

Adult Social Care Preparation for Assurance Peer Challenge

Council Guidance Manual

September 2023



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1. Introduction

Peer Challenges are a unique and privileged opportunity to challenge an Adult Social Care department and support its preparations for the regulator's assurance process.

Peer Challenge is a constructive and supportive process with the central aim of supporting improvement. It is not an inspection, nor does it award a rating or score. It is delivered from the position of a 'critical friend' to promote sector led improvement.

The Peer Challenge is a learning process and will help an organisation, or group of organisations, to assess current achievements and to identify those areas where improvements can be made. Peers learn as much as the councils they review. The Peer Challenge approach was created and has been successfully delivered in the local government sector on over two thousand occasions.

Adult Social Care Preparation for Assurance Peer Challenges intend to help Adult Social Care departments deliver good support to local people and thereby prepare for the changing regulatory agenda across health and social care. As Peer Teams will typically spend three days onsite, the challenge should be seen as a snapshot of the client department's work rather than being totally comprehensive.

This guidance manual is designed to help councils prepare for a Peer Challenge and builds on twenty years of learning from this process. The contents provide answer(s) to many of the common questions that arise during the process.

A Peer Challenge involves exploring the ambitions, performance, and delivery structures of an Adult Social Care department in a supportive way. This helps to build a common purpose by reflecting on the present situation and future journey by offering ways forward. It is done as a 'critical friend' by a team of peers who are from the sector themselves. There are no surprises in the process and information is collected on a non-attributable basis seeking to generate honesty and drive improvement.

A key challenge for the Adult Social Care department being reviewed is to be clear

about what the scope of the work is and what they want to achieve. The corresponding challenge for the team is to be heard by those in the council, as well as their partners, so change can be affected.

2. Basic Stages in a Peer Challenge

The information below sets out the basic stages in a Peer Challenge. Further on in the Guidance Manual, more detailed information is given regarding individual roles, logistics etc. **Experience tells us that it is necessary to allow a lead-in time of up to three months to prepare for a Peer Challenge.**

The Council’s Adult Social Care department indicates interest in having a Peer Challenge. An initial discussion is held with representatives from the enquiring department to discuss why a challenge may be appropriate, what the scope of the work might be, dates, Peer Team requirements and any necessary background information.



The Adult Social Care department confirms it wishes to have a challenge. A Challenge Manager is allocated and will liaise with the department on the most appropriate dates to hold the challenge. A Guidance Manual is also issued.



A scoping meeting, with key individuals from the adult social care department, takes place. This includes discussion of areas of focus, background, format, and practical preparations such as the self-assessment. Processes which need to be undertaken prior to the composition of the Peer Team – dates for the Case File Audit and interviews with those with a ‘Lived Experience’ – are finalised. The dates for the onsite peer teamwork are also agreed. The Challenge Manager begins to source the peers.



The Peer Team is sourced and proposed to the Adult Social Care department. After consultation, the team is agreed. The department is then engaged in the preparations

for the Peer Challenge. These include writing the self-assessment, compiling the background documentation, and making logistical arrangements for interviews.



Two weeks prior to onsite work commences, the department produces documents requested in the Guidance Manual, a self-assessment and draft interview programme.



The Case File Audit and interviews with people with a Lived Experience take place about two weeks before the Peer Team arrive onsite.



The Challenge Manager agrees a programme of interviews with the adult social care department and identifies the main issues likely to arise during the Peer Challenge.



The Peer Team will meet virtually before the onsite work begins to have relevant discussions. They will also meet at their local hotel the evening before the onsite work begins.



The Peer Team collects evidence throughout the days onsite through the timetabled interviews and focus groups.



During the last day onsite, the team writes and delivers the presentation to the invited audience.



The Challenge Manager produces the draft report upon which the Peer Team comment. After going through a quality assurance process within the LGA the final draft is then sent to the client for comment within four weeks.



Final report agreed and issued to the adult social care department.



The report is agreed. As with all LGA Peer Challenge reports we recommend that they are published into the public domain.

3. The Peer Challenge Team

A typical Preparation for Assurance Peer Team would consist of six people:

- Lead Peer – Director of Adult Social Services
- Member Peer – Leader or Portfolio Holder
- Senior Officer Peer 1 – Assistant Director
- Senior Officer Peer 2 – Head of Service / Commissioning Lead
- Senior Officer Peer 3 – Principal Social Worker
- LGA Peer Challenge Manager

The Challenge Manager will act as the first point of contact for the adult social care department. An LGA Project Support Officer, whose presence is not usually required onsite, will deal with all the logistical arrangements. Peers with other specialisms can be added to the team to meet the requirements of different clients.

Challenge Manager – Each team will have a Challenge Manager and their role is to:

- Manage the boundary between the client and the Peer Team, run the challenge process and advise the team as well as the client.
- Support the client adult social care department in preparing for the review, including the scoping meeting, and liaising with them over the timetable and documentation.
- Source and agree the Peer Team.
- Liaise with the Lead Peer.
- Act as coordinator, facilitator, and adviser to guide the team.

- Ensure the team presents their findings clearly.
- Draft the final report and liaise with the team and client to approve it.

Lead Peer - The role of the Lead Peer is to:

- Lead the Peer Team during the onsite work, fronting the team to the client and building a positive and constructive relationship with them. The Lead Peer will normally lead the final presentation.
- Read the documentation and self-assessment sent in advance.
- Make informal links with the leader of the adult social care department, and ascertain any particular issues involved in the Peer Challenge.
- Undertake onsite interviews and focus groups.
- Input advice on their skills and experience and/or a specialist theme allocated to him or her.
- Contribute to the final report.
- Use relevant skills and experience to provide insights into how the adult social care department is performing.

All Other Peers - The role of the other peers is to:

- Contribute specific areas of knowledge based on their skills and experience.
- Read the documentation and self-assessment sent in advance.
- Undertake onsite interviews and focus groups including the engagement of partners.
- Use their skills and experience to provide insights into what the culture and relationships are like and how the client is performing.
- Contribute to the final presentation,
- Contribute to the final report.

Putting the team together

The Challenge Manager will ensure an appropriate team is sourced and agreed with the client. Peers are recruited and trained with skills and experience from a diversity of backgrounds to support sector-led improvement across health and social care. However, there may be occasions where it is deemed appropriate to look beyond this pool.

4. The Adult Social Care Department (The Client)

The Challenge Manager will ask the client to supply two people to fulfil the following roles:

Challenge Sponsor

This should be a leading person within the adult social care department. Their role is to:

- Commission the Peer Challenge.
- Ensure there is high level commitment to the Peer Challenge process across the adult social care department.
- Clarify the scope of the work and begin the process for writing the self-assessment.
- Ensure that people are available for interview.
- Be the main link between the client and the Peer Team on principal issues affecting the challenge.
- Receive and collate comments on the draft report.
- Provide oversight for the client's Challenge Organiser (see below).

The Client's Challenge Organiser

Their role is to:

- Be the 'single point of contact' with the Challenge Manager and Project Co-ordinator on all logistical details such as the base room, catering, transport etc.
- Prepare the draft timetable in consultation with the Challenge Sponsor and ensure that people are available for interview.
- Supply the required documentation to the challenge team.
- Be available during the onsite aspect of the challenge for requests from the team. These could include providing additional documents, arranging meetings as well as other administrative tasks. The Challenge Manager will need to see the Challenge Organiser frequently during the review.

5. The Philosophy and Approach

In bringing together a Peer Challenge team (which has not met before), it is important that everybody is clear about the parameters within which they will be operating. To aid this, a set of ground rules have been developed and the Challenge Manager will ensure that peers are familiar with these.

Ensure a positive experience for the client and the Peer Team

It is important during the challenge to focus on the strengths, including any examples of best practice applicable to the wider sector, of the adult social care department as much as the areas for improvement. The impression that the team makes is very important and the client should feel that their needs are being prioritised. The Peer Challenge team will maintain a professional approach throughout.

Critical Friend

The Peer Challenge team is derived from the sector and offers advice and guidance based on their skills and experience. They share the same demands, meet the same problems and give their views on how department can improve. This is done in good faith. They are friends before the work and remain so afterward having said what

they feel needs to be said in a way that can be heard by the client and other relevant audiences. This is emphasised at the beginning of each interview or workshop.

No surprises

The Lead Peer and Challenge Manager will meet the key client contact at regular intervals before and during the onsite work to discuss the scope and evidence as it is collected and discuss how this can be communicated best. The aim of this is to ensure that the final presentation and report are heard by the client's adult social care departmental leaders, so they feel able to act on the comments and recommendations made. Therefore, the presentation on the last day of the challenge should not be a surprise.

Non-attributable

All the information that a team gleans from discussions with people during the challenge process is non-attributable to individuals. This will be emphasised at the start of every meeting and focus group. It is vital for the credibility of the challenge that the Peer Team establishes a climate of trust in which people feel they can be open and honest.

Learning in the Peer Challenge process

One of the key motivations for people acting as a peer is the opportunity to learn from others. Peers are very much encouraged to return to their own organisations and talk about their experience. However, it is important that this is not done in a way that may undermine the client or integrity of the challenge process.

Issues arising

It is difficult to predict what issues will arise during a Peer Challenge. If a team member comes across anything in an interview or workshop that raises their concern, it is important that they share this with the whole team and with the Lead Peer and Challenge Manager before acting on it. Whilst the need seldom arises, there are established procedures for dealing with all kinds of issues.

When compiling the team's written feedback or feedback slides, the team is responsible for ensuring that information is not presented that criticises individuals directly or in a way that enables them to be identified. However, the team must report its general findings even if this involves delivering 'difficult' messages.

Guidance for interviews

Wherever possible interviews will be conducted by two people. However, there may be circumstances where this is not always possible.

We also encourage Line/Team/Senior Managers not to be present during interviews with their staff.

The Challenge Manager will stress the following points to the team at their first meeting:

- At the start of each session, the Peer Challenge team interviewers will introduce themselves and ask those they are talking with to do the same.
- The challenge is **not an inspection**. It is a supportive but challenging process to assist the department to identify strengths and their areas for improvement. The key purpose is to stimulate local discussion about how Adult Social Care can work together to deliver effective outcomes.
- The team are peers supporting sector-led improvement for Adult Social Care departments across health and social care with **no surprises**.
- The challenge is an independent sector-led learning process and will highlight both areas where improvement might be gained and those where effective practice might be shared more widely.
- The team is there at the request of the client - it is not being imposed.
- Team members are acting as '**critical friends**' looking at strengths, examples of best practice and areas for further consideration.
- The process depends on people being open and honest about what is working

well and issues which need to be addressed.

- All the information that the team gleans is **non-attributable** to individuals.
- Evidence will be **triangulated** from what the Peer Team reads, hears, and sees whilst onsite.

Delivering Feedback

Before the final feedback, the Challenge Manager and Team Leader will give the client a draft of the key findings and recommendations. This provides an opportunity to discuss how the Peer Team can be most effectively heard by the audience. The task for the team is to say what needs to be said and be heard by the client.

On the last day of the review, the Peer Team presents its findings to an audience of the client's choosing. Best practice usually dictates that everyone involved in the onsite interviews be invited to the session. There will be opportunity for people to raise questions and discuss the findings.

Scope – Care Quality Commission - Four themes

The scope for an Adults Peer Challenges is driven by the LGA / ADASS self-assessment tool completed by the Council for CQC Assurance Inspections, identifying perceived strengths, areas for improvement, and plans for improvement.

The four high-level areas for all Adult Social Care Preparation for Assurance Peer Challenges have been adopted from the four themes used by the Care Quality Commission Adult Social Care Assurance inspections:

Working with People	Providing Support
<ul style="list-style-type: none">• Assessing needs• 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>Ensuring Safety</p> <ul style="list-style-type: none"> • Safe systems, pathways, and transitions • Safeguarding 	<p>Leadership</p> <ul style="list-style-type: none"> • Governance • Learning, improvement, and innovation • Capable, compassionate, and inclusive leaders

The team may be asked to look at particular areas of Council business upon request by the Council.

The above themes are fully outlined in Appendix 2.

6. Preparing for a Peer Challenge

Scoping Meeting

As soon as the challenge has been commissioned, the Challenge Manager will visit the client to speak with the Adult Social Care department leaders for a scoping meeting with the Project Sponsor and the Challenge Organiser. If possible, the Lead Peer will also be present at this visit, but it is accepted that this may not be possible.

The purpose of this scoping meeting is to:

- Discuss the context of the client department and the aims for the challenge.
- Develop the Challenge Manager's understanding of the key issues facing the departmental leaders. This includes the sensitive issues they need to be aware of.
- Consider the key areas for the challenge to focus on and the timing and timetabling of the challenge.

- Consider the Peer Challenge guidance, discuss the process and look at the arrangements that will need to be made by the client to facilitate the work of the challenge team. This includes discussing various logistical arrangements including the base room, interview locations, documentation, timetable, and publicity.

During the visit, it is helpful if the Challenge Manager can see the proposed base room for the team and be given recommendations for the team hotel. The LGA will take responsibility for the hotel booking, sourcing, and briefing of the Peer Team.

Case File Audit

Due to the practice-based focus of the four CQC Domains, two members of the Peer Challenge team will need to conduct a Case File Audit of representative cases before the whole Peer Team are onsite. This provides the opportunity to gain information of the quality of practice and other relevant issues.

Lived Experience / Carers interviews

The peer team are interested in speaking to people with Lived Experience of services (including their carers) and hearing about their experiences; celebrating what is good and any reflections they may have on how it could be improved. Interviews with people with Lived Experience and/or carers are critical to a Peer Challenge understanding how services are experienced by residents, and how this aligns with strategic intent. Our understanding is that this is becoming increasingly central to CQC methodology. Therefore, it is vital that there are sufficient Lived Experience/Carers interviews included with the timetable throughout the onsite days. Ideally the interviews should be equally interspersed throughout the 2 day timetable to allow the Peer Team to triangulate information as well as possible, and those interviewed should reflect the diversity of those receiving services.

Documentation

In line with the current requirements of CQC assurance inspections, and to allow the

Peer Team to understand the breadth of services and work delivered by the Council, a self-assessment, and other related data requirements will need to be sent to the Peer Challenge Manager two weeks prior to the onsite work commencing. Full details regarding the Self-Assessment and Data required can be found in Appendix 3. The Challenge Manager will ensure that all the team members have received background documentation about the client and its activities. One hard copy of all the documentation should be made available in the team's base room whilst they are onsite. The team members should feel able to ask for additional materials which they may require. It is helpful to embed these documents in the self-assessment.

Timetable and Room Bookings

The client is asked to draw together an interview timetable for the week of the Peer Challenge that will enable the team to gather evidence against the four CQC Domains. A draft of this should be sent to the Challenge Manager before the challenge to ensure agreement is reached at least two weeks prior to the start of the onsite work. In practice, it is recommended that work starts on this as soon as possible as it is vital to the challenge process.

With three streams of work on each day and members of the Peer Team undertaking interviews, there needs to be a Base Room solely for use of the team. No interviews occur in the Base Room. Three other rooms are required for interviews. These will need to be large enough to accommodate at least ten participants in the focus groups.

Experience has shown that making these arrangements is one of the most time-consuming aspects of the whole process. Care must be taken to ensure that the timetable matches the scope of the work by including relevant people and allows time for team meetings. A sample schedule of what the programme might look like is included with this guidance as Appendix 1.

A useful rubric to use whilst planning is to have themes running sequentially through the timetable rather than at the same time. For example, interviews with elected

members should run one after another so the same Peer Team members can hear from all these interviewees.

Below are some practical considerations when planning the timetable:

- Interviews typically last for 1 hour.
- The challenge team will not operate as one single group during the challenge. Instead, they will split into pairs to ensure that, between them, they can see all the people required within a reasonable period.
- The membership of the pairs will alter during the period of the challenge. This means that all interviews, focus groups etc. should aim to finish at the same time so that Peer Team members can attend their next meeting on time.
- The Peer Team will need to meet at stages of the challenge to discuss their emerging understanding (as outlined in the example timetable). The best way to facilitate this is ensuring adequate breaks throughout the *The Challenge*. *Manager must ensure that such arrangements are included in the timetable.*
- Workshops can have around 8/10 participants and will be facilitated by two challenge team members.
- Make sure there are adequate breaks in the timetable – this way you will get the best of the Peer Team and interviewees.
- It is often helpful to ‘walk through’ the timetable, making sure there is sufficient time to get to different rooms/locations within the timetable.
- Ensure that the timetable is well balanced with conversations with senior managers, lived experience and frontline staff. Specifically, Peer Challenges are most successful when the conversations with people with Lived Experiences, carers and frontline staff take place on day one as well as day two.
- To enable staff to be able to fully share their views, it is recommended that Line/Senior management are not present during interviews with their staff.

- If there are multiple interviews with the same people, try to see if these can be consolidated to allow the Peer Team to see as many different people as possible
- If it is not possible for an interviewee to be onsite, you can arrange a virtual interview. This should be agreed in advance and form part of the interview programme.
- Make sure all people taking part are briefed on the purpose of the conversation. The LGA has a guidance for interviewees document which can be shared if needed.
- Interview must not be held in the base room.
- Interviews can be held in a person's own office if it doesn't provide any logistical issues.
- As the Peer Team typically have one person from each specialism, try to avoid scheduling two meetings for the same specialism or theme at the same time.
- Workshop venues may need to be big enough to divide into smaller groups.

Publicity

Before the Peer Challenge Team arrive onsite, you will need to think about what kind of briefing you want to give those involved in the interviews and focus groups (department leaders, staff and partners for example) to ensure they are adequately prepared. The briefing these people receive will influence the way they speak to the team. The client should also consider how the Peer Challenge findings are disseminated to the different audiences involved in this work. The position of the LGA is that we recommend publication of all Peer Challenge reports.

Team base room

The Peer Challenge team will require a room to use as a base for the time they are onsite. The room must be for the sole use of the team members. All interviews and

focus groups should be held elsewhere. It needs to be private and, ideally, lockable, with sets of keys for team members to ensure easy access. It also needs to be accessible to the team after hours.

The room will ideally be equipped with the following:

- Wi-Fi for the team to access the internet on their own devices.
- Access to a printer.
- A flipchart with marker pens.
- A central meeting table providing enough room for the whole team,
- 200 regular sized post-it notes.
- 'Blu-Tack' and stapler.

Catering

Refreshments should be provided in the Base Room or accessible in a nearby location. The team will need lunch each day. It is important that catering arrangements are planned in conjunction with the timetable for the week.

The Programme Support Officer will liaise with each of the team members in advance and notify the client of any specific dietary requirements.

7. The Onsite Peer Challenge Process

The core of a Peer Challenge takes place during the three or four days onsite with the client. The key direction for the Peer Team is derived from the client's adult social care department leaders. They determine the:

- Stated scope.
- Self-assessment or Position Statement.
- Supporting evidence.

The information and data required for the Peer Team (as well as for the

eventual CQC inspection) has been shown to be a significant piece of work for councils to undertake. This approach allows the team to understand what is in and out of scope and sets parameters for everyone involved. The team will be seeking evidence that allows them to make a reasoned comparison against each of the questions whilst exploring current strengths, any examples of best practice and areas for improvement. The process is dynamic and requires a degree of flexibility throughout the challenge. Each team member will have read the documentation and identified areas to probe further, whether they be good practice areas or themes for possible improvement.

Evening before the onsite work

The Peer Team will meet in their hotel during the early evening on the day before the challenge. This will enable the team to get to know each other and share their initial thoughts on the stated scope based on their reading of the self-assessment and evidence provided.

First day morning

The Challenge Organiser should meet the team upon arrival to show them to their base room, inform them about the facilities provided and address any immediate queries. The team will then prepare the room.

The first morning should include a presentation by the client's departmental leaders and whatever partners are considered appropriate, to the challenge team on what are considered to be the scope and key issues faced. This can include the general context the partnership is dealing with as well as its achievements and further challenges.

Information gleaned onsite is considered daily by the team. Each member of the team will have responsibility for one or more areas or topics within the scope and timetable. This guides their pre-reading and who they wish to see during the challenge. These roles are assigned before the team are onsite.

Each team member writes the key points from their interviews on post-it notes. Ideally there should be one post-it note for each piece of evidence, where it came from and any supporting evidence. These are discussed during team meetings and placed on flip charts under the question headings that are in the base room.

As the challenge progresses, Peer Team sessions should move towards finding suggestions and recommendations rather than agreeing on basic issues. Gaps in information are identified and covered during the remainder of the time onsite. As the onsite work progresses, the team considers the information it has collected on the flipcharts then reports back its key messages and recommendations via a presentation that the Challenge Manager will coordinate with the rest of the team.

Remainder of Onsite Days

The team will spend time gathering evidence to enable it to compare the client's scope against the four CQC Domains. A Peer Challenge consists of considering the views of a wide range of stakeholders. To gain these views, the challenge team will hold a series of one-to-one conversations, group/team discussions and focus groups with leaders, senior managers, staff, partners, service users, advocates and the community itself. There may also be observations of relevant meetings.

Wherever possible, interviews will be undertaken by two people. If necessary, one person may conduct an interview. Workshops and focus groups will have two members to facilitate them.

Attending meetings

Whilst onsite, the team should have the option to observe any additional relevant meetings already scheduled to take place. The team may only stay for part of these meetings.

Last day

During the morning of the last day, the team will finalise the presentation and time should be built into this morning to give a 'no surprises' feedback to the Challenge

Sponsor. Immediately after lunch, the team will present its findings. Time should be allowed after the presentation for some questions. After the presentation, the team will leave the Council.

The Report

The report will be written by the Challenge Manager based on the bullet points delivered at the presentation from the final day. The views of the Peer Challenge team will be included, and the final draft sent to the client for comment and discussion before it is finalised.

Whilst it is not mandatory for the Council to publish their report, we encourage Council's to do so in the interests of transparency and supporting improvement in the wider sector. If the Council does decide to publish their report, the date at which the Council chooses to do so is entirely at their discretion and would usually be at the culmination of an internal governance process.

Feedback and follow-up

Any additional follow-up work will be agreed with the client.

Suggested List of Interviewees:

- People with a 'lived experience' and their carers
- Groups representing those with a 'lived experience'
- Social workers and team leaders from specialist and generic frontline teams
- Council Leader, Portfolio Holder for Adult Social Care, Health Scrutiny committee members, relevant opposition and backbench members
- Local Authority senior officers: Chief Executive, Executive Director, Service Director of Adult Services, Service Director of Commissioning
- Integrated Care System: Accountable Officer, Executive Director, Chair and Clinical Lead, Director of Integrated Care and Director of Emergency Care

- Health: CEO, Chief Operating Officers, Director of Nursing, Discharge Team Staff, A&E Staff, Community Hospital staff
- Representatives from the Health & Wellbeing Board, Independent Chair and Manager of the Safeguarding Adults Board, relevant partners, and safeguarding staff
- Staff involved in the discharge of patients from hospital
- Data-monitoring and workforce senior leads from across the Adult Social Care department
- Frontline practitioners, commissioners, and managers from across the Adult Social Care department from different settings
- Healthwatch
- Representatives from across a range of health and social care providers including voluntary and community sector (e.g., Carers Trust, Age UK, Health & Wellbeing Network, Care Network, Headway, Living Sport etc.)
- GPs or other representatives from Primary Care

8. Evaluation

We are committed to improving the effectiveness of our work and ensuring it continues to meet the needs of client Councils. As part of this, we will undertake an evaluation of the Peer Challenge:

Stage 1 – Post Peer Challenge

Following agreement of the final report, we will undertake a telephone interview with the Challenge Sponsor to capture their views on the effectiveness of the challenge, the ability of the team to constructively challenge and the quality of the outputs.

Additionally, three months after the Peer Review, the Council's Peer Challenge Sponsor will be sent a link to a Microsoft Form asking for feedback on both the

process of the Peer Challenge as well as the outcomes and impact of the challenge in the Adult Social Care Department.

Stage 2 – Best Practice Case Studies

We are committed to sharing notable and best practice and innovative working. If during the challenge, the team identify areas of work perceived to be best practice or showing innovation, these will be flagged. We will then work with the local Adult Social Care department to capture and share this work for the benefit of the sector.

Appendix 1: 3 Day Timetable Example

The timetable below is only to give an indication of how a programme may look. It is only a guide and will need to be amended to suit the needs of each Peer Challenge. Each interview and workshop will generally be attended by two members of the challenge team. **For each interview, please show name, job title and location.**

Day 1

TIME	A	B	C
08.30 – 09.00	Team arrival, domestic arrangements, room set up		
09.00 – 10.30	Presentation by adult social care department leaders		
10.30 – 11.00	Break/ Team Meeting		
11.00 – 12.00			
12.00 – 13.00			
13.00 – 14.00	Lunch		
14.00 – 15.00			
15.00 – 16.00			
16.00 – 16:30	Break/ Team Meeting		
16.30 – 17.30			
17.30 – 18.00	Team Meeting		17.30 Informal Feedback

17 meetings

Day 2

TIME	A	B	C
08.30 – 09.00	Team gathers in onsite room		
09.00 – 10.00			
10.00 – 11.00			
11.00 – 11.30	Break/ Team Meeting		
11.30 – 12.30			
12.30 – 13.30	Lunch		
13.30 – 14.30			
14.30 – 15.30			
15.30 – 16.00	Break/ Team Meeting		
16.00 – 17.00			
17.00 – 18.00	Team Meeting		17.30 Informal Feedback

19 meetings

Day 3

TIME	A	B	C
8.30 – 9.00	Team gathers onsite		
9.00 – 12.00	Team presentation writing		
12.00 – 13.00	Lunch		12.30 Informal feedback
13.30 – 14.30	Presentation of findings & discussion		
14.30	Close		

Appendix 2: CQC Assurance Themes

The CQC assessment framework has been grouped into four key themes, each with several quality statements mapped to them:

1. How local authorities work with people.

Assessing needs, care planning and review, direct payments, charging, supporting people to live healthier lives, prevention, wellbeing, and information and advice.

2. How local authorities provide support.

Market shaping, commissioning, workforce capacity and capability, integration and partnership working.

3. How local authorities ensure safety.

Safeguarding enquiries, reviews, Safeguarding Adults Board, safe systems, pathways, and continuity of care

4. Leadership.

Culture, strategic planning, learning, improvement, innovation, governance, management, and sustainability.

Theme 1. Working with people –

This theme covers: assessing needs, care planning and review, direct payments, charging arrangements, supporting people to live healthier lives, prevention, wellbeing, information, and advice.

There are two quality statements in this theme:

Assessing needs

Supporting people to live healthier lives

Quality Statement: Assessing needs

We maximise the effectiveness of people's care and treatment by assessing and reviewing their health, care, wellbeing, and communication needs with them.

✓ I have care and support that is coordinated, and everyone works well together and with me.

✓ I have care and support that enables me to live as I want to, seeing me as a unique person with skills, strengths, and goals.

Summary

- People with care and support needs, unpaid carers, those who fund or arrange their own care and communities have the best possible wellbeing outcomes because their care and support needs are assessed in a timely and consistent way; assessments and care and support plans are co-produced, up-to-date and regularly reviewed; support is coordinated across different agencies and services and decisions and outcomes are transparent.
- People's care and support reflects their right to choose, builds on their strengths and assets, and reflects what they want to achieve and how they wish to live their lives.

Quality Statement: Supporting people to live healthier lives

We support people to manage their health and wellbeing so they can maximise their independence, choice and control, live healthier lives and where possible, reduce future needs for care and support.

✓ I can get information and advice about my health, care and support and how I can be as well as possible – physically, mentally and emotionally.

Summary:

- The local authority works with people, partners and the local community to make available a range of services, facilities and other measures to promote independence and support people to prevent, delay or reduce their needs for care and support.

- People in the area have access to the information and advice they need to make informed decisions about how their care and/or support needs are met.
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Theme 2. Providing support –

This theme covers: market shaping, commissioning, workforce capacity and capability, integration and partnership working.

There are two quality statements in this theme:

Care provision, integration, and continuity

Partnerships and communities

Quality Statement: Care provision, integration and continuity

We understand the diverse health and care needs of people and our local communities, so care is joined-up, flexible and supports choice and continuity.

✓ I have care and support that is coordinated, and everyone works well together and with me.

Summary

- The care and support needs of people and communities are understood; there is a varied and resilient provider market with sufficient capacity to meet demand now and in future.
- Local people, including those who fund or arrange their own care, have access to a diverse range of safe, effective, high quality support options to meet their care and support needs. Services are sustainable, affordable and provide continuity for people.

Quality Statement: Partnerships and communities

We understand our duty to collaborate and work in partnership, so our services work seamlessly for people. We share information and learning with partners and collaborate for improvement.

✓ Leaders work proactively to support staff and collaborate with partners to deliver safe, integrated, person-centred and sustainable care and to reduce inequalities.

Summary

- The local authority actively works towards integrating care and support services with those provided by partner agencies to achieve better outcomes for people who need care and support and unpaid carers and to reduce inequalities.
 - There is partnership working to help ensure that care and support meets the diverse needs of individuals and communities. People experience a seamless care and support journey, and their support is co-ordinated across different agencies and services.
-

Theme 3: How the local authority ensures safety within the system -

This theme covers: safeguarding enquiries, reviews, Safeguarding Adult Board, safe systems and continuity of care, safe systems, and continuity of care.

There are two quality statements in this theme:

Safe systems, pathways, and transitions

Safeguarding

Quality statement: Safe systems, pathways, and transitions

We work with people and our partners to establish and maintain safe systems of care, in which safety is managed, monitored, and assured. We ensure continuity of care, including when people move between different services.

✓ When I move between services, settings or areas, there is a plan for what happens next and who will do what, and all the practical arrangements are in place.

✓ I feel safe and am supported to understand and manage any risks.

Summary

- Safety is a priority for everyone, and leaders embed a culture of openness and collaboration.
- Care and support is planned and organised with people, partners, and communities in ways that improve their safety across their care journeys and ensures continuity in care, particularly when people move between different services.

Quality statement: Safeguarding

We work with people to understand what being safe means to them and work with our partners to develop the best way to achieve this. We concentrate on improving people’s lives while protecting their right to live in safety, free from bullying, harassment, abuse, discrimination, avoidable harm, and neglect. We make sure we share concerns quickly and appropriately.

✓ I feel safe and am supported to understand and manage any risks.

Summary

- Safeguarding enquiries are carried out sensitively and without delay, keeping the wishes and best interests of the person concerned at the centre. People can participate in the safeguarding process as much as they want to. People are supported to make choices that balance risks with positive choice and control in their lives.
- There is a clear understanding of the key safeguarding risks and issues in the area and a clear, resourced strategic plan to address them.
- Lessons are learned when people have experienced serious abuse or neglect and action is taken to remove future risks and drive best practice.

Theme 4: Leadership -

This theme covers: culture, strategic planning, learning, improvement, innovation, governance, management, and sustainability.

There are two quality statements in this theme:

Governance, management, and sustainability

Learning, improvement, and Innovation

Quality statement: Governance, management, and sustainability

We have clear responsibilities, roles, systems of accountability and good governance to manage and deliver good quality, sustainable care, treatment, and support. We act on the best information about risk, performance, and outcomes, and we share this securely with others when appropriate.

Summary

- There are effective governance and performance management arrangements at all levels. These provide visibility and assurance on delivery of Care Act duties, risks to delivery, quality and sustainability, and people's care and support experiences and outcomes.
- The local authority uses information about risks, performance, and outcomes to inform strategy, allocate resources and to deliver the actions needed to improve care and support outcomes for people and local communities.

Quality statement: Learning, improvement, and innovation

We focus on continuous learning, innovation and improvement across our organisation and the local system. We encourage creative ways of delivering equality of experience, outcome, and quality of life for people. We actively contribute to safe, effective practice and research.

Summary

- Learning from people's feedback about their experiences of care and support, and feedback from staff and partners is embedded throughout the local authority's work and it informs strategy, improvement activity and decision making at all levels. Coproduction is embedded throughout the local authority's work.
- There is an inclusive and positive culture of continuous learning and improvement, and this is shared by all leaders and staff across the organisation and with their partners.

Appendix 3: Self-Assessment and Data Requirements

Self Assessment

The client should assess itself using the CQC assessment domains above. The LGA Partners in Care and Health Programme and ADASS have put together a self-assessment template.

The latest versions of the documents can be accessed via the links below:

[Getting ready for ASC Assurance, Part 1, Introduction](#)

[Getting ready for ASC Assurance, Part 2, Self-assessment workbook](#)

[ASC Self assessment checklist by quality theme](#)

[Supporting ASC self-assessment - ASC Metrics in LG Inform](#)

The self-assessment document has been prepared by the Partnership in Care and Health Programme to support councils as they prepare for the introduction of assurance of Adult Social Care (ASC) through assessment by the Care Quality Commission (CQC) commencing in April 2023. While self-assessment in ASC has been a longstanding, intrinsic, component of Sector Led Improvement (SLI), from April 2023 self-assessment will be undertaken in the context of ASC's assurance and the underlying CQC assessment.

A full explanation of the self-assessment can be found in the above documents.

Data Requirements

Working with People

DR 1	Local authority self-assessment
DR 2	Feedback people have sent to the local authority and feedback it has gathered itself. <i>Covering the preceding 12 months from the date of completing the information return.</i>
DR 3	Compliments/complaints: summary of issues, outcomes and actions taken, for each quality statement. <i>Covering the preceding 12 months from the date of completing the information return.</i>
DR 4	Staff feedback generated by the local authority.

	<i>Covering the preceding 12 months from the date of completing the information return.</i>
DR 5	Feedback or reports from other regulators: Ofsted, SEND, Coroner, Local Government Social Care Ombudsman. <i>Covering the preceding 12 months before the date of completing the information return.</i>
DR 6	Assessment, care planning and review: processes and pathways from first contact with local authority; flowcharts.
DR 7	Care funding decisions: monitoring, oversight, appeals. <i>Information for the public; summary and outcomes of appeals in the preceding 12 months from the date of completing the information return.</i>
DR 8	Direct payments: arrangements for offering, allocating and oversight; process, guidance, information for the public. <i>Trends in uptake of direct payments in the preceding 12 months from the date of completing the information return.</i>
DR 9	Arrangements for determining Care Act eligibility and care funding decisions, including appeals. Process, guidance, information for the public. <i>Summary and outcomes of appeals in the preceding 12 months from the date of completing the information return.</i>
DR 10	Prevention strategy and associated delivery plans.
DR 11	Profile of preventative services and other measures in place to prevent, delay or reduce the need for care and support.
DR 12	Equipment and home adaptations: access arrangements; policy and process for accessing these support services; trends in uptake.
DR 13	Information and advice: provision and access. How is information required in the Care Act provided in the local area?
DR 14	Identifying and reducing inequalities of experience and outcomes relating to Care Act duties: strategies, action plans, equality impact assessments. Evidence of impact and outcomes.
DR 15	Equality objectives; annual reporting for Public Sector Equality Duty.
DR 16	Arrangements for engaging with people to understand their experiences relating to Care Act duties.
DR 17	Inclusion and accessibility arrangements: BSL, interpreter services etc.

Providing Support

DR 18	Joint Strategic Needs Assessment.
DR 19	Market Position Statement, Market Shaping plans, Market Sustainability Plan.

DR 20	Local authority outputs from Cost of Care exercises.
DR 21	Commissioning strategies (including joint and specialist commissioning); arrangements for monitoring and evaluating impact.
DR 22	Use of out-of-area placements. Trends in reasons and numbers of people placed out of area.
DR 23	Arrangements for quality monitoring and improvement of commissioned services, including out of area commissioning.
DR 24	Workforce strategy to support the local authority workforce capacity and capability
DR 25	Contracts handed back early to local authority by provider and reasons why. <i>In the preceding 12 months from the date of completing the information return.</i>
DR 26	Local authority commissioning embargoes. <i>In the preceding 12 months from the date of completing the information return.</i>
DR 27	Number of regulated adult social care services exiting the market. <i>In the preceding 12 months from the date of completing the information return.</i>
DR 28	Partnership working and arrangements to deliver shared local and national objectives. For example: hospital discharge, tackling inequalities, Transforming Care.
DR 29	Enabling mechanisms: information sharing, roles and responsibilities and accountabilities. General policy and arrangements for working effectively with key partner agencies and/or arrangements for specific partnership work. For example: Continuing Health Care, hospital discharge.
DR 30	Use of Better Care Fund: how has BCF been used to deliver shared local priorities?

Ensuring Safety

DR 31	Pathways when people move between services and agencies: design, evaluation and review. General policy and arrangements with key partner agencies and/or arrangements for specific pathways and transitions. For example: children into adulthood, hospital discharge, moving to another local authority.
DR 32	Provider failure and service continuity: contingency planning and arrangements for emergency preparedness.
DR 33	Safeguarding Adults Board annual strategic plan and annual report.
DR 34	Safeguarding Adult Reviews (SARs) and record of subsequent learning or actions taken.
DR 35	Processes and pathways for managing safeguarding alerts, enquiries and investigations (including flowcharts).
DR 36	Monitoring, oversight, and quality assurance arrangements of safeguarding cases.

	Trends in S42 enquiries covering the preceding 12 months before the date of completing the information return unless: numbers, types and outcomes. Structure charts of safeguarding teams and internal oversight.
DR 37	Strategic governance of themes, trends and safeguarding outcomes and any actions taken.

Leadership

DR 38	Adult social care vision and strategic plan(s) and delivery plan.
DR 39	Governance arrangements for delivery of Care Act duties: quality assurance, risks to delivery, impact on people's experiences and outcomes.
DR 40	Adult social care risk register, internal and external escalation procedures.
DR 41	Arrangements for compliance with UK data protection legislation.
DR 42	Strategy for supporting unpaid carers.
DR 43	Learning and improvement plans from feedback and events. For example: people's experiences, serious incidents, serious case reviews, Coroner Regulation 28 Reports, whistleblowing. <i>Covering the preceding 12 months from the date of completing the information return</i>
DR 44	Co-production processes: general policy and/or examples of approach taken in a specific project and outcomes.
DR 45	Accreditations with external organisations. <i>Please only include live accreditations.</i>
DR 46	Innovation strategy/plans, if available.
DR 47	Organisational structure showing lines of reporting and accountability. Please show: Chief Executive to Director of Adult Services, senior leadership team, and the following functions: commissioning, assessment and social work, safeguarding. Please include other functions if relevant to the quality statements.
DR 48	Please provide details of any key groups, partnerships or networks in the local area we could gather feedback from in relation to the assessment. For example: carers groups, provider forums, partnership boards. Include: <ul style="list-style-type: none"> • Name of group, partnership or network • Contact details (name, email, telephone number) • Purpose of group, partnership or network
DR 49	Papers/relevant reports outlining Adult Social Care Budget, including any associated savings. <i>This is not a data requirement of the CQC.</i>

Appendix 4: Summary of Client's Responsibilities

When commissioning an adult social care Preparation for Assurance Peer Challenge of an adult social care department the client should be aware that it is entering into certain commitments. These can be summarised as follows:

Expectations of the receiving adult social care department are as follows:

- Identification of a challenge sponsor and challenge organiser to undertake the roles outlined in section 4 of this guidance manual
- Gaining commitment to the challenge across the adult social care department leaders' organisations
- Attendance at the set-up meeting by the challenge sponsor and challenge organiser
- Confirmation that key personnel will be available and participate as required in each element of the challenge
- Data and documentation are provided to the Peer Team as outlined in the methodology, by the agreed deadline
- The interviews and visits timetable are organised and finalised with the Challenge Manager two weeks before in the onsite week commences
- A base room for the Peer Challenge team is provided, for the duration of the onsite week as outlined in the guidance manual
- Suitable rooms for all interviews (people's individual offices are fine for these)
- Comments on the draft report are returned as promptly as possible
- Commitment to ensuring that any agreed action plans are followed through, and an appropriate monitoring mechanism set in place.

Appendix 5: Case File Audit

Selection

Local Authorities are advised by the LGA to select four records from each of the following categories of people who have experienced services within Adults Social Services and Health Partners:

- Initial contact - people who were not known to services (or not known for a number of years) being referred through the Front Door.
- People living at home.
- People living in registered residential establishments.
- People who are on the hospital to home pathways who have had social care involvement during this time.
- People who have been supported through other community-based services.
- People who have been referred to safeguarding.

The Local Authority, that is having a Peer Review, may regularly audit case records as part of its quality assurance processes. If this is the case, then records of those audits, together with details of how they are conducted, should be made available to the Peer Review team who will take them into account and may request access to some records to sample the audit process. If that is not the case, then the following process will be undertaken in the review process.

Records should represent a mix of ages and include adults with mental health problems, people with learning and/or physical disabilities. There will be some crossover of these categories but a total of 24 separate case record numbers should be made available to the Peer Review Manager. The **audit file log** (see below) should be completed by the council, identifying the category of each case record, age of person, care group and case record number and sent to the Review Manager prior to the review.

The records should be as recent as possible whilst still covering the above

categories.

This is not an inspection, the LGA encourages that the records selected are a cross section of quality in relation to practice, rather than those considered to be best practice only.

The LGA team will select two case numbers from each of the above categories to review whilst making sure that the sample includes people from all the client groups. Any records or reports prepared by the Review Team should use the allocated audit file reference (not the case record number) to protect confidentiality.

The LGA team will be able to view the electronic records for the selected case numbers through the case management system for the duration of the audit. It is advisable that appropriate individuals are close at hand to assist with navigation of electronic records for the first few cases and remain close at hand should any specific queries arise.

Members of the Peer Review team who will undertake the case records audit

Only members of the Peer Review team who have significant social work (preferably, or social care) experience and enhanced DBS clearance will access client records.

Audit methodology

The peer reviewers will audit files in the following order: one file will be audited from each of the above categories before auditing a second from each *if time permits*.

Each reviewer should spend approximately 40 minutes auditing each file. Ideally, each reviewer will carry out 6 file audits each, over the two allocated sessions. There should be time for 2 reviewers to review a total of 12 files in the 5 hours allocated to this activity.

The **case records audit pro forma** should be completed for each file reviewed. The reviewer should aim to spend approximately 15 minutes reading through the file to get an overview of the history before making an assessment against each of the criteria in the remaining 25 minutes. It is likely that the first file will take longer than subsequent ones as the reviewer will become familiar with the layout of files.

The reviewer should familiarise themselves with the relevant local policies and

procedures (such as the safeguarding policy, MCA etc.) and have these on hand when reviewing files. The relevant policies and procedures will be sent out at least a week in advance of the case file audit taking place.

Summary of audit review

When all the records have been reviewed and the case record audit proformas completed, the reviewers should complete the **Summary report of case records** (see below).

The number of files reviewed should be entered into the table. The Review Manager will make efforts to ensure that there is a spreadsheet available to automatically make the calculation. In this case, the number of files reviewed should be entered into cell C25. This entry is used to calculate the percentages.

The total number of files with a 'yes' should be entered into column C (positive responses) for each criteria. The percentage of files reviewed with a positive against each criteria will be calculated in column D in the spreadsheet.

The reviewers should consider the comments on each of the proformas and the overall scores to identify key messages from the audit of files and report these in the summary box. Obviously, it should be stressed that this is only a small sample.

In addition to the criteria identified on the proformas, the reviewers may also consider whether collectively the records provided evidence of a skilled and confident workforce and whether the partnership demonstrates that it is learning from experience.

Audit File Log

The authority should identify four records for review from each of the following categories:

- Initial contact - people who were not known to services (or not known for a number of years) being referred through the Front Door.
- People living at home.
- People living in registered residential establishments.
- People who are in the hospital to home pathways who have had social care

involvement during this time.

- People who have been supported through community-based services.
- People who have been referred to safeguarding.

To be completed by the council				To be completed by review team	
Category	Age	M.H, L.D or P.D	Case record no.	Audit file ref	Selected Y/N
A				A1	
A				A2	
A				A3	
A				A4	
B				B1	
B				B2	
B				B3	
B				B4	
C				C1	
C				C2	
C				C3	
C				C4	
D				D1	
D				D2	
D				D3	
D				D4	
E				E1	
E				E2	
E				E3	
E				E4	
F				F1	

F				F2	
F				F3	
F				F4	

Case records audit pro forma

Reviewer		Date		Audit Ref. No	
Element	Criteria	Y/P/N or N/A	Comment		
1. Outcomes					
1.1	The outcomes for the individual have been clearly stated as goals				
1.2	Progress against the outcomes have been recorded				
1.3	Positive outcomes from interventions have been recorded as achieved				
2. People's experiences					
2.1	It is clear that the outcome goals have been identified by the person using the service, or where appropriate their advocate				
2.2	The person using services is involved in all decisions about them				
2.3	The person using services is given information and a range of options to enable them to make informed choices				
2.4	The person's views of the services provided have been sought and recorded				

2.5	Have carers' needs been appropriately considered?		
3. Service delivery and effective practice			
3.1	Local policies and procedures have been followed, i.e., safeguarding policies, MCA etc.		
3.2	Responses are timely and meet with local requirements		
3.3	Is there evidence of sound analysis of risk and, if required, is there a management plan in place which has a planned review date?		
3.4	Is there evidence of strength-based practice?		
3.5	Is there evidence of analysis and critical thinking?		
3.6	Appropriate support is offered to the person using services throughout		
3.7	If a care and support plan is in place, there is a date for a review?		
3.8	Information is shared appropriately between agencies		
3.9	All entries are clear, eligible, dated and signed		
3.10	The records are comprehensive and complete		

The table below shows the spreadsheet layout into which the summary information must be entered.

Summary report of audit of case records

<i>Positive count is 1 for met and 0.5 for partially met</i>		Positive	%
1. Outcomes			
1.1	The outcomes for the individual have been clearly stated as goals		0%
1.2	Progress against the outcomes have been recorded		0%
1.3	Positive outcomes from interventions have been recorded as achieved		0%

2. People's experiences			
2.1	It is clear that the outcome goals have been identified by the person using the service, or where appropriate their advocate		0%
2.2	The person using services is involved in all decisions about them		0%
2.3	The person using services is given information and a range of options to enable them to make informed choices		0%
2.4	The person's views of the services provided have been sought and recorded		0%
2.5	Have carers' needs been appropriately considered?		0%

3. Service delivery and effective practice

3.1	Local policies and procedures have been followed, i.e., safeguarding policies, MCA etc.		0%
3.2	Responses are timely and meet with local requirements		0%
3.3	Is there evidence of sound analysis of risk and, if required, is there a management plan in place which has a planned review date?		0%
3.4	Is there evidence of strength based practice?		0%
3.5	Is there evidence of analysis and critical thinking?		0%
3.6	Appropriate support is offered to the person using services throughout		0%
3.7	If a care and support plan is in place, there is a date for a review		0%
3.8	Information is shared appropriately between agencies		0%
3.9	All entries are clear, eligible, dated and signed		0%
3.10	The records are comprehensive and complete		0%

Number of files reviewed	14
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Summary	
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Contact Details

For further information or a discussion about an Adult Social Care Preparation for Assurance Peer Challenge, please contact:

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Read the Peer Challenge Reports here: <https://www.local.gov.uk/our-support/peer-challenges/peer-challenges-we-offer/safeguarding-adults-and-adult-social-care-0>