City of York Council Adult Social Care Preparation for Assurance **Peer Challenge Report**

April 2024

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Report

Background

1. City of York Council requested ADASS Yorkshire and Humber to carry out a preparation for assurance peer challenge, as part of their preparation for future Care Quality Commission (CQC) assurance of adult social care. CQC assurance will assess quality, effectiveness, and outcomes for local people from adult social care support.

2. A peer challenge is designed to help councils and their partners assess current achievements, areas for development and capacity to change. The peer challenge is not an inspection. Instead, it offers a supportive approach, carried out by 'critical friends' in and open and transparent manner. Information collected from interviews and focus groups is reported back in a way which is not attributable to contributors. In this way, the peer challenge process promotes an open and honest dialogue. Feedback from the peer team ("the team") is given in good faith.

3. Leaders and managers from City of York Council adult social care directorate completed a self-assessment about the work of the service using the CQC assessment criteria as a guide. Two members of the team looked at and audited a small number of adult social care case files using the council's audit toolkit. The council also provided some documents for the peer challenge team to read. Using the information from a series of interviews, focus groups, data, documents and the case file audit, the team fed back its findings to the council and its partners.

   The members of the peer challenge team were:

   - **Phil Holmes,** Director of Adults, Wellbeing and Culture (DASS). Doncaster Council

   - **Mathilde Fulford,** Principal Social Worker, Hull City Council

   - **Angela Hemingway,** Head of Service Policy, Performance and Commissioning, Wakefield Council

   - **Councillor Jo Newing,** Cabinet Member: Place Health and Adult Social Care, Barnsley Council

   - **Helen Rose,** Head of Adult Safeguarding, North Lincolnshire Council

   - **Ian Spicer,** Strategic Director of Adult Care, Housing, and Public Health, Rotherham MBC

   - **Venita Kanwar -** Peer Challenge Manager, LGA Associate, ADASS Associate

4. Two team members visited the council on 11th April 2024 to carry out a case file audit. The wider team undertook a series of interviews and focus groups online between 17th and 19th April 2024. The timetable included opportunities for the team to engage widely with internal and external stakeholders in relation to the delivery of adult social care in York. These activities included:

   - interviews and discussions with councillors, officers, and partners

- meetings with managers, practitioners, frontline staff and people with lived experience

- carrying out a case file audit of 8 files

- reading documents provided by the council, including a self-assessment and a range of other material, consideration of different data and reflecting on the case file audit.

5. The peer team used the four CQC proposed assurance domains to guide their assessment. They are:

CQC assurance domains	
Working with people - Assessing needs - Supporting people to live healthier lives - Equity in experience and outcomes	**Providing support** - Care provision, integration and continuity - Partnerships and communities
Ensuring safety - Safe systems, pathways and transitions - Safeguarding	**Leadership** - Governance - Learning, improvement and innovation

6. The peer review team would like to thank councillors, staff, people with a lived experience and partners who took part in the challenge process for their open and constructive responses. The team was made to feel very welcome. We would like to thank Sara Storey, Corporate Director, Adult Social Care and Integration (DASS), Elaine Taylor, Service Improvement Manager and Anthony Marshall Griffiths - for their help in planning and undertaking this peer challenge.

7. In this report we will reflect on the output from the 8 case files from across the areas of adult social care which were reviewed in detail.

8. The team received seventy-two documents including the council's self-assessment. Throughout the peer challenge the team had 36 meetings with at least 122 different people from adult social care, health, voluntary and community sector and other partners. The team spent around 205 hours with York and its documentation, the equivalent of 48 working days.

9. Our feedback to the council on the last day of the challenge gave an overview of the key messages. This report builds on these initial findings and gives a more detailed account of the peer challenge.

1. Working with People

This relates to assessing needs (including those of unpaid carers), supporting people to live healthier lives, prevention, well-being, and information and advice.

Strengths

- People described their experiences with frontline staff as - friendly, helpful and kind.

- Those who had the benefit of a named worker spoke passionately about how this had made a difference.

- People spoke positively about their local community assets and told us that they were supported to be part of these.

- There were emerging examples of coproduction with practical benefits for York people. Positive joint approach in the mental health hub – lanyards, job titles etc. – emerging *'You said we did together approach'* .

- Front line practitioners are committed, caring and proud to work in York, they are supportive of each other and value their colleagues.

- Practitioners are comfortable articulating a person-centred and strengths-based approach.

- There was a consistent ethos to keep people in their own homes, families and communities with evidence of partnership work to achieve this.

- Practitioners are passionate about people's rights, and a strong use of advocacy evidences this.

- Practitioners take a preventative approach and there is clear evidence of contingency planning.

10. People who have experienced receiving services from adult social care described frontline staff as friendly, helpful and kind. They spoke about the difference it made to them and their families, to be able to have a named worker they could call upon, who knew them well.

11. People using services spoke about the importance of being part of their community and what was available to them locally. There was a fantastic range of services based in the carers centre, for example the advocacy service, and the co-design of the mental health hub – "*you said we did it together*" People told us that they valued having access to their peers in the community to learn about what was available by "word of mouth". This was a view shared by many of the people who attend the Dementia Café. We heard numerous stories of mutual aid between attendees at the café, and how this had made a real difference to their wellbeing. We heard from a Carer who had received invaluable support from the Carers Service, that had clearly enabled them to continue to not only be a carer but to have some 'normality' to their life. Of importance to people who were using the Mental Health Hub, was that people listened to them about the small changes that make big differences, for example the removal of lanyards and job titles was an important consideration and was implemented. Carers too, provided evidence of their voice being heard and represented in the Carers Centre. Coproduction and co-design is

emerging. The Mental Health partnership has funded a co-production lead *"that's putting your money where your mouth is*!"

12. Practitioners, and managers spoke unanimously and consistently about their passion and enthusiasm for delivering person centred services to the citizens of York *"The people are why we come to work".* They spoke too of their experience of working in an environment where they felt part of a team, valued for their contribution and of the support they had from their colleagues and managers.

13. Practitioners were verbally able to articulate a person centred and strength-based approach. They were clear about keeping people home, and there was evidence of partnership working to achieve this. An example of this was that practitioners felt the work around bringing providers on to the framework had led to positive outcomes for people they worked with, particularly in being able to support provision of care quickly. Practitioners in the Intensive Support Service Team talked positively about arrangements with partners across health – one practitioner shared that this supported quick access to care and support to keep people at home in emergency situations. There was also ability through multi-disciplinary meetings to access information held by health colleagues to inform decision making.

14. Practitioners are passionate about people's rights and the strong use of advocacy in York evidences this. The advocacy service in York described positive relationships with practitioners who work in what they felt was an honest and open way. The advocacy service has knowledgeable and experienced staff who described having an approach that aimed to be accessible with equality diversity and inclusion (EDI) principles at the heart of what they do, and a focus on a relational based approach to working with people, recognising their support networks and how this can empower people.

15. It was evident throughout the audit that practitioners have a good understanding of contingency planning as a means of working in a preventative way. Assessments had good consideration of what may need to happen in event of an emergency to ensure that the person's wellbeing was maintained. Practitioners were able to discuss how they had considered working with local area co-ordinators, social prescribers and other community services to prevent social isolation.

For Consideration

• Co-production could be strengthened further in support planning and service design.

• Information, advice and support could be better coordinated: "*Too much information can be like having no information*".

• Staff found it hard to describe examples of good outcomes. These examples exist but various things get in the way of staff describing them.

• Embedding reflective audit and assurance mechanisms to improve consistency in practice - particularly around recording.

- The Mosaic system described as "clunky" – streamline processes to better evidence the person's journey, professional decision making and legal literacy.

- Further work is needed to ensure equity in experience and outcomes for people – particularly for those who are likely to self-fund their care and for those who may be entitled to Continuing Health Care

- There are opportunities to work alongside corporate colleagues to develop and strengthen a shared approach to equality, diversity, and inclusion.

16. There are emerging examples of co-production alongside people with lived experience. These include recent changes to sensory services and improvements to dementia services (alongside NHS colleagues) as well as the Carers Hub. Overall, senior leaders understood there was more to do on co-production and said "*we are not there yet*". For example in York there is a long history of involvement of people across the city to improve mental health provision and we heard a great deal about the development of the mental health hub built around a peer support model. There was huge commitment to this work from people with lived experience and some genuinely impressive progress but what people wanted to see next was genuine parity of esteem between peer support and other more traditional "professional" roles, as well as a clearer "you said we did" approach so that people with lived experience got stronger feedback and reassurance about genuinely shared purpose in a partnership of equals.

17. The case file audit carried out by the peer team identified some good examples of outcome focused support planning; however this was not consistent and generally, support plans still appeared to be service focused. More co-production on support plans at a practice level would support consistency in ensuring that support plans capture clear outcomes for people in contact with adult social care.

18. A person providing care for his wife captured succinctly how his experience of information overload can be counter-productive. He said "*too much information can be like having no information*". Partners also shared views around how working together across the system would help identify who was the best person to give information or intervene to avoid duplication. It was posed that this might not always be adult social care, and that joint working could help meet the challenges in the system.

19. Embedding reflective audit and assurance mechanisms to improve the consistency of practice, particularly around recording is an area requiring some further work. Within this it was found that the mechanisms in reflective audit, the introduction of reflective supervision, and introduction of reflective case discussions would help staff to better articulate outcomes for people. Whilst staff spoke very positively about working with York and with working with people it became clear that they did not find it easy to articulate good examples about the difference their work made to people. The more opportunities provided for practice reflection taken up will improve practitioners confidence in being able to provide strong examples of their work.

20. Many people spoke about the Mosaic system as being "clunky". Some consideration around how processes could be further streamlined could enable practitioners to better evidence a person's journey, articulate professional

decision making and also to demonstrate their legal literacy in particular, mental capacity and best interests assessments, which the audit, carried out as part of the peer challenge, revealed needed some fine tuning just to be able to evidence this in the recording system.

21. It was felt that further exploration was needed to ensure equity in experience and outcomes for people. Specifically for those who are likely to self-fund their care and for those who may be entitled to Continuing Health Care. Practice around working with those who self-fund seemed to vary across teams but overall, it appeared that there was not always equity in outcomes. This was also evidenced in the feedback given by mystery shoppers arranged by Health Watch. Practitioners expressed discomfort with the inequity that these groups of individuals felt that they ought to be able to do more. The culture in work practice for self-funders in particular was described as one where there was a "*firm no*" to offering support. One practitioner offered an example where they were told to "*very much close the case down* because *he's got capacity, he's a self-funder – you need to step back".* Training and clear systems of support for those who may self-fund their care would likely improve this – and ensure that correct information and advice is being given.

22. Practitioners and managers consistently referred to challenges around obtaining Continuing Health Care funding for individuals who may be entitled to this, and practitioners felt like they and the person in receipt of care and support were left in the "*middle"* of the funding dispute between the Local Authority and the NHS. Some practitioners described the relationship with CHC as "*combative"*. However, it was clear from discussions with senior management that action was being taken to nurture relationships with colleagues in health in recognition of the barriers front line staff and people were experiencing. This was also reflected by Health leaders who stated frustration with the process and York's commitment to this, questioning a focus on the money over outcomes. They would clearly welcome some investment of time into moving forward with the pathway and relationships.

23. There is good work being delivered around equality and human rights by corporate colleagues. Leaders in adult social care (ASC) have expressed that there is more to be done to improve equality, diversity and inclusion in service provision, and corporate colleagues who have begun a focused journey on equality and human rights could inform, involve and learn from the ASC experience, and the wide range of people that front line practitioners contact. Some of the good work on equality and human rights noted were:

   • York's anti-racist strategy which includes a section on social care as well as a narrative on hate crime and details about employment statistics in the council.
   • The production of York's first ethnicity pay gap report which looks at trends and where improvements can be made. Associated with this is an anti-racism plan /produced in collaboration with the Black and Minority Ethnic (BAME) staff group.
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2. Providing Support

This relates to markets (including commissioning), workforce equality, integration and partnership working.

Strengths:

- Huge commitment and expertise both from council and independent sector providers
- Care providers reported a positive relationship with council commissioners.
- The number of providers in the sector has reportedly increased.
- Commissioners are developing a good evidence base to support strategic planning
- Positive, enthusiastic and committed commissioning staff - strong relationships with named colleagues
- People working hard to solve problems in system and processes around brokerage of services
- Many positive examples of service delivery to be proud of i.e. mental health hub/learning disability respite/carers centre, frailty hub - person-centred approaches
- Positive approach to hospital discharge including use of home first principles and the independent living centres
- Clear examples of supported employment opportunities

24. It was evident that there was a huge level of commitment and expertise from commissioners and independent sector providers for the provision of care to the people of York. Providers are working very hard to do a great job for York people. Care providers reported really positive relationships with named council commissioners.

25. There has been an increase overall in market capacity over the last two years, it feels as though the market is resilient. This is positive and is supporting a reduction in waiting lists for some cohorts.

26. Commissioners are starting to use data to develop a stronger evidence base to support strategic planning. For example business intelligence has provided data to better plan the provision of supported accommodation. Better use of data has assisted in informing various needs assessments to develop the Market Position Statement, all-age commissioning strategy and a coproduced self-assessment. This was regarded as an area of promise by corporate colleagues.

27. There are positive, enthusiastic, loyal and committed staff working in both commissioning and the provider sector, who have strong and effective relationships with named colleagues who work well together, and problem solve. The short breaks service provides person-centred care with flexibility to support individual and family needs due to the resources available to them including the building. They work closely as a provider with children's services to

support preparing for adulthood along with York people and families. Significant flexibility and commitment was shown by care staff working in the Independent Living Centres, supporting people for whom it is their permanent home, alongside people living there temporarily on a "step up" or "step down" basis while they build confidence and independence. These settings gave clear examples of offering solutions and positive outcomes for people, often benefitting from close working relationships with colleagues and partners.

28. The workforce is clearly committed to solving issues in systems and commissioning processes around brokerage, care plans and support plans. When issues arise practitioners and commissioners work together. The strong commitment and work to create the blueprint for the Mental Health Hub to meet the Health and Wellbeing vision is testament to everyone involved. York has seized the opportunity to be innovative and do something different to improve the health and wellbeing of people in the city overcoming system challenges.

29. York has many examples of service delivery that they should be proud of, for example the mental health hub, the learning disability respite service, the Carers Centre and the Frailty Hub. All demonstrate provision using a person-centred approach.

30. There is a positive approach to hospital discharge which includes the use of Home First and the independent living centres. This supports flow from hospital and provides a reablement focus on discharge in a community-based setting. The Independent Living Centres provide that additional opportunity to maintain flow but also the commitment and flexibility to meet need.

31. There were clear examples of employment opportunities for people using services. There is evidently a programme of work which is having an impact on people's lives, for example, employment in the café in York's Council Offices, Independent Living Cafes and gardening work in the short breaks service.

For consideration

- Opportunities to improve engagement with your provider market around fee uplifts. Particular concerns raised by some providers working with adults with a learning disability.

- Consider how commissioners and social workers can work more collaboratively.

- Impact of untimely support plans.

- Access to support appears to be hampered by over reliance on a duty system leading to continuity challenges.

- Delays in financial assessment - delayed invoices, cessation of services, impact on person and provider.

- Greater clarity around use of Direct Payments.

- Clarity around key areas – 1.early intervention and prevention 2. preparation for adulthood 3. housing pathways – emerging work in these areas need to be progressed.

- Engagement of partners in decisions around savings, priorities and impact.

- There is an opportunity to build stronger working relationships with health commissioners.

32. Care providers stated they still had not been made aware of fee rates for 2024-25 in spite of the financial year having already started. It was not clear why this had not yet happened but clearly it hampers the ability of providers to plan ahead and confidently recruit sufficient workforce to meet demand. Some providers raised particular concerns about fee rates for learning disability and stated they were insufficient to recruit a stable workforce on a reasonable living wage.

33. There is room for improvement in joined up working between social work and commissioning teams. There was a lot of evidence of committed staff who were highly respected in both workforces, but some gaps in working together effectively to ensure shared ownership and speedy resolution of issues. Work should be done to build understanding, relationships and trust, from understanding each other's roles and responsibilities including any knock on effects to overcome some of the challenges faced, An example of this is untimely support plans which has an impact on delayed start dates for the person with care needs, identified care needs not being met, providers being unable to start packages of care resulting in available care provision not being utilised, no payments to providers and potential instability to the care market.

34. Access appears to be hampered by over reliance on a duty system leading to continuity challenges for providers (and also York citizens) in trying to contact adult social care. The current system was described as "*frustrating*". Some practitioners bypassed the duty system and offered advice to people who called them directly, but more commonly there was a culture of "*passing along*" to duty. Contacting duty often involved people having to tell their story more than once and then chase a number of times, speaking to a different person each time. As well as being frustrating for the caller, this felt like it made additional work within the service which was in contrast to the prompt problem-solving people experienced when they had access to an allocated worker. It would undoubtedly be unrealistic to give every caller an allocated worker but York should consider whether the current balance is right in relation to managing demand.

35. Support Plans not being timely was a particular frustration raised by providers. This created situations where providers felt they were managing care "at risk", or there were delays with new care arrangements being set up that wasted available capacity. Chasing late support plans brought providers into contact with the duty system above and could compound delays and frustration.

36. Delays to financial assessments were also described as having an impact on individuals as people are unaware of their financial contribution towards care and invoices for care are reported to not be clear and concise. The delays can result in services ceasing and debts accruing for people.

37. There is a need for greater clarity on what a direct payment is and how people can use and access these. Direct Payments were sometimes associated with administrative burden, rather than being employed in a way that improved choice, control and ease of life for people receiving them. Greater clarity of process, training and support for practitioners would be beneficial.

38. There is an opportunity to build and strengthen relationships with health commissioners who are keen to be alongside the council in decision-making for the benefit of York people. Some areas that have been highlighted as requiring attention are:

- Joint commissioning – a need to work at pace
- Relationships – a need to speak with one voice,
- Developing a one place approach

3. Ensuring Safety

This area relates to safeguarding, safe systems and continuity of care.

Strengths

- "*There are a lot of staff busting a gut to do good work around safeguarding*" – examples of people going above and beyond to support complex situations
- "*There's a good, committed core*" of staff supporting safeguarding – we saw a lot of expertise and wisdom in the people we met.
- Staff spoke highly of direct line managers and felt they received good supervision.
- There are good links between safeguarding and operational teams, with plenty of evidence of information sharing and joint working.
- This flexibility stems from genuine commitment to Making Safeguarding Personal.
- The Head of Service / Principal Social Worker appointment has demonstrably increased stability and support for staff.
- "*There's a commitment to get to the heart of things*". The Independent Chair has huge integrity and is challenging for York to be in as strong a position as possible.
- There are good connections that can be built on, e.g. transitional safeguarding, community safety partnership, mental health partnership, trading standards.

39. There is evidence of staff working hard to "*deliver good work around safeguarding*". Staff spoke with confidence about safeguarding and it was apparent that they had expertise and grip. The commitment of staff to ensuring safety in York was apparent in every interview, with examples of how professionals worked to ensure that people were not being moved to other parts of the country (in bespoke examples). There were also examples of day-to-day collaboration in ways that put the person first.

40. There is a recurring theme of professionals feeling supported and valued by their colleagues and direct line managers in York. Good supervision was highlighted by practitioners as being welcomed and supportive. This will have a positive impact on people's practice and confidence levels.

41. There are good links between safeguarding and operational teams. It was evident that information was shared appropriately, and joint working was in place. Practitioners did not feel isolated and described situations where they could contact colleagues for support and advice, this pragmatic and flexible approach was welcomed. Comments from safeguarding practitioners described a "*fluid relationship*" with NHS hospital colleagues, that enabled them to work well in partnership.

42. Practitioners said they were using Making Safeguarding Personal (MSP) principles, and it was evident that they were. Council officers have people's human rights, their dignity and choice at the heart of their practice delivery.

43. Managers and frontline alike spoke very highly about the Head of Safeguarding/ Principal Social worker. They felt she had brought stability to the organisation and provided much needed support to the workforce.

44. There was similar commitment and appreciation about the Independent Chair for Safeguarding who was seen to provide great integrity, professional challenge and leadership on safeguarding for York. Good relationships were described with community safety, health and trading standards partners. These are really good strengths.

For consideration

- Some processes still feel a bit blurred for staff and potentially contribute to uncertainty.

- Operational safeguarding data describes the "whats" but not really the "whys". Focusing more on "why" will enable you to identify underlying causes and focus attention.

- There needs to be some more focus on information sharing supporting safe transfers and common understanding of risks, e.g. Approved Mental Health Professionals / SystmOne.

- We didn't get clear information about arrangements that supported people being safe "out of area".

- Statutory partners are represented on the Safeguarding Board but wider attendance is inconsistent and there needs to be more focus on delivery between meetings.

- It's great that the Safeguarding Board Manager role has been filled, need to think hard about clear priorities for them so they (like the independent chair) aren't swamped.

- How sustainable is it for the Principal Social Worker to provide Head of Service leadership on safeguarding, a number of other operational areas and wider workforce / practice development?

45. Frontline practitioners expressed some lack of clarity about some processes for example it was heard from staff "*A bit of guidance on s42 would be helpful*" It was acknowledged by managers that processes are beginning to be developed and embedded, and this will help staff to better understand their roles. Some processes which aren't as clear to practitioners are leading to uncertainty and are potentially causing delays, due to uncertainty. York is in a transition period and there may be a period of instability before priorities and actions to deliver them are embedded.

46. Data is being used to describe the "what", for example to describe what is happening in safeguarding, but it would be more useful to be able to describe why things are happening, to understand the underlying causes and to take action around particular themes. A grip on the whys would result in less pressure in demand and people in York could be served in a more preventative way.

47. Some examples around information sharing across transitions between partners and services were described as needing to be improved, SystmOne was specifically cited. There was a general sense that if your systems had some inter- operability, it would provide a shared understanding of our services

between partners and that could lead to a reduction in the work required and have the benefit of reducing the risk of misunderstandings.

48. The Peer Review team were not exposed to clear information about York's out of area arrangements. It would be sensible to check that line-of-sight is clear to people receiving York-funded adult social care support who live outside the city boundaries.

49. There is good statutory engagement from York's statutory partners in the Safeguarding Adults Board (SAB) but less consistent attendance from wider partners. All partners should be engaged and held accountable for delivering good work on behalf of the SAB for the benefit of York people.

50. There is a newly appointed Safeguarding Board Manager who will be in post in coming weeks, which is a welcome addition to the team in York. It would be a good time to consider the list of work responsibilities that York want to handover to ensure that the postholder is not overwhelmed as they arrive in post. It is also a good opportunity to re-state Board partners responsibilities for the delivery of work arising from the Board and to set out the expectations for the roles of the Independent Chair and SAB Manager

51. A question for York is how sustainable is the Principal Social Worker's (PSW) job? The PSW in York has an operational role, as well as a senior strategic role. The observations of the peer team and those who were interviewed was that this was a "*considerable job list*". The appointment of the current Principal Social Worker has undoubtedly had numerous benefits for practitioners in York and this was a theme throughout all of the staff focus groups. Currently, the role encompasses the head of service for safeguarding alongside the statutory responsibilities of the Principal Social Worker. Given the breadth of the role, consider how sustainable the Principal Social Worker's role is long term. Similarly, comments were made around the sustainability of the Principal Occupational Therapist role and the parity this has with the Principal Social Worker. An opportunity to get both these roles right could be of benefit to the directorate.

4 Leadership

This relates to capable and compassionate leaders, learning, improvement and innovation.

Strengths

- Local people with lived experience are huge assets and strong progress is being made on peer support. The voluntary sector have been instrumental in this.
- Front-line staff and their immediate managers are providing powerful day-to-day leadership, solving problems and doing their best to make things better for people.
- "*We are a social care organisation*": the Leader of the Council, the Cabinet Member for Adult Social Care and the Chief Operating Officer are united and have the same vision: helping York people and York staff to thrive not just survive.
- There is very strong corporate understanding and support of adult social care, a clear commitment to collaboration and mutual opportunities to progress
- There was promising joint work between directorates within the council, breaking down barriers to agree a clear way forward in key areas of shared interest. Adult social care can benefit from this positive working environment.
- "*Straightforward, to-the-point clarity*": the appointment of the new Corporate Director has been well received and bridges are already being built after only a month!
- Strong recent appointments at a number of levels.
- The Assistant Director and Director of Safeguarding have a huge numbers of plates spinning but are still regarded as accessible, compassionate and keen to support staff.
- There is commitment to partnership working with historical strengths and shared purpose from senior leaders in the Council and the NHS.

52. Local people have a lot of loyalty to York, people say "*We are York*", this came through very strongly. The Community and Voluntary Sector (CVS) spoke very highly about the "*You said we did it together*" effort and could see the difference people's voice had made. The community is a huge asset for York

53. Frontline staff and their immediate managers demonstrate day to day leadership. The Peer Review Team heard many examples of collaborative "front-line" problem solving often in difficult circumstances to improve the quality of life for people living in York, to make it the best it can be.

54. The Occupational Therapy service is cutting waiting times, down from 26 weeks to 12 for people awaiting assessment for adaptations. The Homefirst Team were cited as exemplars who worked well with the ISS, Social Prescribers and LAC's, leading to people being able to return to their own home following discharge from hospital, rather than spending, spending prolonged periods in hospital.

55. York is a "*social care organisation*", the political leadership and council Chief Operating Officer are united with the same vision and are working together.

There is shared understanding both of the importance of adult social care in its own right and its importance to a shared approach across the council that aims to leave no York person behind.

56. There was a strong sense of support from corporate colleagues to work with ASC and improve the health, wellbeing and support to people. Corporate colleagues spoke with a good understanding of both issues and opportunities in adult social care. There is shared recognition that quality of life is important and prevention and early intervention are key to good outcomes. There is shared commitment to equality, diversity, and inclusion, including joint work to reduce health inequalities benefitting people with learning disabilities, autistic people, those with sensory and physical impairment, and older people. The strong recent track record from the Director of Children's Services in both improving outcomes and reducing costs provides a really helpful template for adults services to follow.

57. Three key areas of strategic development essential for adult social care were getting cross-Council focus: early intervention and prevention, preparing for adulthood (PFA) and housing pathways. The early intervention and prevention work was also being driven by the NHS. Shared clarity of purpose on these important areas reflects well on the wider leadership culture in York and is a great resource for adult social care.

58. The feeling of optimism was widely heard from partners, senior leaders, managers and frontline staff about the appointment of the new Corporate Director for Adult Social Care and Integration. It was felt that bridges were being built and that clarity for ASC was emerging, and this is being felt by the frontline and their immediate managers. Throughout ASC there was an energy about appointments at all levels, for example, the PSW, Heads of Service, people returning to practice, apprentices and newly qualified social workers all really keen to do some good work.

59. The Assistant Director and the Director of Safeguarding are juggling very many (too many) priorities but despite this are regarded by the workforce as accessible, supportive and compassionate.

60. There is a commitment to partnership working and there are historical strengths and shared purpose for senior leaders in the Council and the NHS. There is a solid foundation upon which to further build an excellent service for people living in York.

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For consideration

- Community and voluntary infrastructure needs to feel sustainable – a team effort requiring clear commitments both from the council and from the voluntary, community and faith sector to make the best use of local resources.
- Co-production with people needs even greater profile and parity: from niche to mainstream.
- There are too many temporary posts and some key vacancies. Make quick decisions on these to increase stability and confidence. "*In order to look after staff and maintain their wellbeing those structural problems need to be sorted*".

- Systems and pathways are too complicated and there are too many hand-offs. This is frustrating for York people, care providers, partners and staff themselves.
- There are gaps in some key written policies, procedures and guidance which makes work for managers and teams as well as creating risks in quality and consistency.
- Two-way communication needs to improve, to and from senior managers and staff, providers, partners. Communication needs to be underpinned by "*you said we did*".
- Two-way trust needs to improve because at the moment lengthy authorisation processes are building delay and creating false economy and inefficiency.
- It's better right now to reduce the number of "project" plates spinning and focus on getting fundamentals right around relationships and working conditions.
- It's possible to be pragmatic (getting some quick wins around outcomes and budget) but also strategic (laying stronger foundations for future success).

61. There is a really good community, voluntary and faith sector in York, however they have indicated that they need to feel that their services are sustainable through a team effort that supports their models of delivery and embraces them, and their ethos. It is important to provide them with a good level of stability and indication of their worth, they plug gaps that the council are not able to fill, and have a wide reach into communities. Sustainable funding is important (including that the sector contributes to its own financial sustainability) but more of the feedback we heard was about parity of esteem around their ethos, approaches and track record of delivery.

62. There are gaps in the adult social care workforce currently filled with temporary arrangements. This feels destabilising for staff, who have posed questions about why posts are not being filled permanently. It is important to ensure that the workforce is feeling stable, and that the structure is confirmed and established. The workforce will then have some certainty in knowing they are secure, and they will know who their direct manager is and where their job is going. This will create an even stronger foundation for staff to operate in and succeed.

63. Systems and pathways are complicated and it was reported that there are too many handoffs. This requires some focus, and an understanding of the experience of people who use services. There is a level of frustration amongst many groups about complicated pathways being expressed by staff, providers and people with lived experience.

64. Team managers are frustrated by the lack of written policies and some managers are writing procedures themselves in the absence of policy guidance. Managers fully understand that this will lead to inconsistency of practice across the department. It would help managers if there was clarity on policies and procedures, allowing them to focus on managing their service, to innovate and to support their staff.

65. Until very recently communication has not been as strong as it could be, staff have not been clear about the reasons they are asked to do certain tasks and feel they need more clarity on purpose and feedback on the results of their

work. Staff also feel that they would like opportunities to feed in their ideas for improvements. This will help them flourish and provide them with a sense of ownership. There are also issues of trust, particularly with authorisations where the waiting time for work to be authorised by senior managers is taking too long. This may have unforeseen consequences on budget and staff capacity. However, there is recognition of change and optimism and of bridges being built with the arrival of the new Corporate Director.

66. There seem to have been many change projects running in adult social care and people have found it difficult to see the wood for the trees. It is essential to focus on the fundamentals like relationships with others and working conditions. This will build a foundation that will add value to change projects as they develop.

67. York, like many councils, has a significant financial challenge and also opportunities to improve outcomes for local people. "Focus on the fundamentals" does not mean delaying impact both on outcomes and on finances. Rather, making things simpler and building on the strengths and motivations of York's staff to build more relational practice with less bureaucracy will make it easier to support good experiences for local people and stronger partnerships with the NHS and care providers. This in turn can very quickly improve effective use of resources.

Immediate next steps

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

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

Contact details

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