Milton Keynes City Council Adult Social Care Preparation for Assurance **Peer Challenge Report**

March 2023

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Summary of Key Findings

Milton Keynes City Council (MKCC) requested ADASS Eastern Branch to approach the Local Government Association to undertake an Adult Social Care Preparation for Assurance Peer Challenge at the Council and with partners. The work in MKCC was led by Victoria Collins, Director of Adult Services (DASS), Milton Keynes City Council. She was seeking an external view on the readiness of the adult social care directorate for the arrival of the Care Quality Commission's Assurance inspections and a view on how the Council is able to deliver value for money, quality, effectiveness, and the most personal, outcome focused, offer for local people.

The peer team made a series of findings and recommendations. Other comments and recommendations are included in the body of the report.

1. Frontline staff across Adult Social Care (ASC) are a real asset. They demonstrate working in a person-centred way and are innovative and creative in their approach. They could clearly articulate how they met the "I statements" in their work with residents.

2. Frontline Managers are impressive in their rigour and robust approach to quality assure practice in their teams. There is a range of different methodologies used by team managers as part of the framework, including customer feedback, which forms an essential part of the framework and builds in continuous improvement from a customer perspective.

3. The Safeguarding Team are knowledgeable and experienced. They understand their role and legislative responsibilities and are well resourced.

4. The Adult Social Care Leadership Team are accessible and visible. Leaders from the DASS to Team Managers are supportive and involved in the oversight of quality in practice.

5. Milton Keynes' diverse population presents challenges that are well recognised by the Council and partners. There is more to do to embed Equality Diversity and Inclusion (EDI). Given the level of diversity, work should begin at pace to ensure service provision meets the needs of all of Milton Keynes' communities.

6. Provision for all of Milton Keynes' diverse communities including adults with autism should be addressed. This includes services for working age adults and people with mental health problems. It is recognised by the leadership team that there is more to be done.

7. The case recording system in Milton Keynes does not provide summaries of cases, nor enable practitioners to easily record safeguarding interventions and outcomes for people. It would improve the system for both practitioners and for those carrying out quality assurance if outcomes and summaries were visible.

8. MKCC could do more to maximise the opportunities it has across the whole council to support people to live independently at home, for example, through prevention and early intervention, and at times of service transitions. There are opportunities that being in a unitary council provides, for example in relation to links between housing and adult social care.

Report
Background

1. Milton Keynes City Council (MKCC) requested that the Local Government Association undertake an Adult Social Care Preparation for Assurance Peer Challenge at the Council and with partners. The work was commissioned by ADASS Eastern Branch as part of their preparation for future Care Quality Commission Assurance inspections and to gain a view on how councils can deliver value for money, quality, effectiveness, and the most personal outcome focused offer for local people.

2. A peer challenge is designed to help an authority and its partners assess current achievements, areas for development and capacity to change. The peer challenge is not an inspection. Instead, it offers a supportive approach, undertaken by friends – albeit 'critical friends' - with no surprises. All information was collected on a non-attributable basis in order to promote an open and honest dialogue and feedback from the team of peers is given in good faith.

3. Prior to the onsite peer challenge work Milton Keynes City Council Adult Social Care Directorate team completed a self-assessment about the work of the service. In advance of the peer challenge work, members of the team conducted a day of detailed case file audits with a small number of cases and allocated a day where they met with people with lived experience, care providers, frontline practitioners and carers. The peer challenge team arrived at their feedback after triangulating what they read, heard and saw whilst onsite, with a view to saying what needed to be said whilst being mindful of the multiple audiences for the work in the partnership.

   The members of the peer challenge team were:

   - **Stephanie Butterworth,** Director of Adults Services, Tameside MBC
   - **Stuart Mitchelmore**, Assistant Director, Central Bedfordshire Council
   - **Anna Crispe,** Consultant in Public Health, Assistant Director, Knowledge, Intelligence & Evidence, Suffolk County Council
   - **Simon Homes**, Assistant Director Practice Development Quality & Assurance, Isle of Wight Council
   - **Councillor Khevyn Limbajee,** Cabinet Member, Waltham Forest Council London Borough of Waltham Forest
   - **Scott Woodhouse**, Head of Commissioning, Adults, North Tyneside Council
   - **Nick Faint,** ADASS Associate
   - **Venita Kanwar,** Peer Challenge Manager, LGA Associate

4. The team engaged virtually between 15th – 17th March 2023. The programme included activities designed to enable members of the team to meet and talk to a range of internal and external stakeholders. These activities included:

   - interviews and discussions with councillors, officers, and partners

   - meetings with managers, practitioners, frontline staff

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

5. The framework the peer team used was that of the Care Quality Commission (CQC) and the proposed four Domains of Assurance they will be using for the up-coming adult social care inspection regime. They are:

Care Quality Commission Adult Social Care Assurance four Domains	
Working with People • Assessing needs • Supporting people to live healthier lives	**Providing Support** • Care provision, integration and continuity • Partnerships and communities • Workforce equality, diversity and inclusion
Ensuring Safety • Safe systems, pathways and transitions • Safeguarding	**Leadership** • Governance • Learning, improvement and innovation • Capable, compassionate and inclusive leaders

6. The peer challenge team would like to thank councillors, staff, those people and carers with a lived experience, and partners, for their open and constructive responses during the challenge process. All information was collected on a non-attributable basis. The team was made very welcome and would in particular like to thank Victoria Collins, Director of Adult Services (DASS), Susie Payne, Quality and Performance Manager - Adult Services, and Michelle Barrable, Quality and Performance Coordinator – Adult Services for their invaluable assistance and support to the peer team, both prior to and whilst onsite, in planning and undertaking this peer challenge, which was very well planned and delivered.

7. Prior to being on-site peer team members looked at 6 case files in detail from across the areas of adult social care. The onsite visit also allowed the opportunity for face-to-face interviews, in addition to the virtual interviews mentioned in paragraph 4. These were held with two groups of frontline practitioners, a group of people with lived experience and a group of carers.

8. The peer team read around 80 documents including a self-assessment. Throughout the peer challenge the team had more than forty-eight meetings with at least one hundred and sixty different people from adult social care, health, third sector and other partners. The peer challenge team have spent approximately 190 hours with MKCC and its documentation, the equivalent of 28 working days.

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

1 Working with People

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

Strengths

- Frontline practitioners are motivated, passionate, innovative and creative in their practice, they are an asset!

- Frontline practitioners could articulate what strength-based practice looked like.

- Practitioners can clearly articulate positive outcomes for people that speak to the "I statements". There are a number of areas where this was evident.

- The approach to work on homelessness is a strength, there is evidence of a good understanding of people's needs and follow up on outcomes.

- Work is underway to address the growing aging population in Milton Keynes working towards being a dementia friendly city.

- The small number of cases audited, evidenced well documented consent and mental capacity.

10. Frontline staff across Adult Social Care (ASC) are a real asset. They spoke with passion about their work with the very diverse residents of Milton Keynes, providing many examples of working in a person-centred way to achieve the stated outcomes that people wanted for themselves. Examples of person-centred support included meeting the needs and wishes of an older person who had been assessed to have mental capacity, against a backdrop of close relatives who formally complained about decisions made by professionals. This demonstrated staff resilience and advocacy for the older person they were working with and a strength-based approach. Examples of creativity and innovation were provided by practitioners working with Black and Minority Ethnic (BAME) residents to find suitable placements for older people, for example a residential placement was sourced for an Italian person where they could speak with a handyman, and cleaning staff in their own language.

11. Strength-based conversations begin once a referral is received by practitioners and a focus on co-produced solutions begin at the assessment stage. Frontline staff work with people to understand what they like to do, and in collaboration with their family and others there is a focus on a "whole life approach" to achieve their wishes.

12. Practitioners could articulate how they enabled people to achieve the following two "I statements".

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

13. These have been demonstrated time and again in the examples above and in more examples that were heard during the peer challenge from frontline practitioners.

14. The work on homelessness by MKCC was articulated many times over by senior managers and frontline staff. Staff expressed pride for the effective work partnerships with Housing and Voluntary Sector colleagues to secure homes for people. This reflected and mirrored what had been written in the Council's self-assessment document, and context setting presentation. This was that one of the top three areas of work that MKCC was proud of is "*Development of pathways for people with drug, alcohol and mental health issues who are homeless or at risk of homelessness*". Commissioners have worked closely with partners to provide hostel accommodation and vital support for homeless people, including those with dual diagnosis as part of the work carried out on homelessness prevention.

15. To begin to plan and address this increase, MKCC is committed to becoming a city that is dementia friendly, to achieve this there is a partnership agreement with Alzheimer's Society and an action plan developed. A Dementia Friendly Coordinator post has been recruited, to work with local communities and businesses and a Dementia Pathway Improvement Group has helped to strengthen a partnership approach to support and care for people living with dementia. For example, Admiral Nurses work to support carers of people with dementia, a Care Home Liaison Practitioner works to fast track diagnosis and provide ongoing support and training for staff. The commissioning of three dementia stepdown beds for hospital discharge is good provision. Work is underway to address the City's growing population.

16. The small case file audit carried out as part of the peer challenge methodology indicated no immediate concerns and good practice routinely identified in relation to well documented consent and mental capacity assessments. The following additional strengths were found:

- Information system intuitive and seemed to be easily navigated.
- Information recorded in a timely manner.
- Evidence of feedback from people regarding their assessment and that audits are undertaken.
- Evidence of management oversight and sign off within case recording, along with evidence of assessment scrutiny.

For Consideration

- Equality Diversity and Inclusion (EDI), voice of the person, and co-production needs to be better understood and embedded in the local authority and across the care and health system

- At all levels of the system, the narrative on user voice needs further development

- The work on carers is in early stages and needs to continue to develop for example adopt a co-production approach

- The link between some teams needs to be strengthened in some areas

- Maximise all potential prevention opportunities at every stage of care and support pathways.

17 Milton Keynes is a very diverse city, with 140 languages spoken in schools, and 30 different religions identified. There is a high percentage of BAME residents, 37.8% compared with the England average of 26.5%. The challenges of meeting such diverse needs are well recognised by the Council and partners and there is awareness that there is much to do to embed EDI. Given the level of diversity, work should begin at pace to ensure service provision meets the needs of all of Milton Keynes communities. The Council employs a diverse workforce at the frontline, their knowledge and experience should be harnessed to help shape future provision.

18 At all levels of the system the narrative on user voice needs further development so that the Council and partners can clearly articulate how people's experiences are shaping future service design, and how people's experiences and outcomes are being improved through the work that the Council and its partners do. Co-production and people's experiences will be an area that the Care Quality Commission (CQC) enhanced assurance review is likely to focus on, and therefore it should be an area that is shown some priority. This should include the diverse voice of current users of services, their carers and community representatives. There was evidence of some co-production at practice and assessment level, but this needs to be stronger across all areas, for example at strategic level.

19 MKCC ASC have provided additional resources by appointing a dedicated housing worker to assist in the discharge of homeless people out of hospital, this is an area of improvement since the remit for homelessness moved into adult services. However, might it be the case that the link between some teams should be further strengthened to ensure that practitioners understand what is involved in the legalities of rehousing homeless people. This would also help to manage the expectations for provision by some frontline practitioners for the increasing numbers of homeless people and those who hoard coming into hospitals and who stay in hospital longer than they should because of the difficulties in moving them on. Front line practitioners have indicated that they believe that Housing and homelessness related support provision do not have the level of resources desired to provide move on accommodation. Suggestions from hospital-based practitioners to help with this are to have a provision such as a stop gap hotel or to set up a service similar to one that used to exist.

20 There are opportunities to maximise the opportunities for prevention at every stage of care and support pathways. As an example, many of the case studies shared by frontline practitioners concerned people who had fallen, or who were at risk of falling, and this will be an increasing issue as the population ages. Are there opportunities to work with partners to systematically direct more customers to evidence-based falls prevention services, if they are available locally, or to work collaboratively and in co-production to design and potentially co-commission such services if they are not? Obesity, which is one of the areas highlighted for action in the Milton Keynes Deal, can also inhibit activity and movement, which also increases the risk of falling – are there opportunities to make these links as part of the MK Deal work?

2 Providing Support

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

Strengths

- Support from the voluntary sector on befriending, shopping, transportation at a critical point in people's lives, prevention activities including social prescribing

- Quality Assurance uses lots of different methodologies for example case audits, reflection, supervision, and is led by frontline managers

- Joined up teams at operational level i.e., hospital discharge, virtual wards are about admission avoidance

- No waiting list for the Homecare Service

- Numerous examples of how care and support is coordinated around the individual.

21 There is excellent support provided by the voluntary sector to people at times of crisis. For example, the Age UK transport service was described by practitioners as "*really excellent and responsive*". Age UK are able to get equipment into people's homes so that support is in place, immediately upon discharge. Once home, Age UK will work with residents for up to six weeks following discharge, to help get their shopping for them, help with cleaning and with laundry. Frontline practitioners, some of whom are directly linked to Primary Care Networks (PCNs), were clearly able to articulate how they could use highly local social prescribing services to find appropriate interventions to support people, many of which were preventative in some way, and put those in place for people in a personalised way.

22 Frontline Managers were impressive in their robust approach to quality assurance practice in their teams. The quality assurance (QA) process was reviewed in Milton Keynes just before the pandemic began, and a new QA framework implemented in 2022. The framework provided guidance on what good looks like via a range of audit tools. The different methodologies used by team managers include looking at case studies, carrying out reflective reviews and supervision audits in each team, all to be considered within set timescales. Managers have built upon the initial guidance and developed it further to improve the approach in their individual teams, and they share their knowledge and improved frameworks with their peers. Customer feedback provides an essential part of the framework and builds in continuous improvement from a customer perspective. Indications are from team managers, that frontline staff find the QA process beneficial to their practice, building on their strengths and further identifying what might be needed in terms of support through training.

23 Teams work in a joined-up way to facilitate hospital discharge, with operational staff sitting in close proximity to each other to enable effective and efficient working. Discharge and Allocation Officers based in wards, are allocated to ASC staff for ease of communication. There are reported good relationships between nursing and social care staff, who carry out ward rounds together and share

database information. The hospital team, collaborate with each other and assist one another to facilitate a swift response to get people back home. For example, if a team member was working from home and needed to visit a patient, the expectation is that the visit would still be carried out, colleagues work together to ensure patients are seen quickly, or in the event of other commitments, colleagues are able to undertake visits on behalf of each other.

24 There is good handover into community teams when people are discharged, which takes away the need for patients and carers to repeat their history several times over, thereby ensuring the full picture of support needed by people, is not diluted by its repetition.

25 In Milton Keynes there is a fortunate and enviable position in which Home Care capacity exceeds demand. Following the procurement of a dynamic purchasing system, the waiting list was eliminated, the number of providers doubled within one year, and at the time of the peer challenge, the number of providers had almost tripled. An incentive on top of the bid rate through the ASC Discharge Fund offered to home care providers ensures greater workforce stability and supply of services particularly at times of greater need (during winter for example). Further capacity is maximised by MKCC's Care and Response (internal home care service).

26 The frontline practitioners could provide many examples of where care and support meet people's individual needs. One example provided was the case of a street homeless individual who came into the system multiple times with a cyclical pattern of admission on substance abuse. This person was eventually put in an interim bed and, alongside close working with housing colleagues he was, over a period of time, rehoused with a network of support. A further example was of a Bangladeshi older person who had become very isolated and was not coping at home – but instead of providing a service, the team recognised that a deep clean of the home, coupled with Voluntary, Community, Faith and Social Enterprise (VCFSE) support to enable the person to shop at shops which stocked the ingredients with which they were familiar, enabled the person to successfully remain independent in their own home, cooking their own food, with a significant increase in wellbeing.

For consideration

- How is commissioning being informed by, and acting on current and future demand in services?

- How is co-production influencing commissioning?

- Market sustainability and external workforce

- Using data and performance information to further improve services.

- Diverse communities:
  - Difficulty in getting interpreters,
  - Social workers can't always find services to meet community needs
  - Provision for and understanding needs of autistic people
  - How are you linking into BAME groups.

- Preparing for adulthood may need further coordination to ensure all young people have timely assessments and coordination of plans.

27 It was unclear as to how commissioning was being informed by and acting on demand in services. The peer team were provided with information about how people using services and information from the contract team on activity and quality reported to SMT. However, the link back to commissioning intentions and decision was unclear. It may be evident, but this did not come across in interviews.

28 Co-production is an area that the CQC will be exploring as part of their assurance process. How is co-production embedded in systems and processes and influencing commissioning and predicting future trends and demand through the increased emergence of diverse need? How does this assist frontline practice with the development of resource/services now and for the future.

29 Data and performance information could be better used to improve services. We were told that the Joint Strategic Needs Assessment (JSNA) for Milton Keynes is several years out of date, and some of the information provided to the Challenge team used 2011 Census data when 2021 data is now available. It was not clear whether the MKCC team have been involved in the development of Population Health Management locally – from April 2023 all areas should have a linked dataset at person level, including Adult Social Care data, covering their entire population, and this should give further opportunities for understanding patterns of need and service use which can inform future co-production and commissioning work. Since the peer challenge MKCC have indicated that as of May 2023, their new JSNA is being written with commissioning colleagues involved in the process. The anticipated publication date is August 2023.

30 There was very little heard about appropriate service provision for Milton Keynes' large and growing number of diverse communities, with difficulties cited by frontline practitioners about the adequacy and availability of specialist support services. One of these was the interpreting service provided in hospitals. Frontline staff described it "as a barrier and it is very difficult to get hold of an interpreter". Examples were cited of friends providing support with doctors, legal professionals and therapists, and instances where interpretation was provided by the hospital housekeeper from the ward, speaking to the family in their own language to explain what was happening to the patient. This was far from an ideal situation, but a route commonly taken in the absence of an adequate service. A service as fundamental as interpreting in an area as diverse as Milton Keynes should be an area of priority provision for the Council and all partners.

31 Engaging and coproducing with BAME groups will provide the Council with rich information and direction. Use communities to help provide the direction for future service provision and learn from Milton Keynes varied staff networks, they have a wealth of knowledge.

32 Provision for adults with autism should be addressed for working age adults and people with mental health problems. There is recognition by senior leaders that Milton Keynes cannot always meet the needs of people with learning disabilities

and autism, and they are referred into specialist services. Plans to write a strategy for autism are in place in the next six to eight months as well as plans for the development of specific service provision. In the meantime, people with autism are met with significant delays for an official diagnosis by the NHS the impact of this will delay early intervention and support.

33 Preparing for Adulthood may need further coordination. Teams told us that adult teams were often involved relatively late in transition planning process, and that it would be beneficial for both the individuals receiving care and their families, if adult teams could be involved much earlier. Whilst it was apparent there was a system for predicting the numbers of young people approaching adulthood this was not reflected in how system partners came together to deliver a seamless transition for young people. This was reflected in both feedback from family carers and frontline staff. A strategy for preparing for adulthood may be a useful way of addressing this moving forward. Since the peer challenge visit it has been brought to our attention that MKCC are addressing this area through their "Preparing for Adulthood Programme" and resulting action plan in place across CSC and ASC which are resulting in improvements in this area.

3 Ensuring Safety

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

Strengths

- People moving between different parts of the system demonstrates strength-based practice e.g. Hospital Discharge and Mental Health Team

- Independent review of safeguarding will feed into improvement of practice.

- Making Safeguarding Personal (MSP) is well understood by frontline practitioners and there are systems in place to support practice principles.

- Interagency risk management process is working well, has informed specialist training and has delivered improved outcomes for people.

- Safeguarding practitioners are passionate, supportive and experienced.

- The community safety partnership is working with vulnerable adults who are perpetrators.

34 The Hospital discharge team works well with many of their colleagues across health and social care as mentioned in paragraph 26. Of note was the joined up approach between the Hospital Discharge Team and the Mental Health Team.

35 An independent, bespoke, review of safeguarding conducted by the Local Government Association in February/March 2023 will provide Milton Keynes with an expert evaluation of and advice on their safeguarding adults work, in preparation for the forthcoming Care Quality Commission (CQC) inspection framework. Recommendations around Strategy and Leadership, Processes and Workflow and Safeguarding Practice will provide an in depth focus on improvement in this domain.

36 Making Safeguarding Personal (MSP) is well understood by frontline practitioners, this was evident in case recording where there is a dedicated MSP checklist and during discussions with frontline practitioners.

37 The Interagency risk management process is working well, has informed specialist training and delivered improved outcomes for people. An example was given where advice from a partner was needed about medication safety but was not initially forthcoming. Taking the issue through the interagency risk process resulted in a rapid and effective response from that partner, and the safety of the customer was improved as a result.

38 It was evident that the Safeguarding Team, like many other of Milton Keynes ASC teams, are passionate, supportive and experienced. They understand their statutory role, remit and responsibilities whilst ensuring the voice of the person is captured to inform safeguarding planning.

39 Of note was the work being done by the Community Safety Partnership, working with vulnerable adults who are perpetrators rather than victims.

For consideration

- Partnerships should ensure that all of your residents are involved as equal partners in service design and delivery

- Case summaries should be developed to ensure an accurate reflection of the person on the system

- Build safeguarding and outcomes recording into LAS

40 There are many partnerships across the system. Ensure that residents are treated as equal partners as a matter of routine, so that their unique experience informs and shapes service design and delivery. With the volume and range of partnerships that exist in systems, treating residents as partners will systemise your coproduction approach.

41 The development of case summaries on the Liquidlogic's Adults' Social Care System (LAS) will ensure an accurate reflection of the person. Currently what exists are case note entries on individual activities or actions, which doesn't provide an overall picture.

42 The LAS system is one which can be built upon. The system in Milton Keynes does not enable practitioners to easily record safeguarding interventions and outcomes for people. If CQC were to look for this information they may struggle to find it easily. It would improve the system for both practitioners and for those carrying out quality assurance if outcomes were easily visible. It would help any future assurance visits by CQC to clearly see an updated situation or summary which can be easily accessible. This will prevent having to dig around the system.

4 Leadership

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

Strengths

- The Portfolio Holder for Adults Health and Housing is experienced with a good awareness of the communities in Milton Keynes. The Council's Scrutiny process functions well.

- The DASS is approachable and "walks the floor". She is leading continual improvement.

- Staff have spoken of good management support by compassionate leaders.

- There are strong relationships and partnerships evident with health partners for acute, community and mental health.

- The system has come together to develop and agree the MK Deal.

- Recently recruited and dedicated PSW and POT posts will provide a focus on practice and assurance.

- There is investment in apprenticeships and "growing your own".

43 The Portfolio Holder for Adults Health and Housing is experienced and has a good awareness of the communities in Milton Keynes. She is committed to the priorities for Milton Keynes to enable people to remain independent at home and spoke passionately about her resolve to progress this. The context setting meeting for members of the peer challenge team informed that "The Council is made up of fifty-seven Councillors with one third elected three years in four. Milton Keynes City Council is currently under no overall control which means that no one political party has over half of the available seats required for an overall majority. The Labour and Liberal Democrats Groups combined have the most seats on the Council and work together as a 'Progressive Alliance' to form an administration representing the majority of voters in Milton Keynes". All parties are very supportive of ASC and for the last two years, Labour and the Liberal Democratics Groups have provided a period of stability. There is a level of consensus about the social care issues facing Milton Keynes and solutions including the need for technological and digital innovation.

44 Robust scrutiny questions, informs and strengthens policy development and implementation. The Chair of the Health and Adult Social Care Scrutiny Committee is an experienced councillor and scrutiny works well in Milton Keynes. The Chair was a former Cabinet Member for the Community Partnership and was previously the Vice Chair of the Adult Social Care Scrutiny before moving into the Chair position. The Chair is aware of the demographic challenges for the City and highlights how residents now no longer move away from the city when older but remain. Subsequently, there are challenges around mobility and with transportation and navigating the grid system which is a major characteristic of Milton Keynes.

45 The DASS was considered by the frontline colleagues and her management team to be approachable and hands on. Across the board, teams spoke of their

ability to be able to speak to the DASS if their immediate managers were not available. They would not hesitate to contact her if needed. The DASS is involved in the QA process and attends regular panels to oversee key aspects of practice. Good practice is fed into learning and development channels, ensuring it is shared and embedded across ASC. There is a close working relationship between the DASS and the Portfolio Holder, and the DASS has a good working relationship with Scrutiny.

46 There are strong relationships and partnerships evident with health partners for acute, community and mental health.

47 The system has come together to agree the MK Deal. The first two of four priorities focus on adult services. The priority is about system flow and how to get people in and out of hospital smoothly with the support they need on discharge to prevent further emergency support. The second priority is around community health and a focus on preventing obesity but also providing support to people to help them lose weight. The MK Deal will evolve over time and is currently led by the Joint Leadership team and Chaired by the Chief Executive of the Council.

48 The PSW is visible and provides a dedicated resource for improvement in practice. Both the PSW and Principal Occupational Therapist (POT) provide a clear link back into social work practice ensuring quality and a focus on prevention. The PSW is part of the Adult Leadership Team which highlights the prominence and importance of practice and the social care voice at a strategic level. The peer team felt that the line management of both the POT and PSW could be joined up to further strengthen strategy and practice development.

49 There is a huge commitment to "growing your own" social care workforce. Like many other Councils, Milton Keynes has difficulties in recruitment and retention of social care staff. However Milton Keynes leaders are committed to providing staff with opportunities to grow and develop, with a career path structure in place to enable this to happen. There is a clear understanding of what is required to support the grow your own programme, e.g. practice educators/supervisors need to be grown alongside.

For consideration

- There is a disconnect between strength-based practice and forums for decision making, consider how panels support the strength-based journey

- Maximise the opportunities across the whole Council to develop a holistic approach that supports people to "live independently at home"

- Ongoing development of the ICS relationships e.g. GPs in localities

- Consider auditing your published strategies to make sure they are reviewed and up to date

- Recruitment and retention of staff to fulfil the statutory duties

50 There appears to be a disconnect between strengths-based practice and forums for decision making which require further consideration for example, the Quality Assurance Panel. As previously mentioned in paragraphs 10 and 11, there is

some good innovative strength-based practice from frontline practitioners which includes a focus on value for money. The process however is that all funding requests have to go to a panel to be quality assured. Whilst recognising the potential benefit of this for high-cost packages, it is suggested that some delegation to Team Managers for funding decisions would encourage more autonomy for frontline staff and yield better outcomes for people and result in quicker decision making. Whilst staff made use of the complaints process a further consideration, if panels are to continue, is the development of an Appeals Process.

51 There will be opportunities across the Council to support people to live independently. The Adult Services Prevention Strategy is quite siloed between what Public Health are doing and what Adult Services are doing – there could be benefit in thinking through how the public health priorities and approaches identified could more directly benefit adult services customers, particularly in the more deprived parts of Milton Keynes. The Prevention Strategy is in draft form. Once finalised, a delivery plan should be in place to support the strategy which takes into account the management of future demand, population growth and diverse communities. MKCC could do more to maximise the opportunities it has across the whole council to support people to live independently at home, for example, through prevention and early intervention, and at times of service transitions. There are opportunities that being in a unitary council provides, for example in relation to links between housing and adult social care.

52 Integrated Care System relationships could be further developed, for example to further engage GPs in localities. While this not unique to Milton Keynes, building on the strong work that has already seen social workers co-located within PCNs could give opportunities for strengths-based and highly localised work in the context of different places, and the different strengths and challenges faced by local communities, informed by co-production wherever possible.

It was brought to the attention of the peer challenge that some key strategies were out of date by many years, specifically the Joint Strategic Needs Assessment was dated 2017. Since the peer team visit, we have been told that the new JSNA will be published in August 2023 as indicated in paragraph 30. It is worth considering the possibility that CQC, when they begin their desktop research in April, will look at are the strategies and contextual information, such as the JSNA, published on the council website. It would be worth auditing what is published on the website to make sure there is confidence in its current content.

53 Grow your own commitment for social workers with the intention of running a similar programme for Occupational Therapists. Some staff shared they feel valued and have access to focused training for their roles, and this could be expanded further. Since the peer team visit, we have been informed that MKCC are delivering the same initiative for OTs, and work on this is now in progress.

Immediate next steps

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

As part of the peer challenge process, there is an offer of further activity to support this. The LGA is well placed to provide additional support, advice and guidance on a number of the areas for development and improvement and we would be happy to discuss this. **Rachel Litherland, LGA Principal Adviser** is the main contact between your authority and the Local Government Association. Her contact details are email: rachel.litherland@local.gov.uk, Telephone: 07795 076834. There is also **Claire Bruin, Care and Health Improvement Adviser** who can be contacted at email: claire.bruin@local.gov.uk or Tel: 07584 272635.

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

Contact details

For more information about the Adult Social Care Preparation for Assurance Peer Challenge at Milton Keynes City Council please contact:

> **Venita Kanwar**
> LGA Associate
> Email: venita.kanwar@outlook.com
> Tel 07865 999 508
>
>
> **Marcus Coulson**
> Senior Regional Advisor
> **Local Government Association**
> Email: marcus.coulson@local.gov.uk
> Tel: 07766 252 853

For more information on the peer challenges and the work of the Local Government Association please see our website: Council improvement and peer support | Local Government Association