

**Yorkshire and Humber ADASS Preparation for Assurance Peer Challenge
Report: Barnsley Council October 2024**

1. Background

Barnsley Council asked Yorkshire and Humber ADASS to undertake a regional Adult Social Care Preparation for Assurance Peer Challenge at the council and with partners. The work was commissioned by the Place Director – Health & Care Barnsley who was seeking an external view from a team of regional peers about the experience of people receiving support from Adult Social Care and to comment on the council’s preparations for Care Quality Commission Local Authority Assessment.

2. Purpose.

Peer challenge is an improvement focused activity not an inspection. The purpose of a peer challenge is to support an authority, and its partners to assess current achievements, areas for development and capacity to change. The peer team use their experience and knowledge of local government and adult social care to reflect on the information presented to them by the people they meet.

4. Scope

The work of the peer team focusses on the four assurance themes in the Care Quality Commission (CQC) assurance framework used in the local authority adult social care assessment process.

Care Quality Commission Assurance themes

<p>Theme 1: Working with people.This theme covers:</p>	<p>Theme 2: Providing support. This theme covers:</p>
<ul style="list-style-type: none"> • Assessing need • Supporting people to live healthier lives 	<ul style="list-style-type: none"> • Care Provision, integration, and continuity • Partnerships and communities

<ul style="list-style-type: none"> Equity in experiences and outcomes 	
<p>Theme 3: How the local authority ensures safety within the system. This theme covers:</p>	<p>Theme 4: Leadership. This theme covers:</p>
<ul style="list-style-type: none"> Safe pathways, systems, and transitions Safeguarding 	<ul style="list-style-type: none"> Governance, management, and sustainability Learning improvement and innovation

4.i Specific focus

Barnsley Council asked that the peer challenge team focus on:

Theme 1 How Barnsley Council works with people, covering all three quality statements

Theme 2 How Barnsley Council provides support, covering both quality statements

Theme 4 Leadership covering, covering both quality statements

5. Methodology

Prior to being onsite, the peer team undertook a case file audit, and a review of a range of information and data.

The peer team were then onsite for three days holding interviews, focus groups, and discussions to understand the adult social care department and to develop feedback and recommendations through triangulating the evidence presented.

All information collected as part of the onsite activity was done so on a non-attributable basis to promote an open and honest dialogue.

In arriving at their findings, the peer team:

- Completed seven case file audits
- Held interviews and discussions with over 100 people across adult social care, partners and people with lived experience
- Spent around 200 hours with the Council and its documentation - the equivalent of circa 27 working days.

Initial feedback was presented to the council on the last day of the peer challenge and provided an overview of key messages.

This report builds on the presentation and provides further detail to underpin the key messages, strengths and considerations. Although theme three – ensuring safety - was not in scope, due to the interrelationship between this and other themes some key messages have been included.

Every effort is made by the peer team to triangulate evidence available to them in the time spent on site, and while the findings provide a good indication of strengths and considerations it cannot and does not represent a fully comprehensive assessment.

6. Acknowledgements

The peer team would like to thank councillors, staff, people with a lived experience, carers, partners, and providers for their open and constructive responses during the challenge process.

7. Key messages

There are observations and suggestions within the main section of the report linked to each of the CQC themes. The following represents the key messages to the council.

Message 1: The peer team got a real sense of Team Barnsley, Barnsley 2030, and how colleagues in adult social care can see the positive impact that regeneration is having on the health and wellbeing of Barnsley people.

Message 2: There is a strength of leadership, setting the culture and capturing the 'spirit' of Barnsley - demonstrated by innovative approaches like 'Health on the High Street' which will be the envy of many.

Message 3: Operationally, the positive impact of close working relationships between adult social care and health partners is evident. For example, hospital discharge, initial response, integrated out of hours service.

Message 5: Adult social care and children's services are working well together to support young people preparing for adulthood and there are some good examples of service improvements centered on the needs of people.

Message 6: You have a much better story to tell than is currently reflected in your self-assessment. For example. workforce, supporting healthier lives, co-production, Better Lives.

Message 7: Moving forward there are some concerns [due to the retirement of the current DASS] about maintaining a clear focus on adult social care and that adult social care continues to have a strong voice in the wider Barnsley system.

Message 8: You have taken steps in the right direction in terms of adult social care commissioning and recognise that stronger leadership and a clearer plan is critical to your ambition to deliver a more transformational commissioning function which has a clearer grip on delivery, accountability and governance.

Message 9: To support this, you recognise the need to better define what it means to be an intelligence led council as you continue to improve the provision and use of data and intelligence at all levels within adult social care.

Message 10: There is opportunity to improve connectivity between areas of work by surfacing key strategies and how they interconnect, and to think about aligning language to be more inclusive and reflective of your continued effort to embed a person-centered strengths-based approach.

8. Case File Audit

As part of the peer challenge, a case file audit was carried out on seven cases with feedback provided to the director at the end of the first day on site. Although this is a relatively small sample it was possible to see some themes emerging, which have to a degree been consistent with the interviews with frontline staff and feedback from carers.

Strengths

- Able to see the evolution of the case file recording. For example, the separation of Mental Capacity Act assessments which feels like a positive move.
- Outcomes for the individuals were clearly stated in most of the files seen, and the persons views of the services provided had been sought and recorded well in most of the files.

Considerations

- Difficult to find evidence of the assessment and support plan being shared with the person post 2023
- Difficult to find in some of the files if the carers needs had been appropriately considered.

9.i Theme 1: Working with People

This theme includes assessing needs, supporting people to live healthier lives and equity in experience and outcomes.

Strengths

Strengths based approaches. *There was evidence that strengths-based approaches are being embedded into practice and this aligns with findings from the case file audit.* Teams spoke about how strengths-based practice has evolved and how the case management system has also evolved to support the approach. The peer team heard about strengths-based approaches and strengths-based training across several teams including initial response, mental health and learning disabilities.

Initial Response. *The initial response team is a 'strong and vibrant' team that is proactive in resolving issues in a strengths-based way and achieving great outcomes to help prevent, reduce and delay the need for care and support.* The team has established a range of strong connections and described how they:

- work closely with the partners to ensure there is a proportionate and coordinated response to people
- signpost people to sources of information advice and guidance -including online financial assessment

- refer onwards to other services - reablement for example.

A rapid response service has also commenced which enables the team to visit people to keep them safe and prevent them falling into crisis. The team have been trained in strength-based conversations and always aim to speak to the person to understand their views and wishes. The team are working with people to understand the information and advice offer. This is being co-produced with Think Local Act Personal group. The aim is to ensure information is accessible to people and to develop an index of information for all services to access.

Talking Points: *This has been a positive development and provides a platform to further develop social care on the high street.* Talking Point pilots are providing the opportunity to connect with communities by reaching out to people in community spaces that they are familiar with. This is helping to improve access to social care and intervene early to prevent needs from escalating. Feedback from some professionals about Talking Points has been positive.

Reablement, and hospital discharge. *Reablement and hospital discharge is working well facilitated by good working relationships with health partners.* People are assessed at home for future care needs on the Discharge to Assess pathway and where the need for a placement is identified, the health discharge team will refer to adult social care who triage the request. This is said to work well because agreement is reached between health and social care. The discharge team described a non-hierarchical multi-disciplinary team approach where difficult conversations can take place, but good working relationships are still maintained.

The reablement team can usually respond within 24 hours to those on pathway one and they also respond to other pathways, for example discharge to a care home. The reablement team includes an occupational therapist and occupational therapy assistant. Support from the NHS therapy was described positively. Analysis has been undertaken to ensure that the people who are offered reablement are those who will benefit the most.

Co-production. *There are some good examples of working with people and co-production.* The Preparing for Adult Team described their work with schools to identify what young people want in terms of support in adulthood. Complaint resolution was described as a 'value led, get it right first-time approach' working closely with people to identify and resolve issues before they escalate. There were examples of co-production in public health such as the 'How's Thi Ticker' campaign which brings free blood pressure checks directly into communities in Barnsley in a way that local people can engage with. The people with lived experience that the peer team spoke with said that while there is still a way to go, participation with them [by the council] is getting better.

Considerations

Financial assessment. *A more person-centered financial assessment function which is embedded within adult social care will help clarify the role of social care staff in the process and maximise income for Barnsley people and for the council.*

Financial assessment is seen to be a significant issue that 'gets in the way' with a

lack of clarity about roles and responsibilities. Social workers described requests for them to address debt issues with people which they said impacted on their ability to have strengths-based conversations. The carers strategy group identified that many carers struggle with the financial assessment process, and examples were given where people were not aware of financial implications early enough in the process. It should be noted that there was no representation from financial services in the stakeholder session, therefore the peer team were not able to fully triangulate this perspective.

Carers assessments. *There should be a review of how carers assessments are undertaken to ensure carers are being identified in their own right. Work to support and involve carers was evident through the thematic audit of Barnsley's approach to carers, the work of the carers strategy group and the carers forum. Barnsley appear to be making good progress in terms of implementation of the strategy, particularly in increasing the number of carers identified, and there are clear efforts to engage carers. However, from the cases audited (albeit a small number) it was difficult to find if carers had been appropriately considered and while one off payments are often used for short breaks, supporting both the carer and cared for person, the peer team felt that further strengthening your assurance arrangements to ensure and identify how this benefits the carer and supports carer wellbeing may be beneficial. Furthermore, while some carers assessments are undertaken by the Initial response team, the assessment of a carer who is caring for someone with a learning disability or mental health issue is undertaken by the relevant specialist team. This means that that carers may not be benefitting from the early help, signposting and prevention opportunities afforded by contact with the initial response team.*

Joint mental health reviews. *Does the council have assurance that there is clear and consistent agreement about joint mental health reviews (including s117) and the role of the ICB? The team heard conflicting accounts from council colleagues compared with ICB colleagues about whether there are overdue reviews and relevant resources to carry them out. Unfortunately, the peer team did not have the opportunity to test this out further.*

Assisted Living. The assisted living team is providing a valuable, universally accessible response service and are utilising a range of lower-level technologies to support people to live independently at home. They are also working closely with Yorkshire Ambulance Service to ensure people are not being transported to hospital unnecessarily following a fall. There is a comprehensive offer of minor equipment and adaptations. Urgent cases are triaged and seen within seven days and access is improving as part of efforts to reduce waiting times for assessment. The peer team felt however that *there is opportunity for Barnsley to think about how to grow the Assistive Technology offer, join up the Neighborhood Rehabilitation Service and strengthen the interface between occupational therapy and adult social care.*

Co-production. *The co-production strategy should help to systemise the approach to engaging with people to shape, develop, and deliver service improvements - particularly those whose voices are currently less likely to be heard. While there are some good examples of involving people and co-production, the peer team heard co-production described in different ways with an apparent difference in understanding*

of what co-production means. The strategy is a good opportunity to ensure there is a more consistent understanding of and approach to co-production, that co-production activity is more effectively targeted towards those whose voices are currently less likely to be heard, and that there is a more strategic and consistent approach to making use of learning from co-production activity.

Information advice and guidance. *Access to information could be improved through for example, simplifying the Live Well directory and raising the profile of Talking Points with the Voluntary and Community Sector.* The peer team heard that there is a vibrant Voluntary and Community Sector in Barnsley and about continued efforts to improve information advice and guidance. The Healthwatch report of the 2024 mystery shopping exercise commissioned by ADASS Yorkshire & Humber 'Experts by Experience' rates overall access to social care advice, information and services as Good. Some voluntary and community sector services, such as the Crisis Hub, however, are not being fully utilised due to insufficient information being shared with the public. The Live Well Directory was described as difficult to navigate and concerns were expressed about access to information for those who lacked digital skills or access to the necessary equipment. There are recommendations in the Healthwatch report relating to updating the Live Well website and printed information for those who are digitally excluded. There was some lack awareness of community events and Talking Points which is a missed opportunity in terms of information flows between stakeholders and subsequently to the public. The peer team felt this is an area that could be further prioritised.

9.ii Theme 2: Providing support

This theme includes care provision, integration and continuity, and partnerships and community.

Strengths

Meeting local need. *There is a clear plan for the provision of learning disability services including supported living and transforming care.* The foundations are in place here which paves the way for a continued focus on delivering the commissioning plan over the next five years. This will be instrumental in ensuring people with learning disabilities have the right accommodation, care and support options.

Assuring quality. *An improved and joined up approach to assuring quality and quality improvement with residential and nursing home providers is leading to an earlier and more joined up support to the market.* Established in December 2023 the care home quality team is actively supporting care homes who are experiencing difficulties or who are required to deliver improvements following a contract audit. Allied to this, a Joint Quality Improvement Panel brings health and social care partners together to discuss issues in the market providing better market oversight and a shared view of provider concerns. This means that issues are now being identified in a timelier way and there is a more co-ordinated and integrated response to supporting care home providers. The peer team heard positive feedback about the work of the quality team from the Safeguarding Adults Board Chair and the following comes directly from a care home manager.

“The CHQT has been excellent since their involvement. They have been friendly and professional in their approach and worked with me to tailor the support for our home to ensure it was relevant. As a new care home manager, I feel like I have been shown things I wasn't aware of and grown as a manager from working with the team and the home has improved in the day to day running and overall safety from ideas we have come up with together. I have felt their involvement has always been 100% positive and beneficial to the home and they are a big reason we managed to get out of organisational safeguarding and stay out of it (so far).”

Brokerage. *A brokerage team is enabling a single discourse with providers and securing packages of home care in a more-timely way. Set up during the pandemic to facilitate hospital discharge the brokerage team was formally established in July 2024 following positive feedback from partners and providers. The team broker home care packages and undertake provisioning across all services. The team are generally able to secure home care packages of care within 24 hrs and as a conduit to all providers state that they have reduced provisioning queries by 50%. This is helping to reduce pressure on adult social care teams and gives care providers a single point of contact to resolve any provisioning issues.*

Voluntary and community sector. *There is a committed, passionate and active voluntary and community sector in Barnsley. The sector is working collaboratively with system partners to provide vital support to Barnsley people. The adult social care leadership team were described by sector representatives as approachable and there was confidence in the leadership team to work closely with the sector to develop initiatives and address issues. There are examples of good partnership arrangements in place with the voluntary and community sector such as the Mental Health Crisis Hub and the Barnsley Older People Physical Activity Alliance which is funded by the council and led by Age UK. There was however a feeling that these partnerships could be better ‘advertised.’*

Partnership working. *The strength and depth of relationships with wider partners such as the police, ambulance and fire and rescue is evident. There was evidence of strong working arrangements with statutory partners. The mental health team described good integration with the police aided by the co-location of council within the police station. The local authority funds a data post in the police, there is good information sharing, and the police have been collaborative in the application of ‘Right care Right Person’. The police are also present as part of the council’s initial response to ensure there is a coordinated response to safeguarding. The Proud to Care Hub is an example of innovation where all partners across Barnsley (including nursing homes, DWP, unpaid carers) work together. The rapid response team brought together a range of services that were previously working in isolation including the Yorkshire Ambulance Service to keep people at home.*

Considerations

Strategic commissioning. *You now have opportunity to develop a more strategic approach and plan for commissioning which includes the voice of the provider market. The use of data to inform commissioning intentions needs to be strengthened and a strategic commissioning plan developed to inform extra care,*

service development, and market transformation. The current Market Position Statement would also benefit from being more robustly underpinned by data. Currently, the voice of, and interface with providers is lacking and a stronger provider perspective, by for example appointing a care group and/or care market representative body, would help inform market shaping. In terms of joint commissioning, while the strategy is being implemented in terms of supported living and transforming care, the peer team did not clearly hear how this formed part of the wider market shaping and commissioning approach for learning disability and autism. Commissioners are keen to pilot outcome-based commissioning and the appointment to the new post brings with it the opportunity to progress this and other key commissioning priorities.

Ensuring quality. *The quality team is much needed and requires longer term commitment and resource. There also needs to be closer alignment between contracting and quality including risk stratification of the market.* There is system wide consensus that the care home quality team should be funded longer term to create more certainty and to scale up their impact. The team currently focuses on residential care providers and should be expanded to cover home care providers. There would be benefit from the development of a clear care home quality plan and there is scope for the contracts and quality team to operate more cohesively together. A more proportionate approach to contract monitoring should be established through a risk stratification dashboard which combines intelligence from a range of sources and helps to prioritise contract visits. The peer team understood that the quality team was integrated, however the NHS post within the team has remained vacant for some time.

Brokerage. *Consideration should be given to extending brokerage to cover residential placements in particular complex placements and ensuring the brokerage process supports strengths-based working.* Brokerage currently broker home care only which leaves social workers brokering residential placements. This is particularly challenging for social workers who are brokering complex support arrangements with limited knowledge of what is available in the market and what would be considered reasonable in terms of cost. The brokerage referral form should be reviewed to ensure the strength-based approach is carried through to the provisioning of care packages thereby supporting more outcome focussed commissioning. There is also a backlog in brokerage which needs to be addressed.

Gaps in provision. *Further work is needed to address gaps in the provision of carers breaks and housing related support.* This routes back to the need for a more strategic and data informed approach to commissioning and market shaping which can be addressed once the new post holder is in place.

Voluntary and community sector. *There is opportunity to further embed and improve the coordination of activity delivered by the voluntary and community sector.* The sector has been through significant change and the awarding of contracts for a year at a time makes it difficult for organisations to build trust, form meaningful relationships and be sustainable. The co-ordination of information and intelligence within the sector and between the sector and the council is sometimes lacking and there is opportunity for this to be strengthened through the overarching voluntary and

community sector strategy group. The appointment of a new chief executive for the Barnsley Council for Voluntary Services is positive. This will provide opportunity to better coordinate activity across the sector and to further embed the role of the sector in delivering strengths-based approaches.

9.iii Theme 3: Ensuring Safety

This theme includes safeguarding, and safe systems pathways and transitions.

Strengths

Responding to safeguarding concerns. *The locality safeguarding pilot is working well, including referrals being triaged by the Initial Response Team in partnership with South Yorkshire Police. This has had a positive impact on locality teams.* The initial response team is the single point of access for all safeguarding concerns and where needed will respond with a visit within 72 hours. The team will undertake a 'light touch' assessment, and ensure a person is safe before referring onwards as appropriate. The police provide support to the team and there are good links with the independent domestic abuse service.

A dedicated safeguarding team has been established and is currently being piloted to ensure a more efficient and effective response to safeguarding investigations and divert demand away from locality teams. The safeguarding team are much better able to prioritise where an urgent response is required and more effectively manage risks to the person. This is supporting locality teams to undertake better quality and more timely assessments. If the person is not already known, the safeguarding team will undertake a care act assessment rather than 'hand off' to a locality team. The safeguarding team is ensuring safeguarding interventions are more person centred by involving the person and identifying strengths and issues to inform improvement activity.

The chair of the Safeguarding Adults Board spoke positively about the work of the pilot safeguarding team and it's leadership and indicated that the Board is starting to see a positive impact on performance.

Strategic oversight. *There is good strategic oversight of safeguarding via the Strategic Partnership Oversight Group and the strategic partnership response to safeguarding and risk including the Vulnerable Adults panel.* The Strategic Partnership Oversight Group is chaired by the local authority chief executive and includes chairs of partnership boards. The group agrees shared priorities and cross cutting issues all the way through from prevention to protection. The vulnerable adults panel appears to be working well and having a positive impact on outcomes. This highlights the strength in the partnership taking a whole system approach to keep people safe.

Learning from Safeguarding Adult's Reviews. *There is good evidence of learning from and responding to Safeguarding Adult's Reviews. E.g. the D'Clutter club.* A protocol for Safeguarding Adults Reviews is available on the Barnsley Safeguarding Adults web pages along with several 7-minute briefings which detail the learning from reviews undertaken over recent years. This includes a briefing on six reviews

undertaken since 2013 relating to self-neglect and or hoarding. Led by housing, the 'D'Clutter Club' was established as a direct result of a safeguarding adults review. The club is free to attend and meets monthly to help anyone affected by or experiencing self-neglect and hoarding in Barnsley. This demonstrated significant learning and a cultural change around tackling hoarding as a challenge for the community - not just a challenge facing adult social care. A progress event was held in 2023 to 'test' the impact of learning by talking to front line workers about their knowledge and practice.

Preparing for Adulthood. *Changes that have been made in the Preparing for Adulthood pathways that demonstrates good practice.* Adult social care is the lead for the preparing for adulthood pathway which involves adult and children's social care practitioners working closely together before the child becomes an adult. The peer team heard that there has been a significant amount of work for practitioners to get to know each other, facilitated by joint meetings and joint visits. Practitioners spoke positively about access to and collaboration with colleagues in children's services and the impact that the changes is having on their work with individuals.

Section 117 agreements. *Section 117 partnership agreements appear to be robust and well understood.* The peer team heard that protocols are agreed and embedded. There is a clear breakdown of financial contribution between adult social care and health which is well understood and adopted across the partnership. There are five categories of split for funding as follows:

- Level 1 – Full ASC funded (0% Health funded)
- Level 2 – 20% ASC funded ((80% Health funded)
- Level 3 – 50% ASC funded (50% health funded)
- Level 4 – 30% ASC Funded (70% health funded)
- Level 5 – 0% ASC funded (100% health funded)

This will help to ensure that appropriate aftercare support is identified and put in place in a timely way to reduce the risk of hospital readmission.

Considerations

Safeguarding referral pathways. *There were inconsistent messages about safeguarding referral pathways for learning disabilities and mental health.* The referral pathways for safeguarding concerns to mental health and learning disability teams were less clear to the peer team than the pathway to locality teams. The peer team heard that s42 investigations still sit with mental health and learning disability teams rather than the pilot safeguarding team but there were mixed messages about how concerns relating to people with a mental health or learning difficulty were responded to by the initial response team.

Deprivation of Liberty Safeguards. *The understanding of the performance relating to Deprivation of Liberty Safeguard's (DoLS) is not consistent.* Processes seemed to be clear and working well but there appeared to a lack of consistency in understanding performance relating to deprivation of liberty safeguards. The peer team heard that the DoLS team receive 1200 referrals per year and 15% are unallocated. However, at team level, while it was indicated that data was available, it

wasn't made clear to the peer team how many referrals there had been, how many had been allocated and how many were waiting to be allocated. Support to articulate key areas of performance will be helpful to the team.

Communicating safeguarding concerns. *There is a short delay in teams being informed about a safeguarding concern where the person is already known to the authority.* An issue was identified about completion of all safeguarding work by the initial response team in that when a referral for a safeguarding concern is received by the initial response team and there is an allocated worker in the longer-term team, the worker in the longer-term team is only notified of the concern if they log onto the client information system and go to that person's record. This can mean there is a delay in the transfer of important information to the known worker but may be relatively easily to rectify by an adjustment to the client information system.

Safeguarding feedback loops. *There is a need to strengthen the safeguarding feedback loops across the wider partnerships, the person and families and ensure monitoring information is well understood and acted upon.* There were some examples given by council colleagues and partners where a safeguarding referral had been made but the outcome of the referral not shared, including a concern reported out of hours. Furthermore, some partners were not aware of how to refer to the Vulnerable Adult's Panel. This suggested that feedback loops could be strengthened. The new dashboard should provide greater oversight and presents an opportunity for improvement.

Mental Capacity Act. *There is a suggestion from the workforce about the need to get 'back to basics' with regards to enhancing legal literacy around the Mental Capacity Act.* Some concerns were expressed about variations in the level of understanding of the Mental Capacity Act across front line teams. The need to improve practitioner confidence in assessing executive capacity is also identified in Safeguarding Adults Reviews and staff have identified a need for training to develop a better understanding of least restrictive options and practice.

9.iv Theme 4: Leadership

This theme includes governance, management and sustainability, and learning, improvement and innovation.

Strengths

Strategic leadership. *There is highly visible and collaborative leadership which is built on trust, honesty and mutuality and is centred around people, families and communities.* The leadership team is highly regarded. Several staff reported feeling valued and included and that there is a shared commitment within and beyond the council to 'doing the right thing' for the people of Barnsley.' This is evidenced by a willingness to break down barriers to achieve shared objectives and best demonstrated by the quotes below.

"We are proud of the spirit our teams bring every day"

"We live and breathe the circle of support"

‘We feel part of a bigger team’

‘We know we are serving the people of Barnsley – we are constantly striving to achieve better outcomes’

“We don’t need a [specification] to do the right thing”

Strategic vision. *There is a clear partnership narrative through Barnsley 2030 and the portfolio holder is supportive and passionate about delivering excellent adult social care.* The vision for Barnsley is shared across the system and colleagues in adult social care can see the positive impact that regeneration is having on the health and wellbeing of Barnsley people. The portfolio holder has a high degree of trust in the adult social care leadership team, understands what they are trying to achieve and is involved in several key priority areas of work such as carers and dementia.

Public health leadership. *The distributed leadership of public health is a real benefit.* The director of public health is the Executive Director for Public Health and Communities. There is a core public health team and in reach to adult social care. This ensures that a public health perspective permeates across a greater range of council and partnership priorities and community-based activity. This linking together helps create maximum economic, health and care benefit for the people of Barnsley. The director of public health is keen to develop innovative approaches which includes connecting the Health and Wellbeing Board into communities by taking it [on tour] around the borough, and further strengthening approaches to co-production and working with neighbourhoods.

Workforce development. *The development of a strong Assessed and Supported Year in Employment programme is highly valued.* As well as supporting apprentices through the programme the council will hold vacancies to ensure there is a job opportunity for them when they finish their apprenticeship. This has helped with retention of students who also go on to secure higher graded roles. The Principal Social Worker has led on the development of a workforce strategy and social workers reported that there are good opportunities for continuous professional development. There has been year on year improvements in results from the social care health check with results above the regional average. There has however, been a decline in response rates the reasons for which are currently being explored.

Better Lives programme. *Staff feel listened to and involved in shaping transformation through the Better Lives Programme.* Staff were very complimentary about the approach taken by the programme team in that improvements are co-produced with them, and they feel their voices are heard. For example, staff have been involved in the development of new documentation to support strengths-based conversations which is evident in how the case management system has developed to support strengths-based practice. Staff are seconded into the programme and project support is provided from the programme into service areas. The programme is keeping improvement activity on track.

Wellbeing. *There are 'tangible examples of a comprehensive approach to supporting [the physical, emotional and economic wellbeing of] staff and the people of Barnsley which includes 'Health on the High Street', 'Proud to Care', 'Menopause Café,' and 'staff networks.'* There is genuine concern for people demonstrated by the relationships, connections and range of opportunities available to support individuals and communities whether that be as an employee of the council and or as a Barnsley resident. One example is a Culture and Diversity Support Group established to by the Principal Social Worker to support newly qualified social workers who identified as Black Asian, or a minority ethnicity and had reported they were struggling with emotional resilience. This has since been extended to all qualified social workers who identify as Black, Asian, or a minority ethnicity.

'We are all about people, families and communities – this is what binds us all.'

'There is no hierarchy, they ask how are you, how is your life. I feel valued, I want to do more as I am appreciated'

Considerations

Adult social care strategy. *There is opportunity to amplify the golden thread to Barnsley 2030 through the adult social care strategy and all related strategies.* There is a strong and clear vision for Barnsley 2030 which people understand and relate to. This presents an opportunity to reflect an equally clear, compelling and aligned vision and narrative within the developing Adult Social Care Strategy. Allied to this is the opportunity to clearly identify which of the related adult social care strategies represent the 'back bone' of the service - such that they can be surfaced and equally aligned to create an even stronger, more unified and well understood strategic approach to adult social care in Barnsley.

Roles and responsibilities. *There could be greater clarity about roles and responsibilities to deliver transformation, service improvement, assurance about quality of practice and readiness for Care Quality Commission to support improved connectivity between areas of work and help reduce duplication/confusion.* The peer team had some difficulty identifying clear roles and responsibilities between the transformation programme, service improvement, quality assurance and readiness for Care Quality Commission assessment. There was some sense of people and teams being asked to undertake work beyond their remit - thereby impacting on their ability to deliver their core responsibilities and in other cases individuals and/or teams not necessarily being involved in or leading work that appeared to sit firmly within their remit. It may be timely to take stock to realise maximum benefit from the efforts of all individuals and teams.

Innovation. *How do you make sure that you strike the right balance between management and oversight of the transformation programme and enabling front line teams to innovate?* While the benefit of the Better Lives programme and the approach taken is clear, there is a risk that front line teams feel they do not have 'permission' to test different ways of working without reference to the programme. This may over time stifle innovation and continuous improvement.

Equalities diversity and inclusion. *How can you strengthen the strategic leadership of equality, diversity and inclusion within adult social care?* The peer team heard about several initiatives to promote equality, diversity and inclusion in Barnsley. It would be beneficial however to consider how the activity is presented in a way that makes explicit your ambition and intentions as well as drawing out any learning in a more systematic way. There should be a link here to your co-production strategy and how learning from co-production activity also informs your intentions.

10. Preparing for Care Quality Commission assurance.

Partners in Care and Health have produced [a suite of documents and tools](#) to help councils prepare for Care Quality Commission's assurance including top tips. Below are some key learning points from experience so far that may help in 'telling your story.'

Your narrative should be authentic and driven by data and personal experience, and you should be able to thoroughly track the customer journey for a variety of different people with lived experience.

Share the narrative with those with a lived experience, carers, frontline staff, team leaders, middle managers, senior staff, corporate centre, politicians, partners in health, third sector and elsewhere.

Think about how you will enable consistency in the messaging to give an accurate reflection of how things are. This may take the form of:

- What you do well
- What impact is it having and how you know
- What needs to improve?
- What are the plans to improve?

Have mechanisms in place that enable staff and managers to practice telling their story and in a way that is rooted in observable data.

Case examples written in the voice of people with lived experience help bring the narrative to life.

Think about how you will help everyone to look after their own well-being throughout the process - pre, during and after.

CQC want to find out how things really are. Experience so far is that they look for what is good as much as they look for issues.

They are interested in outcomes and impact from activity. This needs to be reflected in the self-assessment and documentation.

However, this is not a chat. Those interviewed should be able to give a clear description of what they do and the impact it has had on people's lives.