews. It is recommended for consideration, that a standardised management process is implemented to ensure continuity across the adult social care system.

2.8 During the onsite carers sessions and lived experience interviews carers reported that their needs as carers were not always identified and that where they had received a carers assessment there were often delays in reviews. In contrast the casefile audit identified that in seventy five percent of cases carers' needs had been appropriately considered.

Supporting People to Live Healthier Lives

Strengths

- Carers vision strategy and Carers Charter, coproduced with carers with set objectives
- Carer presence on Joint Commissioning Board and SAB
- Implementation of Carers Team will further promote voice of carers
- Working with people who use services/carers in the whole commissioning cycle to gain feedback and learning to improve process/pathways
- Fifteen bedded autism provider unit recently launched to promote semi-independent living
- Numerous good news stories of supported living for people with learning disabilities, this work should be show cased
- Leonardo Trust Counselling Service for parents/carers valued (children's offer)
- Digital offer considered at diagnosis of dementia to achieve best possible outcomes
- Digital champions in place, including libraries, service user access to laptops/tablets/phones/cyber security
- Digital first approach, upskilling all ASC workforce in digital offer

2.9 The peer team found there to be robust carers offer in place across Dorset. During the onsite carers session several carers shared how the carers support they had received had been a "lifeline" during especially challenging periods with their loved ones. Carers candidly discussed the "hidden trauma" often associated with being a carer and how they had received six free counselling sessions as they were known to either Rethink or Carer Support Dorset which they stated was "invaluable" (advertised on the council's website). The peer team also met with the newly appointed Area Practice Manager from the recently created Carers Team. The enthusiasm and obvious dedication of the Area Practice Manager was evident as they shared Dorset's

vision of ensuring that every carer paid or otherwise will have a voice regarding how carers services are commissioned, monitored and reviewed. The Carers Strategy and Vision which was coproduced with carers and has coproduced objectives that are linked to the corporate plan (Our Dorset).

2.10 The peer team met several adults who frequent Munsie's Day Centre, as well as the centre's founder and her mother. Adults who frequent Munsie's provided excellent feedback, indicating that it is a highly valued and sought-after resource which promotes both wellbeing and independence. People described how they had acquired diverse skills, including financial management, budgeting, job interviewing, and cookery.

2.11 The peer team was impressed by the Occupational Therapy Digital and Tech Team and Tech Lounge offer, in which the Cabinet Member for the adult social care, health, and housing portfolio is fully engaged. Staff shared with us the amazing and innovative work they have been doing, such as the companion pet pilot programme, which is examining whether this can reduce falls and anxiety/wandering in individuals with dementia and/or a learning disability. This innovative work was deemed to be on par with best practices by the peer team, and Dorset should certainly publicise it.

Considerations

- Changes in charges not communicated in a timely way or in easy read version causing confusion and anxiety to some service users and carers
- Housing disconnect, lack of appropriate housing provision to meet needs
- No named worker in learning disability services resulting in lack of continuity and difficulty building effective and trusting relationships

2.12 During the lived experience interviews and onsite sessions with individuals with lived experience and carers, the peer team heard their perspectives on direct payments. Carers and people with lived experience opined that the current direct payment system is "too rigid" and "lacks flexibility," and that the system should allow for greater creativity. They also expressed difficulty in understanding the language used in information concerning direct payments and felt that this creates barriers and confusion. that the principle behind direct payments is that people have choice and control over the care and support to which they are entitled, Dorset

Council may wish to consider the innovative research conducted by Essex County Council which identifies some of the key barriers and enablers that contribute to the effective delivery of direct payments. Dorset may also want to consider current personal assistants pay rates and whether this may be leading to gaps in provision.

2.13 Currently Dorset does not have a standalone prevention strategy, the peer team found it interesting that public health did not appear to be in the adult social care prevention space. Prevention and Early Intervention is integral to supporting healthier lives for individuals and providing better outcomes. Closer links with public health and PCNs would embed prevention further and create better opportunities for individual outcomes and joint working. The peer team also felt that staff had difficulty in articulating what services/approaches were in place to promote prevention and early

intervention. Dorset may wish to consider developing such a strategy that demonstrates the Council's overarching corporate and partnership approach to prevention and highlights key prevention activities and anticipated outcomes. The strategy could outline the Council's intention to adopt a culture of prevention and early intervention in order to reduce the need for intensive intervention services which additionally enables residents to live an independent life as long as possible. Additionally, the development of the implementation of ICP strategies of early help, prevention and thriving communities (which is underway) should bring a greater focus on the health and wellbeing of residents and give greater opportunity to explore early intervention and prevention through the life course.

Equity in experiences and outcomes

Strengths

- Black and Ethnic Minority Workforce Group
- Celebrated Black History Month and Race Equality Week
- Women's Network and menopause training
- Mental Health Champions
- Disabled Workers Network

2.14 The council have employed an EDI lead who is in the process of forging closer links between council directorates and public health and setting up a number of EDI advisory groups to further promote the EDI agenda.

2.15 The peer team heard of several innovative initiatives that have been developed to ensure equal access to adult social care for those adults from hard-to-reach groups. These consisted of a dedicated mental health housing officer which also supports timely discharge from hospital, the rough sleeper's strategy which has strong links with the Community Safety Partnership and Housing and the Dragon Fly project which is promoting a whole system approach to hard-to-reach groups regarding domestic abuse.

Considerations

- Limited housing stock for mental health supported living and adults with complex care and support needs
- Mental Health OT resource required with neurodiversity skills
- Consider review of ASD pathways along with partnership working
- Consider impact of immigration barge docked in Portland especially given right wing community groups
- Consider collation of Workforce Racial Equality Standards (WRES) data
- Information and advice on public facing website described as "confusing and not accessible" by several people with lived experience. However, published data shows that feedback is relatively good in this area (67.3% satisfaction against 65.6% average for comparator group. NHS data)

2.16 Although the council has in place an Equality, Diversity and Inclusion Strategy (2021-2024) some of the terminology in the strategy is outdated and no longer used, such as BAME (Black, Asian and Minority Ethnic). In 2019 following guidance from the Race Disparity Unit the government stopped using the terminology BAME and instead recommends that, wherever possible, we should use the specific ethnic classifications of the census and where it is absolutely necessary to group together people from different ethnic minority backgrounds, we should say 'ethnic minorities' or 'people from ethnic minority backgrounds'.

Theme 2 Providing Support

This theme covers: market shaping, commissioning, workforce capacity and capability, integration and partnership working.

Care provision, integration and continuity

Strengths

- Intermediate care project currently reviewing people who fall in care homes – piloting tech 24hr falls project
- demonstrated effective working and benefits for individuals who use services
- Proposed hub and spoke model for day services will utilise community assets and demonstrate person centred care
- Development and investment into Extra Care
- Development of Care Dorset as an established trading company has provided support to the wider sector in a complimentary role

3.0 Integration with health colleagues across teams for individuals with learning disabilities and mental health demonstrated effective collaboration and improved service users' outcomes. During the lived experience and carer sessions, participants articulated the advantages of this collaborative working approach. Several participants described how they can see the right professional at the right time, which frequently prevents a crisis. The peer team heard some incredible personal accounts of adults achieving their individual goals as a direct result of collaborative multi-disciplinary working.

3.1 The adult social care directorate has a strong relationship with care providers. Feedback from both council commissioning staff and providers demonstrated a collaborative way of working with care providers. The Fair cost of care exercise, that was successfully completed has also had positive results for providers and further promoted collaborative working.

3.2 The peer team was impressed by the Peripatetic Team, an innovative solution for managing vacancies and staff absences across the adult social care system. The team's staff were enthusiastic and committed to this model, and they provided excellent examples of how their professional knowledge, competencies, and skills had

expanded as a result of working in the team. The peer team also spoke with an ASYE working within the team, who shared that the learning they had received was invaluable and provided a comprehensive overview of the various roles within adult social care something that would never have been achieved normally.

Considerations

- Asset based community development bottom up approach needs to be further strengthened as both a means of promoting wellbeing and reducing demand, but also drawing upon assets – the community.
- Formal agreements should be made with wider partners regarding service provision for out of area placements as this may create inequity
- Information to wider partners, care providers and VCSE is not joined up-there is not a sense of continuity or integration regarding DC's priorities and current workplans
- Considerable challenges regarding demographic demand outstripping supply
- Considerable shortage of social housing for 18+ the council should consider council led activity in the local private rental market making more homes available at lower cost and aim to improve housing services for residents, and tenants of all social landlords including an active and increasing role for residents and tenants.
- Pathway for homelessness in hospital to be considered to support patient flow
- There is a commitment to work together from System Leaders however, clearer definition of localities/communities would be beneficial to bring together closer working in line with the ICS mandate
- Positive redesign and development of commissioning function which is recognised by providers, partners and staff

3.3 Staff interviewed acknowledged that additional work is required in the areas of workforce planning and addressing vacancies across care providers at both a strategic and operational level to reduce risks across the care market and to ensure continuity of care and the best possible outcomes for those in need of care and support services.

3.4 The peer team identified that there are numerous meetings that appear to take place at an informal level but little evidence of how these meetings link to either business as usual activities or transformation actions. Dorset may need to consider implementation of action logs at each informal meeting to ensure that information is not lost and can be shared across the system where appropriate to inform business as usual or transformation plan actions.

3.5 The council acknowledges that further work is required to promote the housing offer, especially regarding supported housing for young adults and adults with a mental disorder. The council's housing stock is currently being reviewed to ensure future housing proofing. In addition, the council undertook a restructure of housing last year, resulting in a single point of access with a dedicated email address for professionals.

Partnerships and communities

Strengths

- Mental Health System resilience group jointly owned, currently reviewing increase in section 136 as partnership group to reduce numbers
- Mental Health colleagues have been made aware of CHC Joint Funding Policy (currently under review)
- Data reporting to ICB around hospital admissions for individuals detained under The Act is positive and supports risk management and future market provision
- Community Safety Partnership working closely with housing “parish connection” regarding reducing gold standard of identification for domestic abuse
- Robust community partnership prevention offer (Urgent community response model, Aging well and home first, community connectors, social prescribers)
- Health colleagues recently undertook Research in Practice Care Act training
- Recently reviewed dispute policy
- Social Prescribers within PCNs working really well in North Dorset
- Good representation of council and health partners at health integrated collaborative events
- Project underway to consider sharing of information between services regarding those with high dependency care and support needs (revolving door) via Health DIIS
- Joint record sharing is positive and reduces duplication and improves user experience
- VCSE, Care Providers, Town and Parish Councils feel well supported by commissioners and the council
- VCSE feel well represented at the ICPA and ‘feel valued and have a voice’
- Significant volume of volunteers across Dorset support hospital flow, out of hours and low-level needs, reducing demand on ASC
- Joint working with CYP services supports a seamless transition into adult services
- TEC offer has brought partners together to maximise independence and opportunities for individuals
- ASC multi-disciplinary front door redesign project is well thought through with a focus on managing demand and early intervention
- Partnership digital front door, primary and secondary mapping currently in early stages but extremely promising outcomes envisaged
- Information, Advice and Guidance Strategy in place
- Recent project with DHSC (12wk project) recommended 2 x concepts
- Home Care Optimisation programme has provided improved service user experience and provider stability
- Investment in Partners in Care has demonstrated positive outcomes

3.6 Staff from mental health services described being actively involved in the discharge planning for mental health patients as a result of the Section 117 Project. Staff had direct oversight of mental health discharge delays and parity of esteem with D2A as well as weekly commissioning operations meetings to unblock delays (commissioning, housing, etc.) and a dedicated mental health housing officer reducing discharge delays, it was evident to the peer team that the current process was aligned to NICE Guidelines (Transition from inpatient mental health settings to community or care home settings, 2016).

3.7 In addition, the peer team were impressed with the other outcomes that had been achieved as a result of the Section 117 Project, such as a robust discharge process/pathway, a section 117 hub with the council being the commissioner with responsibility for sign off for section 117 aftercare under the scheme of delegation, a new section 117 assessment process and paper work, and the implementation of an advanced practitioner to support training in section 117 and promoting the early discharge planning approach.

3.8 The team identified exemplary instances of collaborative innovation throughout the D2A system, including the route 256 pathway and the streamlined discharge procedure. This has resulted in successful outcomes and improved patient flow. There is now a partnership commitment to long-term planning, and a core D2A offering has been established. Additionally, the Home First model has reduced delayed discharges, increased capacity, improved hospital avoidance, and demonstrated effective partnership working.

Considerations

- Extra care housing - partners not yet involved as still early in journey
- Consider undertaking work around place and localities including asset mapping, community development
- Further utilisation of the VCSE would be beneficial to support with demand
- Consistency of approach to support individuals with complex needs with health partners would ensure equity and improve service user experience
- Greater analysis of data to inform targeted intervention for individuals discharged following PW1
- Do staff understand what ICS is/means and how this will influence/shape practice and service provision?
- Greater understanding and involvement with elected members to support work programme
- Decision making for care provision can at times be delayed, which could result in potential deconditioning of individual need and poor experience

3.9 The staff informed the peer team that there are frequently ten to fifteen adults requiring admission under the Mental Health Act, but there are no available beds (to note this is pan-Dorset including BCP Council area). There is a section 140 policy in place which is being reviewed in October, at this time consideration will be given as to whether an additional standard operating procedure is required. Dorset may also wish

to implement partnership escalation processes and/or a Memorandum of Understanding with the Mental Health NHS Trust concerning bed admissions.

3.10 The peer team felt that there was a disconnect between Place partners (Public Health, Primary Care Networks, and NHS), which appears to have resulted in lost opportunities to better comprehend health inequalities, population need, and a coordinated approach to support each other under the ICS agenda.

Theme 3 Ensuring Safety

This theme covers: safeguarding enquiries, reviews, Safeguarding Adult Board, safe systems, transitions and continuity of care

Safe Systems, Pathways and Transitions

Strengths

- Modern Slavery Lead in post
- Safeguarding Team have access to health systems to support immediate safety planning
- Regular meetings with CQC, provider quality team and safeguarding
- Large Scale Organisation Response process in place
- Self-Neglect assess on individual basis, practice guidance in place which clearly supports when it is safeguarding and when it is case management
- Exploitation Strategy in place
- MARM works really well, practice guidance developed and published, service users, carers invited to attend meetings
- Police local safeguarding hubs that collaborate closely with Safeguarding Team and MARM process, delivery plan in place
- Pan Dorset Suicide Prevention Network in place, chaired by public health
- Missing persons partnership protocol in place, launched last summer
- Good case examples given of Modern Slavery partnership working
- HERDER (MARAC) meet 4 days a week, partnership presence, monthly escalations meeting – innovative and effective way of managing volume of high risk/complex domestic abuse referrals
- Domestic Abuse advisor service in place

4.0 The Community Safety Partnership (CMP) offer, is extremely robust. The CSP is chaired by the cabinet portfolio member for Culture and Communities, and there are clear priorities in place which are jointly owned across partners. The CMP meet twice a year with Independent Chairs of the Pan Dorset Safeguarding Children Partnership and the Dorset Safeguarding Adults Board.

4.1 The Domestic Homicide Review (DHR) is conducted in partnership with the Dorset Safeguarding Adults Board, and recent partnership training has been completed. A DHR Action Plan Review Group is in place and meets quarterly with

broad partnership representation. Together with the Council's Principal Social Worker, each partner organisation has a DHR lead who ensures that learning from DHRs is disseminated across the system to improve practice and process.

4.2 PREVENT and CHANNEL leads meet regularly and cascade updates to the senior leadership team. There are PREVENT leads in each council service area who meet monthly. There is a combined children and adult CHANNEL panel in place which is chaired by the Childrens Head of Service (deputy chair is the Adults Corporate Director). Additionally there is a peer support offer around PREVENT across the council.

4.3 The peer team learned how the council and partners in Dorset have effectively implemented High Risk Domestic Abuse (HRDA) meetings, a multi-agency response to high-risk cases of domestic abuse in Dorset. The new approach has resulted in faster multi-agency response times, increased cooperation between partner agencies, and improved outcomes for victims of domestic abuse throughout Dorset.

Considerations

- Serious Incident and lessons learned framework in development
- MAPPA and Community Safety Partnership linkage not yet developed but in progress
- MAPPA level 1 not discussed at MAPPA, involvement of probation and key agencies could be missed unintentionally

4.4 Although the council have introduced a Multi-Agency Risk Management (MARM) framework and have regular meetings to manage risk there is currently no governance, quality assurance or regular reporting of cases that takes place.

Safeguarding

Strengths

- Strong operational staff links across teams and partners in relation to sharing of information and intelligence (provider concerns)
- Transformational Safeguarding Position statement in place across SAB, Children and Community Safety with a clear plan to progress (green shoots)
- Safeguarding Team run regular webinars; county lines, domestic abuse and older people (very innovative)
- Natural justice principles considered when 'causing' provider to lead on enquiry
- Green shoots around MSP (KPI 85%) however, voice of service users and outcomes not always embedded

4.5 The peer team found that staff were committed and passionate to ensure the safeguarding adults with care and support needs. Staff evidenced that they had a clear understanding of safeguarding and relevant local safeguarding policies and

procedures. The council has a robust safeguarding training offer in place supported by the Learning and Team. The Portfolio holder for adult social care is actively involved in the safeguarding arena and as such cabinet members have received safeguarding training. All Safeguarding Adults Board partners have now signed up to the safeguarding secure professional's portal ensuring a consistent approach to the reporting of safeguarding concerns across all partner agencies.

Considerations

- Public Health is on the SAB but seen as a gap in terms of opportunity for joined up work and prevention.
- Approach and application of modern Slavery is an area for further development, (although recent case showed good partnership working)
- Strong operational staff links across teams and partners in relation to sharing of information and intelligence
- Transformational Safeguarding Position statement in place across SAB, Children and Community Safety with a clear plan to progress (green shoots)

4.6 Although the Safeguarding Adults Board (SAB) strategy is in place not all partners understand or agree with it (raised by a member of one partner agency). The peer team acknowledge that Dorset SAB has been on a journey of change which has been positive, however the peer heard that not all partners feel connected.

4.7 Currently the Community Safety Partnership are not members of the Safeguarding Adults Board but do meet twice a year with the independent chair. The peer team found this unusual as most SABs have representation from the Community Safety Partnership and are seen as a valued and core member of the SAB.

Theme 4 Leadership

This theme covers: culture, strategic planning, learning, improvement, innovation, governance, management and sustainability.

Governance, Management and Sustainability

Strengths

- Clear mission statement with cabinet commitments including Adult Social Care
- VCSE have strong links to the local community and support in the wider prevention and early intervention agenda
- Positive steps to recruitment to support capacity and demand, i.e., peripatetic practitioners, central recruitment model and an inclusive employer
- People and Health Overview Committee, People and Health Scrutiny Committee, Place and Resources Overview Committee and Place and Resources Scrutiny Committee in place

5.0 The peer team were in agreement that the council has clearly demonstrated good leadership, financial and political stability. Considerable savings have been made through becoming a unitary authority and this has been reinvested into services to provide better outcomes for people.

5.1 The workforce are skilled, knowledgeable, passionate and committed to the residents of Dorset. There are positive steps in place to recruitment to support capacity and demand, such as the innovative peripatetic team previously mentioned. The council utilise a central recruitment model and there was evidence that they are indeed an inclusive employer. The wellbeing of staff is clearly embedded in the councils' values and many examples of staff's wellbeing being promoted was identified (redesign of AMHP Hub Model to ensure work life balance, Lone Working Safety and flexible working).

5.2 The performance management system is well-developed and employs a rigorous methodology, which promotes staff/management ownership and connects to critical areas such as service area budgets.

Considerations

- A detailed workforce strategy to retain staff and meet future demand, which is broader and more creative to attract future employees i.e., housing provision
- How will DC and BCP come together to ensure shared outcomes with the risk of different political priorities
- Ongoing level of change regarding continuity of service provision, staff wellbeing and message to wider partners and people who use services
- The community needs to understand what the vision is and what Dorset Council is aspiring to deliver

5.3 As previously mentioned adult social care has a significant transformation programme in place with many key priorities. Consideration may need to be given as to how this programme of change is articulated and what it means to different people (staff, residents, partners and providers) regarding what the programme actually is, what it will achieve, and how you will get there. There may also be the need to ensure that all members, including the opposition fully understand the transformation journey and commit to support in the role they can play.

5.4 Although the Quality Assurance Framework and approach is showing green shoots the council recognises that further work is required to ensure there is a robust audit and reporting cycle in place that is fully embedded. The new dashboard will also give greater opportunities to understand performance, provide assurance and reflect and shape the service going forward.

Learning, improvement and innovation

Strengths

- General feeling from staff that “things are moving in the right direction”

- Brave leadership on the Accelerator programme has enabled good outcomes with the Council ‘taking the first steps’
- Staff understand that leadership does not always have to come from ‘Dorset Council’ and feel enabled and autonomous in their role
- Workforce and residents are seen as assets with strong recognition programmes
- Joint leadership model on enablement is well embedded and demonstrates good outcomes

5.5 Through the Learning and Development Team's training offer, webinars, service area training sessions, and reflective sessions, the peer team discovered evidence of a continuous learning cycle. Through access to Dorset Council training, webinars, and learning, the VCSE and providers receive excellent support. Apprenticeships are available, and the ASYE programme provides robust learning and training opportunities. Future endeavours include the creation of a practice competency framework to facilitate career development and progression.

Considerations

- Wider involvement and engagement with members
- Simplified communication to ensure engagement and understanding by people who use services is essential to ensure inclusion –and co production
- Consider future performance metrics on local outcomes
- High volume of staff in interim roles has resulted in some inconsistency and progress with work programme
- The volume of transformation projects is high and needs to be balanced against business as usual/day to day operations to ensure this can be successfully delivered with staff and residents fully engaged

5.6 Carers and adults that receive services shared their experiences of engagement with adult social care services. These experiences were varied, with many people feeling that their voice is not always heard, and that communication could be improved and that they would like to be more involved in broader decisions regarding service provision and strategy. Dorset may wish to consider external support with coproduction from SCIE or Think Local Act Personal who offer support to local authorities in implementing a coproduction approach.

Immediate next steps

We appreciate the senior political and managerial leadership will want to reflect on these findings and suggestions in order to determine how the organisation wishes to take things forward.

As part of the peer challenge process, there is an offer of further activity to support this. The LGA is well placed to provide additional support, advice and guidance on a number of the areas for development and improvement and we would be happy to discuss this. **Paul Clarke, LGA Principal Adviser** is the main contact between your authority and the Local Government Association. His contact details are email:

Paul.Clarke@local.gov.uk, Telephone: 07899 965730. There is also the **LGA Care and Health Improvement Adviser for the South West, Jan Thurgood**. Her contact details are email: jan.thurgood@local.gov.uk, Telephone: 07442 934794.

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

Contact details

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

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