



City of London Corporation Adult Social Care Preparation for Assurance **Peer Challenge Report**

June 2023

Final

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Report

Background

1. City of London Corporation (CoL) requested that the Local Government Association undertake an Adult Social Care Preparation for Assurance Peer Challenge at the CoL. The work was commissioned by Ellie Ward, Head of Strategy and Performance at the City of London Corporation to get an external view on the readiness of the adult social care service for the arrival of the Care Quality Commission's assurance inspections.
2. A peer challenge is designed to help an authority and its partners assess current achievements, areas for development and capacity to change. The peer challenge is not an inspection. Instead it offers a supportive approach, undertaken by friends – albeit 'critical friends' – with no surprises. All information is collected on a non-attributable basis in order to promote an open and honest dialogue and feedback from the team of peers is given in good faith.
3. Prior to the onsite peer challenge work, the adult social care service completed a self-assessment about the work of the service. At the conclusion of the onsite work, the peer challenge team arrived at their feedback after triangulating what they read, heard and saw, to say what needed to be said, whilst being mindful of the multiple audiences in the work of the department.
4. The members of the peer challenge team were:
 - **Jeremy De Souza**, Director of Adult Social Care and Public Health, Joint post - London Borough of Richmond upon Thames and Wandsworth Borough Council
 - **Tessa Hodgson**, Cabinet Member for Social Care, Pembrokeshire County Council
 - **Michelle Andrews**, Assistant Director, Integrated Care System, Corporate Services/Adult Care and Community Wellbeing, Lincolnshire County Council
 - **June Morley**, Head of Service, Adult Social Care, Leicester City Council
 - **Amardeep Grewal**, Interim Assistant Director Mental Health, Learning Disability and Autism, Principal Social Worker, Adult Social Care, Telford & Wrekin Council
 - **Marcus Coulson**, Challenge Manager, Local Government Association.
5. The team were onsite between 13th -14th June 2023. The programme included activities designed to enable members of the team to meet and talk to a range of internal and external stakeholders. These activities included:
 - interviews and discussions with councillors, officers and partners
 - meetings with managers, practitioners and frontline staff.
 - reading documents provided by the CoL, including a self-assessment and a range of other material, consideration of different data and completion of a case file audit.

6. The framework the peer team used was that of the Care Quality Commission's proposed four assurance themes for the up-coming adult social care inspection regime. They are:



CareQuality Commission Assurance Themes

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

7. The peer challenge team would like to thank elected members, staff, partners and providers for their open and constructive responses during the challenge process. All information was collected on a non-attributable basis. The team was made very welcome and would in particular like to thank Judith Finlay, Executive Director; Chris Pelham, Assistant Director, People; Simon Cribbens, Assistant Director Commissioning & Partnerships; Ian Tweedie, Head of Adult Social Care; Ellie Ward, Head of Strategy and Performance; Emma Masters, Programme Manager, Department of Community & Children's Services; Hasna Begum, Project Support Officer, Adult Social Care Transformation Programme for their invaluable assistance for the support to the peer team, both prior to and whilst onsite, in planning and undertaking this peer challenge, which was very well planned and delivered.
8. Throughout the peer challenge the team had more than eighteen meetings with over twenty-six different people from adult social care and partners. The peer challenge team have spent over 147 hours with City of London Corporation and its documentation, the equivalent of twenty-one working days.
9. Our feedback to the CoL on the last day of the challenge gave an overview of the key messages. This report builds on the initial findings and gives a detailed account of the peer challenge.

Key Messages

- The unique nature of CoL means it is delivering the full range of ASC statutory duties with a small workforce
 - Managers work flexibly and wear many different “hats”
 - ASC is well resourced – the social care precept has been applied to CoL Council Tax and ASC budgets have been protected
 - There is strong elected Member support for ASC, high ratio of members to residents creating strong links to their communities
 - Recent appointment of the Exec Director provides an opportunity to pause, reflect and develop new vision and ambition for ASC – with a short window to capitalise on the energy created by the new appointment
 - There is a clear commitment to strengths-based practice
 - Positive impact of the place-based partnership creates a voice for the CoL within the Integrated Care System landscape
 - In preparing for CQC assurance, we encourage you to be able to have a clearly evidenced narrative at all levels of the workforce that focuses on:
 - Strengths-based practice
 - Co-production
 - Lived experience
 - Equality, Diversity and Inclusion
10. The City of London Corporation is a unique organisation. Its creation predates Parliament which leads to a distinctive relationship with the United Kingdom’s legal framework. However, it is subject to the relevant statutes, meaning it is delivering the full range of adult social care statutory duties. There are 8,600 residents who live in the Square Mile, 14% of whom are aged sixty-five or over. There is high life expectancy in the City of London and this, coupled with the high number of rough sleepers in the City of London, create the key drivers of demand for health and social care support. The CoL addresses the needs of local people with a small workforce. As a result, many managers work flexibly and wear many different “hats” to enable the organisation to deal with demand in different areas, both by local people and organisations.
11. The adult social care department is well resourced, demonstrated by the fact that the social care precept has been applied to CoL Council Tax, and budgets in the department have been protected.
12. There is evident, strong elected member support for adult social care with frequent scheduled meetings to discuss departmental progress on a range of relevant issues, and a high ratio of members to residents creating strong links to their local communities.
13. The recent appointment of Judith Finlay as Executive Director provides an opportunity to pause, reflect and develop a new vision and ambition for adult

social care, and there is a short window to capitalise on the energy created by this new appointment.

14. It is evident from the policies and practice of the department that there is a clear commitment to strengths-based practice for frontline staff and there has been a positive impact of the place-based partnership, creating a voice for the CoL within the wider Integrated Care System landscape.
15. In order to prepare fully for Care Quality Commission assurance we encourage CoL to be able to have a clearly evidenced narrative at all levels of the adult social care workforce. The narrative should focus on the outcomes and achievements of the approach to strengths-based practice, with examples of how co-production has been used to deliver personalised services and strategies. It should clearly show how the lived experience of local people is understood and recorded and done so in a way that demonstrates how equality, diversity and inclusion is embedded in the CoL's ASC service operations.

Case file audit

Strengths

- There is a lot of information in the case files, including detailed notes. The management of risk, safeguarding, Mental Capacity Act, etc., are recorded, updated and evidence the presence of experience, and professionalism. In most files audited there is evidence of a positive conversation with individuals, an understanding of their lives, good relationships, and a caring attitude. There is evidence that the system has been set up to support a strengths-based approach, and it asks questions about 'living your best life' with other examples, such as 'What are your strengths?'

For consideration

- To improve this work, the strengths-based approach needs to be prioritised throughout the assessment and support planning process. The use of 'I' statements, using the person's own words could be used throughout their record to capture their full experience and incorporated into a business as usual approach. The service may wish to consider co-producing the assessment forms and be mindful of the language being used to describe need and risks e.g. avoiding professionalised language which may detract from the user voice coming through in case recording.

The full case file audit is attached as Appendix 1 at the end of this report.

1 Working with People

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

Strengths

- Manageable case loads support relationship-based practice, which staff see as a benefit of working here
 - Strong arrangements in place to support hospital discharge, recognising added complexity of working with hospitals outside the City area
 - You have an experienced and knowledgeable workforce who know your residents well and develop positive relationships
 - A strong commitment to strengths-based practice
 - A co-ordinated, multi-agency approach to the assessment and support of residents
 - Readiness for new national requirement for client level data (testing planned for July)
 - Single case recording system across children's and adults
 - Departmental oversight of all data and performance across adults, children's and housing services
 - There is good awareness of the needs of local communities e.g., homelessness, deprivation and affluence
 - New PSW role is a strength to drive practice improvement
16. The adult social care service has a clearly articulated desire to ensure frontline staff have manageable caseloads. It recognises that this approach supports relationship-based practice, which the staff see as a benefit of working here. Consequently the CoL has an experienced and knowledgeable workforce who know local residents well and develop positive relationships.
17. The peer team heard evidence to support the data that there are effective arrangements in place to support hospital discharge, directed by a member of staff who manages this very well. There is a recognition of the added complexity of working with hospitals outside the City, as a number of hospitals in surrounding areas serve the City's residents.
18. There is a co-ordinated, multi-agency approach to the assessment and support of residents. Practitioners liaise with a number of health providers adjacent to CoL and further afield. They navigate those providers well, considering there are not established multi-agency processes in place for all these providers.
19. Central government has created a new national requirement for client level data (there is testing planned for July) and the service demonstrated that it was ready for this. This will further support the consideration needed to continually provide evidence to support performance management and future planning of services.

20. There is a single case recording system across children's and adults services, and the use of the Mosaic system allows for transitions to be managed safely and effectively, as the information is available to both teams and support staff who manage and oversee the cases. This allows a person's story to be told once, without the need for repetition by that person. The Mosaic system also supports practitioners to have access to all relevant information for the individual, their families and carers, to support planning, risk management and planning into adulthood.
21. Because of the small size and scale of the CoL there is departmental oversight of all data and performance across adults, children's and housing services. There is awareness of the needs of local communities with relation to local homelessness and levels of deprivation and affluence within the square mile.
22. There is an experienced individual in post, in the newly created Principal Social Worker (PSW) role, who understands the importance of quality frontline service delivery. This is a strength for the department and will facilitate the drive for improved practice. The small size of the workforce has enabled the PSW to embed herself within the service and start an impactful programme of training and reflective practice conversations with practitioners.

For Consideration

- Revisit the implementation of strengths-based practice across disciplines
 - Continue your work to improve timeliness and impact of reviews
 - You recognise the need to capture and record equalities data more effectively and use this to shape services
 - Consider revising your assessment and support planning forms through co-production, focussing on strengths-based language and use of I and We Statements.
 - Consider the impact of prevention services, in the context of an ageing population and potential future service demand
 - Further develop Mosaic workflows to support the business
 - You recognised the need to continue training front-line staff to improve data quality within Mosaic and remove the dependency on manual processes
 - Consider the roles, responsibilities and functions across the workforce to reduce hand-offs, recognising challenges in recruiting
23. The peer challenge team recognise the CoL's commitment to the idea of a strengths-based practice approach for frontline staff. We recommend that you might want to revisit the implementation of this across the disciplines of adult social care. The reason for this is that, whilst staff were able to describe thoughtful and informed practice with people, it was not always evident that this was being delivered or recorded, in such a way to confirm this approach. The voice of the person was not always apparent as a golden thread throughout practice. The service recognises that the principles of a strengths-based

approach were introduced in 2022 and therefore this is still in the early stages of being fully embedded within front line practice.

24. The peer team recommend that there is further engagement with staff to support their understanding of strengths-based practice, how its applied, and importantly, how it is evidenced with the person in their records. A greater focus on reflective practice using the case audit process could enable more effective feedback to staff and better support front line teams and their managers to ensure the practice reflects a strengths-based approach at all times.
25. The adult social care department appreciates that there is further work to do to improve the timeliness and impact of reviews and has begun this process. The peer team recommend you continue with this work, and ensure strengths-based reviews which ask the question, "What is the impact of the care and support being delivered to the person?".
26. It is also recognised by the department that there is the need to capture and record equalities data more effectively and use this to shape services through effective feedback loops. The Integrated Care Board (ICB) were aware of the disparity of need for CoL residents (within the North East London ICB). Improved data, inclusive of equalities data, that is disaggregated to draw out the needs of people in the CoL, will enable improved service planning at local levels.
27. As you revisit the implementation of your strengths-based practice work, the peer team recommend that you also consider revising your assessment and support planning forms through co-production. Using language that individuals needing services would understand, and feel connected to, would further support this. Questions such as, "What does a good day look like for you?", rather than, "What are your strengths?", would support the assessment and review documentation to be more user friendly. Incorporating 'I' statements through the documentation and asking people, their families and carers to complete the documentation themselves supports a positive power shift between the practitioners and the person needing support. Professional summaries embedded into the documents will ensure the reflection, analysis and input of the practitioner.
28. Consider the impact of prevention services in the context of an ageing population and potential future service demand. There were examples given to the peer team where services were provided in a proactive way which were universally available to residents, regardless of the evidence of need. The peer team question if this approach can be sustained should resources become stretched in line with the increasing ageing population. There is potential for increased demand on preventative services, which may lead to residents having an expectation which cannot be met within available resources. Consideration should also be given to the types of preventative services, the use of assistive technology and digitally enabled care, to prevent or delay the need for long term support and reduce dependency on services.
29. The service recognises that it needs to further develop the Mosaic case management system, so that it creates workflows that support the business, capturing appropriate data to improve management reporting and reduce reliance on manual spreadsheets. Management recognised that there is a need

for staff training to improve data inputting. Ultimately this would create real time dashboards for the service to better manage and guide performance.

30. The peer team recommend that adult social care consider the roles, responsibilities and functions across the workforce to reduce the number of hand-offs within the assessment process. The assessment and review function of the Care Act is completed by social workers, whereas consideration could be given to these duties being undertaken by different disciplines to reduce hand offs between different roles. This would also support the opportunities for practitioners to improve the understanding each other's roles, and the professional development of practitioners. This would further embed a strengths-based approach, ensuring conversations with all practitioners are meaningful and impactful, while supporting statutory duties. The peer team heard examples where qualified social workers on the duty team were dealing with issues that could have been handled by administration staff. There was evidence that lines were sometimes blurred between the responsibilities of the strengths-based practitioners and social workers, resulting in some duplicated activity.

2 Providing Support

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

Strengths

- A strong hospital discharge model
 - Agile and flexible approach with the ability to spot purchase to meet needs
 - Well-established integrated care models locally and established relationships with health and Voluntary and Community Sector organisations
 - City Connections is a responsive, flexible, commissioned service
 - Commissioning arrangements in place for the outreach services, supporting rough sleeping, link well and complement the adult social care offer
31. It is clear that the hospital discharge model works well for the population and is driven by a well-respected and effective member of staff. The peer review team saw no evidence of delays in hospital discharges, waiting lists or the over use of long stay beds.
 32. The commissioning function demonstrates an agile and flexible approach with the ability to spot purchase to meet needs and there is a well-established integrated care model locally and established relationships with health and voluntary and community sector organisations (VCS). As the CoL does not have any residential placements available within the City boundary, when a need for this provision is required, the only option currently available is to spot purchase outside the area. This results in the needs of the resident being the basis for the placement, which enables the CoL to respond to the specific requirements of the individual, so this is needs-led, rather than cost-led. In addition, there is one General Practice (GP) surgery within the boundary and a very small VCS sector, and this enables relationships to be formed among key staff from each organisation which supports strong and effective working relationships, which translates into meeting the needs of residents.
 33. The CoL commissions an early intervention and prevention service called City Connections, provided by Age UK and this includes a signposting service, a general wellbeing support service, and a specific memory café for people with memory issues and their carers. The peer team felt this was an example of a responsive, flexible, commissioned service.
 34. There are commissioning arrangements in place for outreach services supporting rough sleeping, which link well and complement the adult social care offer. The rough sleeping initiative is an example of a bespoke CoL service that has been put in place as a direct response to the growing cohort of people rough sleeping in the City boundaries. The evidence provided gave assurance that there was a clear and effective understanding of the cohort of rough sleepers as 75% are male, with 60% being white British with an average age of 40 years old. This cohort has complex needs with both significant mental health needs, physical needs and with many needing support for substance misuse. To meet the needs of this cohort, a range of services from across the VCS have come together to provide a person-centred approach to commissioning services, that can respond to this demand. This includes outreach services, a psychotherapy team and supported living

accommodation. These services are jointly commissioned with the London Boroughs of Tower Hamlets and Hackney, as this cohort can be transient. There is a direct link into adult social care via the rough sleeping coordinator role, which has enabled links to be developed and maintained.

For consideration

- Improving triangulation of quality assurance of services
 - Strengthening collection of feedback to coproduce services for better outcomes
 - Improve quality assurance of services, including feedback and input from residents and staff to inform commissioning
35. The adult social care service may want to consider improving the triangulation of quality assurance of services. There was a lack of evidence to suggest that the findings from case file audits were fed back to the front line teams to inform continued practice improvements. If this could be embedded as core business, it would allow both individuals and teams to share learning and underpin the strengths-based practice model. This would also provide the opportunity to identify themes of what works well and what needs to improve and any clarify any gaps that there may be in service provision. Additionally, there was a lack of evidence to demonstrate how feedback from people using services was collected, analysed, and utilised to improve service provision. The peer team did hear of a range of surveys that were carried out, but there was no evidence that the findings of those surveys were implemented and communicated to all relevant staff. It was unclear how the CoL provided feedback to people to advise of the difference made following survey completion, and sense-checking to see if a positive difference had been achieved.
36. There is an opportunity for the service to strengthen the collection of feedback to coproduce services for better outcomes. CQC are likely to focus on coproduction and the lived experience of people and how this is understood, recorded and used, to amend and shape services. The service should consider how best to engage with individuals, their families, and carers throughout their social care journey and how to evidence this activity. The service could also seek to ensure that staff are aware of the outcomes achieved, so they can speak about the 'feedback journey' to CQC representatives. This would also support further policy, process and procedural developments within the service.
37. It is important for the adult social care service to improve the quality assurance of services that includes evidenced feedback and input from residents and staff, to inform commissioning. Consideration should also be given as to how the service can evidence that learning through compliments and complaints, as well as how feedback from people who use services, influences the development of policies, procedures and training. There is also an opportunity to incorporate people who use services, to design and deliver strengths-based approach training to front line practitioners and managers.

3 Ensuring Safety

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

Strengths

- CoL benefits from having a hugely experienced Independent Safeguarding Adults Board (SAB) Chair, with a national profile
 - Strong City and Hackney Safeguarding Adults Board with multi-agency support and commitment to safeguarding; but retaining a distinct focus on City of London safeguarding issues through a separate CoL Sub-Group
 - Strong CoL Police partnership, working to safeguard adults and partnership work with ASC and mental health services, with consistent and positive engagement
 - City and Hackney place-based partnership within NEL ICS is responsive to ensure safeguarding of City residents, with well-established partnership with mental health services
 - CoL Safeguarding Sub-Committee ensures strong Member oversight of safeguarding adults and children and community safety
 - Well-established partnerships with Christian churches in CoL and partnership work with Tower Hamlets to engage with Whitechapel Mosque, attended by CoL residents
 - CoL Chairing of SAR Sub-Group by Assistant Director, enables CoL to learn from Hackney & City SARs
 - Dedicated Board Manager post adds value and additional capacity for the SAB
 - Making Safeguarding Personal is embedded in CoL
38. The CoL benefits from having a very experienced Independent Chair of the Safeguarding Adults Board who has a national profile. This clearly brings leading edge knowledge and years of experience to her work at the CoL.
39. The City and Hackney Safeguarding Adults Board appears to work well together with multi-agency support and a commitment to safeguarding; but with a distinct focus on the City of London through a separate Sub-Group to ensure there is a clear focus on local issues.
40. The CoL has its own police force with more than nine hundred staff and a budget of £151m per year. The partnership between the CoL SAB and the police is working to safeguard adults and is involved in partnership work with adult social care and mental health services with consistent and positive engagement. This means the CoL is not subject to the same future challenge as the 32 London Boroughs who will be impacted by the recent statement by the Commissioner of the Metropolitan Police, saying that it will no longer attend emergency calls related to mental health incidents.
41. The City and Hackney place-based partnership within the North East London Integrated Care System (NEL ICS) is responsive to the safeguarding needs of

CoL residents, with well-established partnership with mental health services. The place-based partnership (PBP) is based on an historic relationship between the CoL and LB Hackney under the previous Clinical Commissioning Group arrangements. Therefore these relationships are well-established and appear to allow appropriate, professional challenge when required. The PBP and the approach to partnership working has allowed the voice of the CoL to be heard within the ICS. Capacity is a continued pressure for the CoL due to its size and the variety and number of roles and remits held by staff. An example seen by the peer team of positive partnership working was the suicide prevention project which is a multi-agency arrangement to respond to an increasing number of suicides in the CoL.

42. The CoL Safeguarding Sub-Committee ensures there is strong Member oversight of safeguarding adults and children and community safety, delivering reports on activity enabling questioning of developments and political oversight.
43. There are well-established partnerships with Christian churches in the CoL as well as partnership activity with the London Borough of Tower Hamlets to engage with Whitechapel Mosque which is attended by some CoL residents.
44. The Assistant Director of ASC from CoL Chairs the Safeguarding Adults Board Safeguarding Adult Review (SAR) Sub-Group, enabling CoL to benefit from wider system learning from Hackney & City Safeguarding Adult Reviews.
45. The dedicated Board Manager post adds value and additional capacity for the SAB, to ensure all functions are carried out and board members are fully informed for board meetings and sub-groups.
46. From the information available to the peer team, including the SAB Annual Report, it appears that Making Safeguarding Personal is embedded in the work of the CoL.

For consideration

- Continue to consider engagement from people with lived experience of safeguarding and any further initiatives which could continue the work of the Lived Experience Reference Group which is no longer in place.
- CoL recognise there are safeguarding challenges around the cost-of-living crisis and rough sleeping. Engagement with local people and third sector services about what would be impactful in supporting these issues would further embed co-production, influencing services and supporting stronger prevention work.
- CoL recognise the need to respond to the increasing complexity of hospital discharges. Consideration of current roles and functions of practitioners would support a stronger response to this increase in complexity of need.
- Ensure you have evidence of robust and rapid professional response to safeguarding concerns, incidents and provider issues, ensuring safe and personalised responses in preparation for CQC assurance.

- Ensure any review of documentation, to embed strengths-based practice, includes a review of safeguarding forms, to help further evidence a commitment to Making Safeguarding Personal principles.
 - Continue to strengthen engagement with voluntary sector partners, where there is sometimes variable engagement on safeguarding
 - Continue to train safeguarding champions to engage with faith-based community groups
47. The peer team recommend that CoL continue to consider engagement from people with lived experience of safeguarding and any further initiatives which could continue the work of the Lived Experience Reference Group which is no longer in place following the COVID-19 pandemic.
48. The CoL recognise there are safety challenges around the cost-of-living crisis and rough sleeping. There is a bespoke rough sleeping coordinator that links between adult social care and the voluntary services outreach and support services. There have been initiatives to provide items to residents to help with the cost of living crisis to help reduce costs and stay warm in winter and cool in summer.
49. CoL recognise the need to respond to the increasing complexity of hospital discharges, and as a result, a new hospital discharge model was developed to meet government requirements, which is supported by the Care Navigator role.
50. The peer team recommend that CoL ensure there is evidence of a robust and rapid professional response to safeguarding concerns, incidents and provider issues, ensuring safe and personalised responses in preparation for CQC assurance. Ensuring there is strong evidence throughout the individual's record and policies, procedures and processes that safeguarding is recognised as a responsibility of all roles within the service.
51. The peer team suggest CoL continue to strengthen engagement with voluntary sector partners, where there is sometimes variable engagement on safeguarding. This includes providing opportunities for the voluntary sector to link into the SAB, any co-production and commissioning activities.
52. CoL recognises the need to continue to train safeguarding champions to engage with faith-based community groups to ensure the safety of as wide a variety of groups in the City as possible.

4 Leadership

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

Strengths

- Strong elected Member support for ASC, high ratio of members to residents creating strong links to communities
 - Strong, stable political and officer leadership across the City of London Corporation, underpinned by robust and effective financial management
 - Strong commitment to the protection of adult social care and frontline resources
 - Visible senior leadership
 - Commitment to enable staff to provide the best support to residents
 - Commitment to staff development e.g. OT apprenticeship
53. There is evident, strong elected Member support for adult social care with frequent scheduled meetings to discuss departmental progress on a range of relevant issues and a high ratio of members to residents creating strong links to their local communities.
54. There is a stable political and officer leadership across the CoL which is underpinned by robust and effective financial management. As a result there is a strong commitment to the protection of adult social care and frontline resources, which has been demonstrated over a number of years.
55. The senior leadership team demonstrated that they knew their services well - they are knowledgeable and experienced adult social care leaders.
56. The senior leadership are visible to staff and are clear in their commitment to enable staff to provide the best support to residents. One example of how the service seeks to support staff is the planned occupational therapy apprenticeship initiative.

For consideration

- Continue to develop performance management information to drive performance, improve outcomes and shape delivery sharing this with front line staff.
- Consider some more formal protocols/processes to drive performance improvement and provide assurance about risk management processes.
- Continue to increase diversity across the service – actions could include adopting learning from the DHSC Social Care Workforce Race Equality Standard, which was implemented by 18 local authorities.
- Consider how adult social care evidences performance to provide assurance to the business and demonstrate to front line staff the impact that they make in their roles.

57. The adult social care service recognises that there is the need to develop the available performance management information to enable staff to drive performance, achieve improved outcomes and shape delivery. The peer team heard how adult social care provide reports to a safeguarding sub-committee on safeguarding and Deprivation of Liberty Safeguards, but general wider performance is not reported. It was noted that a monthly performance scorecard is in development.
58. In the self-assessment for this work the service states that *“Being part of such a small stable team, has lots of positives but also challenges. New ideas, ways of working, wider conversations are less likely to happen. It is important to keep practice current and alive rather than falling back on our 'uniqueness' which can sometimes stop changes in our practice to align ourselves with the London local authorities”*. With this in mind the peer team recommend that the service consider some more formal protocols and processes to drive performance improvement and provide assurance about risk management. This information would enable colleagues to have more productive improvement conversations based on objective data and standards.
59. There is ongoing work to increase diversity across the service, as part of a wider organisational approach to reflect the local communities and there are several initiatives promoting diversity and inclusion amongst staff and within the service. CoL recognises that promoting more diversity amongst staff is a priority. The peer team support this understanding to continue to increase diversity across the service. One example would be to adopt the learning from the recent Department of Health and Social Care Workforce Race Equality Standard (WRES).
60. As has been previously stated, there is the need to consider how adult social care evidences performance to provide assurance to the business, as well as addressing the experiences of people who use services. There was no evidence provided to the peer team that staff were aware of any departmental performance metrics. Investing in this would better enable the service to drive performance.

Immediate next steps

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

As part of the peer challenge process, there is an offer of further activity to support this. The LGA is well placed to provide additional support, advice and guidance on a number of the areas for development and improvement and we would be happy to discuss this. **Kate Herbert, LGA Principal Adviser**, is the main contact between your authority and the Local Government Association. Her contact details are email: kate.herbert@local.gov.uk, Telephone: 07867 632404. There is also **Margaret Willcox, the London Care and Health Improvement Adviser** who can be contacted at email: margaret.willcox@local.gov.uk or Tel: 07464 652694.

In the meantime we are keen to continue the relationship we have formed with the CoL 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

For more information about the Adult Social Care Preparation for Assurance Peer Challenge at City of London Corporation please contact:

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