

Adult Social Care Peer Challenge

Key areas of focus – additional probes

Overview

The peer challenge process aims to help local government to help itself to respond to the changing agenda for adult social care. Undertaken from the viewpoint of a friend, albeit a 'critical friend', a peer challenge allows a team of people who understand the pressures of running a local authority to review the council's practices in a challenging but supportive way.

A peer challenge includes an assessment of current achievements and provides recommendations of how further improvements can be made. It is a constructive, collaborative and supportive process with has the central aim of helping councils improve. It is not an inspection, nor does it award any form of rating category.

The following sections set out the key area of focus for peer challenges in adult social care. They have been tested with the sector. The key areas of focus also can be used as a means of self-assessment.

They are centred on the following key themes:

- 1. Outcomes for people who need care and support to improve independence and wellbeing**
- 2. Participation**
- 3. Vision, Strategy and Leadership**
- 4. Working Together**
- 5. Resource and Workforce Management**
- 6. Service Delivery and Effective Practice**
- 7. Commissioning and Market Shaping**
- 8. Improvement and Innovation demonstrating notable practice**

Every council and partnership is different and the challenge team will ensure the challenge is individually tailored to the needs and priorities of each local authority. The intention is not to cover all the questions as they appear below. Instead scoping would be done with the individual authority to select the areas most appropriate to them.

These refreshed key areas of focus have been discussed and approved by the Towards Excellence in Adult Social Care (TEASC) Programme Board. TEASC is a programme to help councils improve their performance in adult social care, delivered by the sector on a regional basis. See www.local.gov.uk/adult-social-care for more information.

Key areas of focus with additional probes

1 Outcomes for people who need care and support to improve independence and wellbeing			
	Key areas for focus	Additional probes/information	Possible sources of evidence
1.1	<ul style="list-style-type: none"> How is the council taking action to discharge its duty of wellbeing in line with the Care Act, and make sure that people who live in their areas receive services that prevent their care needs from becoming more serious, or delay the impact of their needs? 	<p>Outcome focus</p> <ul style="list-style-type: none"> There is a shared approach to outcomes between the Council, NHS, Police and other partners Officers and Members work across individual service and agency boundaries, and beyond traditional definitions of their roles, to improve outcomes Outcomes are consistent, regardless of how old people are, whatever their disability or mental health problems, who pays for their care and their eligibility for care and support under the national eligibility criteria (FACS until April 2015) Effective prevention and early intervention is in place The council and its partners adopt a 'whole family' approach, giving family carers due recognition and taking their contributions and circumstances into account, alongside those of the person requiring support in an integrated flexible way. People manage their own support as much as they wish, so that they are in control of what, how and when support is delivered to match their needs. People are able to find employment when they want, maintain a family and social life and contribute to community life, and avoid loneliness or isolation (TLAP marker: Systems and organisational culture support both people and carers to achieve and sustain employment if they are able to work.) 	<ul style="list-style-type: none"> There is an emphasis on outcomes throughout all strategies, plans and progress reporting and in interviews Performance reporting includes outcomes measures (e.g. new national indicators) Reports to the Council, Clinical Commissioning Group, Health and Wellbeing Board, Community Safety Partnership and Local Strategic Partnership Case file Statements from service users Evidence of success in commissioning Evidence from adult social care teams
1.2	<ul style="list-style-type: none"> How is the council placing importance on achieving consistent outcomes for all residents who need care and support, as required under the Care Act 2014 		
1.3	<ul style="list-style-type: none"> How far do these outcomes reflect the priorities and needs of citizens and service users as set out in the Local Account? 		
1.4	<ul style="list-style-type: none"> How does the council use feedback from people who use services to improve outcomes? 		
1.5	<ul style="list-style-type: none"> What is the strategic shared approach to improving health and well-being outcomes across the council, NHS and other partners? 		
1.6	<ul style="list-style-type: none"> To what extent can the council and its partners demonstrate improved safeguarding outcomes? 		

		<ul style="list-style-type: none"> • People who use services and their carers report that they have as much social contact as possible. • The agreed outcome-based priorities consistently and successfully drive commissioning and service development agendas for the council and its partners. • The council can demonstrate that its priorities are based upon locally determined needs, which recognise the diverse make up of its community and are sufficiently stretching. • The Council can demonstrate through its actions and those of its partners that it is improving opportunities and outcomes • Performance management and organisational culture focuses on outcomes and not just meeting targets, processes and timescales • There are mechanisms in place to review progress against outcomes and to review action and budgets accordingly <p>Health and well-being</p> <ul style="list-style-type: none"> • The Health and Wellbeing Board supports the achievement of improved outcomes. • The council works closely with NHS commissioners to improve health and well-being outcomes and to safeguard adults at risk • The JSNA contains robust information about the needs of local communities and vulnerable adults. • There is a cross-council understanding of how to improve health and well being. 	
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		<ul style="list-style-type: none"> • People are supported to access a range of networks, relationships and activities to maximise independence, health and well-being and community connections (including public health). • The important contribution that housing makes to improving health and well-being outcomes is recognised, with strong links between housing and adult social care. <p>An outcome based approach to safeguarding</p> <ul style="list-style-type: none"> • Individuals (or their advocates if they lack capacity) define the outcomes and processes they want in relation to safeguarding. • The Safeguarding Board provides challenge and support on the outcomes for and experiences of people needing services and the impact and effectiveness of service delivery to its member organisations • People's rights are safeguarded in relation to the deprivation of liberty, living free from harm, maintaining control over their lives and in relation to compulsory treatment or residence in relation to the Mental Health Act. • There is increasing access to justice for people who have experienced harm and prosecution levels are increasing. 	
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2	Participation		
	Key areas of focus	Additional probes/information	Possible sources of evidence
2.1	<ul style="list-style-type: none"> How does the Council actively involve people, carers, families and communities in the design, development, delivery and review of innovative care and support arrangements? To what degree has the council involved peer groups & user-led organisations in the design and commissioning of services, with real control over the resources used to secure care and support? 	<ul style="list-style-type: none"> The councils engages with, listens and takes account of the views of the whole community, users of service and carers in the planning, commissioning, delivery and review of services – and ensures that partners and stakeholders understand and support the approach taken. People who use services and carers are able to exercise the maximum possible choice over how they are supported and are able to direct the support delivered. All personal budgets, including personal health budget as well as personal social care budget offer genuine opportunities for real self-direction. 	<ul style="list-style-type: none"> Surveys of people who have used services. Focus group with people who use services and carers Users and carers express high level of satisfaction Evidence of service users involvement Protocols, policies, strategies have examples of user involvement
2.2	<ul style="list-style-type: none"> How does the council provide easy access to users and carers of services to advocacy services, including independent advocacy support? How does the council provide access to translation services when these are required to ensure understanding between the person with care and support needs and the council? 	<ul style="list-style-type: none"> People who use social care (whether people who use services or carers) are able to direct the available resource. Processes and restrictions on use of budget are minimal. Local advice and support includes user led organisations, disabled people's and carer's organisations, self advocacy and peer support. 	<ul style="list-style-type: none"> Forms and protocols that use respectful language Evidence of direct representation of user/ carers Users and carers can express how they know where to go for help and understand their entitlements Written policy documents
2.3	<ul style="list-style-type: none"> What evidence is there that demonstrates coproduction is integral to commissioning activity at all stages in the cycle so that the range of support commissioned meets both identified need and people's aspirations for the future within available resources? How does this apply to both health and social care commissioning when people have personal health and social care budgets? 	<ul style="list-style-type: none"> The Council uses the TLAP markers of progress Carers can balance their caring roles and maintain their desired quality of life Carers feel that they are respected as equal partners throughout the care process. People with mental health and / or mental capacity issues are able to make informed choices and have as much opportunity for personalisation, dignity and respect as other 	<ul style="list-style-type: none"> Safeguarding and dignity in care policies File audits Management information

2.4	<ul style="list-style-type: none"> How does the council engage with and empower all aspects of its diverse community to explore issues honestly, and work together to identify new ways to support people who live in their communities with care and support needs? 	<ul style="list-style-type: none"> citizens. The Mental Capacity Act is fully implemented. 	
2.5	<ul style="list-style-type: none"> What evidence does the council have that such engagement has affected the way in which services are delivered and improved outcomes? 	<ul style="list-style-type: none"> Advocacy is available and used appropriately for people who are (or may have been) experiencing abuse, including independent advocates for Mental Capacity (IMCA), Domestic Violence (IDVA) and Mental Health (IMHA) 	
2.6	How does the Council know that users of services and carers feel in control and safe	<ul style="list-style-type: none"> Users of services and carers receiving services are aware of how to complain and make representations and have easy access to advocacy services 	
2.7	<p>How does the council ensure that its safeguarding processes puts individuals in control and this continues throughout all the stages?</p> <p>How is safeguarding personalised to the needs and circumstances of the individual?</p>		

3 Vision, Strategy and Leadership			
	Key areas of focus	Additional probes/information	Possible sources of evidence
3.1	<ul style="list-style-type: none"> Is there recognised and active leadership by all statutory partners on promoting wellbeing and safeguarding? How do managers and leaders communicate clearly the requirements of the Mental Capacity Act? 	<ul style="list-style-type: none"> Senior members and officers have the right leadership skills, competencies and leadership styles to deliver the strategy and respond to new challenges and to make difficult decisions. The council in its local leadership role supports the development of a wide range of local resources and opportunities, including support services, regardless of how they are provided or who funds them. 	<ul style="list-style-type: none"> There is a published Council vision statement for Adult Social Care and/or a written strategy document The same vision exists in the statements and business plans of partner organisations and agencies The vision and priorities are reflected in local strategies and corporate plans, the JSNA and action plans arising from it Senior members and officers can articulate the authority's vision, ambitions and priorities. This articulation includes how they impact on wider equality agendas Cabinet and Scrutiny reports
3.2	<ul style="list-style-type: none"> To what extent is the health & wellbeing board exercising collective leadership and steering the development of integrated and personalised services to meet population needs, with clear and resourced strategies and plans? 	<ul style="list-style-type: none"> Senior officers, key councillors, Crime Commissioners and non-executive board members communicate to their organisations how Adult Safeguarding contributes to the well-being of individuals and communities 	
3.3	<ul style="list-style-type: none"> How effective are the council's decision making processes, including scrutiny arrangements, in relation to shared priorities & accountability between local leaders? 	<ul style="list-style-type: none"> Leaders are supported by appropriate training and resources. 	
3.4	<ul style="list-style-type: none"> To what extent does the Council focus on cultural change, just as much as systems change and engaging solutions beyond social care, including NHS? 	<ul style="list-style-type: none"> Senior members and key senior officers communicate how adult social care and adult safeguarding contributes to the well-being of individuals and communities. 	
3.5	<ul style="list-style-type: none"> Is risk to achieving strategic aims for adult social care identified accurately and managed effectively and do leaders create a climate where risk is openly and constructively discussed? What risk identification mechanisms are in place and processes to manage risk? 	<ul style="list-style-type: none"> There are clear and resourced strategies and plans which are owned by the Health and Wellbeing Board and shared by the leaders and all employees across the council and by its partner organisations to deliver these priorities. The council can demonstrate that it is aware of national priorities and has taken these into account when developing local strategies. 	

3.6	<ul style="list-style-type: none"> How does the leadership of the council demonstrate that it values diversity and that the principles of equality and diversity are incorporated into all the council's functions? 	<ul style="list-style-type: none"> The council has a clear vision and explicit priorities which reflect its ambitions and the challenges it is facing. 	
3.7	<ul style="list-style-type: none"> To what extent is adult social care leadership positioned in the council to be able to secure internal co-operation from other departments, including housing, and services to support a strong family and sustainable community focus, as well as smooth transition from children's services for people with disabilities? 	<ul style="list-style-type: none"> Partners actively champion the key principles as set out in the public duties on race, gender and disability The Health and Wellbeing Board is seen as local system leaders bringing together the political, commissioning, clinical, professional and community leadership in one place to drive change to ensure personalisation, integration, and service redesign 	

4 Working Together			
	Key questions	Additional probes/information	Possible sources of evidence
4.1	<ul style="list-style-type: none"> To what extent are strategies and plans for social care at all levels developed in partnership with people who use services, their carers and other interested citizens, the voluntary sector, health, housing, and other relevant organisations / stakeholders? 	<ul style="list-style-type: none"> All partners involved in delivering services are working effectively to deliver the local priorities, both individually and together Collaborative relationships are in place at all levels so that organisations work together to deliver high quality support. 	<ul style="list-style-type: none"> Board reports and minutes Council Executive and Scrutiny reports and minutes Partnership protocols Partnerships board papers, minutes, action plans and annual reports
4.2	<ul style="list-style-type: none"> To what extent are operational health and social care processes, systems and resources integrated to avoid duplication and provide more accessible and joined-up multi disciplinary commissioning and delivery arrangements? 	<ul style="list-style-type: none"> Support is 'joined-up', so that people and carers do not experience delays in accessing support or fall between the gaps, and there are minimal disruptions when making changes. Transition from childhood to adulthood support services are pre-planned and well managed, so that support is centred on the individual, rather than services and organisational boundaries. 	<ul style="list-style-type: none"> How partners articulate how partnerships work and the outcomes achieved Observation of partnership meetings
4.3	<ul style="list-style-type: none"> To what extent do the partnerships, including the health & wellbeing and safeguarding adults boards, have appropriate governance arrangements, clear roles and accountabilities with joint performance management frameworks to promote effective information sharing, joint assessments & care planning, and are they resourced adequately? 	<ul style="list-style-type: none"> The council and its partners have aligned their plans where appropriate There up to date multi-agency policies and procedures, appropriate sharing of information and monitoring arrangements There is a multi-agency commitment to safeguarding 	<ul style="list-style-type: none"> Examples of specific partnership projects together with evidence of the review of the effectiveness of such projects Community representatives are able to articulate how the authority delivers its services and the impact it has had.
4.4	<ul style="list-style-type: none"> How does the council evidence that partnership working is supporting an integrated delivery system as well as adding value and producing efficiencies? 	<ul style="list-style-type: none"> Safeguarding is effective at all levels, from prevention to intervention. 	<ul style="list-style-type: none"> Multi-agency policies and procedures and single agency guidelines on implementing these.
4.5	<ul style="list-style-type: none"> Is there a system and culture of constructive challenge between partners? 	<ul style="list-style-type: none"> There is a Safeguarding Board that demonstrates effective leadership and manages the delivery of Adult Safeguarding policy and practice across all agencies, with representatives that are sufficiently senior to get things done 	<ul style="list-style-type: none"> Systems for alerts, referrals, decisions, and strategy meetings

4.6	<ul style="list-style-type: none"> • To what extent is safeguarding embedded in corporate and service strategies across the council and partner organisations? • How is the Adult Safeguarding Policy informed by the Mental Capacity Act including Deprivation of Liberty Safeguards? 	<ul style="list-style-type: none"> • Leaders communicate clearly the overlays and distinctions between Adult Safeguarding, domestic violence, hate crime, anti-social behaviour and community cohesion so that vulnerable adults are safeguarded • The Adult Safeguarding, Think Local Act Personal, Community Safety (including domestic violence, anti-social behaviour and hate crime), Equalities and Diversity and Community Cohesion and Capacity Building Strategies dovetail with each other. • The council's plans integrate personalisation and safeguarding including helping vulnerable people to stay safe and in control of their lives and services, managing risk and choice • The Council works closely with private and social housing providers to continue developing a wide range of options that enable independent living. • There is joint planning between the council and NHS for people with challenging behaviour • There are multidisciplinary groups of health and social care professionals, specialists and generalists, working together to deliver integrated care in the best interests of and in partnership with the individual receiving support. • There is integration between primary and social care to reduce unnecessary hospital admissions. • There is a joint approach to assessments and care planning and, where funding is used for integrated packages of care, an accountable professional • Transfers between health and social care are managed in a timely and effective way 	<ul style="list-style-type: none"> • Clear protocols regarding investigations, assessments and case conferences • There are examples of where partnership working has produced improved adult social care outcomes for individuals and the community
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5 Resource and Workforce Management			
	Key questions	Additional probes/information	Possible sources of evidence
5.1	<ul style="list-style-type: none"> What services is the Council providing that help to prevent or delay the development of care and support needs, or reduce care and support needs (including carer's support needs)? 	<p>Resource Management:</p> <ul style="list-style-type: none"> Everybody has the opportunity to have the best health and wellbeing throughout their life, and can access support and information to help them manage their care needs. Earlier diagnosis, intervention and reablement means that people and their carers are less dependent on intensive service When people develop care needs, the support they receive takes place in the most appropriate setting, and enables them to regain their independence. The council and its partners encourage and help local communities and groups to provide networks of support, to help people improve their health and well-being and reduce social isolation. The council delivers better outcomes at a lower cost. Care packages are regularly reviewed and adjusted to take account of increased ability or stability following interventions and support as well as increased care needs. There is investment in evidence based interventions that promote wellbeing such as falls prevention, stroke rehabilitation, dementia support, continence services and telecare 	<ul style="list-style-type: none"> Financial strategy reports Budget statements Examples of where resources have been moved to address changing priorities, inadequate performance the specific needs of minority communities Examples of moving resources to meet needs Information and advice for the public File audits Interviews A suite of indicators including quantitative and qualitative measures of performance that is reported regularly to senior and team managers Skills and confidence as demonstrated in interviews and through file audits Serious case reviews Overview and scrutiny agendas and reports with evidence of follow up
5.2	<ul style="list-style-type: none"> How effectively is the council understanding and managing its financial and physical resources effectively to meet its current requirements and future challenges. How are resources re-allocated to tackle changing priorities or inadequate performance? 		
5.3	<ul style="list-style-type: none"> How is the Council transforming services to ensure all resources are optimised across the health and social care system and eligible needs met, in the wider context of financial challenges within the NHS as well as local government? 		
5.4	<ul style="list-style-type: none"> Is the council and its partners actively making evidence-based interventions to identify priorities for investment and manage all system resources (including the Better Care Fund), efficiently and effectively to promote wellbeing, including adult social care? 		

5.5	<ul style="list-style-type: none"> How is the Council actively addressing the workforce issues (both internally and externally i.e. service providers, and including personal assistants employed by service users) in its area relating to the provision of Adult social Care, to ensure that people who use health and care are treated with respect, dignity and compassion by staff who have the skills and time to care for them? 	<ul style="list-style-type: none"> Consideration has been given to the optimal use of resources, including back office functions, the sharing of senior posts or joint teams with partners and neighbouring local authorities. There is investment in community activity and community based care and support which involves and is contributed to by people who use services, their families and carers. Effective programmes are available that maximise people's health and wellbeing and enable them to recover and stay well. Longer term community support and not just immediate crisis is considered and planned for. A shift in resources towards supportive community activity is apparent. 	<ul style="list-style-type: none"> How staff articulate the success of the staff appraisal system and actions taken A formal staff performance, development and appraisal system across the whole council, and possibly partner agencies Workforce development and training plans Any staff surveys Staff are able to articulate how and whether they have received sufficient development opportunities Policies and procedures and the awareness and utilisation of them by staff Guidance for staff and partners (including such tools as flow charts) Summaries of training activity Training and competence of independent sector care staff through analysis of CQC data Evidence from HealthWatch re quality of care and patient experience ASCOF indicators and annual user survey
5.6	<p>How is the council ensuring that its workforce and culture supports the achievement of its goals and which embraces the introduction and implementation of change?</p> <p>Does the Council have a robust workforce plan for adult social care to ensure there are sufficient trained and competent staff to meet future requirements?</p> <p>How far is the workforce strategy concerned with sustainability, including the financial stability of providers and the coordination of health and care workforce planning?</p>	<p>Workforce Management:</p> <ul style="list-style-type: none"> There a strategic approach to shaping the workforce that takes into account personalisation, the skill mix, the development of new roles, the contribution of communities in meeting need, working with providers and carers, and joint and integrated working between social, health care and other sectors. The council recognises that integration will require a health and social care workforce that has the skills and culture to promote, personalisation, choice and control and to work together in new ways, and this is reflected in the workforce development plan. 	<ul style="list-style-type: none"> How staff articulate the success of the staff appraisal system and actions taken A formal staff performance, development and appraisal system across the whole council, and possibly partner agencies Workforce development and training plans Any staff surveys Staff are able to articulate how and whether they have received sufficient development opportunities Policies and procedures and the awareness and utilisation of them by staff Guidance for staff and partners (including such tools as flow charts) Summaries of training activity Training and competence of independent sector care staff through analysis of CQC data Evidence from HealthWatch re quality of care and patient experience ASCOF indicators and annual user survey

		<ul style="list-style-type: none"> • The council helps local providers, including micro providers and families, to recruit and train staff able to deliver personalised support and build or retain community connections, develop their skills and provide a quality service • The council has adopted new working practices to maximise productivity • Supervision, audit and other management arrangements provide effective oversight and enable practitioners to reflect on and manage risk positively and safely • There are options for the use of accredited and managed Personal Assistants for people with Direct Payments and Personal Budgets. • People who receive direct payments, self-funders and carers are supported in the recruitment, employment and management of personal assistants and other personal staff including advice about legal issues. People using council managed personal budgets have maximum possible influence over choice of support staff. • Local, consistent information and support that relates to legislation around recruitment, employment and management of personal assistants and other personal staff is available. • There is development of different kinds of workforce and ways of working, including new roles for workers who work across health and social care. 	
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		<ul style="list-style-type: none">• Staff have the values, attitude, motivation, confidence, training, supervision and tools required to facilitate the outcomes that people who use services and carers want for themselves.• Staff in all sectors are trained to at least minimum standards, and the council is engaged in implementing 'Compassion in Practice' (a 3-year strategy for building the culture of compassionate care for nursing, midwifery and care staff)• The workforce is supported, respected and valued.• There are easy and accessible processes to enhance security and safety in the employment of staff.• The formal and informal workforce is increasingly focused on and able to help people build and sustain community connections.• The Council ensures its staff have the skills and knowledge to promote health and wellbeing.	
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6 Service Delivery and Effective Practice			
	Key areas of focus	Additional probes/information	Possible sources of evidence
6.1	<ul style="list-style-type: none"> How does the Council ensure that people have a positive experience of care and support, co-producing solutions and providing choice and flexibility of care and support to achieve outcomes? . To what extent has the council adapted its approach and systems to respond to the needs of people who lack mental capacity? 	Service delivery <ul style="list-style-type: none"> People who use social care and their carers are satisfied with their experience of care and support services. People know what choices are available to them locally, what they are entitled to, and who to contact when they need help. People, including those involved in making decisions on social care, respect the dignity of the individual and ensure support is sensitive to the circumstances of each individual. 	<ul style="list-style-type: none"> Written risk strategy document A written performance management framework both internally and across partnerships Examples of jointly owned partnership performance indicators Reports to committee etc. on performance and how these have been reviewed
6.2	<ul style="list-style-type: none"> To what extent do the services delivered meet quality standards, deliver improved outcomes, treat people with respect, dignity and compassion and keep them free from harm? 	<ul style="list-style-type: none"> Care and support services provided are flexible and respond quickly to changing needs. Services are adjusted to meet developing intelligence of individuals' needs 	<ul style="list-style-type: none"> Evidence of equality-related performance indicators Analysis of monitoring data across the six equality strands is captured
6.3	<ul style="list-style-type: none"> What range of quality services are in place that meet the diverse needs of the local population and respond to changing needs and expectations, and how does the council monitor quality standards? 	<ul style="list-style-type: none"> Support is provided when an individual /family are identified as vulnerable or at risk of requiring greater care and support, in line with the requirements of the Care Act 2014. 	<ul style="list-style-type: none"> Examples of where action has been taken to address inadequate performance Examples of individual and team performance targets being set
6.4	<ul style="list-style-type: none"> Is there evidence that the organisation and its partners are meeting the Public Sector Equality Duty? 	<ul style="list-style-type: none"> People who are able to fund their own care are able to access assessment and support planning to enable them to make the best choices for their future on the same basis as those requiring financial support from the council. 	<ul style="list-style-type: none"> CQC data re commissioned services 'Mystery shopping' of the Information and advice for the public
6.5	<ul style="list-style-type: none"> What are the mechanisms to access to easy-to-understand information and advice about care and support, and range of this, for all residents, regardless of whether or not they have eligible care needs, including financial advice? 	<ul style="list-style-type: none"> Care accounts are established for people who make a contribution to the costs of their care to enable the cap arrangements to be supported (from April 2016) 	<ul style="list-style-type: none"> Guidance for staff and partners (including such tools as flow charts) File audits Interviews

6.6	<ul style="list-style-type: none"> To what extent do the council and its partners work together to deliver a personalised community- based care and support system, with smooth transitions between services and agencies? 	<p>Equalities</p> <ul style="list-style-type: none"> Services are regularly reviewed and appropriate action taken to ensure that they meet quality standards and deliver improved outcomes. This could include monitoring of outcomes, user input into service design and an ‘equality analysis’. The organisation and its partners have a solid knowledge and understanding of the make-up and diverse needs of service users and the local community and can demonstrate that they have designed and prioritised services to meet those needs as fairly and effectively as possible. The take up of all services (including universal services) is monitored and action taken to identify and rectify obstacles to access to ensure that there is equal access for everyone. Services are delivered in an integrated way which narrows the gaps in outcomes for disadvantaged groups against a background of improved outcomes for all Service planning and delivery take full account of the equality and diversity needs of the workforce and the community it serves. Equality and diversity indicators are used explicitly. The Councils’ knowledge of health profiles and inequalities of local residents is informing policy and priority initiatives. Service changes are well thought through in terms of the affect on individual with different needs. 		
6.7	<ul style="list-style-type: none"> Are personal budgets, as set out in the Care Act available to all those eligible and can the council demonstrate the difference that they make to someone’s life? 			
6.8	<p>To what extent is there a personalised response to harm and abuse that enables people to identify and improve outcomes, reach resolution, justice and recovery and address what has caused the harm?</p> <p>To what extent can partners and providers demonstrate that they use Mental Capacity Act including Deprivation of Liberty Safeguards to safeguard people’s rights. The LA is able to demonstrate its actions in relation to those who may be deprived of liberty in settings other than hospitals and care homes?</p>			
6.9	<p>How is the council fulfilling its obligation to meet carer needs for support as set out in the Care Act?</p> <p>How is the council fulfilling its obligation to meet self-funders’ needs for support as set out in the Care Act, including establishing Care Accounts?</p>			

		<ul style="list-style-type: none"> • Carers are able to have an assessment and support to enable them to continue caring, even when the person they are caring for does not meet eligibility criteria for support from the council • Where applicable, where there is a prison or Approved Premises in the Local Authority area, prisoners are assessed and eligible care and support needs are met. (From April 2015) <p>Information and advice</p> <ul style="list-style-type: none"> • Trusted information sources, are established and maintained that are accurate, free at the point of delivery, and linked to local and community information sources. • Skilled and culturally sensitive advisory services are available to help people access support, and to think through support to think through their options and secure solutions. This is available at the earliest possible stage when people need information and advice, and includes information on preventive services as well as social care support. • Financial advice is available (from April 2016) to support people to plan for potential future care needs. • A range of information sources are made available to meet individual communication needs, including the use of interactive technology which encourage an active dialogue and empower individuals to make their own choices. 	
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		<ul style="list-style-type: none"> • Self-funders receive the information and advice that they need and are supported to have maximum choice and control. • There is easy access to service for people who fall outside of eligibility criteria and signposting to services matches need and choices. • Good information and advice, including easy ways of reporting concerns, are widely available, supported by public awareness-raising and accessible literature. • Users of services and carers receiving services are aware of how to complain and make representations. • People who access support and their carers, know what they are entitled to and who is responsible for doing what. • Full and detailed information and advice on physical and mental health is available and accessible. • Local people have access to information about quality of services. <p>Personalisation</p> <ul style="list-style-type: none"> • Everyone eligible for on-going council funded support receives this as a personal budget. Direct payments are the main way of taking a personal budget and good quality information and advice is available to provide genuine and maximum choice and control. 	
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		<ul style="list-style-type: none"> • Everyone eligible for on-going council funded support receives this as a personal budget. Direct payments are the main way of taking a personal budget and good quality information and advice is available to provide genuine and maximum choice and control. • Where they want and need it, people are supported to manage their personal budget (or as appropriate their own money for purchasing care and support), and to maximise their opportunities and manage risk in a positive way. • People who use services and carers are given information about options for the management of their personal budgets, including support through a trust, voluntary or other organisation. • People who use services and carers are informed at the outset about what they should expect from services and how to raise any concerns if necessary. <p>Personalisation and risk</p> <ul style="list-style-type: none"> • The council and its partners have developed mechanisms for people who are organising their own support and services to manage risks and benefits. • People who use services and carers are supported to weigh up risks and benefits, including planning for problems that may arise. • Management of risk is proportionate to individual circumstances. Safeguarding approaches are also proportionate and they are co-ordinated so that everyone understands their role. 	
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		<ul style="list-style-type: none">• The council's plans to integrate personalisation and safeguarding include helping vulnerable people to stay safe and in control of their lives and services, managing risk and choice <p>Safeguarding</p> <ul style="list-style-type: none">• People do not fall through the net (and are not passed from pillar to post) between safeguarding, personalisation, community safety and community support services• The public, voluntary sector, all council and partner staff are clear what abuse is and how to respond to it. People are clear what a safeguarding referral is.• There is proactive work with providers to ensure they actively contribute to good safeguarding outcomes• People in the local community know what to do if they are concerned about adult abuse or neglect in the community.• People who use services feel safe• People's rights are safeguarded through proper application of the law, including the Care Act, Mental Health and Mental Capacity Acts, Police and Criminal Evidence Act, Domestic Violence and Human Rights legislation	
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7 Commissioning and Market Shaping			
	Key questions	Additional probes/information	Possible sources of evidence
7.1	<ul style="list-style-type: none"> • How is the council leading an integrated approach to commissioning with NHS and other partners to make best use of all system resources to ensure there are services available that prevent people's care needs from becoming more serious, or delay the impact of their needs and ensures provision of services to meet needs in line with local priorities? • How does it promote health and wellbeing, including physical, mental, emotional, social and economic wellbeing? • To what extent does this include effective commissioning and performance reporting requirements from providers for specific groups of vulnerable people? For example: <ul style="list-style-type: none"> • People with challenging behaviour • People with continuing health care needs • People who lack mental capacity 	<ul style="list-style-type: none"> • The council and local clinical commissioning groups understand the populations they serve and how the use of services is distributed within their total populations in order to target investment in interventions where they can have the most impact. • This includes commissioning evidenced based services to prevent delay or reduce care and support needs. • There is an integrated approach to commissioning with partners around agreed outcomes to support independence that makes best use of all available resources in meeting local priorities • Local partners proactively manage the market to identify and manage risks to sustainable service delivery through a shared approach • The council has a good understanding of the local care market, and how commissioning priorities are being met by current provision. • The council has innovated in the use of commissioning, contracting and payment mechanisms and the use of the independent sector to deliver services. • Commissioners take into account decisions taken by people who use services, their wishes and preferences, and their views on how their outcomes can be met. 	<ul style="list-style-type: none"> • A JSNA Assessment including documentation of systematic research from a wide range of sources and an analysis of this information. • People involved are able to articulate how information is gathered and how decisions are made on the basis of the information available • There is a clear process for the dissemination of this information. • Specifications and contract monitoring reports • Documented accreditation schemes • Management reports • Case files • Documented accreditation schemes • Information for the public about how to choose services and supports that meet their needs and give them a fair deal • Commissioning strategies and plans • Market position statement • Risk management policies and logs
7.2	<ul style="list-style-type: none"> • To what extent are the assets and services that reduce, delay and eliminate demand worked into the JSNA, and how well does the council understand the needs of the whole population, including health and care inequalities, and the impact of the way specific groups of people use resources? 	<ul style="list-style-type: none"> • The council and local clinical commissioning groups understand the populations they serve and how the use of services is distributed within their total populations in order to target investment in interventions where they can have the most impact. • This includes commissioning evidenced based services to prevent delay or reduce care and support needs. • There is an integrated approach to commissioning with partners around agreed outcomes to support independence that makes best use of all available resources in meeting local priorities • Local partners proactively manage the market to identify and manage risks to sustainable service delivery through a shared approach • The council has a good understanding of the local care market, and how commissioning priorities are being met by current provision. • The council has innovated in the use of commissioning, contracting and payment mechanisms and the use of the independent sector to deliver services. • Commissioners take into account decisions taken by people who use services, their wishes and preferences, and their views on how their outcomes can be met. 	<ul style="list-style-type: none"> • A JSNA Assessment including documentation of systematic research from a wide range of sources and an analysis of this information. • People involved are able to articulate how information is gathered and how decisions are made on the basis of the information available • There is a clear process for the dissemination of this information. • Specifications and contract monitoring reports • Documented accreditation schemes • Management reports • Case files • Documented accreditation schemes • Information for the public about how to choose services and supports that meet their needs and give them a fair deal • Commissioning strategies and plans • Market position statement • Risk management policies and logs

7.2	<ul style="list-style-type: none"> To what extent does commissioning provide value for the whole community not just the individual, their carers, the commissioner or the provider? 	<ul style="list-style-type: none"> Commissioning is based on the needs and wishes of local communities, recognising diversity. 	
7.3	<ul style="list-style-type: none"> To what extent do people have real control over the resources used to secure care and support to meet agreed outcomes, with commissioning strongly guided by their decisions? 	<ul style="list-style-type: none"> The council promotes a broadening supply and assists entry to the market for new providers, including small scale 'micro-providers'. 	
7.4	<ul style="list-style-type: none"> To what extent is commissioning person-centred and focuses on the outcomes that people say matter most to them? How does it empower people to have choice and control in their lives and over their care and support? To what extent is commissioning Coproduced with people, their carers and their communities? 	<ul style="list-style-type: none"> The council commissions and supports user led organisations, social enterprises and other providers that build social capital in meeting the needs of local people. There is a broad range of choice in the local care and support market, including housing options. The voluntary and private sectors are actively encouraged to assist in the design of services and market development. 	
7.5	<ul style="list-style-type: none"> How is the council ensuring there is flexible integrated care and support as required by the Care Act 2014? What range of commissioning approaches does the council use to achieve the most effective balance between diversifying the market and managing within resources? How is the council building capacity to optimize use of community resources, including the sector? 	<ul style="list-style-type: none"> Commissioning arrangements are in place to support sustainable improvement including joint commissioning where appropriate. Commissioning arrangements provide an appropriate mix of delivery mechanisms and help to ensure value for money. It can be demonstrated that major service reconfiguration and change to improve outcomes has been achieved through commissioning. Commissioning decisions are based on the evidence of what works. The council and partners use local budgets to connect a number of resource streams when commissioning for improved outcomes. 	

<ul style="list-style-type: none"> • How does the council encourage providers and commissioners to work together throughout the commissioning process as a shared endeavour? • What is the council doing to develop and shape a vibrant diverse and sustainable market of quality assured evidence based provision for people with care and support needs or for early intervention and prevention? • How does the council ensure that it has an understanding of the terms and conditions of staff providing care and support? • How is the market position statement used to inform service development and diversification? • How is the council ensuring the quality of care commissioned, and what mechanisms are in place to regularly review services, and take appropriate action? • How does commissioning ensure a good balance of quality and cost to make the best use of resources and achieve the most positive outcomes for people and their communities? 		
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8 Improvement and Innovation demonstrating notable practice			
	Key questions	Additional probes/information	Possible sources of evidence
8.1	<ul style="list-style-type: none"> To what extent has the council built its capability to innovate, take advantage of learning from good practice and learn from things that didn't go well? 	<ul style="list-style-type: none"> Councils understand how people are spending their money on care and support, track the outcomes achieved with people using social care and carers, and use this information to improve delivery. The council is innovative in its approach to collaboration. 	<ul style="list-style-type: none"> There is a description of the changes that will take place over the medium and long term in order to achieve the vision A written transformation strategy/ implementation document
8.2	<ul style="list-style-type: none"> Does the council constantly challenge its models of service delivery? 	<ul style="list-style-type: none"> There is openness to external peer challenge The council constantly challenges its models of service delivery 	<ul style="list-style-type: none"> 'Story board' of how the strategy was created and who was involved Clear examples of achievements and progress
8.3	<ul style="list-style-type: none"> To what extent has the council built its capability to innovate and take advantage of learning from good practice, including from regional, national and international perspectives, and learning from enquiries into poor practice such as Winterbourne View? To what extent is change managed through formal programme management approaches? 	<ul style="list-style-type: none"> The local account is subject to external challenge. As well as reviews of individual services, the council reviews and adapts a whole system approach. The council and its partners learn from both best practice and from things that don't go well. These are used as the basis of improvement for the future. There a culture of learning from evidence based practice including learning from research, inspections, complaints and Serious Case Reviews etc. The authority has reacted to the findings of previous inspections, audits and peer reviews. There is a range of systems that improve the quality of services on the front line, including through quality assurance, performance reporting and mechanisms (such as file and practice audits, customer feedback, practice forums and mystery shopping) The council is aware of national developments and practice and has taken account of these in developing local strategies 	<ul style="list-style-type: none"> A clear role definition and programme for overview and scrutiny committee(s) Members being able to articulate the improvements achieved through scrutiny Reports of Peer Reviews, inspections etc and evidence of resultant action plans and subsequent follow-up after peer reviews. Examples of how best practice is shared and celebrated internally Stated cross-party support for the improvement

If you have any queries or would like to discuss the Adult Social Care peer challenge, please contact:

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