Derby City Council Adult Social Care Use of Resources **Peer Challenge Report**

March 2015

Final

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Appendix 1 – Use of Resources Benchmarking Tool

Appendix 2 – Making best use of reducing resources in Adult Social Care - Self-Assessment Framework

Executive Summary

Derby City Council (DDC) requested that the Local Government Association undertake an Adult Social Care Use of Resources Peer Challenge at the Council and with partners. The work was commissioned by Cath Roff the Strategic Director: Adults, Health and Housing. She was seeking an external view on the effectiveness of the use of resources at Derby City Council's Adult Social Care department. The Council intends to use the findings of this peer challenge as a marker on its improvement journey. The specific scope of the work was:

1. Does Derby City Council adult social care services deliver best value in terms of the quality of services and outcomes for individuals within the available budget?

2. Are our governance arrangements fit for purpose regarding budget risk and risk to individuals?

After due consideration the peer challenge team assessed that there are very good and some excellent examples of adult social care service delivery at DCC.

The peer challenge team agree with the vast majority of the Use of Resources Self-Assessment completed prior to the onsite work indicating that the Adult Social Care department of the authority is very self-aware. Adult Social Care at Derby City Council is very well led and very well run. Savings have been successfully made in most areas whilst maintaining quality in many services. Tools and methods have been applied across the whole business to save money whilst balancing this with the need to invest in preventative work (such as the LACs and the Citizen Leader programme). There are many areas of good and excellent practice in Adult Social Care delivering positive outcomes for those who access services. Relationships with partners are open and positive, sharing similar values that deliver positive outcomes for those who use services. Staff at all levels of the Directorate work hard and are passionate about what they do to deliver positive outcomes.

In terms of the areas for consideration the peer team were of the opinion that the projected financial position of Derby City Council is very serious. Adult Social Care is very clear there are opportunities for further savings but these may be limited, and will depend on the Council's ability to further manage demand in the face of demographic and legislative pressures.

Members have made tough decisions and delivered positive outcomes for residents and now need to be bold and make further decisions. There is an on-going risk in relation to the physical quality of DCC care homes and the Council should actively consider the options for in-house services as a matter of urgency both in terms of improving outcomes for local residents and reducing costs.

The transition to a new Director of Adult Social Services (DASS) and other corporate staff needs to be managed carefully to ensure success.

"The engine is running hot" - frontline staff are running out of capacity, and the Council must deliver its plan to address the implications of the Care Act. The Council should also develop costed commissioning plans for several service areas (such as its preventative services).

This report includes detailed comment across the headings of the Use of Resources Benchmarking Tool as well as specific answers to the scoping questions posed to give support to Derby City Council and its partners to continue to develop and improve.

Report
Background

1. Derby City Council requested that the Local Government Association undertake an Adult Social Care Use of Resources Peer Challenge at the Council and with partners. The work was commissioned by Cath Roff the Strategic Director: Adults, Health and Housing. She was seeking an external view on the effectiveness of the use of resources at Derby City Council Adult Social Care department. The Council intends to use the findings of this peer challenge as a marker on its improvement journey. The specific scope of the work was:

   A. Does Derby City Council adult social care services deliver best value in terms of the quality of services and outcomes for individuals within the available budget?

   B. Are our governance arrangements fit for purpose regarding budget risk and risk to individuals?

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.

3. The benchmark for this peer challenge was the TEASC Use of Resources Benchmarking Tool (Appendix 1). The headings below were used in the feedback with an addition of the scoping questions outlined above. The themes are:

   - Prevention
   - Recovery
   - Long Term Support
   - Business Processes
   - Partnership
   - Contributions

4. The members of the peer challenge team were:

   - **Graeme Betts**, Adults Improvement Adviser, LGA

   - **Councillor Alex Norris**, Portfolio Holder for Adults, Commissioning and Health, Nottingham City Council

   - **Rachel Ayling**, LGA Associate

   - **Jane Milligan**, Chief Officer, NHS Tower Hamlets Clinical Commissioning Group

   - **Harry Downie**, Assistant Director, Business Redesign and Development, Communities and Wellbeing, Bury Council

   - **Amanda Whittaker-Brown**, Programme Manager, Productivity, LGA

   - **Marcus Coulson**, Challenge Manager, LGA

5. Prior to the peer challenge exercise, the team helped DCC complete a benchmarking report, addressing its expenditure and activity trends. This work was summed up in two working documents which are appended to this report.

6. The team was on-site from 24th – 27th March 2015. The programme for the on-site phase 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
   - focus groups with managers, practitioners, frontline staff and people using services / carers
   - reading documents provided by the Council, including a self-assessment of progress, strengths and areas for improvement
   - A comprehensive review of a select number of case files

7. The peer challenge team would like to thank Councillors, staff, people who access services, carers, partners and providers for their open and constructive responses during the challenge process. All information was collected on a non-attributable basis and the team was made very welcome and would in particular like to thank Cath Roff the Strategic Director, Perveez Sadiq, Heather Greenan, Kas Sahota and Janet Towle for their invaluable assistance in planning and undertaking this peer challenge which was very well planned and delivered.

8. Prior to being on-site the team considered eighty-nine documents including a Use of Resources Self-Assessment and whilst on-site the team had forty-two meetings with at least seventy-three different people. The peer challenge team have spent about 336 hours with Derby City Council and its documentation, the equivalent of 42 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.

Summary

Strengths

- The peer challenge team agree with the vast majority of the Use of Resources Self-Assessment – DCC ASC is very self-aware

- Adult Social Care at Derby City Council is very well led and very well run

- Savings have been successfully made in most areas whilst maintaining quality in many services

- A good range of tools and methods have been applied across the whole business to save money

- There are many areas of good and excellent practice in Adult Social Care delivering positive outcomes for those who access services

- Relationships with partners are open and positive - sharing similar values that deliver positive outcomes for those who use services

- Staff at all levels of the Directorate work hard and are passionate about what they do to deliver positive outcomes

Areas for consideration

- The projected financial position of Derby City Council is very serious

- Adult Social Care is very clear there are opportunities for further savings but these may be limited, in view of on-going demographic and legislative pressures

- Members have made tough decisions and delivered positive outcomes for residents and now need to be bold and make further decisions

- There is an on-going risk in relation to the quality of care homes – both those provided by the Council and those commissioned from the independent sector.

- Actively consider the options for the in-house care homes and some other in-house services as a matter of urgency

- Ensure the transition to a new DASS and other corporate staff is managed carefully to ensure success

- "The engine is running hot" - frontline staff are running out of capacity, develop a plan to address the implications of the Care Act

- Develop costed commissioning plans for other areas (including preventative services)

10. Prior to the onsite work the peer challenge team had the opportunity to study Derby City Council's expenditure and activity data, and its Use of Resources Self-Assessment as well as a significant number of supporting documents. The Peer Team found that they agreed with the vast majority of the strengths and areas for consideration outlined in the self-assessment and draw the conclusion that the adult social care department is very self-aware. This is very positive as it strongly suggests that any necessary improvements identified are the right ones.

11. The peer challenge team came to agreement that Adult Social Care at Derby City Council is very well led and very well run. This is based on evidence from a number of areas. Speaking to elected members and staff at all levels in the organisation they were very positive about the leadership and management from the Director Cath Roff and her Directorate team. Partners across the spectrum were also strongly supportive of the effective engagement from adult social care and the data and metrics the team saw indicated effective and efficient activity in many areas (with a few exceptions).

12. The Use of Resources Self-Assessment outlined that the Adult Social Care department has, like all Council departments, been required to make savings across the board in line with Council priorities. These have been successfully made whilst maintaining quality in many services.

13. The experienced Directorate team in Adult Social Care have been robust in seeking out and implementing good practice tools and approaches to deliver service efficiencies, for example the transformation of Learning Disability Services and the current changes to the commissioning of domiciliary care, drawing on learning from the Wiltshire 'Helped2Live at Home' model.

14. Whilst considerable savings have been made there are many areas of good and excellent practice in Adult Social Care delivering positive outcomes for those who access services. These are described throughout this report and in itself is a notable achievement.

15. The peer team had the opportunity meet a number of partners Adult Social Care works with. These relationships are open and positive as they share similar values in the effort to deliver positive outcomes for those who use services. The team were particularly impressed that relationships with mental health colleagues remained positive following the demerger, the Transitions2 arrangements also appear to be working well.

16. The peer team had the pleasure of meeting staff from across the Directorate to hear about the work they do, what is good about it and where it could improve. The team were consistently impressed by how hard they work and particularly by their evident passion about what they do to deliver positive outcomes for those who access services. At a time of austerity and organisational change this is a commendable achievement by all.

17. In simple terms the projected financial position of Derby City Council is very serious, and the consequences for the delivery of statutory services is equally serious for the City and its residents.

18. The senior leadership in Adult Social Care are very clear there are opportunities for further savings in the work of the department but these may be limited. The position within Adult Social Care will benefit in 2015/16 from a recent "re-basing" of the budget, combined with the Directorate's track record of financial discipline. However, Adult Social Care is under no illusions that it will need to sustain its rigorous efforts to "manage demand" in the face of demographic and cost pressures.

19. Members have made tough decisions and in the view of the peer challenge team now need to be bold and make further decisions. For example, the Council's success in re-modelling its day services for people with Learning Disabilities illustrates how people's lives can be improved by developing alternatives to traditional "building-based" day centres. The peer team were extremely impressed by how this transformation programme had been delivered, and believes the Council should draw confidence from this exercise. The Council now needs to make similarly bold decisions in relation to its older people's services, where there are still some expensive building-based services that do not offer best value either for the Council's taxpayers or for older people who need care.

20. The peer team urge Derby City Council to actively review the options for the in-house care homes and some other in-house services as a matter of urgency. The peer team were concerned that the options for reducing expenditure on older people's services are largely running out, services for this group are already tightly rationed, charges have been increased, and fees paid to the independent sector have been suppressed. In this context, the Council now needs to challenge itself further about what its in-house care homes and day provision are costing, and whether it can afford to maintain these services in view of the financial situation and assessments of quality. The peer challenge team felt strongly that over the medium term, older people could be better served by replacing these services with new and better models of care.

21. A change in leadership is always going to be a time of risk and uncertainty. The peer team recommend that the Council ensures the transition to a new DASS and other corporate staff is managed carefully to ensure continued success in adult social care and across the Council.

22. A phrase the peer team heard that reflected the capacity and hard work of frontline staff was that "The engine is running hot". Whilst they are still delivering good outcomes frontline staff are running out of capacity to cope with work demands. The peer team recommend that in delivering its plan to address the implications of the Care Act, the Council should keep the capacity of its front line staff under continuous review.

23. The peer team recommend Adult Social Care develop costed commissioning plans to ensure that decisions about investment in specific areas (such as preventative services, including carers) are evidence-based, and that the costs and benefits are well anticipated and tightly monitored.

Prevention

Strengths

- Local Area Coordination Model, "Helping people to help themselves"

- Personalisation delivered through Citizen Leader Programme

  "Building Trust with the Council", "Things don't have to be the way they are"

- Further opportunity to develop community assets

- Livewell is a positive initiative

Areas for Consideration

- Revisit the Derby Direct service to integrate front and back office, and improve signposting

- Maintain the commitment and develop costed commissioning plans for investment on a longer term basis in prevention

- Developing community resilience requires corporate leadership

24. The Council and its partners are engaged in work to build the capacity of communities to support older and disabled people and harness their contributions through developing Local Area Coordination (LAC) in Derby. It is present in seven wards with plans to increase this to ten from April 2015. The peer team were impressed and heard that it was "Helping people to help themselves".

25. The Personalisation agenda is being delivered through the Citizen Leader Programme, some of the participants from which now work with the Council at a strategic level. A consultation process which was co-produced with citizens and a range of partners in relation to the refreshed Your Life, Your Choice strategy was described as "Building Trust with the Council" on the basis that "Things don't have to be the way they are".

26. There is a further opportunity to develop community assets into good services that focus on prevention through use of the LACs and with primary care to improve outcomes in health and well-being.

27. The peer team talked to those involved in the Livewell programme which targets individuals and families at risk of poor health and premature death. This programme supports individuals and their families to address a range of 'risky' behaviours and lifestyle issues. This initiative is being fully evaluated and is very positive.

28. The peer team recommend that the Council revisit the Derby Direct front door service to integrate the front and back office so it is a more sophisticated service that gives advice and improved signposting to callers, beyond the present

'taking a message and passing it on' style it presently has. In this context, there is scope to make better use of the range of "preventative" options available to people and ensure that those who call the Council are linked up to these resources efficiently, without the need for an "unnecessary" assessment by a social worker. This might involve looking again at the skills available within the Derby Direct team and making sure that calls are dealt with at the first point of contact wherever possible to alleviate pressures on the Area Teams.

29. Maintain the commitment and develop costed commissioning plans for investment on a longer term basis in prevention. The Council should continue to work with its partners – and use its emerging "risk stratification" approach – to ensure that preventative schemes target those who will benefit more to achieve reductions in the use of formal health and care services. It should also aim to achieve more rigour in assessing the likely costs and benefits of new schemes, and monitoring their impact including the financial impact.

30. The Council should ensure that it is leading on improving the health and well-being of all residents, especially those who are frail. This development of community resilience requires corporate leadership to ensure that the approach is supported across the Council in terms of the workforce, their deployment and the necessary structures to maximise its impact.

Recovery

Strengths

- Home First has highly motivated staff delivering positive outcomes

- Commissioning of domiciliary care is following good practice by implementing the 'Wiltshire Model' of commissioning for outcomes

- Progress has been made since previous peer reviews (Mental Health, Safeguarding)

Areas for Consideration

- There is scope for further integration of the Home First and Intermediate Care Teams with Primary and Community Support Teams

- Re-brand Perth House to reflect the new service it delivers

- Continue to improve the use of assistive technology

- Re-negotiate the home equipment store contract

31. The Council's reablement service was remodelled as Home First at the beginning of 2014-15. It focused on early intervention in the acute hospital to turn around people who would otherwise not regain their independence and require placement or high cost community packages. There are early signs of success with this approach, which is being delivered by highly motivated staff.

32. The commissioning of domiciliary care is following good practice by implementing the 'Wiltshire Model' of commissioning for outcomes.

33. The Council is interested in its own improvement and there have been previous peer reviews in adult social care looking at the areas of Mental Health and Adult Safeguarding. In both cases the peer team saw evidence that improvements have been made.

34. There is scope to improve the performance of local intermediate services. As a first step, the Council and its NHS partners should optimise the effectiveness of the Community Support Teams and take forward proposals for further integration of the Home First and Intermediate Care Teams with the Primary and Community Support Teams.

35. The Council could consider re-branding Perth House to reflect the new service it delivers. This should encourage those who use the service and partners who commission services into it to fully grasp its revised function and thereby deliver new services.

36. In the self-assessment the Council states that "the Council and NHS partners need to do more to proactively use equipment and assistive technology". The peer team concur with this view, and recommends that the Council should do more to identify both the costs and benefits of its current approach, checking

that assistive technology and Telecare is being used as a substitute, wherever possible, for more expensive options.

37. The Council should consider re-negotiating the home equipment store arrangement as it appears to duplicate stores giving rise to higher cost and inflexibility , leading to inefficiency.

Long Term Support

Strengths

- Personalisation has been well driven and is a success for those who access services, "Going from a Mini to a Rolls Royce"

- Shared Lives is an excellent development which with further investment could realise untapped potential to support Mental Health and Learning Disability

- The Safeguarding Adults Board (SAB) and Head of Service for Safeguarding have an open and honest view of the issues and are working well to address them

- Those people involved in safeguarding investigations are asked what outcomes they would like

- Transformation of Learning Disability (LD) services, "I wish this had happened years ago"

- Extra Care Housing delivering what customers want

- Transitions2 evidence of good practice

Areas for Consideration

- Children and Young People (CYP) services need to embrace Personalisation for those Children with Disabilities

- Keep transitions model (18-25) under review - explore potential of 'cradle to grave' approach in Learning Disabilities (LD) and Physical Disabilities (PD).

- Work jointly with the NHS to reduce the incidence of people being placed directly into care homes from hospital and to challenge the culture of placing into nursing homes by default

- Retaining in-house care homes raises multiple risk issues

- Extra Care commissioning could further promote independence – its effectiveness and cost-effectiveness need to be checked

- Continue to tackle expenditure on residential care for Mental Health (MH) and PD

38. The Personalisation agenda has been well driven with and by staff and is a success for those who access services. One member of staff reported that a user had described this improvement in quality as, "Going from a Mini to a Rolls Royce".

39. The 'Shared Lives' initiative gives help to vulnerable adults aged 18 and over in a home environment. It involves sharing family and community life and is provided by 'Shared Lives Carers' who can be single people, couples or

extended families. It is an excellent scheme which has expanded in recent years to support around 105 customers. This is a very positive development and with further investment this scheme could realise untapped potential to support Mental Health and Learning Disability service users.

40. The SAB and Head of Service for Safeguarding have a well-informed, open and honest view of the issues and are working well to address them.

41. As a key part of the approach to personalisation and 'Making Safeguarding Personal' those people involved in safeguarding investigations are asked about the outcomes they seek. This is a positive approach to secure desired outcomes for customers and target scarce staff resources towards tackling the key issues.

42. In 2014, the Council reviewed the impact of the transformation of Learning Disability day services of 2013 and concluded that positive outcomes had been delivered. When hearing from those who use the service they were effusive about this transformation, one summed it up by stating that, "I wish this had happened years ago".

43. As part of the older people accommodation strategy, over the previous four years the Council has developed four new Extra Care schemes, with another one under construction. These schemes provide an alternative to residential care for older people. From the evidence the peer team read and saw, this 'Extra Care Housing' is delivering the outcomes customers want.

44. The Council has 'pump-primed' a local provider to offer a Transitions service to young disabled people leaving special school. This 'Transitions 2' initiative focuses on developing independent living skills and is achieving evidenced success in this area. This has significantly reduced the number of young people going out of the City to attend residential college and consequently losing their links with their family and local community. Importantly, the service has vastly improved outcomes for young people by increasing options for more independent living and is an example of good practice.

45. There are good working relationships with the Children and Young People (CYP) service to track and plan for children coming through the system from age 16. There is also a joint action plan to deliver the Special educational needs and disability (SEND) and Care Act reforms, which is very positive. CYP could further develop this relationship by embracing Personalisation for those children with disabilities.

46. The peer team recommend that the Council keeps the transitions model (18-25) under review, ensuring that planning for children's future begins well before age 18. There is scope for the Council to explore the potential of a 'cradle to grave' approach in Learning Disability and Physical Disability services.

47. In the context of the introduction of the "transfer to assess" model and on-going improvements in intermediate care, the Council should work jointly with the NHS to challenge the culture of placing people into care homes directly from hospital. It should also continue to address the practice of placing people into nursing homes by default and seek to change the balance between the use of residential and nursing homes.

48. Retaining in-house care homes raises multiple risk issues. The peer review team were concerned that these services were becoming unaffordable for the Council, since they cost considerably more than the equivalent independent sector services. In its efforts to contain the costs, the Council has not increased staffing levels as dependency levels in these services have increased over time, to the extent that this was criticised by the Care Quality Commission (CQC) Inspectors in 2013. Although this apparent under-staffing is now being addressed, a resident told one of the peer challenge team that "the staff don't seem to have time for us". The physical facilities in these homes, although improving, are not of sufficiently high quality to justify the on-going high expenditure.

49. The commissioning of Extra Care Housing could further promote independence. The Council needs to check its admission processes to ensure that the schemes are working as a genuine alternative to residential care for people with quite high needs. It should also investigate the unit costs of these services, to ensure they are a genuinely cost-effective alternative to residential care and not actually costing more.

50. There is a need to continue to tackle expenditure on residential care for Mental Health and Physical Disability groups. For both these groups, there is a legacy of high numbers of people being supported in care homes at very high cost. Although Derby is now rectifying this problem by developing services that offer an alternative to residential care and reducing new admission rates. More should now be done to explore whether care costs can be reduced and outcomes improved for these customers.

Business Processes

Strengths

- Improvements made to 'customer journey' (e.g. Locality Teams)

- Information technology is being used to drive efficiencies and implementation; e-whiteboard, online directories, website, replacement of the old case management system

- Robust approach to performance management

- Managers are using information to drive activity and improvement

- Adult Social Care is good at getting qualitative data and customer feedback

- New ways of working seen positively by frontline staff

Areas for consideration

- Reductions in Social Worker capacity means "The engine is running hot"
- Seek to create capacity for frontline staff to improve support planning and complete regular reviews and close cases
- The increasing number of Deprivation of Liberty Standards (DoLS) assessments is a further pressure on staff
- Further develop models of service delivery such as; Social Enterprises and Staff-run Mutuals that would meet members agendas
- Explore the possibility of more integrated services with neighbours and partners (for example Derbyshire C.C.)
- Better understanding of the financing of in-house services and their costs
- Continue building ASC staff skills to improve accuracy in the prediction and forecasting of expenditure and costs
- DCC to assure itself that there is learning from the complaints process to improve services

51. Adult social care has drawn up a "customer journey" pathway that stresses the importance of early intervention to prevent the escalation into long term care and support. Referrals are now dealt with by locality teams covering both general adult and mental health customers and this appears to be a success, although in its Self-Assessment, the Council acknowledged the need for "further work" on the initial contact arrangements.

52. Staff members were generally very positive about their work and achievements when speaking to the peer team. Frontline staff have approach to 'new ways of working', seeking to emphasise building community resilience and promoting independence which they were very positive about.

53. A phrase the peer team heard about that reflected the capacity and hard work of frontline staff was that "The engine is running hot". Whilst they are still delivering good outcomes, frontline staff (and other staff, including some managers) are running out of capacity to cope with work demands. The peer team recommend that the Council develop a plan to address the implications of the Care Act. The increase in Deprivation of Liberty Safeguards (DoLS) assessments due to the Cheshire West and Chester Judicial ruling is a further pressure on staff that also needs to be addressed.

54. The Council should also seek to create capacity for frontline staff to do support planning well, complete regular reviews and close cases. The risk of not addressing this pressure is that "rushed" support planning may result in the options to promote people's independence not being fully explored. Also, uncompleted reviews and open cases can have significant cost implications as well as adding to the pressures on capacity.

55. Information technology is being used in adult social care to drive efficiencies and new policy implementation. Examples the peer team heard about include; the use of 'e-white-boards' at the local hospital (as a key method of information transfer between teams), the use of online directories, the DCC website and the introduction of the Liquidlogic software.

56. The Directorate has a robust approach to performance management. There is clarity about the impact of change on quality and outcomes and an improving grip on costs and expenditure. This includes the use of key indicators and benchmarking to track how the Council is managing the demand for social care.

57. There was good evidence that managers are using information to drive activity and improvement with colleagues.

58. Adult Social Care is good at getting qualitative data and customer feedback. The central performance team collects, records, analyses and reports performance data for staff to use. The Council also uses customer feedback methodologies like the Personal Outcomes Evaluation Tool (POET) and the Think Local Act Personal (TLAP) Making It Real framework which provide good customer insight and shaped the "Your Life Your Choice" adult social care strategy. The new Performance Indicator Benchmark tool gives the functionality to track and quantify the impact on service utilisation at a population level, to enable the Council and its partners to measure the impact of interventions.

59. As services to date have been transformed in adult social care some staff have taken the opportunity to develop different models of service delivery such as social enterprises and staff-run mutuals. These could be further developed as necessary and especially so where they would meet elected members' agendas.

60. The peer team felt that there is still the opportunity to explore the possibility of more integrated services with neighbours and partners. One example would be with Derbyshire County Council, where resources could be pooled to develop Shared Lives in both areas as well as to shape other aspects of the care market.

61. Adult social care should ensure that there is a good financial understanding of in-house services and their costs – being more rigorous in checking that these services are competitive and offer value for money. This would also help the Council to set people's personal budgets at a fair and accurate level and to understand whether people purchasing their own services with direct payments are finding more cost-effective solutions than those who have their services arranged by the Council.

62. The Council should continue building adult social care staff skills to accurately predict and forecast on budget information. As an example, savings in specific areas (such as mental health) need to be more accurately planned and then monitored during the year.

63. The peer team found that complaints were well responded to and logged, but suggests that the Council should assure itself that it is learning from the complaints process to improve services.

Partnerships

Strengths

- Social Care causes of Delayed Transfers of Care DTOC are very low

- Community Mental Health Teams (CMHTs) now managed by adult social care changing the culture to deliver better outcomes and efficiencies

- There are good relationships and effective problem solving with a wide range of partners: Clinical Commissioning Group (CCG), NHS, Acute Trust, Fire and Rescue Service (FRS), Police, University.

- Partners are positive about the leadership in adult social care

- Good links across adult safeguarding mechanisms: the Preventing Violent Extremism Strategy (PREVENT), Multi-Agency Risk Assessment Conference (MARAC)

- Derbyshire Carers Association has a good reputation with those who access services

Areas for consideration

- Adult Commissioning Board needs a clearer forward plan and priorities

- Undertake a joint review of Continuing Health Care (CHC) policy and procedures

- Joint work with CCG's to shape the market

- Members should decide how far they are prepared to go on integration with health to deliver efficient services for residents

- Assure yourselves that the removal of the Hospital Social Work Duty Team isn't creating inefficiencies and creating delayed discharges

64. It is a significant achievement that delayed transfers of care with social care causes are very low. The Council and its partners have multi-agency protocols and services to ensure that people are discharged in a timely way with appropriate support.

65. The recent change to the CMHTs now being managed by adult social care has changed the culture to deliver better efficiencies and outcomes.

66. The peer team were impressed to hear that there are good relationships and evidence of effective problem solving with a wide range of partners such as with NHS Southern Derbyshire CCG, other National Health Service organisations, Derby's Acute Trust, Derbyshire FRS, the Police and Derby University.

67. It was evident to the peer challenge team that all partners are positive about the leadership in adult social care and this is a testament to the leadership of the Directorate and its team.

68. There are good links across adult safeguarding mechanisms such as with the involvement in PREVENT and MARAC on domestic violence.

69. Derbyshire Carers Association is well respected and has a good reputation for delivery with those who access services. Increased signposting would improve the take up of this service.

70. The Adult Commissioning Board is acting as a useful forum for leaders to discuss strategic issues and resolve problems, but needs to develop a clearer forward plan and priorities so that a clear and regular steer is given to all on-going programme work and staff members know how and when programme reports will be required.

71. The peer team recommend the Council undertake a joint review of CHC policy and procedures, and assure itself that decision-making is broadly consistent with the rest of the NHS Area (NB risk of "postcode lottery"). Both partners need to ensure that the impact of CHC decisions on the Council's and Southern Derbyshire CCG's budgets are fully understood and future savings targets are clearly aligned.

72. The peer challenge team heard concerns about the shape and quality of the local care homes market, and saw evidence that a third of care homes are not meeting CQC standards. There is an on-going risk that problems in recruiting nursing will impact negatively on the quality of people's care. The team recommends that the Council and Southern Derbyshire CCG should work together to re-assess how many nursing homes are actually needed in the City, what quality standards are expected, whether the fees paid consistently reflect service costs, and how the two commissioning organisations can jointly influence this market.

73. In the view of the peer challenge, and to enable clear direction to be given to adult social care in the future, Elected Members should decide how far they are prepared to go on integration with health to deliver efficient services for residents.

74. The peer team recommend that the Council assure itself that the removal of the Hospital Social Work Duty Team isn't creating inefficiencies and creating delayed discharges. The team heard conflicting evidence about how well this is operating.

Governance and Risk

Strengths

- Adult Social Care is now a priority for the Leader and is included in the Council's vision

- Acting Chief Executive provides clear leadership with a strong narrative

- Directorate Leadership Team knows where future savings could be made and the implications

- Information governance is well managed in adult social care

Areas for consideration

- Build on the growing recognition amongst members that the issue of the in-house residential care will need to be addressed.

- Members need to consider the impact of further savings targets for adult social care on the quality of services and overall risk

- The corporate approach to risk management should be strengthened

- Adult social care risks should be better reflected in the corporate risk register

- Re-instate the good practice of Service Impact Statements in the Star Chamber process

- Ensure the transition to a new DASS and other corporate staff is managed carefully to ensure success both internally and with partners

75. Adult Social Care is now a priority for the Leader and included in the Council's vision.

76. The Acting Chief Executive provides clear leadership with a strong narrative for the present and future of the organisation.

77. The Adults, Health and Housing (AHH) Directorate Leadership Team knows where future savings could be made and the implications but these may be limited, and will depend on the Council's ability to further manage demand in the face of demographic and legislative pressures. There is a growing recognition amongst members that the issue of the in-house residential care will need to be addressed because of the risks the Council is carrying and this may help when it comes to making those hard decisions.

78. Information governance is well managed in adult social care and was frequently showcased to the rest of the Council as an example of good practice.

79. Members need to consider how further savings targets for adult social care will impact upon quality of services and overall risk. The implications of future cuts needs to be fully assessed and understood otherwise the quality and

effectiveness of services that are essential to the health and well-being of local residents could be compromised.

80. The corporate approach to risk management has been identified corporately as weak and work is underway led by the Chief Executive to address this.

81. The AHH Directorate is aware of the future risks and is reflecting these in a new Directorate risk framework. This work should now be better reflected in the corporate risk register.

82. Re-instate the good practice of Service Impact Statements in the Star Chamber process.

83. Ensure the transition to a new DASS and other corporate staff is managed carefully to ensure success both internally and with partners.

The initial scope and the peer team's answers

1. **Does Derby City Council adult social care services deliver best value in terms of the quality of services and outcomes for individuals within the available budget?**

   - On the whole Derby City Council adult social care does deliver best value in the vast majority of services.

   - Good progress has been made but it needs to continue to address a legacy of high-cost placements for some adults of working age, and high expenditure in mental health residential services. It also needs to address its in-house residential and day services.

2. **Are our governance arrangements fit for purpose regarding budget risk and risk to individuals?**

   - We believe that there is room for improvement which is demonstrated by corporate work being undertaken in this area.

Contact details

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For more information on adults peer challenges and peer reviews or the work of the Local Government Association please see our website http://www.local.gov.uk/peer-challenges/-/journal_content/56/10180/3511083/ARTICLE

Appendix 1 – Use of Resources Benchmarking Tool

1. Prevention
"I am not forced into using health and social care earlier than I need to. I am enabled to live an active life as a citizen for as long as possible and I am supported to manage any risks."

2. Recovery
"When I initially need health or social care, I am enabled to achieve as full a recovery as possible and any crises are managed in a way which maximises my chances of staying at home.

3. Continued support
"If I need continued support I will be given a personal budget and I will be able to choose how to spend this to meet my needs. I can choose from a range of services which offer value for money. The resources made available to me are kept under review."

4. Efficient processes
"The processes to deliver these three outcomes are designed to minimise waste, which is anything that does not add value to what I need."

5. Partnership
"The organisations that support me work together to achieve these outcomes. These organisations include health and social care, other functions in statutory bodies such as councils or government, and the independent sector."

6. Contributions
"I and others who support me are expected and enabled to make a fair contribution to this support. These contributions may be financial according to my means, informal care and support from those close to me or from volunteers, or from me playing my own part in achieving these outcomes."

Making best use of reducing resources in Adult Social Care

SELF-ASSESSMENT FRAMEWORK

		Score (Min = 0, Max = 3)	Basis for this score (i.e. quick summary of evidence)	Notes and queries (including evidence gaps)
	PREVENTION			
1.1	*Information and Advice*			
1.2	*Initial Access*			
1.3	*Health and well-being*			
1.4	*Targeted Prevention:*			
1.5	*Equipment and Assistive Technology*			
		Score	Basis for this score (i.e. quick summary of evidence)	Notes and queries (including evidence gaps)
	RECOVERY			
2.1	*Reablement*			
2.2	*Crisis response*			
2.3	*Hospital discharge*			
2.4	*Intermediate Care*			
		Score	Basis for this score (i.e. quick summary of evidence)	Notes and queries (including evidence gaps)
	LONG-TERM SUPPORT			
3.1	*Personalised support that promotes independence and is regularly reviewed*			
3.2	*Reducing inappropriate admissions to care homes*			
3.3	*In-house provision*			
3.4	*Day Opportunities*			

3.5	*Employment*			
3.6	*Learning Disability services*			
3.7	*Transitions*			
3.8	*Housing and support*			
3.9	*Continuing Care and End of Life Care*			
3.10	*Safeguarding*			
		Score	**Basis for this score** **(i.e. quick summary of evidence)**	**Notes and queries** **(including evidence gaps)**
	BUSINESS PROCESSES			
4.1	*Culture Change*			
4.2	*Performance Management*			
4.3	*Outcome focus*			
4.4	*Streamlining business processes*			
4.5	*Care Act Implementation*			
4.6	*Workforce planning*			
4.7	*Equalities Impact.*			
		Score	**Basis for this score** **(i.e. quick summary of evidence)**	**Notes and queries** **(including evidence gaps)**
	PARTNERSHIP			
5.1	*"Whole systems approach"*			
5.2	*Joined-up service delivery*			
5.3	*Market Facilitation*			
5.4	*Procurement*			
		Score	**Basis for this score** **(i.e. quick summary of evidence)**	**Notes and queries** **(including evidence gaps)**
	CONTRIBUTIONS			
6.1	*Community Engagement*			
6.2	*Building Community Capacity*			
6.3	*Co-production*			
6.4	*Fairer Contributions*			