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 Our Ref: ASC/SF/61027012  
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Glen Garrod  
 Executive Director, Adult Social Services  
 Adult Care  
 Lincolnshire County Council  
 Room 118, County Offices  
 Newland  
 Lincoln LN1 1YL

Dear Glen,

### **Lincolnshire County Council Adult Social Care Peer Review**

I am writing to outline our findings and conclusions from the peer review conducted in Lincolnshire between the 27<sup>th</sup> and 29<sup>th</sup> June 2016.

As you know the review team comprised of myself as the Lead Director, Sue Batty (Service Director, Mid & North Notts, Nottinghamshire County Council), Victoria Collins (Assistant Director Adult Social Care Milton Keynes Council), and Sandy McMillan (Assistant Director, Strategy & Commissioning, Leicestershire County Council), supported by Daniel Routledge (SDSA).

You asked us to look at the following Key Lines of Enquires:

#### **Adult Frailty and Long Term conditions**

- This element of the deep dive will consider the commissioning arrangements that Adult Frailty and Long Term Conditions Division have in place to meet the needs of people with a physical disability (all Adults). It will consider the commissioning arrangements that we have in place, how we manage our provision and how we could improve our position. The dive will also consider what joint arrangements we have in place and our ambition.

#### **Safeguarding**

- To stock-take progress from the last Peer Review and Lincolnshire's response to the Care Act. Deep dive into looking at Lincolnshire's Adult Care's approach to making Safeguarding personal and develop preventative approaches to Safeguarding.

We would like to thank you and your team for what we recognised as a significant amount of preparation for the Review, both in terms of the background material provided for us prior to arriving and the additional information we received over the three days we were in Lincolnshire.

We also appreciated the open and honest way in which all Members and staff approached our conversations, which was very helpful in us understanding the issues you face as a department.

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In particular we would like to thank Rachel Pitman and Katrin Howe for looking after us so well over the course of our time with you.

As well as considering the two KLOEs, we also picked up some general contextual findings which we would like to play back to you as part of our thinking.

### **Contextual - Strengths**

Everyone we met with clearly identified with the Commissioning Council ethos of the local authority, it was obvious at every level of the department that this approach was fully embedded. There was also a very clear sense of direction from Elected Members and they were very clear as to what they expected from the department in terms of performance and quality.

We found a very strong culture of evidencing commissioning decisions and an impressive dataset that sits behind this evidence. Almost everyone we met had documentation and data to share with us evidencing the work they were involved with.

There were also absolutely clear and detailed processes for the delivering of commissioning, contracting, procurement and quality assurance that were well understood and delivered by staff we met with.

The staff were knowledgeable in their various subject areas and were enthusiastic and proud of Lincolnshire County Council and the role they played in supporting citizen's lives. Internal governance appeared to us to be very clear and robust and externally we heard of some good operational links with colleagues from health.

It was our view that the department is highly efficient within what is a very lean staffing structure.

### **Contextual – Areas for development**

We felt that you may wish to consider the operational focus of the Principal Practitioner and how this role may develop into the future. This post is crucial in the delivery of strategic priorities of the organisation and our sense is that currently there is a lot of pressure on this role. Being able to provide Principal Practitioners with sufficient time not only to manage workflow but to ensure good social work practice will support the embedding of the overall strategic aims of the Department.

The connection between strategic commissioning and the commissioning that happens at an operational level still needs some closer alignment. Again this might be supported through the Principal Practitioner role as you consider its future developments.

We heard of new ways of working, new IT infrastructure that is coming, of course led by the implementation of MOSAIC and felt this really need to be driven forward if you are to manage the significant rises in demand for assessments.

Our belief is that you have plans in place to do this, but would reiterate the significance of ensuring this happens as quickly and smoothly as possible, particularly given the demographic pressures you face in the coming years.

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We heard of different views on the effectiveness of the Customer Service Centre and their ability to support in the managing of demand and provision of successful outcomes for citizens. We were not with you for long enough to form a view on this, but merely reflect back that these differences exist and it might be something for you to consider further investigation of.

As an aside, and to be clear not as an area for development but merely as a flag, like the rest of us you will have to ensure you are able to manage the ongoing demand presented by Deprivation of Liberty Safeguards.

### **Adult Frailty – Strengths**

We were impressed by your commissioning strategies which set out clear ambitions and intentions and these are well understood by strategic commissioners.

The staff we met in commissioning, procurement and quality were very good technically and very enthusiastic. Clearly you have done a huge amount of procurement in a very short time, and it appears to us that this was done well, which was very impressive given the volume.

The focus we found was on maximising value, managing risk and improving the quality of service, never an easy balance, but one you appear to be striking.

The relationship you have with your providers is a very constructive one and having organisations such as LinCA as strategic partners is of real benefit to the organisation and local citizens.

Providers reported to us that there is a very clear and transparent way of working with the local authority and that they valued this level of openness and clarity. We also found evidence of customer satisfaction through ASCOF indicators and your local survey data.

### **Adult Frailty – Areas for development**

There was a real lack of visibility of the Clinical Commissioning Groups throughout the review. In potential key areas for development and joint working at an operational level, such as Continuing Health Care and home-based intermediate care, the apparent absence of NHS engagement will make work in these areas far more challenging to deliver.

Given the demographic predictions you shared with us, there is still some work to be done around ensuring you have the right systems in place to manage the demand you will face. Clearly the promotion of self service has a role to play in this area.

Related to this is the further development of the Prevention Strategy and in particular consideration of whether a more targeted approach to prevention could improve the Council's ability to manage demand.

We felt it would be worth exploring how your current processes are enhancing and promoting Personalisation and whether there is room for more personalised outcomes for citizens.

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Your operational teams reported to us that they felt under significant pressure, which begs the question is there enough space for creativity at the frontline? Developing personalised outcomes for service users takes time, whereas traditional outcomes are far quicker. Do staff have enough time to think creatively?

There also needs further work in order to bridge the gap between Adult Social Care and the wider well-being agenda.

### **Safeguarding – Strengths**

The Safeguarding Adults Board appeared to us to be well established, with a clear intention and plan, and seems to be action-orientated. The Board appears to have good participation from partners and the Chair is clear of the need for it to be assured that people are being kept safe.

There is a new operational process plan in place and we felt this was a good step forward for the Board and the reporting from the local authority is good.

LinCA provides the Board with a good operational partner who is delivering not only in the development of safeguarding in provider settings, but also in workforce development.

Our view was that the Safeguarding Team appeared to be effective.

### **Safeguarding – Areas for development**

We heard that the focus of safeguarding had moved significantly from an investigatory/identification of perpetrator model to a much more useful and effective 'learning and action' approach. However it was clear that this evolutionary shift which mirrors the direction of Making Safeguarding Personal was in some areas at an early stage and would need further nurturing and development.

You need to continue the evolution of the safeguarding processes for provider led investigations conducted outside of the council so that information provided to the Board on safeguarding is consistent across all partner agencies. This will allow more comprehensive reporting of safeguarding and ensure the Board can be assured in all areas.

There is a need to drive forward with a move away from a 'systems and process' approach to safeguarding towards a more personal approach, both internally and across the partnership.

A challenge for us all is getting to a place where early intervention and prevention of safeguarding are embedded rather than responding to a safeguarding incident and you also have this journey to make.

### **Priority Actions**

Clearly we have set out a number of considerations in these findings, so felt it would be helpful to outline the three areas we felt were the most critical for you at this time.

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The implementation of MOSAIC is clearly critical, we were repeatedly told how it would assist in many areas in the future. In our experience, these implementations are never as straightforward and expeditious as you might hope, so our recommendation is whilst this is clearly key in helping drive your new ways of working, be cautious in your approach.

Currently you have very good systems of reporting and data on which to evidence effectiveness and these should not be lost until you are assured that MOSAIC is able to offer at least the same levels of information.

Prevention and its ability to support the reduction of demand and improve the well-being of the population is clearly going to be significant for you given the population demographics you face in the future. It is key that you get this right and that it considers its role in demand reduction.

We mentioned the lack of visibility to us of the CCGs and whilst this did not appear to be for a lack of effort by your staff or elected members, you clearly need to see what further opportunities exist in order to maximise the engagement with health commissioners on the big 'systems issues'.

There is no real solution to the health and social care challenges in Lincolnshire without colleagues from the NHS, so finding new ways to ensure all partners are engaging will be key for you going forward.

Once again we would like to thank you, the Elected Members and staff who gave up their time to talk so openly and honestly with us during our time in Lincolnshire. One of the benefits of the Peer Review system is that we as a team have also learnt much from our time with you and will bring some of your thinking to our own local authorities.

Yours sincerely



Steven Forbes  
Strategic Director, Adult Social Care

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