directors of adass
adult social services
Yorkshire & Humberside

Preparation for Assurance

Peer Challenge Report

Hull City Council

November 2024

Final Report

Contents

Background

Hull City Council requested an Adult Social Care Preparation for Assurance Peer Challenge as part of the ADASS Yorkshire and Humber Sector Led Improvement programme. The work was commissioned by Tracy Meyerhoff, Director of Adult Social Services (DASS) The DASS was seeking an independent perspective on whether the draft self-assessment showed good self-awareness and how well Hull City Council is delivering strength based adult social care services for its residents.

Hull's Operating Model, which has been in place since 2017, was introduced to support demand management and developed with external consultants, based on three principles of

- Help to help yourself
- Help when you need it and
- Help to live your life.

Council elections take place 3 years in every four, and in 2022 the Liberal Democrats took a majority leadership and have since held the position as leaders of the council

Hull City Council had a Local Government Association Corporate Peer Challenge in September 2024, the report from which is still to be published

Under the current corporate structure, the DASS reports to the Director of Public Health however in practice the DASS does meet regularly with Chief Executive. The DASS attends Corporate Management Team meetings but role is a non-Exec position.

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A peer challenge is designed to help an authority and its partners assess current achievements, areas for development and capacity to change. Peer challenges are improvement focused and are not an inspection. The peer team used their experience and knowledge of local government and Adult Social Care to reflect on the information presented to them by people they met, and material that they read.

As Preparation for Assurance Peer Challenge teams typically spend three days onsite conducting the challenge, this process should be seen as a snapshot of the client department's work rather than being totally comprehensive.

All information was collected on a non-attributable basis to promote an open and honest dialogue and findings were arrived at after triangulating the evidence presented.

The members of the peer challenge team were:

- **Wendy Lowder** - Lead Peer, Executive Place Director and DASS Barnsley Council and South Yorkshire ICB
- **Cllr John Lawson**, Lib Dem Leader and ASC spokesperson, Kirklees Metropolitan Council
- **Shona McFarlane,** Deputy Director Leeds City Council
- **Jo Johnson,** Assistant Director, North Lincolnshire Council
- **Tony Middleton**, Service Manager, Sheffield City Council
- **Lisa Gannon**, Principal OT, Bradford Council (for case audit)
- **Kathy Clark**, Peer Challenge Manager, ADASS Associate

The team were in Hull for three days between 20th – 22nd November. Two of the team spent a day in Hull to undertake a case audit prior to the on-site visit.

In arriving at their findings, the peer team:

- Held interviews and discussions with councillors, officers, partners, people with lived experience, carers and staff, both managers and practitioners.
- Read a range of documents provided by Hull Council, including a self-assessment with supporting documentation, and completed a case file audit of 16 cases.

Specifically, the peer team's work was focused on the Care Quality Commission

(CQC) framework four assurance themes, with particular focus on Themes 1, 2 and 4.

Care Quality Commission Assurance themes	
Theme 1: Working with people. This theme covers:	**Theme 2: Providing support.** This theme covers:
• Assessing needs • Planning and reviewing care • Arrangements for direct payments and charging • Supporting people to live healthier lives • Prevention • Wellbeing • Information and advice • Understanding and removing inequalities in care and support • People's experiences and outcomes from care.	• Market shaping • Commissioning • Workforce capacity and capability • Integration • Partnership working.
Theme 3: How the local authority ensures safety within the system. This theme covers:	**Theme 4: Leadership** This theme covers:
• Section 42 safeguarding enquiries • Reviews • Safe systems • Continuity of care.	• Strategic planning • Learning • Improvement • Innovation • Governance • Management

	• Sustainability.

Tracy Meyerhoff asked the peer team to reflect on the following areas and as a result it was agreed the Challenge would concentrate on Themes 1, 2 and 4:

- Whether the current operating model supports best practice and a preventative approach
- How far the community offers from other council directorate (for example housing, leisure and wellbeing) are supporting prevention and equity of access for people who might need ASC support
- Observations on the opportunities to keep a strong focus on ASC, through the strategic leadership of Place.

The peer team were given access to more than 40 documents including a self-assessment. Throughout the peer challenge the team had 29 meetings with over 150 different people. The peer challenge team spent over 270 hours, with Hull City Council and its documentation, the equivalent of 36 working days.

Initial feedback was presented to the Council on the last day of the peer challenge and gave an overview of the key messages. This report builds on the presentation and gives a more detailed account of the findings of the peer team.

Key Messages

There are a number of observations and suggestions within the main section of the report. The following are the peer team's key messages to the council:

Operating model

Hull has a good approach to prevention and early intervention at Front Door, with evidence of impact.

The values and intentions around strength-based working are understood across the staff groups, and partners.

There is potential to encourage more asset-based approaches in responding to needs. Supporting staff to better describe outcomes and impact will support you in your preparedness for CQC inspection.

Whole council contributions to support prevention and equity of access

Delivery timescales for the council and Adult Social Care digital strategy could be more clearly articulated to help you develop technology options as part of your offer, and address some of the challenges with your current systems.

Housing is an enabler for better lives for residents. There is already some good collaboration, but also potential for more.

The peer team heard little about collaborative work with leisure and communities, beyond the Carers Card, which allows discounts for carers. It is likely there is more that could be done to support a community asset-based offer.

Opportunities for ASC focus through the strategic leadership of Place

The development of Community Plan, and a move to a Mayoral Combined Authority presents potential to develop housing, skills, economic regeneration to improve outcomes for Hull residents, and reduce reliance on social care.

The voluntary sector is keen to work with you and there is work at Place level which could help with growing and promoting community assets, and with co-production

opportunities.

The ambition to be a Trauma Informed City is very positive, but leadership and links to practice development could be stronger.

The heart of Hull

The pride and passion about working for Hull was evident in your staff, partners and Councillors. We heard this from people who are new to working in Hull and people who have been with you for a long time. This is evident in close working across teams, approachable leadership and a sense of energy and positivity.

Your self-assessment

Your self-assessment looks well produced, but it would be more powerful if you can focus CQC on key strengths that you really want them to know about and be able to explain why they are strengths (and areas for development).

- Use and link the data more closely to back up your identified areas of strength or development
- Indicate what you think are the outcome measures and include some thumbnails or stories to illustrate the outcome you describe
- Develop a narrative about how you have used feedback from people with lived experience and what you have done differently as a result
- Feedback from staff and partners can also be some of the evidence that you site to back up the areas you focus on as strengths or developments

Think about developing storyboards, possibly capture good examples of case stories in reflective practice sessions. These can include examples of excellent practice and of how practitioners and the system have learned and responded to challenging issues or things that do not go right first time.

Theme 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

Assessing needs

Staff and managers confirm assessments are undertaken in a person centred, strengths - based way, with several references to seeking least restrictive options – we were told this by frontline staff and by managers who say they see evidence when they review recording and in supervision. This was confirmed by the peer team case audit.

The peer team heard about multi-disciplinary and multi-agency approaches at many parts of the pathway – including See and Solve, with mental health and substance abuse workers able to connect people to the right support. The Complex Needs Team works closely with health partners to ensure a holistic assessment of need and Active Recovery works closely with the Supporting Independence Team to assess and flex support.

The peer team heard that practice surgeries and forums are seen as providing creative challenge and suggestions. Whilst these forums look at managing costs, they do so through a lens of 'least restrictive options', and practitioners told the Peer Team that they find the forums helpful in supporting creative thinking around meeting needs. Approved Mental Health Practitioners (AMHPs) and mental health staff also spoke with enthusiasm about the practice forums and social work support they now receive through the Head of Service and Principal Mental Health Social worker, which enables them to keep a focus on strength based and least restrictive options for people and to influence practice in the multi-disciplinary teams.

The team heard there are low or no waiting lists in some teams, for example Sensory Team, See and Solve, and Safeguarding. Where there are waiting lists, for example

in Locality Teams and DoLS, practitioners and managers were able to describe the ways these are risk managed.

Hull has a new Practice Audit process, introduced at the end of September, so while there is limited learning to date, the approach includes very positive elements which should help understanding of the quality of practice, by talking to practitioners and the person supported. The team heard of ways Hull is closing the loop on other learning and so are optimistic you will be able to evidence themes and any action from the practice audits when CQC assess.

The team heard of a strong prevention and early help offer with good links to other agencies, and with evidence of good impact. The data suggests that you are finding alternative options through your front door signposting and prevention offer, with lower numbers (17%) coming through for a Care Act Assessment. Community hubs, customer service links to a health centre and outreach to church and community groups were described by staff as proactive ways to reach people and link them to support.

After the on-site visit to Hull, the peer team were able to see a draft Mystery Shopping report on accessing information and advice, undertaken for ADASS Yorkshire and Humber. As the report was not available to be taken into account during the Challenge, the peer team would suggest the council consider the findings from the mystery shopping once the final report is available.

Supporting people to live healthier lives

The enablement services in Hull are helping people regain independence and control over their lives. The model has a strong inclusion of social work offered as an intervention in Active Recovery offer and Active Recovery works closely with the Supporting Independence Team offering care in the home. It was good to hear that Active Recovery works with all customer groups, does not require Care Act eligibility to access support and is able to respond to community as well as hospital discharge demand. The peer team heard about good outcomes, with over 70% not requiring

support longer term. It would be good to develop some 'storyboards' to demonstrate how this has worked for people and the outcomes it has achieved for them.

The team were told that opportunities for enablement are considered for people who already have long term support and a pilot to locate social workers with the Assistive Technology service, to increase the use of assistive technology, and to reduce intrusive or restrictive levels of care.

The team heard about good access to sensory impairment support and rehabilitation, with a clear focus on independence and enabling quality of life. Data on referral sources helping to guide links with key settings, such as the deaf Centre, hearing clinics and the eye hospital. Waiting times for assessments are low and waiting time for rehabilitation has reduced to 2 months and Direct Payments (DPs) are often used for longer term support. There may be some good case stories to support the evidence here.

The Hospital team was described as flexible and strong, leading to effective hospital discharge arrangements. The team heard from several groups the pride about timeliness of discharges exceeding the hospital targets. Developing a narrative, with some strong case stories will help Hull City Council illustrate the outcomes for individuals, as well as the system impact of the team's work.

Social prescribing and information and advice services are thought by staff to work well and to support people maintain independence and reduce or delay the need for more formal support. The data on conversions to Care Assessments supports this.

Equity in experience and outcomes

The team heard a widespread recognition that the population in Hull is changing and that Equality impact assessments are required for any decision.

Hull has been Increasing outreach in the front door and prevention offer. This has been informed by research by academics from the Curiosity Partnership, and in response to identified clusters of referrals. This may currently be more reactive than proactive at present but it demonstrates Hulls' determination to act on information,

and suggests that work under way by the PSW, with whom the team was not able to meet, to identify gaps in respect of which communities or groups of people are not accessing advice, information and support will provide a stronger evidence base for CQC regarding your approach to equity in experience.

Working in partnership with and commissioning a user led charity to support people to employ Personal Assistants (PA's) has developed an empowering offer to disabled people to make best use of Direct Payments.

Hull's service for people with sensory needs reduces exclusion often experienced by people with hearing and sight loss. Many councils are not able to secure support for those who are deaf and blind, but Hull's strong sensory service includes this resource.

The team were told by several groups that the Interpreting service is responsive.

Considerations

Assessing needs

The team heard that Hull is currently undertaking a low number of annual reviews. This is not clear in your self-assessment, although it was clear that The Council is aware of the issue. This may be something CQC explores. It was explained by the growing number of post hospital discharge reviews and unplanned reassessments that have been needed. However, this is a missed opportunity to consider alternative options in support plans, so that resources are targeted and supporting your strategy. The team heard there is a pilot with internal provider services to develop a trusted reviewer model. The team are aware this has been a successful approach with external providers elsewhere and would encourage Hull to consider applying any learning from the pilot to a wider range of providers.

Some support plans still seem to be more service based than outcome focussed – with requests to brokerage still specifying time or task and Direct Payments being based on the number of Personal Assistant hours proposed. We heard several groups talk about need to secure more options for "placements". The case audit also

indicated this based on some of the sample of records considered. Within the region, Bryony Shannon's work in Doncaster is a strong reminder of the importance of language in shifting culture and practice, however it is recognised that Hull are proactively developing in this area as participants of both the Gloriously Ordinary Language project, and Social Care Futures community of practice.

In particular the team felt that locality and specialist teams would benefit from continuing to focus on prevention and harnessing asset-based solutions.

The offer at the Front Door is good, but the peer team suggests there could be opportunities to consolidate this and extend the involvement of, for example, health partners and housing colleagues to provide an even more holistic response to early intervention. Adult Social Care staff are keen to respond directly to calls, to resolve at first contact, rather than a hand off between the contact centre and Adult Social Care.

The team heard in more than one group that the finance information provided to people, and letters on charging and DPs could be easier to understand. Some social workers seem to find it hard to follow some of the information provided and one carer commented that a request for an easier to understand version was not met.

The small number of carers we saw felt they are unheard and unseen by Council and other agencies. This is not uncommon, particularly where carers at the same time say they value the support from a carers centre, as they were saying to the peer team. This may be because they do not know the council funds the carers resource centres. Or it may be that they feel unhappy with the support offered to the person they care for. The small case audit suggested that carers views are included in the assessments of those they care for, and occasionally may be more evidence than the views of the person being assessed for support. Although Hull has a strong partnership board with carers you may want to consider how to understand a wider range of carers' views, and to continue to develop the partnership board. given that CQC will want to talk to a number of carers.

Supporting people to live healthier lives

The self-assessment indicated the need to address shortages in the OT service, and the team heard reflections about challenges with access to aids and adaptations and that there is some duplication around hospital discharge processes. Hull is taking some positive and innovative steps to address recruitment and retention for OTs. The team would suggest there may be an opportunity to take a more holistic and system wide approach, with health partners. The team also heard the self-assessment functionality for aids and adaptations was lost with the change to a new website, and so restoring this would help to manage demand.

The team heard some views from staff that See and Solve could be even better by developing stronger links to housing and police and by widening access to NHS and health improvement information.

Equity in experience and outcomes

Working on digital exclusion in relation to both access and skills, would open up assistive technology options to more people. Whilst there are a number of initiatives under way, the Team felt that the Adult Social Care strategy, and council strategy on digital access and development could be clearer and more joined up which will help to reduce barriers to some parts of the community struggling to access the benefits of technology.

Work on cultural competence is in early stages in the directorate, but will be important given the growing small diverse communities, The team heard positive use of interpreting services, but if Hull is to be able to continue a strength and asset based offer to all sections of the community, staff will need to think beyond language barriers and develop a stronger understanding of both the cultural needs and the assets and strengths of the different communities in the city.

The team was pleased to hear about work the Principal Social Worker (PSW) is starting, to develop a deeper understanding of the population and who the council might not be connecting with. Alongside this, the team would recommend you review

your staff EDI profile and consider the creation of an overarching Equality, Diversity and Inclusion Strategy to better formalise and articulate how EDI is considered at a strategic level.

Case File Audit Findings

16 case records were reviewed, from the categories currently used by CQC for case tracking.

- Older people
- Young people who have transitioned to adult services
- People recently out of hospital and receiving care
- People with learning disabilities and autistic people
- People with mental health needs or substance misuse
- People with physical disabilities or long-term conditions
- Unpaid carers
- People who have been referred to safeguarding

Strengths

- Good quality recording, Good details in histories. Easy to read and follow
- Good level of legal literacy Mental Capacity Act considerations were set out well even when capacity assumed
- Outcomes are set clearly as goals, which are person centred
- Progress is clearly being tracked on outcomes
- Evidence of positive outcomes being achieved
- Care Act eligibility well established and described and support has been offered to people who are self-funding,

Considerations

- The team feels there is more to go at in the use of digital or telecare as part of a plan

- Reviews – there is a risk that when undertaken, it is a review of existing services rather that relook at the individual's aspirations. There may be scope for a more fundamental reassessment when needs change
- While it is clear that there is a person-centred approach there is further to go in developing a more strengths and asset-based approach including use of wider support such as VCS
- A focus on promoting independence would have benefited in some situations
- While recording is clear, it is not always easy to hear the person's voice The I statements on the drop down box, may contribute to losing a sense of person centredness at that stage
- Can see a focus on immediate risks, focussing on anticipating risks is less evident
- In one case a family member was used as an interpreter, both in urgent and planned situation, which is not ideal.

Theme 2: Providing Support

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

Strengths

Care provision, integration and continuity

The peer team heard of some very valued services, including Jean Bishop Centre, Carers Information and Support Service, Choices and Rights, Shared Lives, Dementia Care Mappers. Celebrate and set out what these services are achieving in terms of peoples lived experience, greater independence and choice and control. Develop the evidence with examples of the difference they are making to peoples' lives and influencing the system. Just some of the examples the team heard included the Dementia Mappers work to prevent placement failure and develop cultural awareness, and CISS social offers, such as the book club and allotment club.

The peer team heard of some integrated prevention and early intervention offers including work with housing, through which social workers are supporting with issues such as debt prevention. If you can quantify the impact of any of this, it would be excellent evidence for CQC.

The team observed confident commissioners and good links between commissioner, brokers and quality teams, which is helping to develop a clear understanding of the market. Commissioning plans are being developed with partnership boards and people with lived experience, and using data led intelligence. to understand gaps in the market. The peer team heard that joint work with children's commissioners is strong, with some examples of how this has supported forward planning for people, and there is pride in the team at the direction of travel, with increasing focus on supported living, day opportunities and housing.

We heard that providers have responded positively to the new quality Framework. Evidence of the impact of the new framework with improved quality within services,

ideally through CQC ratings would be helpful, although this may be more difficult as CQC inspections and re-inspections are delayed for providers previously judged as requiring improvement.

Partnerships and communities

Representatives from the voluntary sector spoke positively to Peers about the relationships which are developing with the council – enabling collaboration on new initiatives such as the carers card, Churches Charity, hospital discharge. The work at Place and ICB level on strengthening and working with the voluntary sector is an opportunity to increase and develop these collaborations.

Hull's Carers and Learning Disability (LD) partnership boards were considered to be well developed and working with stronger influence from the voices of People with Lived experience at the heart. The LD Board is co-chaired by a person with lived experience.

The peer team heard about growing collaborations with a range of both internal and external partners, for example, Housing and Children's directorates within the council and externally, the Curiosity Partnership. These collaborations are enriching work around engagement, commissioning plans and service development, addressing wider needs of Hull residents and reducing he need for formal social care support.

The team heard consistent messages that partners and people with lived experience are keen to continue to collaborate to support the people of Hull, and to help the Council achieve the vision of 'a life, not a service'. with for example opportunities to continue to co-design work on integrated neighbourhood teams

The team heard of an improving relationship with Humber Trust, reflected in professional leadership and structure for AMHPs and a stronger focus on the value that social care brings to an integrated service around strength based, person centred and human rights-based working. It was clear this has not always been the case, and there are still some tensions over the competing pressures for social workers in mental health teams.

The integrated neighbourhood pilot is seen as positive, with social workers linking to GP practices to provide an earlier and more co-ordinated response to people with more complex needs.

The team heard in several meetings about positive operational relationships between ASC and community and acute health partners.

Commissioners were able to talk about examples of engagement and co-production in service development. Keep reflecting on and sharing what has been done differently as a result of the engagement and co-production, for example the carers cards and carers champions' network.

Considerations

Care provision, integration and continuity

The team agree with your self-assessment, that there is work to do to make sure Hull is making the most of Direct Payments (DPs). The team heard of ideas and opportunities to support Personal Assistants (PAs) and PA employers over access to Training (a PA Passport) DBS check and Blue Light scheme. The team also heard about some complicated processes to arrange and monitor usage of DPs and then not yet being routinely offered as part of support planning.

The team wondered if Hull's delegation scheme and decision-making arrangements might need review. They heard that some commissioning decisions can take a long time to reach agreement, with many points of decision making, and that this may have put some innovative commissioning and individual support options at risk. For example securing a property for supported living being lost, leading to more expensive residential placements, with poorer outcomes for the individual.

The team picked up from more than one conversation that support plans often default to residential and traditional services. There is evidence that alternative options are being developed and the performance report suggests Hull is reducing the number of care home admissions for over 65's, but since 2019 admission rates have been higher than the English average.

Whilst there has clearly been some good progress with improving relationships, there are still tensions between health and social care objectives and medical and social model in joint work health and social care – this was heard in conversations about hospital discharges and the work with Community Mental Health Teams.

The team heard very little about support for people to gain to employment and this is reflected in a low ASCOF indicator. This may be an area where you could look to work more with Hull's Executive Leadership team and at a Combined Mayoral Authority level, to link in with regeneration, skills and employment initiatives.

Not all providers and some of the frontline staff and managers felt they were clear Hull's market shaping priorities.

The peer team heard that the operating model only offers named workers for people in specialist teams – which some staff felt impacts on continuity for the people they work with. Carers commented that it helps if they have a consistent and named worker to relate to, which may be something Hull would wish to consider.

Partnerships and communities

The peer team suggests there are opportunities to work more collegiately to address common issues across Partnership Boards (eg housing, transport)– and develop a more joined up approach across the Boards to engagement. The team heard from members of different Boards and upon reflection felt there were common concerns which could with more collaboration across the boards create a stronger voice for change. The Older Peoples' Partnership group in particular felt less developed and were keen to grow into a model that more closely resembles the carers and people with learning disability boards ways of working

The team heard and agreed there may be opportunities to develop Integrated Neighbourhood Teams further, with deeper design thinking beyond health and social care.

The peer team heard from some partnership board members and some providers

that they are not always sure who to contact about issues. There appear to be a number of teams in the commissioning arena, and the team questioned whether there is any opportunity to streamline the way teams are working to remove potential duplication of roles and strengthen and clarify relationships.

Theme 3: Ensuring Safety

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

Strengths

Safe systems, pathways and transitions

Hull's data indicates the numbers waiting for assessment and support have been reducing, and the peer team heard that frontline staff and managers have confidence that those who are waiting are risk assessed and supported while they wait. Some teams have very low or no waiting lists.

The team heard that information on children preparing for adulthood is shared and plans are tracked from age14, with more active ASC involvement usually from age 17.

The team also heard some good case examples of short-term support (through DPs) ending because young people gain confidence and independence and no longer need support.

Data shows good performance on timely hospital discharges, exceeding Trust targets. In addition, funding protocols seem to be supporting joint planning with health, with the team hearing that there are relatively few funding disputes, which could delay or prevent a smooth transfer from hospital. The Transforming Care programme has been successful in reducing the number of people in long term hospital settings.

Safeguarding

When staff and partners talked about safeguarding activity, peers felt they had confidence in Safeguarding Team, with advice available to Locality Teams if they were undertaking safeguarding work. The team heard about a 'MASH type' model – supporting multi agency working.

Legal support provided by the Council's legal section is clearly helping to challenge,

review and shape good practice in recording and in ensuring the council considers best interests, and least restrictive options when assessing the need for Community DoLs applications.

The team heard about good relationships regarding broader safeguarding approaches, including links in to community safety.

Considerations

Safe systems, pathways and transitions

The team heard that while planning is usually good for children with disabilities or EHCPs, the response to transitions for Children in Care and those with lower-level needs could be more timely. The pathways for information sharing and planning or these young people may be different to those with special educational needs and so it may be useful to look at those pathways to learn from the good approaches already in place for those with more complex needs.

Staff commented on the internal Liquidlogic referral process, which potentially disrupts a smooth pathway. The team heard that internal requests between teams require new contact forms, as well as some data and forms having to be held outside of LiiquidLogic, which staff reported can delay or complicate a holistic response to some people.

Safeguarding

Some of the providers the team met with suggested they do not always receive feedback on concerns that they had raised. This may reduce opportunities to share learning and development on thresholds and decision making around concerns and enquiries.

The team heard that better clarity about relationship and processes between the Mental Health Trust and Safeguarding would be helpful. Staff felt that the need to enter records on two systems, health and council, could lead to key information being

missed, and the duplication of work could lead to delays. The team also picked up that requests from the safeguarding team to mental health teams are not always well understood, and so there may be work needed to ensure roles and expectations are understood.

The team heard a view that police relationships with safeguarding operational work are less clear now that police officers work in the Vulnerability Unit and there is no named officer to link to the MASH. The Police were not amongst the partners that the Peer Team met with, so their perspective was not heard, but this might be an issue that the council invites the Safeguarding Adults Board to consider.

Theme 4: Leadership

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

Strengths

Governance, management and sustainability

Teams, managers and senior leaders all seen as supportive, both in day to day working and in difficult circumstances. The team heard how everyone stepped up to ensure a resilient approach to the funeral home events. Beyond this the team observes passion and commitment to Hull in all the sessions. Staff feel listened to, the Director and senior team are visible and approachable, and staff and partners recognise there is a culture of openness and honesty and trust.

Cross party understanding of the challenges in Hull with Director level briefings supporting this. The peer team heard a positive regard of Adult Social Care from Members. The directorate is valued and seen as responsive by Members. Member engagement with partnership boards is welcomed.

The peer team thought it is possible to see golden thread between Community Plan and emerging Adult Social Care strategy, with an energy generated by the current co-production of the Adult Social Care plan. Partners can see social care operating in a broader way that just a Care Act focus, and internal relationships are strengthening to develop a Team Hull approach. The team heard in more than one conversation that the human focus of the Adult Social Care plan, with the inclusion of 'love' as an aspiration for residents, and the move away from a paternalistic approach together have been welcomed. "Heart is at the centre of everything".

Performance assurance is developing well, and Hull is using data to support Adult Social Care to be intelligence led, bringing together activity, finance and quality. This is being used in commissioning and in planning outreach venues. Risk is addressed systematically and is embedded in each improvement project.

Staff feel engaged and excited about the future for ASC. The Annual conversation sounded like a great way to bring people with lived experience and staff together. The work on the new Strategy is seen as “brilliant”.

Learning, improvement and innovation

It was clear to the peer team during the challenge that Hull ‘grows’ it own, particularly in Adult Social Care. The team heard about investment in development and training, from apprenticeships through to leadership development opportunities. Staff celebrations and the Carers Champs awards have been well received. People felt supported within their role and were offered opportunities to develop.

Given this, the peer team were pleased also to see evidence that Hull also looks outward and wants to learn from, and with, others. There are examples of professional leads helping to shape academic teaching and of work with academic institutions, through the Curiosity Partnership to use research techniques and findings to shape plans for change and improvement. Work with Health Watch, your partnership Board and the Hull Peoples Panel all show you are listening to wider views.

There is a clearly articulated improvement programme, shaped by an understanding of what is telling you about areas for improvement (for example, reviews. Direct Payments and commissioning for complex needs and prevention) and with distributed leadership for delivery and with consideration for capacity and resources. There is evidence of some projects are already delivering and a confidence that others are on track. The team was told there is oversight through corporate programmes to support delivery on priorities and to offer an independent view on progress

Capacity and capability for business intelligence is developing, with examples being shared such as the analysis of complaints and compliments and identifying gaps in the market.

The team heard examples of where the ‘learning loop’ is closed, in that the themes for improvement identified from Quality Assurance work informs practice discussions and learning plans. The Peer Team heard about the LGBT, disability, carers and neuro diversity work group networks for staff which was positive, with work on reverse coaching, mentoring and meeting with people with protected characteristics underway to ensure all staff are represented, with an Equalities Lead post being created

Considerations

Governance, management and sustainability

As the performance framework develops the peer team recommend you ensure there is a golden thread between the Community Plan and ASC performance frameworks. This will maximise the opportunity to connect strategic priorities and create a holistic understanding of progress.

To support the Community Plan delivery, and to continue to support the importance of Adult Social Care it would be helpful to strengthen the identity and leadership of the Director of Adult Social Care. The current structure has not stopped influence of social care at council and Place level, but this relies on personal commitments at senior leadership level to include Adult Social Care outside of formal reporting and executive team arrangements.

At a Place level the team suggests there is more that could be done to clarify leadership around developing Hull as a Trauma Informed City. There is clearly work underway in various places, but it was not clear how the work is joined up, and in several conversations the team heard that staff were unclear who was leading on plans at Place level.

With the ongoing development of the performance framework there may be an opportunity to share quarterly reports with Scrutiny, to give them greater oversight beyond the task and finish approach being used to challenge currently.

Hull Council has an impressive digital team, but clarity and communication about the

direction of travel, priorities and scope in respect of the digital strategy would be helpful. We heard of a number of issues with system functionality and interoperability which impacts on efficiency. This includes the reintroduction of self-assessment online, changes to Liquidlogic, and seeking options to improve information sharing for staff working across health and social care.

In preparation for CQC, training and mentoring for Members and officers could be considered with Members and Corporate Strategy Team

Given the information included under Theme 2, the peer team suggest that Hull considers decision making processes to check that they are as agile as possible and delegation schemes support this.

Learning, improvement and innovation

Based on some of your areas for improvement the team suggest there may be opportunities to harness wider council and Place leadership to support the ASC objectives, for example, tackling approach to inclusive employment, which links to Place based work on recruitment, skills and economic activity. Housing strategy and digital development are two other areas where Place based action could support adult social care challenges

The team heard that Hull Adult Social Care is making progress with delivery of the improvement plan, and were impressed by the structured approach, and oversight. Your plans are ambitious and there are savings plans also to be delivered. The team wondered if Hull has prioritised the improvement programme sufficiently to deliver your strategic objectives and deliver financial sustainability together.

The team felt there is an opportunity to ensure you have a coherent EDI strategy that pulls together the many initiatives, under way and planned, together in one place. Diverse by Design could help ensure your workforce strategy address EDI considerations for your workforce

But finally - Keep celebrating what you do well!

Contact Details

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