



Thurrock Council Adult Social Care Peer Challenge Choice and Control

East of England Regional Peer
Challenge Programme
November 2013

Report

Introduction

1. Thurrock Council (TC) asked the Local Government Association (LGA) to run a Regional Adult Social Care Peer Challenge as part of sector led improvement within the East of England ADASS Region. The Peer Challenge was based on the LGA/ADASS Adult Social Care Standards and other recent ADASS guidance. The priorities TC identified for the team to focus upon within this framework were:
 - Examining the extent and effectiveness of the arrangements in place for co-production and engagement in enabling people to have a real say and involvement in shaping services, informing commissioning, and enabling the delivery of results and outcomes that achieve what people want
 - Consider the contribution and impact of local initiatives aimed at building community capacity, enabling people and communities to be self-sufficient and supporting people to plan for, and find, their own local solutions to care and support needs
2. The East of England approach to Regional Peer Challenge is not an inspection. Instead it offers a supportive approach, undertaken by friends – albeit ‘critical friends’. It is designed to help an authority and its partners assess current achievements and areas for development, within the agreed scope of the review. It aims to help an organisation identify its current strengths, as much as what it needs to improve. But it should also provide it with a basis for further improvement in a way that is proportionate to the remit of the challenge. All information was collected on the basis that no comment or view from any individual or group is attributed to any recommendation or finding. This encourages participants to be open and honest with the team.
3. The LGA Peer Challenge Team would like to thank councillors, staff, people who use services, the voluntary sector and other partners for their open and constructive responses during the challenge process. The team was made very welcome.
4. The East of England ADASS Regional group has contracted the LGA to deliver the peer challenge process based on the LGA’s knowledge and experience of delivering this type of work for over ten years. LGA supplied members of the peer challenge team as well as some off-site administrative support. Some members were recruited to each team from within the East of England ADASS region. The LGA delivers this work on behalf of East of England ADASS Regional group and the outcomes are owned by them.
5. The members of this East of England Regional Adult Social Care Peer Challenge Team were:
 - **Mick Connell**, Director of Adults and Communities, Leicestershire County Council
 - **Councillor Mike Connolly (Labour)**, Leader of the Council, Bury Metropolitan Borough Council
 - **Ian Evans**, Programme Co-ordinator, Thurrock Coalition
 - **Natasha Burberry**, SLI Programme Manager, East of England ADASS

- **Sarah Bennett-Jones**, Adult Social Care Commissioner, LB Merton
 - **Marcus Coulson**, Challenge Manager, Local Government Association.
6. The team were on-site from 19th – 21st November 2013. The programme for the on-site phase 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
 - focus groups with managers, practitioners, frontline staff and people using services and carers
 - the reading of documents provided by the council, including a self-assessment of progress, strengths and areas for improvement against key areas of business.
7. The benchmark identified to use in this work were the LGA/ADASS Key Questions that in conjunction with the scope outlined by Thurrock would add value to feedback the team could give, these are:
1. Vision, Strategy and Leadership
 2. How well are outcomes being achieved for people?
 3. Participation
 4. Working Together
 5. Commissioning
8. The recommendations in this summary letter are based on the presentation delivered to the Council on 21st November 2013 and are based on a triangulation of what the team read, heard and saw. This letter covers those areas most pertinent to the remit of the challenge only.

Summary

- Strong Vision
 - Ambitious, radical, bold, innovative, good sign up
 - Planning for implementation and effective delivery
 - Need to performance manage metrics and evidence
 - Connect elements together locally to make more impact
 - Mainstreaming, sustainability and interface with other services
 - Balance with integration and the rest of Adult Social Care
9. Thurrock Council has a strong, clear vision that in adult social care is ambitious, radical and bold. This is an innovative approach to the way the Council will deliver services in the future and has good political, officer and service user sign up to it. The Building Positive Futures initiative provides a unifying focus for working in partnership as it seeks to prevent inappropriate admissions to hospital and residential care and to enable residents who do require hospitalisation to subsequently return home in a safe and timely manner and to broaden the housing choices for older people across all tenures. The key partnership activity is between Housing, Health and Adult Social Care.
10. The Team saw evidence of thoughtful and detailed plans for the implementation of the transformation programme and we saw evidence of effective delivery. Whilst performance management and performance reporting are typically done well in the adult social care service at Thurrock Council, an area the Council should consider improving upon is in its performance management and performance reporting of the new initiatives. Being able to performance manage through the use of metrics and evidence will allow the organisation to ensure itself that elements of this activity are connected together locally to make more impact.
11. The next iteration of the transformation journey is to consider how and where to turn individual projects into mainstream activity so they become part of what everybody does and then to consider how this can be sustained as it interfaces with other services.
12. All of the activity referred to above needs to achieve a balance with the other work that is on-going in the health integration work and in the rest of adult social care. The team were interested to see that these issues reflected your own experience of yourselves, where you are and where you are going.

Vision, Strategy and Leadership

Strengths

- The vision for the Council is clearly articulated and adult social care is one of the Council's five priorities
- The Politicians and Chief Executive understand the importance and value of the adult social care agenda to the Council's overall improvement journey
- The Portfolio Holder is informed and passionate about adult social care
- The adult social care transformation agenda is ambitious and wide ranging and the DASS and Head of Adult Services are clearly leading
- The narrative of adult social care co-production and raising community capacity in Thurrock is one of innovation
- From the evidence we have seen staff are passionate about the opportunities the Council's vision can bring
- Adult social care and Housing are working well together: e.g. public and private sector housing, ExtraCare, adaptation waiting times
- Good relationship between CCG and Council

Areas for consideration

- Co-production and community capacity initiatives need to be mainstreamed
- Increase the use of outcome based evidence e.g. case studies and examples of impact and demand reduction, to tell the adult social care story
- Complete and publish the Autism Strategy

13. It was clear from the documentation the Peer Challenge Team saw beforehand and what we heard from key figures whilst on-site that the vision for the Council is clearly articulated and that adult social care is one of the Council's five priorities.

14. The leading politicians and Chief Executive evidently understand the importance and value of the adult social care agenda to the Council's overall improvement journey.

15. The Portfolio Holder is informed and passionate about adult social care demonstrating a grasp of the strategic issues in play.

16. When considering the transformation agenda for adult social care in the borough it is very ambitious and wide ranging. From what we read, heard and saw the Director of Adults Health and Commissioning and the Head of Adult Services are clearly leading this wide ranging and complex agenda with a good awareness of the journey they are on and the risks they manage both independently and together.

17. The narrative that is being told of the past present and especially the future of adult social care co-production and the raising of community capacity in the borough and within the Council itself is one of innovation. This is an approach that projects foresight and creates confidence in others so that they might follow.
18. The Peer Challenge Team had the opportunity to visit venues where change is taking place and where people are involved in the innovation. From the evidence we have seen staff, users and carers are passionate about the opportunities the Council's vision can bring and see themselves as active participants in this future.
19. The adult social care service and Occupational Therapy and Housing are working well together in a number of ways. There is positive work on public and private sector housing and the development of ExtraCare. There is a self-assessment tool which has been developed, following engagement with Thurrock Coalition, so that experiences of people who use services can be captured via self-assessment for basic equipment and minor adaptations. There has also been work to reduce the waiting times for adaptation changes.
20. There are good connections between and Council and the Clinical Commissioning Group based on effective personal relationships between the key individuals.
21. There are on-going projects on co-production and community capacity which are well planned and delivering positive outcomes. To have lasting benefit to adult social care, the Council as a whole and the people of Thurrock they need to be mainstreamed into everyday business.
22. The story told in adult social care is a positive one however this could be further enhanced by the increased use of outcome based evidence such as case studies and examples of impact and demand reduction to better explain the adult social care performance journey to those inside and outside the organisation. This is particularly relevant to the "Building Positive Futures" programme, LAC and ABCD. This evidence would allow others to see what benefits engagement and co-production can bring.
23. Complete and publish the Autism Strategy. Progress has been made here but the publication of the strategy should push it further.

Outcomes

Strengths

- The Council has a strong commitment to delivering better outcomes which are radical and transformational and the plans reflect this
- One off mental health recovery budgets demonstrate a positive use of personal budgets
- Low turnover of adult mental health practitioners
- Staying Safe Agenda has reduced crime involving those who use learning disability services and raised awareness generally
- Thurrock Lifestyle Solutions are delivering positive outcomes through their strong ethos which empowers local people

Areas for consideration

- The next stage of your journey is to measure the impact of your activity to achieve these outcomes e.g. Local Area Co-ordination (LAC), Asset Based Community Development (ABCD), Community Hubs
- The plan to mainstream the initiatives needs further work
 - Connecting it all together at a local level
 - The interface with other services
 - The timeline for demonstrating impact and sustainability
- The Council is doing a lot of good things, consider how to share this
 - e.g. low turnover of adult mental health practitioners
- Understand the increase in permanent admissions to care homes for people aged over 65
- More work required on learning disability health checks completed by GPs

24. As individuals and as an organisation Thurrock adult social care service displays a strong commitment to delivering better outcomes which are radical and transformational and the plans reflect this. The staff we spoke to were very passionate and clear about the Councils' vision for positive change.
25. The Council has worked with the South Essex Partnership Trust (SEPT) to create opportunities for one-off mental health recovery budgets which demonstrate a positive use of personal budgets. These are outcome focussed and have potential to make a huge difference to individual lives, personal responsibility and inclusion and involvement. This initiative which has also been implemented in other parts of the

Essex system is aimed at increasing overall well-being and is an example where a real difference is being made to people's lives and reducing demand on adult social care.

26. There is reported to be a low turnover of adult mental health practitioners due, in part, to a positive learning and development infrastructure leading to retention of staff with effective succession planning. These outcomes promote consistency and continuity building local knowledge and experience which is important in achieving better outcomes for service users. This is said to buck the trend in comparison to other Councils.
27. The Staying Safe Agenda has reduced crime involving those who use learning disability services and raised awareness generally around community safety, peer support, hate crime, fire safety, violence against women and girls. The Staying Safe initiative is promoted by Adult Social Care, the Community Safety Partnership, Thurrock Lifestyle Solutions (TLS) and progress has been achieved by a strong partnership approach between these organisations fully involving service users. The Police and Crime Commissioners have been involved and there is a PCSO Hate Crime Officer involved. The Council has undertaken a number of initiatives to raise awareness in relation to Hate Crime, phone scams, Cyber Abuse, Fire Prevention, financial abuse, anti-bullying, prevention of burglaries and rogue traders and 999 cards for people with learning disabilities. In total six events have been held to support families, carers and learning disability service users to increase safety and awareness. The Council has worked hard on the effective delivery of this by using simple, strong messages and different ways of encouraging interaction.
28. Thurrock Lifestyle Solutions is a company that centres on disabled people having power over their own life choices. They are frequently engaged with the Council to raise the awareness of user and carer experiences in the work of adult social care and delivering positive outcomes through their strong ethos which empowers local people through employment support, offering training courses and work experience opportunities for Disabled people. The TLS Lifestyle Starters House provides six month placements for people looking to live independently. Thurrock Lifestyle Solutions also supports young people in the transition from school to adult life and matches individuals to specific Personal Assistants enabling them to exercise choice and control over their daily lives. TLS also offer bespoke Training delivery and brokerage around personalisation, transition and service modernisation. The Directors we spoke to explained "EVP" which is "everyone gives gifts" and "nothing with us without us" showing their commitment to good engagement and co-production.
29. There is an understanding that the adult social care service has made important strides forward and the next stage of the journey is to measure the impact of your activity to achieve outcomes through the work of such projects as the Local Area Co-ordination (LAC), the Asset Based Community Development (ABCD) and the Community Hubs initiative.
30. The adult social care department outlined evidence that plans are typically well thought through with a good underlying method. In the case of the LAC, ABCD and Hub initiative the department should complete plans to mainstream them so that they are connected together at a local level and have effective and sustained interfaces with other services. Once these are in place ensure there are timelines for demonstrating impact and sustainability as persuasive evidence.

31. Whilst the service is doing a lot of good work consideration should be given to how this can be shared more widely across the sector. Examples the team came across were firstly the low turnover of adult mental health practitioners and the presence of users in social worker training to ensure strategic intent is being delivered on the frontline. The Team are sure others would be keen to learn about. Promoting ones achievements has a number of both internal and external benefits.
32. We recommend that the service revisit the increase in permanent admissions to care homes for over sixty-fives to understand the reasons for this and seek to address them.
33. More work is required on learning disability health checks completed by General Practitioners (GPs) as we heard evidence that they are not being completed. This is an issue that was strongly expressed by several people we spoke to. There is clearly an urgent need to make progress in this area.

Participation

Strengths

- Consultation and engagement with users and carers is typically done well and demonstrated in Council strategy and practice. This aspect of the Corporate Peer Challenge of December 2011 has been delivered
- Thurrock Coalition involved in the Peer Challenge Team as a key member
- The Board of Thurrock Lifestyle Solutions is wholly comprised of people with Learning Disabilities
- Community Hubs run by the community with a wide range of opportunities for all aspects of the community
- The LACs were appointed with community members involved and this has been mainstreamed in social worker recruitment

Areas for consideration

- Consultation could be improved through involvement of the community in initiatives from the start which includes increased publicity, awareness and information
- Increase the use of “Let’s Talk” and “You Said, We Did” in events to capture how people can affect change
 - For example: People feel connected to a process/outcome/consultation because they are part of Thurrock Coalition Networks and Groups.
- Widen and deepen the relationships with the Third Sector to further increase consultation and engagement and allow the Compact to become embedded
- Give the LAC initiative time to embed, train and build a mutual awareness base. Think about how success will be measured
- Ensure the transformation agenda is communicated to and refreshed with all staff, particularly those on the front line
- Harness local resources and expertise which then should be seen as a person-centred, flexible “living process” particularly in relation to Direct Payments, Early Intervention and Prevention
 - Consider the Time Banks initiative

34. From what the Peer Challenge Team read and heard about beforehand and then whilst on-site through the Council's engagement with Thurrock Coalition we feel able to say that consultation and engagement with users and carers is typically done well. Thurrock Coalition is the User Led Organisation (ULO) commissioned by the Council and it is very well led by Ian Evans. He is able to move from consideration of strategic issues through to the detailed operational and can act as a trusted interface between

the various stakeholders. This positive engagement was demonstrated through the influence of the user and carer voice in the creation of different Council strategies and in the delivery of frontline practice. With regard to the LGA Corporate Peer Challenge of December 2011 the recommendation to “Ensure communities shape the Council’s strategies” appears to have been delivered.

35. Another good example of how the user and carer voice is encouraged and included in the work of the Council is that this Peer Challenge had the topic of Choice and Control as a key element of the scope and that Thurrock Coalition was an important member of the Peer Challenge Team.
36. A positive aspect that gives Thurrock Lifestyle Solutions a truly authentic voice is the fact that the Board is wholly comprised of people with Learning Disabilities.
37. The Council has set up one Community Hub and has plans for others that are also run by the communities they serve with a wide range of opportunities for all aspects of those communities. The experiences of those using the present facility were very positive with a good deal of enthusiasm and high aspirations for the future.
38. The LAC were appointed through a process that included community members and this has been mainstreamed into the recruitment of social workers.
39. Whilst the team believe consultation is done well, it could be further improved through the involvement of the community in initiatives from the very start. These include increased publicity, awareness and information. A good example is the early involvement of Thurrock Coalition in informing the content and principles that underpin the Thurrock Council Workforce Development Strategy. This resulted in the adoption of Six Outcomes relating to the skills, knowledge and experience that people who use services can expect from the Adult Social Care Workforce. These outcomes now appear across Adult Social Care Strategies, and have been used in the recruitment and interview processes for new Social Work staff. People who use services are also involved in the implementation of the strategy via an observation of training delivery. The more local communities are involved in service planning from the beginning they will be able to see how their contribution has influenced service delivery and are more likely to continue to repeat engagement.
40. We recommend that the Council increase the use of “Let’s Talk” and “You Said, We Did” in events to capture how people can affect change. These have been used in engagement with users and seen to be successful and therefore could be used more often in different areas. For example we heard that people felt connected to the process and the outcomes generated through a more effective consultation because they are part of Thurrock Coalition networks and groups. This process generates a more inclusive approach with a greater likelihood of achieving outcomes for service users.
41. We recommend that the service widen and deepen the relationships with the Third Sector to further increase consultation and engagement and allow the Compact to become embedded. We heard that they are ready and willing to engage further with the service and this opportunity should be seized.
42. The LAC initiative is a new initiative and we suggest it is given time to become embedded and for those in post to be fully trained and build a mutual awareness base

of the opportunities they can create and exploit. Further thought needs to be given to how success will be measured that adds to the process rather than fetters it.

43. The Council transformation agenda is innovative, complex and wide ranging. Make sure that it communicated to and refreshed with all staff, particularly those on the front line. They are the ones who have to sell the benefits of it to those who use the transformed services.
44. We recommend that the Council ensures that local resources and expertise are fully utilised to work related to Direct Payments, Early Intervention and Prevention. Thurrock should seek to move closer towards recognising individuals as Experts by Experience, ensuring on-going active co-production alongside and support for individually developed solutions, particularly in relation to the flexibility and creative use of Direct Payments. Thus recognising that Direct Payments exist in lieu of outcomes. In light of this, creation of a User-Led “time bank” was suggested as it is a means of encouraging volunteering and community capacity building through reciprocal exchange of skills and resources and is an innovative method of realising Personalisation for people who use Direct Payments in Thurrock.

Working together

Strengths

- Building Positive Futures provides a unifying focus for working in partnership
- Council works effectively in collaboration with ULO, HealthWatch Thurrock, Thurrock Lifestyles Solutions, Community and Voluntary Sector (CVS) and North East London Foundation Trust (NELFT)
 - HealthWatch Thurrock: involved with policy development
 - User Led Organisation (ULO) users on training event ensures outcomes are achieved
- The Health and Wellbeing Board (HWB) appears to be well set up as a foundation for future development
- Workforce development training is well planned, structured, thoughtful and organised across the sector

Areas for Consideration

- Consider the balance between your focus on co-production and building community capacity and the rest of Building Positive Futures
- HealthWatch Thurrock should have the same opportunities for engagement as Thurrock Coalition within a programme for the whole population
- Adult Mental Health team at Grays Hall open to further work and links into LACs to consider early intervention and prevention
- Develop clear success criteria within workforce development evaluations

45. Building Positive Futures provides a unifying focus for working in partnership as it seeks to prevent inappropriate admissions to hospital and residential care and to enable residents who do require hospitalisation to subsequently return home in a safe and timely manner and broaden the housing choices for older people across all tenures. This key partnership activity is between Housing, Health and Adult Social Care.

46. From the evidence seen and heard by the Peer Challenge Team we judge that adult social care works effectively in collaboration with a number of key stakeholders and partners such as the ULO Thurrock Coalition, HealthWatch Thurrock, Thurrock Lifestyles Solutions, the CVS, SEPT and NELFT. Two examples seen by the team were HealthWatch Thurrock being involved with policy development and Thurrock Coalition users attending social worker training events to judge that strategic outcomes were being delivered with frontline staff.

47. The HWB appears to be well set up as a foundation for future development. We heard that partners had worked hard to develop the HWB in its first phase and were fully

committed to tackle whole system change in the future. Thurrock's Health and Wellbeing Board was formally established as a Committee of the Council in April 2013. Councillor Barbara Rice, Portfolio Holder for Health and Social Care is the Chair. There is a health and wellbeing strategy and there has been the establishment of an ambitious agenda which is needs focussed. Working across the whole system is a key element to the strategy and the people we spoke to had a good understanding of the connectivity between their roles and the priorities within the strategy.

48. The workforce development team have a good understanding of the needs of their many and various clients. The training they deliver is well planned and structured and appears to be a thoughtful response to the demands placed upon them. They are well organised across the sector.
49. The Peer Challenge Team recommend that you consider the balance between the Council's focus on co-production and building community capacity and the rest of Building Positive Futures.
50. HealthWatch Thurrock should have the same opportunities for engagement as Thurrock Coalition within a programme for the whole population as it was felt from discussions with the people we saw that this could be strengthened.
51. The Adult Mental Health team who run the Thurrock Community Drug and Alcohol Service at Grays Hall are open to further work and links into LACs to consider early intervention and prevention. This is an opportunity worth exploring for mutual and service user benefit.
52. The workforce development team deliver good training. There may be an opportunity to further develop clear success criteria within the evaluations of their work that could add further value and inform improvements.

Commissioning

Strengths

- Commissioning Lead has a clear vision of how the LAC can complement other services throughout the Care Pathway and add value
- LAC have some examples of early impact whilst their cases are broad and diverse
- Strong adult social care record in procurement
- Thurrock Lifestyle Solutions
 - Locality bases being developed to improve the lived experience
 - House for Transitions a successful efficient initiative
 - Effective support for the provision of personal assistants
- Carers Information and Advice Service (CARIADS) are visible in the community providing a flexible solution based approach
- Dementia nurses working with Care Homes

Areas for consideration

- Recognition that outcomes based commissioning is the way forward but is a challenge and user led commissioning could be improved
- The user and carer experience could be better realised throughout the commissioning cycle
- Support for commissioning to be locally focussed but need greater clarity about how to achieve this
- Ensure the Resource Directory is reviewed and updated and that frontline staff effectively signpost
- Accelerate the activity to broaden the offer around residential and nursing care
- There is a need to further develop the JSNA to tackle specific issues e.g. future housing demand, voice of user and carer and a community focus
- Referrals to CARIADS from adult social care could be improved
- The introduction of the public health function into the Council is an opportunity – which could be further realised

53. The Commissioning Lead for Adult Social Care has a clear vision of how the LAC can complement other services throughout the Care Pathway and add value. The use and effectiveness of the LACs could be maximised by making links with a combination of

council, community, statutory and non-statutory organisations following the principles of early intervention and prevention. This could include (but is not limited to): co-ordinating, signposting the individual so that they are supported to live independently in their own home, for as long as practicable which could then be used alongside Assistive Technology/Telecare followed by home visits in conjunction with support from family and friends and eventually leading to Extra Care, should the person need it. The LAC would be able to complement these services and to “drop in” and “drop out” of this pathway at any point as required on a case-by-case basis depending upon the individual circumstances. Each stage is not mutually exclusive as it is about providing the right care in the right place and the right time, and could work across Council priorities.

54. Whilst the LAC are new in post they have some emerging examples of how they have made a positive early impact. The cases they deal with are broad and diverse in their nature.
55. There is a strong Adult Social Care record in procurement.
56. Thurrock Lifestyle Solutions have developed locality bases in disused shops in key places to improve the lived experience for users. The house for Transitions a successful efficient initiative as a tangible and practical application of Personalisation, providing six month placements for people looking to live independently and there is effective support for the provision of personal assistants. TLS matches individuals to specific Personal Assistants to enable them to exercise choice and control over their daily lives.
57. The Thurrock Carers Information and Advice Service (CARIADS) has a remit to support carers in the borough and are visible in the community through outreach sessions, visits, newsletters and training opportunities. CARIADS provides a flexible, solution based approach for carers, offering unique support options through an holistic assessment process. The process utilises a recovery model for carers, looking at the following areas: Health & Well-Being, Home, Work, Finance Responsibilities and Social Network.
58. The Council recognises that improving Dementia Care is a priority and there have been a number of initiatives put in place that illustrate this for example; creating Dementia Champions by training GP's to ensure the early identification of dementia; having dementia liaison nurses working closely with GP's to ensure early intervention and planned pathways for people with dementia. They are also looking at issues around challenging behaviours to ensure support within the community. The liaison nurses have a devised strategy and are responsible for that strategy and held to account. Dementia liaison nurses are also working with Care Homes to ensure rights are maintained under MHCA and DOLs.
59. There is a recognition within the Council and the Adult Social Care department that outcomes based commissioning is the way forward but is a challenge. The user led commissioning aspects of this could be improved by involving people in the commissioning cycle and process whilst also working closely with the Thurrock Partnership Boards to influence service development so that commissioning creates a service based upon needs, not just a specification. The creation of a Commissioning Strategy or Plan for Thurrock would enable local organisations and groups to prepare effectively.

60. An area of improvement for the Council is to better realise the user and carer experience throughout the commissioning cycle. People who use services should be included in both the drafting of specifications and at the panel/interview stage of the commissioning cycle. Better validation and verification of performance related information is needed, perhaps by voluntary sector organisations such as Thurrock Coalition, HealthWatch and the CVS. This would lead to a more meaningful method of challenge and would identify gaps in services, ready for the next commissioning cycle. A practical method of achieving this would be to incorporate the “Making It Real I Statements” into regular consultation and also provider contracting. This will ensure a consistent measure of how service users, carers and families are feeling about the services they receive and what difference some of their comments have made to service delivery.
61. There is support for commissioning to be locally focussed but there needs to be greater clarity about how to achieve this. This is also through greater User involvement (as above).
62. We recommend that you ensure the Resource Directory is reviewed and updated and that frontline staff effectively signpost users and carers whilst using it.
63. The Peer Challenge team saw some evidence of the need to accelerate the activity to broaden the offer around residential and nursing care. The evidence pointed to the use of traditional residential and nursing care instead of other options. However there was also evidence that staff in the adult social care department recognise this and are working on it.
64. There is a need to further develop the Joint Strategic Needs Assessment (JSNA) to tackle specific issues such as future housing demand, the voice of the user and carer and to include a clearer specific community focus thereby broadening its contents to reflect engagement and co-production. The Council should use all its partners to ensure the JSNA informs all aspects of planning and commissioning.
65. The adult social care department could seek to encourage the number and type of referrals to CARIADS from adult social care. The number of referrals could be increased through closer partnership working. This could include inviting CARIADS to Social Work Team and Community Solutions Team meetings to provide practice examples and case studies for staff to recognise and understand how and when to refer to CARIADS. An additional aspect to this is that the IT system in place is hindering referrals to CARIADS and this requires further exploration to ensure better use of the service.
66. The introduction of the public health function into the Council is an opportunity – which could be further realised. For example, public health could be used more to assist with budgetary impact and future demand forecasting through involvement in the development of the Market Position Statement and have more involvement in co-production and engagement work within adult social care.

Next Steps

67. After due consideration of the issues and recommendations in this summary report the Peer Challenge Team assume you will take forward aspects of this report in your future plans. We suggest you disseminate the key messages to staff and partners and seek to publish the report.
68. In due course the East of England Regional ADASS group and the LGA will evaluate the progress of this work in line with the wider regional sector led improvement work.

Contact details

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