
London Borough Barking & Dagenham Peer Review 7 – 9 October 2014

Review Team

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‘Light Touch’ Peer Review

It is inevitable, with this volume of information and a relatively short time to process it, that there may be subtleties missed along the way. For this reason, the peer review is light on absolute ‘judgments’ about the quality of services; the report is provided in the spirit of self-directed improvement, and offers areas where the review team feel that Barking & Dagenham could profitably reflect in order to identify how services could improve, alongside identification of good practice.

We have only included our themes and thoughts based on triangulated information.

This Review is the first one which has involved a service user in the process.

London ADASS has been keen to involve service users in the Sector Led Improvement work for some time.

Katy has been the pioneer and has played a full and valued role in the process. There has been masses of learning for the team through working with Katy this week and I am sure this will help the Peer Review process to develop.

Review Scope

- How effective has the strategic stock-take been in shaping the care and support “market” to meet and sustain the needs of a personalised service?
- Are current and potential providers engaged and signed up to the strategic direction of travel and equipped or equipping themselves to meet current and future demand and need?
- Has its strategic vision been well communicated to seek ownership by service users and carers and the wider public and are they fully aware of the shape of services and supports available?
- Are support planners still promoting creative, flexible support packages which enable users and carers to have individualised choices?
- Do personal budgets truly deliver a personalised service and how is quality assured within the process?

Katy's views on Barking & Dagenham

What Works Well

- Micro Providers work well with community catalysts. They do some good things.
- Heathlands is a good place – they employ people with learning disabilities and set up new activities for people. They seem to work well with staff in the community team.
- People that I met said their Personal Budgets are working really well – some had PAs that they chose themselves.
- The Ripple Centre is a good place for people to go and see their friends.

Things to think about

- The website is not very easy to use. Maybe some service users could work on the website and add information. This might be a paid job.
- People need more help to find a paid job.
- Think about some ways of people having their own staff, without becoming an employer.

Things to think about

- More information needs to go straight to the people using services.
- Think about ways to help service users have a say about services and where they live.
- When the Personal Budget is being set up, families could have more of a say.
- The Council should try to listen more to people using services.

Our Findings & Reflections

PA Model

What Works Well

- Significant shift to PA Model of delivery
- Culture change/standard way of doing it
- Accreditation of large numbers of PA's, also flexible about source of PAs
- PA's feedback very positive

What Works Well

- Found examples of positive feedback from Users: “I was overwhelmed at first, couldn’t believe what I could get”
- Comprehensive training package for PA’s
- PA’s dynamic and entrepreneurial

Areas for Consideration

- PA's don't guarantee personalisation
- Employer status may not be well understood
- Opportunity to use PA model for Personal Health Budget's and NHS Continuing Health Care

Areas for Consideration

- Strategic review of PA market:
 - Role of Market Development team
 - LBBB approach towards PA collective, opportunity and risk?
 - Facilitating PA's from local organisations eg faith groups
- Output would be refresh of Strategy for PA's 2015/16

User Voice & Co-Production

What Works Well

- Commitment to user choice
- Evidence of some user engagement
- Signed up to Making it Real
- Practice focus on asset based approaches
- Integrated model is strong foundation to building support around people

Areas for Consideration

- How people are involved in shaping ASC in Barking & Dagenham
- Consider co-production approach to commissioning, to help build and design services for local people.
- Develop stronger Person Centred support planning approaches.
- How do people lacking capacity influence and benefit from co-production and service design?
- Cluster Managers keen to drive person centred approaches
- Is employment being considered enough in support planning

Market Management

What Works Well

- Work with Community Catalysts and investment in Micro-Providers
- Comprehensive Market Position Statement
- We found largely good relationships with providers
- Explicit link between local economic regeneration and the care market

What Works Well

- Strong and creative new market development team
- Openness to and encouragement of entrepreneurial and different approaches
- Strategic approach working its way into day to day commissioning eg Supporting People
- Cost aware

Areas for Consideration

- Market Development Team can be a strategic engine
- Need capacity and scope to get to grips with connectedness of the market
- Market Development team could take a lead of the PA Market and to outcome led approaches
- Promote Market Position Statement through Provider Forums

Areas for Consideration

- Micro Providers – what's their position in the market? Targeted or universal?
- Opportunity for bringing together performance and commissioning functions to build intelligence driven commissioning for all groups
- Refresh commissioning intentions
- Market Development team could build on relationships with others, like Housing, NHS commissioners

Complexity & Transitions

What Works Well

- Integrated GP Clusters gives strong basis for supporting individuals with complex needs
- Strong personalised work on substance misuse
- Heathlands offers good quality service
- New Transition Policy and approach
- Dynamic LD community
- Good examples of complex case support plans

Areas for Consideration

- Ensure Personalisation in transitions
- Develop stronger vision of Personalisation across all groups
- Extend good work on PA's and Personalisation to Mental Health
- Strengthen PA models for complex needs
- More capacity and variety of models for complex care

Areas for Consideration

- We didn't have enough time to fully understand how enablement and Rehab fitted together for Clusters or complex needs, does this need attention?
- Opportunity to involve family and carers in Support Planning more
- Needs analysis for complex care should inform Market Development eg transition numbers, Residential, Nursing etc

Thank you

Thank you to all staff, service users and providers who we met and were open and welcoming. Thanks also to the team at Barking & Dagenham with a special mention to Jolene and Arabjan for all their work and support.

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