

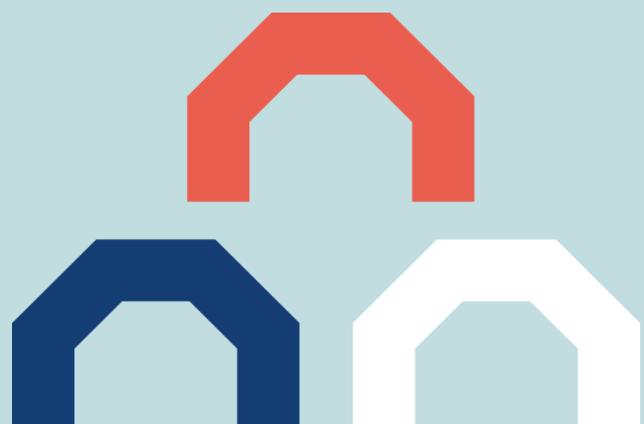
*Improving Together:
The Evaluation of the Peer Challenge Programme
for Adult Social Care in the West Midlands*

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Executive Summary

The peer challenge process for adult social care in the West Midlands is a major element of sector led improvement within the region. Co-ordinated by West Midlands Association of Directors of Adult Social Services (WM ADASS), review teams from other authorities in the region assess the planning and delivery of social care in the recipient authority. The review teams are led by a director of adult social services and include people with lived experience and elected members with responsibility for adult social care.

The peer challenge process involves an intensive three-day visit in which review teams meet with staff, people with lived experience and other stakeholders. A self-assessment is provided by the recipient authority along with an audit of their social work practice completed by external principal social workers. The recipient authority develops an action plan to respond to the recommendations of the peer challenge.

WM ADASS commissioned the University of Birmingham to undertake a mixed methods independent evaluation of peer challenges.

Value of WM peer challenge

Stakeholders reported that the peer challenge was very useful, an extremely good use of resources, and very effective in improving the quality of adult social care. It was seen as a better methodology for improvement than inspections or consultancy support. This was because the expertise and current knowledge of the review teams enabled them to consider not only the performance and processes of the recipient authorities but also their culture and leadership. Reviewers benefited from working closely with team members from a different background and learning about approaches taken by the recipient authority.

Process of WM peer challenge

The process was seen to provide a clear and effective framework. The practice review component provides important insights regarding the translation of strategic plans into frontline work. ADASS gave important oversight and coordination, and helped to secure the commitment of new Directors of Adult Social Services. The majority of recipient authorities were seen to be at least very well prepared. Reviewers in general felt extremely well prepared through the training and guidance. People with lived experience reported that they were uncertain about the boundaries of their contribution and if they had the necessary skills and experience.

Improvement of the WM peer challenge

Opportunities to strength peer challenge include: a more robust process to review progress with implementation of actions plans following the challenge; guidance regarding the role of reviewers with lived experience along with connected training for review teams as a whole; practice reviews incorporating occupational therapy; and the inclusion of a data specialist within the review team. Local authorities should also consider the potential of a similar process being used by the new integrated care systems with the NHS.

Introduction

Sector led improvement has been the main quality assurance process for local authorities in respect of their adult social care responsibilities since 2011. The Conservative led coalition government argued that a top-down framework was no longer affordable at a time of austerity but more importantly, greater weight should be placed on local accountability which was line with the overall localism agenda. The Local Government Association (LGA) was entrusted to develop this new approach for improving the performance of councils. Having a critical review from other authorities has become a central plank in this approach with the LGA stating that ‘we know that challenge from one’s peers is a proven tool for improvement’¹. According to the LGA, peer challenges promote self-awareness, improve confidence and increase external reputation of the council².

Within adult social care, a specific programme called Towards Excellence in Adult Social Care (TEASC) has been developed with the central aim to help councils improve their adult social care offer. Like LGA’s corporate peer challenges, TEASC also conduct their own peer challenges for adult social care through partnerships established at the regional level³. While the corporate peer challenge has a general focus towards improving councils, the TEASC as a programme has developed broader themes that are relevant within the adult social care context. Themes are both outward looking such as focusing on commissioning and market shaping and inward looking while focusing on vision and leadership and outcomes for people³. The peer review team also benefit as they tend to understand the work, strengths and challenges of other local authorities. However, there is little formal empirical evidence about the impact of such performance processes in local government including peer challenges⁴.

The West Midlands Directors of Adult Social Services (WM ADASS) developed their own version of the peer challenge process in 2015. Whilst recognising that the LGA process was sound, they decided that additional benefit could be derived from peers working within a single region due to greater opportunities for sharing learning and developing stronger networks. This could also be managed within the existing resources of the local authorities and therefore be more affordable. All local authorities in the region have participated as both recipients and reviewers. The current iteration involves a team of a lead Director of Adult Social Services (DaSS) accompanied by a senior elected member (usually the cabinet lead) from their local authority, two senior directors from other authorities, and one person with lived experience. The recipient authority undertakes a self-assessment from which they develop lines of enquiry to be explored. Alongside this a social work practice review involves two Principal Social Workers (PSWs) from other authorities meeting with frontline staff and undertaking an audit of case records. The peer challenge team visits for three days and meets with a sample of staff, providers, partners and people with lived experience of local services. Findings are initially presented to the recipient DaSS and senior managers with a Final Letter subsequently confirming the recommendations. Councils should share this with those who participated and relevant other stakeholders and make it accessible to the public.

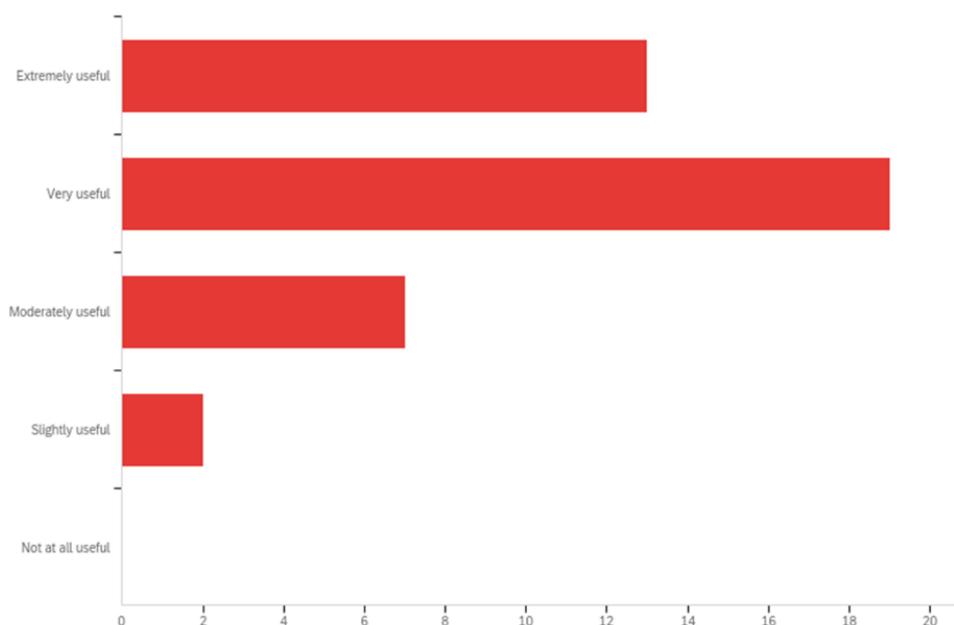
An action plan is then developed based on the recommendations. This is similar to the process recommended by the LGA but with the potential benefits of undertaking in a region and a focus on social work practice.

WM ADASS commissioned the University of Birmingham to undertake an independent evaluation of this peer challenge process in 2020/2021. Through interviews and survey (Appendix 1) this research has gained the views of social care stakeholders in the region regarding the relative benefits and limitations of this approach to sector-led improvement. Opportunities to further improve the process have been considered along with learning for the planned national review of social care assurance and quality improvement.

Value of WM Peer Challenge

The respondents viewed the peer challenge to be very useful (Diagram 1). Just under 50% of the respondents (19) viewed that the peer challenge was *very useful*, and 13 participants felt that it was *extremely useful* as a means to improve the quality of care within the receiving Council. Other indicators of its value were that the 21 respondents viewed the process as an *extremely good use* of resources. In addition, 18 respondents shared that the process was *very effective* in improving the quality of care in the long term, and an approach that they would be *extremely likely* (22 respondents) to recommend to colleagues working in a different region. Whilst other sources of improvement support were seen to have merit, overall the Peer Challenge was reported overall to be a better methodology for improvement than inspections and consultancy

Diagram 1: How useful do you think the Peer Challenge process was to improving the quality of care in the council reviewed?



Recipient authorities experienced the Peer Challenge as an opportunity to reflect both on their strategic plans for adult social care and the quality of their services (Box 1). In particular there was learning about assessment and care planning processes through the social work practice reviews. The Peer Challenge teams were described as having a rich and current knowledge of the context and challenges of social care. This was seen to provide relevance and legitimacy to their analysis and insights. It enabled reviewers to go beyond the headline reports to consider the culture of the organisation and raise important questions about the leadership and climate. The Challenge did not always provide new insights as such. It was though as helpful to have confirmation of issues that had been identified and to be given further insights as to the underlying causes and potential impacts.

Box 1: Benefits for recipient authorities

“It’s really important that you don’t just depend on an internal view of the services that you provide, that’s unhealthy.... to do that in a way that is structured and regularised because without that the genuine risk is that it just disappears into the regular and wider pressures.” (DaSS)

“They’re not just scratching the surface, they’re going in to look at what is the most important part of our function, it’s those conversations, those cases, that recording, that we’re keeping in respect of, you know the real-life people that we’re there to support.” (PSW)

“it’s a process that gives them realityit asked them to question themselves while being questioned by others, which is a good thing.” (Person with lived experience)

Reviewers also gained considerable value from participating (Box 2). The opportunity to have such access to another authority provided them with learning regarding an alternative approach to meeting challenges similar to those in their own locality. These in turn led to existing practice in their home authorities being reviewed. Elected members benefitted in particular from the opportunity to embed themselves within adult social care policy and practice and meet colleagues from other authorities. Principal Social Workers valued working with their peers in the practice reviews and observing how councils work at a senior strategic level. People with lived experience gained insights into how social care professionals and managers view their work and enjoyed the rigour and challenge of the process.

Box 2: Benefits for reviewers

“when my portfolio holder went up to participate...they came back and had a shopping list of three pages, what are we doing about this, what are we doing about that.” (DaSS)

“a brand-new politician may not have been through it so these trial runs help you to sharpen your game, because you know without practice you don’t become an expert. So, you do need to have these practice runs to enable you to be able to manage some of the bigger things.” (Elected member)

“it was an intellectual challenge, it was interesting, you know when you're somebody who spends your life caring, sometimes your brain starts turning to mush. It’s quite nice to have a chance to be just involved in something interesting and challenging.” (Person with lived experience)

The potential for wider regional learning for social care from the Peer Challenge of individual authorities was confirmed by half of respondents but less than half were confident that this learning has actually been shared in practice. The Principal Social Worker network provides a forum for sharing learning. However individual Peer Challenge reports are not always made public and there is a no single repository or periodic summary of regional learning. It was also suggested that the Peer Challenge process could usefully follow up with recipient authorities on progress with subsequent action plans. This could involve the original team to provide continuity with the original recommendations.

Process of WM Peer Challenge

The process for undertaking Peer Challenges that has been developed in the West Midlands is seen to be clearly laid out and provide an effective framework (Box 3). The practice review component has provided important additional data regarding the translation of strategic plans into frontline work. The regional ADASS branch was seen to provide important oversight and coordination, and helped to secure the commitment of new Directors of Adult Social Services. The majority of recipient authorities were seen to be *very or extremely well* prepared. Practical enablers of a successful review were local coordination, sufficient preparation time and administration support.

Box 3: The process of the Peer Challenge

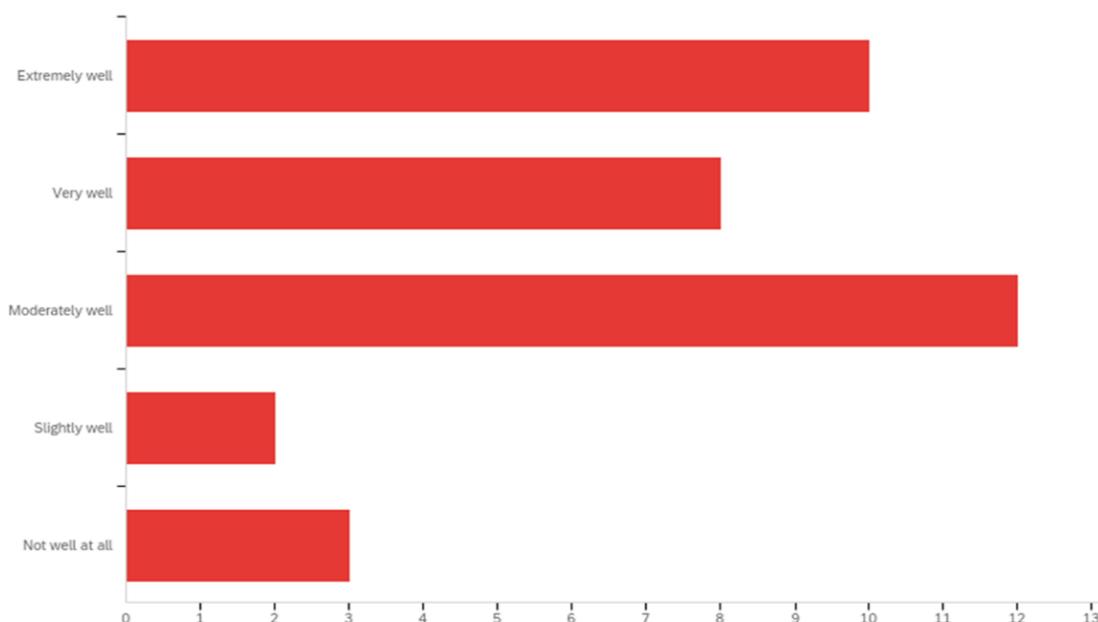
“one thing I think makes a huge difference is how the director has prepared the ground around and above them so what’s the use of the corporate team, the relationship with the chief executive and the relationship, not just with the portfolio holder but with the political dynamics.” (Dass)

“Over the years the Peer Challenge and Practice Reviews have gradually become part of the same process and merged more closely, which has been good...we’re triangulating what managers, senior managers and staff have told us against the practice that has been directly observed.” (PSW)

“It was really intensive and really quite stressful...I found them thoroughly interesting, exhausting, two and a half to three very long days. It’s a lot to take in and a lot to process and turn round.” (Elected member)

Reviewers described the experience as rewarding but intense, with a considerable amount of information to consider both prior and during the Challenge. In terms of preparedness, 9 respondents felt *extremely well prepared*, and 16 respondents felt *very well prepared* to participate. The training provided through WM ADASS and the lead for their Peer Challenge were central to this preparation. There were though concerns from reviewers with lived experience regarding their ability to participate (Box 4). These included uncertainty about what they should or should not comment on, the boundaries of their contribution, if they had the necessary skills and experience, and the extent to which others were accessible in their communication. Other participants underlined that people with lived experience enabled a less formal and therefore more open discussion with people who access social care services. There was also confirmation that the Peer Challenge process could make this involvement more meaningful (Diagram 2).

Diagram 2: *How meaningfully involved were people with lived experience?*



Box 4: *Involvement of people with lived experience*

“So I kept thinking ok it’s not the place here, it’s a bigger remit than our particular individual story and if I talk about it then it seems like I can’t think bigger than my story and then I’m not valued as part of the process, so you try not to do that but you also know that you’ve lived something that should be better and you’ve learned things from it” (Person with lived experience)

“I think some places get it right and a lot of places, I think the struggle is genuine involvement rather than you know and I think that’s the thing and I’d say on the whole with the peer challenge, that happened sometimes and sometimes it didn’t.” (Person with lived experience)

“when that individual was out and about and talking to people who were receiving care and support, it was a different conversation...there wasn’t a professional speaking, it wasn’t anywhere near as formal but also the feedback that they gave was very direct.” (DaSS)

The composition and dynamics of a review team were seen as essential to a successful review (Box 5). The inter-disciplinary discussions between the Director, Principal Social Worker, Elected Member and person with lived experience created helpful differences in their perspectives and in the questions they asked of the recipient authority. For the reviewers themselves, the opportunity to be part of the team provided much personal learning about the experience and strengths of those in other roles. The team leader was essential to creating an open, inclusive and trusting relationship between individual members of each Peer Challenge team. This was particularly important to facilitate the person with lived experience feeling confident in their contribution and valued by the other reviewers.

Box 5: *The review team*

“My impression in both processes was that my role within the group was equal to the other people, I mean in some ways, I was very pleasantly surprised by that because I got the impression that we were maybe regarded as light weights, but we weren’t, and our views and ideas were respected and listened to.” (Person with lived experience)

“if only a director and one or two others went in, you wouldn’t get the kind of range and depthputting some time in and the end of daytime is actually really important to ensure they are de-briefing properly” (DaSS)

“I can actually go back and say, well what does this mean, I don’t want to look daft in the interview but I didn’t quite get what that meant, and that sort of thing. But they were really supportive because you’ve got to recognise that your elected members are not necessarily experts in the subject area.” (Elected member)

Learning from WM Peer Challenge

1) *The value of sector-led improvement in adult social care*

The Peer Challenge process within the West Midlands is seen by stakeholders as making an important contribution to improving the quality of social care at both a strategic and practice level. Through engaging an external, informed and inter-disciplinary team of experts the recipient authority has a valuable opportunity to be constructively challenged on its intentions and implementation. Members of the Peer Challenge and Practice Review teams gain helpful insights which they share with their home authorities and develop networks with peers in other authorities. The voluntary and collegiate nature of the Peer Challenge process encourages participation and openness on behalf of the recipient authority. Many aspects would not be replicated through independent consultancies or formal inspection by central government. The current national review of local authority assurance should therefore ensure that it recognises the importance of such sector-led improvement processes. Further opportunities to strengthen the WM programme include strengthening comparative outcome, finance and activity data with other authorities in the region, a more robust process to review implementation of the recipient authority's action plan, and better sharing of learning across the region from individual peer challenges.

Key recommendations:

- Peer Challenge is maintained as a central component of improving quality of adult social care in the West Midlands but will a revised process.
- The Final Letters are published by the recipient local authority with WM ADASS providing a central and public facing repository of all the individual Peer Challenges.
- WM ADASS introduce a more robust process to review progress with the implementation of actions plans such as the original Peer Evaluation team returning to the recipient authority within a maximum of twelve months.

2) *Involvement of people with lived experience*

People with lived experience provide a different and important perspective within such quality processes from professionals and politicians. They can also gain personal benefits in relation to their knowledge, skills and confidence. The challenges in involving them meaningfully for them, other review members, and recipient authorities must though be fully recognised. Their potential contribution needs to be better understood and an underlying set of principles developed for recipient authorities and review teams. These can

also be used to challenge any behaviour that does not respect and facilitate the involvement of people with lived experience. Training, support and opportunities to reflect and learn on what has worked and what could make these processes more inclusive would be beneficial for all, not just those with lived experience. There would be benefits from developing a community of practice for people with lived experience who take on such leadership roles to enable them to develop peer networks and share learning. This would then provide a pool of people with lived experience who would be well placed to contribute to future peer challenges and other strategic developments.

Key recommendations:

- Guidance regarding the role and support for reviewers with lived experience is developed through co-production with people with such experience.
- Training is developed for the reviewers with lived experience, review team leaders, and other reviewers.
- A network of people with lived experience who are willing to contribute to strategic activities is developed.

3) *Regional networking*

The WM Peer Evaluation programme was developed by DaSS's within the region and their commitment has been important in sustaining its momentum. The programme has been amended overtime with the important addition of the practice review element and the involvement of people with lived experience. The regional branch of ADASS has coordinated the overall programme, provided training and guidance, and supported individual Peer Challenges. The Principal Social Worker network has been central to the practice review process and sharing of learning between authorities. This highlights the benefits of regional cooperation which provides helpful scale and contextual similarity whilst respecting the individual circumstances and traditions of each authority. It is notable that the current Peer Challenge process largely draws on social work practice. There would be benefits in including other social care professionals and in particular Occupational Therapy within the programme. There is also a good case for developing an integrated care programme which incorporates wider partners such as health and housing. This could be an important support for Integrated Care Systems in the region.

Key recommendations;

- WM ADASS work with the regional networks to strengthen sharing of learning from Peer Challenges.
- Peer Challenges involve a practice review of occupational therapy alongside social work.

- A specialist in data and performance from another authority is included in the Peer Challenge team to provide greater challenge and cross regional learning.
- Integrated care systems in the region consider the introduction of a similar process to improve collaborative working with involvement of Directors of Public Health and NHS colleagues.

4) *Practice development & research evidence*

This evaluation has demonstrated that stakeholders in the West Midlands have a positive experience on the whole of this programme. To understand in more detail of what these benefits are, how they can contribute to overall improvement in adult social care and the outcomes for people and communities will require more extensive research. It may be helpful to compare different sector-led programmes to explore any impacts from variations in process. Numerous practice issues were raised which also deserve more investigation. For example – process of synthesis and collective analysis of the wide range of data that was accumulated, negotiation with the recipient Director regarding the framing of the recommendations, and the development of a dynamic team in a short time scale.

Key recommendations:

- WM ADASS work with research bodies to identify opportunities for grants to support further studies.
- An external body is engaged to provide quality assurance of the Peer Evaluation process and help to draw out generalisable learning for the region.

Conclusion

This report provides an independent evaluation of the WM ADASS Peer Challenge process. We found that the process is well valued by receiving Councils – it is seen as providing good use of resources and considered highly effective in improving the quality of care in the long term. The addition of a practice review component to the process in the region has helped track the translation of strategic plans to frontline work. The Peer Challenge enables Councils in the region to reflect both on the quality of services and their strategic plans by providing an invaluable outside perspective which often confirms critical issues and illuminates underlying factors.

Review teams and reviewed Councils on the whole feel well prepared for the process. The contribution of people with lived experience brings crucial perspectives to the process, but the expectations for this contribution could be more clearly elucidated and more tailored preparatory training would be helpful for all review team members. There is potential to develop a community of practice of people with lived experience to enable peer learning

and contribute to future strategic developments. Practice reviews should be extended to occupational therapy and data specialists included with the Peer Challenge teams. Key insights from the reviews can be better analysed to draw out learning relevant to the wider region with opportunity to strengthen the external review of progress with the subsequent action plans.

As commissioning and delivery of health and social care in the region become encompassed within Integrated Care Systems there is considerable potential in adopting a similar Peer Challenge approach. This could not only facilitate robust external challenge for the emerging Integrated Care Systems but also provide a valuable opportunity for practice and senior leaders to engage with each other across disciplines and sectors. Considering the holistic experiences of individuals and families as part of the practice reviews would enable important insights on the extent to which their care is becoming more coordinated and person centred.

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Appendix 1 – aims, methodology & participants

1 Methodology

This section describes the research methodology used within the study that aims to address two questions (1) what is the value of the peer challenge process from the perspective of different stakeholder groups and local authorities? (2) what are the perceptions of those who have participated in the peer challenge on the undertaking of the process and how could it be improved in the future?

1.1 Research Methods

The study adopted a mixed methods design that included a rapid evidence review, in-depth semi-structured interviews and a survey with stakeholder groups and participating local authorities. A mixed methods enquiry seemed appropriate bearing in mind the research questions that aimed to capture an in-depth understanding of the value of the process but equally, capture perceptions from a range of different stakeholder groups. Moreover, there is little formal empirical evidence about the process and impact of peer challenges⁴ and a mixed methods study such as this, aimed to contribute to existing literature and provide opportunities for further research.

Interviews were conducted as against other qualitative methods as the aim of the study was to capture individual perceptions of participants from different stakeholder groups. Additionally, in-depth interviews provide an understanding of the views, interpretation of events and experiences of participants⁵ which fit well with the aim of the study. Semi-structured interviews were considered the best fit as it allows for flexibility, facilitates a more focused exploration of the topic and provides opportunities to follow-up on issues that would emerge during the process⁶.

In order to complement the data generated from the interviews and capture perceptions from a range of stakeholders, a survey was conducted. Quantitative surveys are known to be ideal to ask about opinions and attitudes⁷ hence, was considered appropriate for the study.

1.2 Data Collection strategy

Data was gathered over a period of four months between December 2020 and March 2021. A total of 15 interviews were conducted with different stakeholders including those with lived experience. Interviews were conducted through various virtual platforms and were audiotaped. Each interview lasted an average of 60 minutes.

An online survey was created by one member of the research team which was sent to different stakeholders such as elected members, senior social workers, directors of adult social services and people with lived experience. The survey was distributed by the West Midlands ADASS. A total of 40 responses were generated.

Recruitment of participants for both, the interviews and surveys were done through the West Midlands ADASS. The research team were provided a list of 15 stakeholders that the WM

ADASS assumed would be interested. In the case of the interviews, two members of the research team sent an introductory email to all potential participants explaining the purpose of the study. Upon confirming their interest to participate, a project information sheet detailing various components of the study and a consent form was sent. Interviews were conducted virtually and audiotaped upon receiving verbal consent. For those non-responses, a follow-up email was sent three weeks after the initial email and a similar procedure was followed when met with a positive response. In total 12 stakeholders participated in the interviews. For the surveys, participants were sent an email detailing the project along with the online survey. They were given two weeks to return their responses. A total of 14 responses were received. The survey was re-circulated generating a response from a total of 44 participants.

The study was able to capture perceptions from a range of stakeholders. This included elected members, senior managers within adult social care, directors of adult social care, professional social workers, directors of public health and people with lived experiences. All participants were based within the West Midlands and had experience of being part of the peer-challenge process either as a reviewer or being reviewed.

1.3 Data Analysis

The interviews were analysed inductively through thematic analysis. A range of themes emerged around participants' perceptions of perceived value, the use of resources, preparation for the process, and areas that needed improvement.

The survey was analysed through descriptive statistics using the Qualtrics survey analytical functions. Cross tabulations were generated for question responses in order to check for significant differences between participants with different characteristics (such as job role). The report mainly uses frequency tabulations and charts.

1.4 Ethics

Approval for the study has been obtained from the University of Birmingham's ethics committee.