



Rutland
County Council

Rutland County Council

Catmose
Oakham
Rutland
LE15 6HP

telephone: 01572 722 577

fax: 01572 758 307

email: enquiries@rutland.gov.uk

web: www.rutland.gov.uk

DX: 28340 Oakham

Cath Roff
Strategic Director: Adults, Health and Housing
Derby City Council
The Council House
Corporation Street
Derby
DE1 2FS

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Dear Cath,

Derby City Council Adult Social Care Peer Challenge

I am writing this letter to give you feedback on the Adult Social Care Peer challenge which was conducted from October 8 – 10 2013.

Thank you to you and your team for the welcome we received throughout the three days. A successful peer challenge process relies on a shared spirit of openness, honesty and willingness to be challenged and we have been pleased to see this approach at all times. I enjoyed leading the team of Andrew Jepps (Assistant Director for Health Partnerships and Strategy, Northamptonshire County Council), Helen Jones (Director for Adult Assessment, Nottingham City Council) and Jon Wilson (Service Director for Personal Care and Support for Younger Adults, Nottinghamshire County Council) – ably supported by Dan Routledge from SDSA. We have learned much from Derby City and will be taking ideas away to our respective local authorities. Similarly, we hope this letter provides you with valuable information to help with future plans.

Overview

Throughout the peer challenge we have been impressed by the positive support expressed for the directorate senior leadership team and its approach to the challenges being faced by the Council as a whole, and the Adult Social Care, Health and Housing Directorate in particular. Managers, officers, partners and customers recognise the significant financial pressures and the savings required over the next 3 – 5 years. As senior managers your leadership is well-regarded, visible and committed. You are successfully managing services within a budget-constrained environment where your unit costs overall are already the lowest in the region. This is rightly focusing your attention on the financial challenges in the future.

Many of those we met described a journey of change that has taken place during the last three years, which is continuing. The focus on both transformation and personalisation is clearly understood and has been threaded throughout our discussions and meetings with all those seen during the week. Transformation is particularly visible in the Council building, which is universally praised by the staff located within it for improving officer





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communications and inter-actions. We also note from your self- assessment and various document submissions that the Council is self-aware of its position and progress on adult social care matters. The team found little divergence from your own view, during our review.

During our visit we identified aspects of your work which were common throughout all of the three key lines of enquiry and which could be improved. Some of your processes could be streamlined; some paperwork systems are inefficient and lead to duplication; partners have difficulty accessing information on-line. Whilst the move into the new Council building has brought about positive change for the staff, those who are outside the building have found a deterioration in the quality of communication. Some providers commented that they regretted the loss of opportunity to engage with the Council through a provider forum.

You described to us a legacy culture of over-protection that is subject to a journey of change. We agree that this change is taking place but is not yet fully embedded and we were given examples of this in practice. You are data-rich but we found a varied use and understanding of that data, particularly when planning caseload management and improvement of outcomes.

Mental Health

How effective is our Mental Health partnership approach in delivering a recovery model service with good outcomes for people?

Strengths

The partnership approach to mental health services in Derby has been subject to considerable review over the last few years, both at strategic level and in operational services.

The Council has shown leadership in establishing strategic planning and commissioning forums to ensure a cohesive, forward-thinking approach to strategy development across the health, social care and housing arena. There is clearly more work to do in relation to developing and implementing an agreed strategic plan, but the solid foundations which the Council has established provide a platform for future delivery. However there appears to remain for the time being a lack of a coherent agreed and clearly articulated approach to recovery in strategic documents and partnership plans such as the Health and Wellbeing strategy.

There are good examples of personalised approaches which have led to improved wellbeing for individuals and staff should be commended for their tenacity and innovation. The question is whether the Council can deliver this approach at scale given the resource challenges which the Council must address. Whilst there has been an increase in personal budgets and direct payments for customers with mental ill health, the extent to which this has impacted positively on individuals is less understood.





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Challenges

There is a question about whether the lead partner, the Derbyshire Health Care NHS Foundation Trust, understands and takes ownership of the challenges faced by the council. The Trust is committed to continuation of the integrated approach and is concerned that dissolution of the partnership may lead to increased risk both to the Trust as an organisation and to individuals. However there is little evidence to suggest that the Trust sees itself as part of the solution to the challenges faced by the authority, or that the Trust is willing to adapt, change or materially assist the authority in meeting the challenges of increasing demands, reducing resources and changing expectations.

The Councils' current use of resources in mental health is higher than comparator and regional average. The high levels of expenditure on long term care, and assessment and care management are unsustainable in the context of the financial challenges faced by the Council. Equally the rollout of personalised care and support to deliver the social care outcomes which customers with mental ill health should expect cannot be achieved whilst services are locked into traditional forms of residential care and professional support. The Council supports a comparatively high number of people with mental ill health with an apparent low turnover of customers suggesting that access to services and dependence on services may need to be reviewed as part of the customer journey with particular reference to enablement services.

The social care market has over-capacity in long term care and is under-developed in community resources leading to a position whereby the unit cost of residential care is comparatively low (with high activity) and unit costs of community alternatives is also relatively low (where activity needs to grow).

As a result of this position, the Council has been described as experiencing 'the perfect storm'. The Council will need considerable support from the Health Care Trust to define and implement a sustainable recovery based social care offer.

Personalisation

Have we embedded personalisation across Adult Social Care?

Strengths

There is a history of strong leadership of personalisation with its recognition in the corporate priorities and by the Portfolio Holder as a priority. The DASS is visible to voluntary sector leaders who felt that the second wave of training undertaken with frontline staff has had an impact in terms of delivering the cultural change necessary. There is a focus throughout on the importance of measuring outcomes for customers evidenced by the use of Personal Budgets Outcomes and Evaluation Tool (POET) and the direct engagement of customers who are able to identify where personal budgets have given them choice and control. Front line managers can give examples of the delivery of good outcomes. Customers and carer representatives are engaged in the process of the roll-out of personalisation.





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Front line managers and senior social workers are focused on continuous improvement and are able to articulate how they have been persuaded of the need to change practice through evidence. For example, staff see the benefits that Direct Payments give to customers when initially they were not persuaded that they would.

Local Area Co-ordination (LAC) is well-regarded by voluntary sector representatives and front-line managers. A carer described her own positive involvement and experience. There is a focus in the enablement service on linking people into community activities as well as personal care.

There is an ambitious plan for information and advice relating to raising the standards of all advice services in the city. The Citizens Advice Bureau sees its role as one of reducing demand on statutory social care and having an advocacy service that deals with single issues.

Challenges

There is a sense of untapped resource in the community and a concern that although the LAC role is really adding value to customers' support plans, the same service is not available city-wide. One customer was very involved in the LACs and felt that everyone needed to contribute; others feared becoming dependent on neighbours for services that should be paid for. There is a "selling job" to do to convince people that the building of community capacity is not intended to replace essential personal care services.

The independent sector seems disillusioned on the matter of the loss of the market development team. There is a view that independent sector organisations who now wish to develop personalised services cannot avail themselves of advice from the council.

With regard to brokerage there is a sense from voluntary sector representatives that assessors and in-house brokers are not aware of and not accessing the range of services available. One organisation is offering brokerage for free but has only had a handful of referrals. There appears to be a need for a trusted point of reference for staff and customers in the city in terms of purchasable services and free support/activities available. However, if plans to produce this proceed the issue about why any other directories that exist in the city are not being used would need to be addressed.

Given the growth agenda in the city there is an opportunity to engage the private sector in building community capacity through their corporate social responsibility agenda. There is an opportunity to undertake broader engagement with the community, voluntary and private sector to identify the social capital that already exists and also the opportunities that new partnerships might present.

There was a shared feeling that the budget cuts had impacted on choice and control, "I had choice and control for 12 months and then the cuts came in". This has combined with





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concerns about the impact of other austerity measures such as the bedroom tax and removal of the Independent Living Fund and how this would impact on Personal Budgets. The cumulative impact of welfare changes combined with cuts to Personal Budgets may need to be better understood corporately to inform policy-makers.

One carer had not been asked if she wanted a carer's assessment. One had had a negative experience with an assessment completed by Derby Carers' Association where inaccurate information was contained. There were some positive views about the services available to carers such as the benefits of a 'pamper' day, but equally concerns about the level of funding afforded to carers being very low.

Being asked to write their own support plans was not consistently viewed by customers as a positive thing. Some needed assistance but none appeared to be forthcoming.

The quality of communications is an issue of concern for some customers and carers. Changes to policies such as reductions in homecare visits or knowledge of the policy on safeguarding checks are examples provided. There was a request for more transparency and honesty.

Safeguarding

Are we delivering good safeguarding outcomes for people in partnership with others?

Strengths

The partnership for safeguarding vulnerable adults has been strengthened over the last two to three years, with the appointment of an Independent Chair creating a focus for more robust governance arrangements, and a greater level of commitment from key agencies in the partnership. The need for partners other than the Council to take a strong role, expressed for example in the Board's subgroups, has been made clear. The Police and the local NHS, particularly the local Clinical Commissioning Group (CCG), appear strongly engaged in the partnership. The senior leaders of the directorate have a good level of awareness of the strengths and challenges for safeguarding.

Within the Council, the specialist Safeguarding Team has been strengthened, and the leadership of the team is well regarded. Staff members believed that the processes for safeguarding vulnerable adults have been made clear. Training has been provided and taken up in large numbers, and is perceived as being effective. A more recent development – the use of specific administrative staff for minute taking – is appreciated and believed to add benefit to the efficiency of the business processes.

The in-house service has developed a case file audit process, and staff recognise its value. The Threshold Guidance demonstrates learning from analysis of referral patterns, and the amendments made in this financial year to its deployment in the alert and referral processes demonstrate reflection and continuing improvement.





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The Board and the service are prioritising a focus on outcomes, building on the work carried out to date on governance, processes and training, and on listening to the voice of the customer. The Customer Inclusion Group embodies this focus, and is likely to enhance positive outcomes in the future.

Challenges

There is a challenge in assuring the Board that good outcomes are achieved in a timely way. The reduction of 16% in referrals since the last reporting year is unlikely to be maintained, and both activity and caseload levels in 2013/14 up to Q2 appear to be plateauing. There needs to be a strong focus on closing cases appropriately. The process should ensure that referrers are routinely given feedback on progress, including case closure.

Where cases are unlikely to be concluded within a standard target timescale, consideration can be given to setting a challenging but realistic timescale in the multiagency meetings, and managing performance to this person-centred date. The balance should be between avoiding drift, but also ensuring that the safeguarding intervention is effective. Customer consent to information sharing can be improved, and also customer feedback, including on target timescales. The multi-agency approach to case file audit may form the basis for assuring the Board that cases are closed not just within an agreed timescale, but with a good outcome. Performance reporting should therefore move from a focus on process and volumes to an increased focus on effectiveness.

There remains a need to improve senior Board attendance and focus on safeguarding adults across all partners, beyond agencies such as the Police, the NHS and the Council and also to review resource contributions to the Board. There is the potential to develop more efficient processes for monitoring the quality of care provision with less duplication, building on the existing arrangements for sharing information across the Council, the CCG and Care Quality Commission.

Thank you again for being so open and honest throughout this peer challenge. I hope you feel that we have identified both strengths and challenges that are recognisable to you and that can be taken into account as your strategic planning process continues.

Yours sincerely,

Carol Chambers
Director for People

cc Andrew Jepps, Helen Jones, Jon Wilson, Dan Routledge

