

Adult Social Care Department Self-Assessment

February 2024 (Refresh)



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Our self-assessment

The core ambition of the Adult Social Care and Health department at Derbyshire County Council is to support Adults, Young People and Children to live their best lives. We are committed to working in partnership with local people and all stakeholders across our system so that we can collectively continue to refine and deliver on our shared vision to support an environment where the people of Derbyshire and their loved ones enjoy good health and wellbeing, are active, independent and can take personal responsibility for reaching out to quality, integrated support if, and when, they need help.

We are collectively committed to delivering this vision through our Derby and Derbyshire Integrated Care Strategy 2023.

The purpose of this self-assessment is to provide an overview of how this vision is delivered in the context of Derbyshire County Council's Adult Social Care department.

The self-assessment provides an insight into our journey of continuous improvement, outlining our assessment of the effectiveness of our support, areas of strength and areas for further improvement and development.

Following a review and public engagement in 2021, facilitated by Sortified, a social enterprise which specialises in engaging with people with lived experience, a new adult social care strategy, Best Life Derbyshire, was developed and launched in 2022 and summarises our collective vision.

It is founded on people having access to: effective support to maximise and maintain independence which is enabled through collaboration and integrated working with local people and system partners; the best quality of life with people able to make choices that are important to them and to live in the place they call home with people and things they love; and connected communities with people living in their local communities where people look out for one another and do what matters to them.

This strategy defines our ambitions and has six priorities that have the support of elected members, the Council and wider system partners, and which are reflected in the Derby and Derbyshire Integrated Care Strategy. An improvement plan sits behind these priorities and was revised with support from our frontline practitioners following feedback from our annual conversation.

1. **Outcome focused:** Support people to live to their best life independently at home, connected to the community and local resources, stepping in with more help where needed.

2. **Short-Term Support:** helping people recover and regain stability independence and control following a personal crisis or illness

3. **Joining up support:** Working across the system with partners, carers and residents to provide support in a safe, supportive homelike setting

4. **Co –production:** Develop more equal partnerships between people who use services, carers and professionals to deliver better outcomes

5. **Supporting Carers and our workforce:** Recognise and value carers and our social care workforce, and the contribution they make.

6. **Standards and value for money:** Make sure there is a good choice of affordable care and support available across the county with a focus on people’s experiences and improving quality

The effectiveness of our support and delivery of our priorities are monitored through key performance information and the outcomes and impact we have on people’s lives and their communities.

The self-assessment has been constructed around the following themes:

- Theme 1: Working with People
- Theme 2: Providing Support
- Theme 3: Ensuring Safety
- Theme 4: Leadership

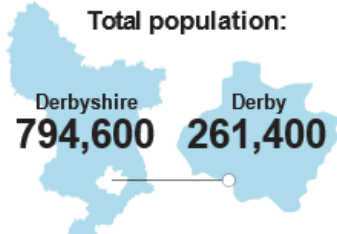
We recognise that our self-assessment will continuously evolve and change to reflect the progress achieved through the delivery of our local “Best Life Derbyshire” improvement plan. We are also aware that we need to continue to engage with our workforce, system partners, and local people so that the self-assessment is widely recognised as a reflection of the support we offer.

Context

The NHS is a key partner for Adult Social Care and for the Council. The Integrated Care System (ICS) provides a strong platform for effective partnership working to tackle our shared challenges associated with the gap between life and healthy life expectancy and the rising demand associated with an aging population.

Our Derby and Derbyshire System

Population size



- 90,900 High Peak
- 71,500 Derbyshire Dales
- 182,300 Bolsover & North East Derbyshire
- 103,600 Chesterfield
- 126,200 Amber Valley
- 112,900 Erewash
- 261,400 Derby City
- 107,200 South Derbyshire



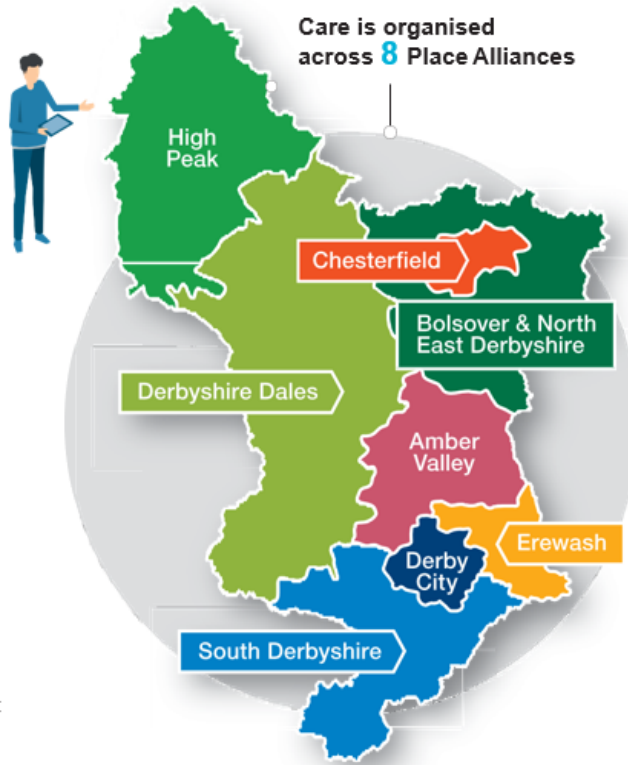
We serve a population of **1.06** million people



...across **114** GP practices



...in **15** Primary Care Networks



Financial position

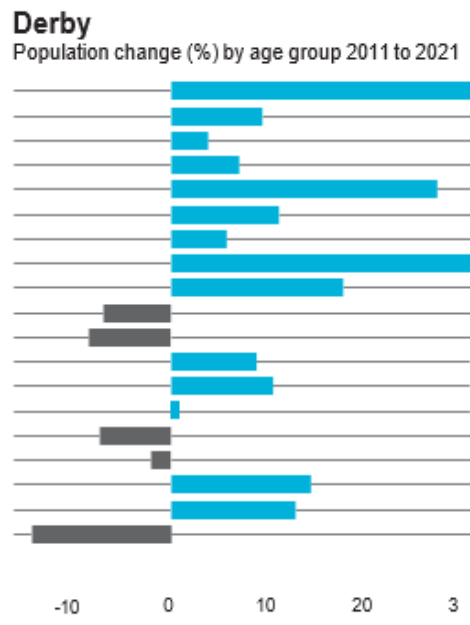
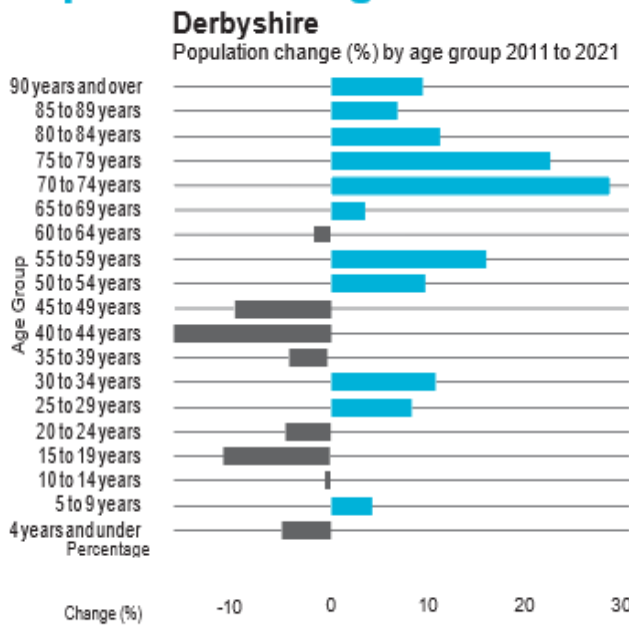


NHS funded services:

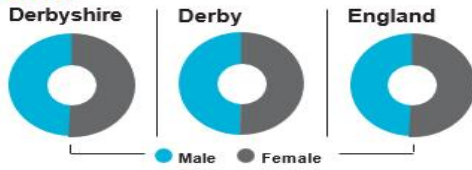
£2.9bn
City Council:
£284m

County Council:
£668m

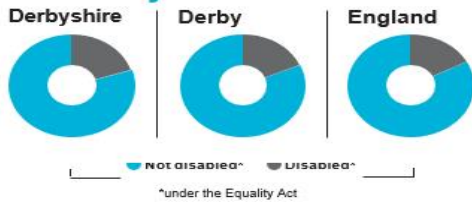
Population change



Sex



Disability



Ethnic group



The other groups are:



- Asian, Asian British or Asian Welsh
- Black, Black British, Black Welsh, Caribbean or African
- Mixed or multiple ethnic groups
- Other ethnic group



NHS Derby and Derbyshire ICB has direct responsibility for:

- the local NHS budget - planning and commissioning of services, working closely with partners across the system
- the delivery of high quality and safe local health and care services
- producing a five-year delivery plan

Our system

- | | |
|--|---------------------------------------|
| 2 Acute Trusts | 1 Ambulance Service Provider |
| 1 Community Foundation Trust | 2 Upper Tier Local Authorities |
| 1 Mental Health Trust | 2 Healthwatch |
| 1 Out of Hours and 111 Provider | 1 VCSE Alliance |



£2.9bn
for NHS funded services



1 Provider Collaborative



A health and care workforce of **53,000** people



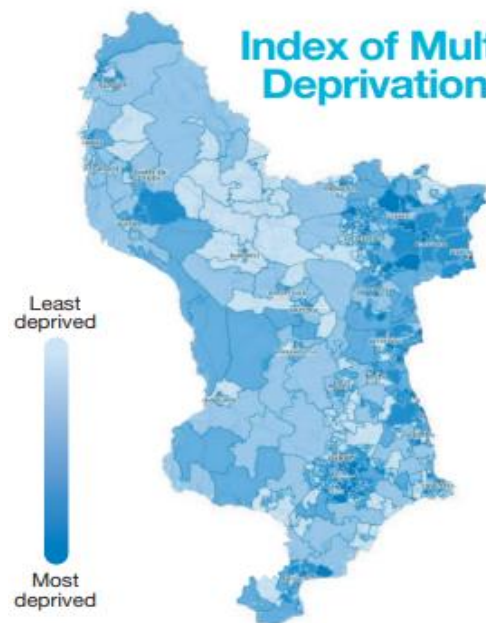
78 Languages spoken

English main language

Derbyshire **98%**

Derby City **87%**

Index of Multiple Deprivation



The Council's vision also strongly underpins the activity of the department both in terms of its Adult Social Care responsibilities and duties but also as part of a wider collaborative whole council approach. The Council's vision is clear that:

“We will work together with our partners and communities to be an enterprising council, delivering value for money and enabling local people and places to thrive”

The Council plan for 2021-2025 includes 4 priorities:



Those four key priorities are supported by a set of delivery actions which are intended to enable an effective response to our two most significant challenges:

- increasing demand resulting from an ageing population
- the gap between life expectancy and health life expectancy

The priorities are met through three key pillars of activity:

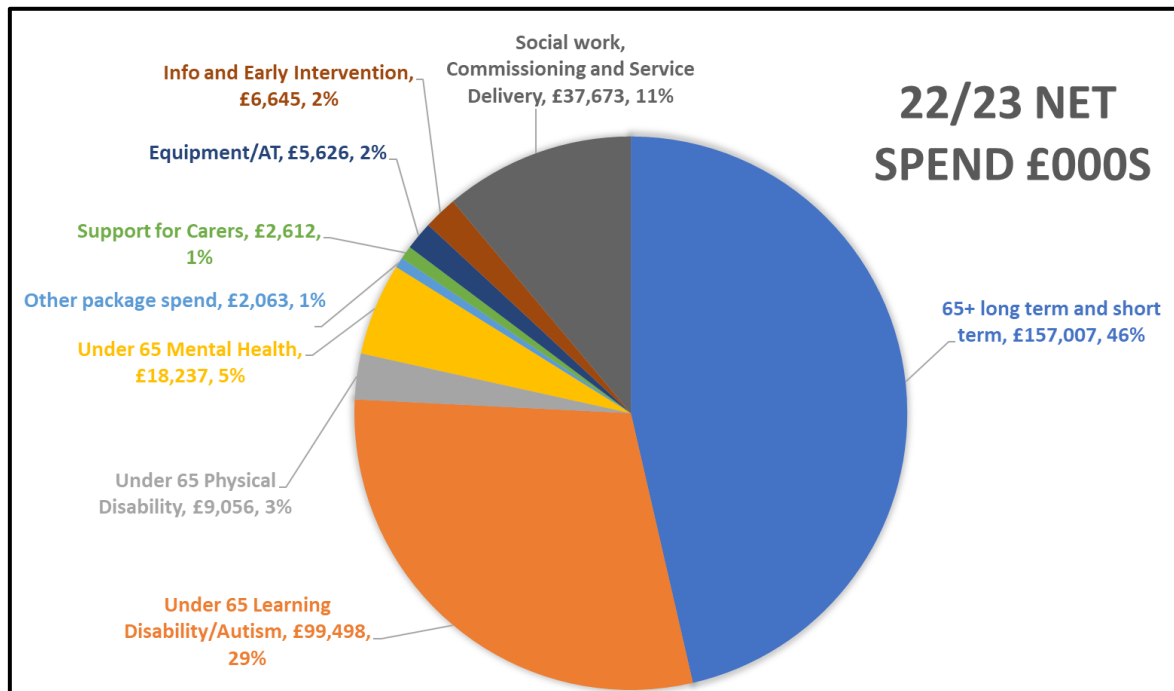
- Enterprising Council
- Thriving Communities
- Vision Derbyshire

“We work with communities to be truly inclusive, vibrant, and resilient, and we work in partnership with our health and social care system partners, including the VCSE, to achieve this. This work in turn ensures that our delivery is consistently aligned to best value principles”.

The Council has a revenue budget of £711.189m in 2023/24 to deliver a broad range of services including its statutory duties and continues to face significant budget pressures as a result of pay and price inflation and rising demand for services as a result of demographic shifts. These budget pressures are driving the overspend in 2023 and resulting in additional financial challenges in 2024/25.

The Council has four departments, Place, Children's Services, Adult Social Care and Health, and Corporate Services and Transformation. Across these departments, the Council employs approximately 11,600 people.

In 2022/2023 Adult Social Care supported 13,774 older and disabled people and 5300 carers and spent £338,417m (net) / £508,282m (gross).



Adult Social Care and Health has a revenue budget of £315.992m and is projecting an overspend of £6.367m in 2023/24. This accounts for approximately 48% of the Council's total budget.

Our Key Strengths

The Adult Social Care department is committed to continuous improvement, and we have a well-established improvement programme with clear priorities. Our approach to change, focuses on enabling people to achieve better outcomes through greater choice, outcome focused planning and delivery, and improved quality of services whilst also delivering substantial cost-pressure reductions and savings for the Council.

Quality monitoring is becoming a key strength with the adult social care services both within our local market and our own directly delivered care services. Our approach to early intervention and effective partnership working supports quality improvement and the journey towards high standards of care.

We have a well-established learning and development offer for all colleagues to enable them to perform well in their roles and to develop throughout their careers. We provide opportunities for professional qualification and academic study and are committed to supporting colleagues' continuous professional development.

We have developed a new practice Quality Assurance Framework which is fully implemented and overseen by our Principal Social Worker and our Practice Standards and Quality team. We implemented a performance report incorporating qualitative measures linked to our strategy in March 2023 and review performance in monthly extended senior leadership team performance meetings. This performance focused culture is being embedded throughout our structures.

Risks and Challenges

We cannot ignore the budget challenges Derbyshire County Council faces. As an Adult Social Care and Health department we recognise that we are an outlier in terms of our spend per head of the population. We understand that this is primarily due to our sizeable directly delivered, in-house, service offer and our historically generous charging policy for people receiving support in the community. We know that we currently support an estimated 14% more of our total population than our nearest comparator neighbours and that this is not a sustainable position in the backdrop of growing demand and reducing resources.

Following the decision to delay national changes to the “Cap on Care Costs”, we took the difficult decision to publicly consult on and revise our Community Charging Policy. This was to support the ongoing sustainability of the department and protect Adult Social Care provision for the people who most need support from the Council.

Like many areas we also have workforce challenges across the sector and although we have an overarching workforce plan and are working across our partnerships through our “Joined Up Careers” Derbyshire activities to address these, they remain as yet not fully resolved.

Our frontline practitioners have a strong commitment to the people of Derbyshire, the Adult Social Care department, and the Council, and whilst we recognise and highly value their commitment and professional practice we are, due to our current pay line arrangements across the Council, unable to offer them a level of remuneration which reflects that of our closest neighbours. We have utilised the Market Sustainability and Improvement Fund to make recruitment and retention payments in 2023/24 both to show our commitment to colleagues working in the most difficult to fill roles but also to support our risk mitigations around workforce capacity.

We are continuing to face increased demand and we must strengthen our system partnership approach to create sufficiency and sustainability of our offer for local people.

Our Senior Leadership Team has experienced change over the past 12 months; however, the current leadership programme and our strong leadership culture has and will continue to mitigate this.

As a department, we need to strengthen our approach to co-production and participation. Whilst we have co-produced and published a participation strategy, we

need to establish more formal feedback cycles to ensure “local voice” is embedded within our strategic and local planning.

Our Track Record of Improvement

The Council has been working to transform its delivery of Adult Social Care via the “Best Life Derbyshire” improvement programme. We have embarked on a redesign of our own in-house provision recognising our responsibilities towards the wider market and the importance of the promotion of direct payments.

We have had considerable success in improving outcomes for people with a learning disability and / or who are autistic and have strong performance with high numbers of people living within their local communities.

We recognise the need to expand our reablement offer for older people to meet current and future demand and have redesigned our model, developing multi-disciplinary Short-Term Assessment and Reablement Teams within each locality. This was implemented on the 15 January 2024 and will align with our local Derbyshire Community Health Service reablement offer and enable us to continue to work across the system to improve the community offer for local people. Across system partners we are developing an ambitious system wide programme to build on the success of Team Up and Living Well.

We continue to work in partnership with key stakeholders to develop our Place Alliances recognising the difference and diversity across Derbyshire and the need for local development, alongside the strategic vision, of support and services.

The Derbyshire Health and Wellbeing Board sets and oversees the strategy developed to improve the health and wellbeing of the people of Derbyshire and leads a whole system partnership approach to delivering against a series of priorities that aim to increase healthy life expectancy and reduce differences in life expectancy and healthy life expectancy across differing communities.

The strategy is developed utilising data within the Joint Strategic Needs Assessment which is also utilised to inform future planning and commissioning of health and wellbeing services across the Derbyshire system.

Theme 1: Working with People

Associated Quality Statements		
Supporting people to live healthier lives	Assessing needs	Equity in experiences and out- comes
<i>I can get information and advice about my health, care, and support and how I can be as well as possible – physically, mentally, and emotionally.</i>	<i>I have care and support that is coordinated, and everyone works well together and with me.</i> <i>I have care and support that enables me to live as I want to, seeing me as a unique person with skills, strengths, and goals.</i>	<i>I have care and support that enables me to live as I want to, seeing me as a unique person with skills, strengths, and goals.</i>
We support people to manage their health and wellbeing so they can maximise their independence, choice and control, live healthier lives and where possible, reduce future needs for care and support.	We maximise the effectiveness of people’s care and treatment by assessing and reviewing their health, care, well- being and communication needs with them.	We actively seek out and listen to information about people who are most likely to experience inequality in experience or outcomes. We tailor the care, support, and treatment in response to this.

In 2022/2023 there were over 32,000 new contacts made to Adult Social Care with 70% of those contacts signposted or connected to early help. In order to develop new and innovative ways of working and to support people to have better opportunities to self-serve, and to help manage demand for the Council, we have further developed our information and advice offer with the introduction of an on-line information finder. This has been jointly developed with local people and we are currently piloting an on-line self-assessment. We have additionally refreshed our Best Life Derbyshire care directory which enables members of the public to access information in a paper format. These have received good feedback from local people.

We work alongside our corporate colleagues in the Council’s call centre, Call Derbyshire, and our Adult Care Assessment and Triage Team screen all referrals which appear to be related to adult social care needs. We have integrated discharge hubs in the local acute hospitals and have used the Discharge Grant to fund a Discharge Assessment and Review Team to ensure people receive a timely service and are fully supported when leaving hospital.

The establishment of our Central Reviewing Team has enabled our Locality Teams to prioritise assessment and safeguarding duties.

We do have waiting lists for both Social Care and Occupational Therapy assessments and we have introduced a prioritisation tool which enables us to ensure

a consistent approach across our department to the prioritisation and allocation of people with the highest needs and associated risks. We have invested in a new Occupational Therapy offer and are implementing a strategy to manage demand more effectively enabling people to maximise their independence and reduce their need for care and support.

We have expanded our Direct Payments Team and are making good progress in increasing the number of new people accessing a direct payment to meet their social care outcomes. This has included the offer of short-term direct payments which enable creative contingency planning in the community, and hospital discharge planning at pace and also enables carer breaks. This initiative has allowed us to trial a new approach and we are embedding the learning to build on the success of this going forward.

We have funded additional brokerage roles and reviewed and revised our brokerage processes to improve how we source long term homecare support for local people.

We commission Derbyshire Carers Association to provide:

- Carer specific advice and information
- Carers’ assessments and support planning, including Carer direct payments
- Meaningful crisis and ongoing support
- Carer emergency plans

Specific Examples of Evidence

Strengths-based practice with people who have a learning disability &/or who are autistic	How do we know?
<p>We have reviewed the way we work alongside people with a learning disability and/or who are autistic to embed a person centred and outcome focused approach to practice.</p> <p>We have embedded the use of the 24/7 grid (tool designed by a carer with lived experience) which promotes a blended approach to support and the most independent opportunities.</p>	<p>83 people aged 18-65 have moved out of residential care into supported living following an outcome focussed assessment and support plan. With a further 44 people in the process of moving (252 reviews completed so far).</p> <p>547 people with a learning disability and / or who are autistic who previously attended a day centre have had a person-centred review.</p> <p>450 have had a significant change to their support plan following review with more inclusive community activity and an outcome that is supporting them to live the life they want to.</p>
<p>We have revised and expanded our Community Connector service to</p>	<p>694 completed connection plans with people - 614 have multiple connections 'blended' support, 168 people supported</p>

<p>increase the number of people able to access this.</p>	<p>into voluntary or paid work, 175 learnt new skills, 109 travel trained, 267 support into exercise and health activity, 69 into education, 296 into social activity and 293 for community groups.</p>
<p><i>“I love my new flat & have been out & bought myself a slow cooker & made myself a stew” - Person supported via this approach</i></p>	
<p>Increase the Usage Of Direct Payments</p>	<p>How do we know?</p>
<p>We have taken a three project-stream approach to expanding the number of people accessing direct payments.</p> <ul style="list-style-type: none"> • Increasing capacity in the direct payment team to provide individuals with the information and support to choose a direct payment, along with supporting social work staff confidence. This has also enabled us to set up short term direct payments quickly. • Internal and External promotion which includes staff training, developing e-learning, notice board case studies, attending meetings/ events with partners and publications including co-producing a poster. • Reviewing the direct payment support services to expand Personal Assistant and micro providers in Derbyshire, to ensure individuals have services and PAs available when choosing a direct payment. 	<p>We monitor the number of new direct payment users within our monthly service plan reporting. Since April 2023, 1159, new people have started to use direct payments to meet their assessed adult social care needs. This includes 684 people who are using these on a long-term basis to meet assessed needs, and 475 people who are using direct payments on a short-term basis.</p> <p>290 people ended their direct payment during the last 12 months including:</p> <ul style="list-style-type: none"> • 80 people who have moved to a placement setting (residential/ nursing) • 60 people who no longer require long term support • 43 people who have moved to commissioned support • 15 people who have moved into supported living • 13 people who have moved out of area • 17 people who have become self-funders • 24 people who are now being supported through Health funding <p>We also monitor the total number of people who use direct payments. There are 2294 people using a direct payment in February 2024.</p> <p>We intend to also measure the following going forwards:</p>

	<ul style="list-style-type: none"> • The number of introduction links made. • The number of employers successfully recruiting PAs (currently measured by our provider of employment support). • The number of PAs securing work.
Reduced Homecare Waits	How do we know?
<p>This has been achieved through the transformation of our business process and sustained work on recruitment with local providers in our market. Work is ongoing and in addition we are about to develop a trusted reviewing pilot.</p>	<p>Following system changes we have significantly reduced the number of people waiting with brokerage for homecare services from 216 to 29 people and reduced the number of people waiting for allocation to brokerage from 284 triaged and awaiting allocation in August 2023 to 25 people. People without active support are prioritised and new work is transferred from awaiting allocation as soon as Brokers have capacity.</p>
Prevention offers enabling people to maximise independence & improve/maintain good health & wellbeing	How do we know?
<p>We have continued to invest in good quality prevention services to reduce, prevent and delay need. A range of services are delivered by the VCSE and ASC market alongside some in-house delivery. We have focused our prevention and Health and Wellbeing offer through our Public Health Team, this joined up and co-ordinated approach within the department enables us to ensure prevention activity is prioritised and sustained.</p> <p>These services also include a Health and Wellbeing Team which provides an evidence-based model of health and wellbeing coaching to support people to achieve their expressed outcomes and a Home from Hospital Service supporting people's discharge home on pathway 0.</p>	<p>In 2022/23, 275 people were supported by the Health & Wellbeing Team to achieve their vision of a good life, including 31 carers/family members.</p> <p>Outcomes achieved included: better connection with communities; employment and training places; improved home safety; reconnection with family/friends and use of skills to support others.</p> <p>4609 people used the assistive technology service to support their independence; 392 people accessed the Home from Hospital service for support with hospital discharge; 2530 people accessed non-statutory advocacy services; & 13155 carers accessed information & advice with 4815 receiving continuing support.</p>

Our 'Simple Service' for low level equipment provision including assistive technology is led by Occupational Therapists. Assessments are completed digitally or over the phone and this reduces unnecessary delays and can prevent the need for increased care and support.	44% of referrals were successfully concluded where triage assessment, advice, equipment, or signposting sufficiently addressed presenting needs.
We run 76 community support step-up/step-down beds funded and supported by our health partners. A Multi-Disciplinary Team (MDT) approach provides an effective assessment and reablement intervention to prevent unnecessary hospital admission & enable safe discharge. This service is available for up to 6 weeks to maximise independence.	Average length of stay has been approximately 3.5 weeks with an average 75% of people who have finished their reablement being discharged home with homecare support.
<p><i>“I wouldn't have had a clue about what I was entitled to or where to go to for help. Thank you for being there, listening and all your support it's really helped me get through a difficult time” - Person who accessed support from the Health & Wellbeing Team.</i></p>	
Supporting carers to live healthier lives through access to information and advice, assessment, and support planning.	How do we know?
We commission an all-age carers service funded through the Better Care Fund, provided by Derbyshire Carers Association who offer a range of support to young carers, young adult carers and adult carers in Derbyshire, on behalf of the ICB, Adult Social Care and Children's Services.	<p>We have a very low number of carers waiting for carer assessment and support as our emphasis is on timely and proportionate interventions, that best meet the needs of the individual carer, including an instant access carer helpline and online pop-up chat, community drop ins, clinics, home visits.</p> <p>There is an effective triaging process within the carers service that ensures carers who present with the greatest need are prioritised and the adult social</p>

	<p>care Carer Liaison Worker also coordinates referrals from adult social care, to aid prioritisation and accurate triage, agree carer personal budgets and emergency planning, to enable a consistent, cohesive and equitable approach in supporting whole families.</p> <p>The 'Carers Voice' steering group is central to carer service design and draws on contributions from carers (and their families) of all ages, recognising them as 'experts by experience'. The carer's service has piloted a model of engagement and coproduction led by a specialist worker in both the High Peak and South Derbyshire, that creates listening spaces for carers to actively get involved and this has successfully included those from diverse and vulnerable communities. Feedback is also invited through evaluation forms and projects (e.g., Derbyshire Diverse Carers) and an annual satisfaction survey and going forward, will be relayed to system Boards through highlight reporting and via the close partnership with Healthwatch.</p> <p>The carer's service works in partnership with individual carers and groups, utilising online discussions, telephone calls and involvement in system projects and partnerships. The service has adopted a range of techniques for supporting discussions e.g., visual aids and practical tasks for young carers, with the production of a 'You Said, We Did' document, to share progress and accountability, through outlining the changes that have been implemented as a direct result of carer involvement.</p>
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“I found the support from the carers service invaluable to my experience whilst caring for my dad. I didn’t realise the scope of support available until I became part of a carers group.”

To Maintain

- To continue to use the Derbyshire Imosphere Resource Allocation System (RAS) to calculate personal budgets ensuring fair and equitable allocation.
- To continue to offer short-term Direct Payments to enable hospital discharge, continue to expand the number of people accessing a Direct Payment and measure success against agreed targets.

Plans to Improve

- Further strengthen our offer for unpaid carers through the delivery of a co-produced delivery plan, and by continuing to learn from and act on feedback.
- Expand our shared lives offer to increase the number of placements available and to make these accessible and appropriate for people with a range of needs.
- Improve recording of ethnicity and other protected characteristics to better understand how accessible adult social care is.
- To develop and embed a co-produced approach to support people to wait well.

Theme 2: Providing Support

Associated Quality Statements	
Care provision, integration and continuity	Partnerships and communities
<i>I have care and support that is coordinated, and everyone works well together and with me.</i>	<i>Leaders work proactively to support staff and collaborate with partners to deliver safe, integrated, person-centred and sustainable care and to reduce inequalities.</i>
We understand the diverse health and care needs of people and our local communities, so care is joined-up, flexible and supports choice and continuity.	We understand our duty to collaborate and work in partnership, so our services work seamlessly for people. We share information and learning with partners and collaborate for improvement.

We have strong market position statements, informed by our Joint Strategic Needs Assessment, which reflect the emerging and changing needs of our local population. To inform the development of our Best Life Derbyshire strategy, we commissioned a provider in 2021 to support adult social care to engage with local people on what matters most for them and their expectations. We received strong and consistent feedback from local people that they wish to remain living in their own homes accessing local resources and maintaining and extending their connections with their communities.

All homecare support is sourced through spot purchasing, except in some rural areas where a small number of block arrangements are used to deliver a consistent demand for providers which enables continuity of support for people. A home care framework has been procured during 2023/24, as a key strand of our homecare strategy, to facilitate strengthened commissioning arrangements, improved market oversight and increased capacity. Our in-house homecare service has been redesigned and is focusing on a short term reablement offer.

All residential placements are spot purchased and we have nursing care sufficiency challenges in some more rural parts of the County where services have closed or there are restricted admissions. In addition, we face risks in relation to provision operated by sole traders within settings which require action to bring in line with current market conditions in terms of size and build.

We operate a day opportunities framework with 40 providers delivering a range of opportunities across the County.

Older people are the highest users of residential, nursing and homecare services with adults with a learning disability and, or who are autistic, being the highest users of supported living and day opportunities.

The previous DASS co-led on the establishment of PLACE for the system. An Integrated Place Executive (IPE) has been meeting since 22/23 which spans the geography of the Integrated Care System, and a Place Partnership Board for the County (on the County Council Footprint) has been meeting since December 2022. The role of adult social care in the Local Place Alliances (district boundaries) has been refreshed and group managers have been attending these since April 2023 and lead on the key area of priority identified in the ICP. To solidify the approach relating to the key area of focus, a strategy document for integration between Derbyshire Community Health Services, Derby City Council and the County Council was published in April 2023 to outline our shared vision, key strategic objectives, and operating model for community integration for older people and people with long-term conditions. This was received by the IPE, County Place Partnership and Local Place Alliances to enable delivery and oversight of effective delivery.

The DASS and Portfolio Holder also sit on the Health and Well-being Board. Our Voluntary Community Social Enterprises (VCSE) partners are integral to the successful delivery of our Council and system plan. Over the past 18 months the Council has worked to review the process for the allocation of grants to enable fair and equitable access across the whole of the County enabling individual communities to be supported by services most appropriate to local need. Health and social care commissioners are working with the VCSE on our commissioning intentions for the future to enable them to collaborate, mobilise and plan ahead. Two system posts are supporting the VCSE Alliance with this. Existing VCSE services meeting eligible need have been transferred to formal ASC contracts.

Derbyshire County Council and Derbyshire Community Health Services (DCHS) are currently progressing their 'Working Together Better' programme, working collaboratively to deliver an effective 'Pathway One' service which provides responsive assessment, short-term intervention and reablement to support people to remain at home in times of crisis (Urgent Community Response), support timely discharge and enabling more people to remain in a place they call home. The programme's scope includes the Council's short-term services (including Occupational Therapy) and DCHS's rapid services and community response teams. The approach includes integrating roles, upskilling where appropriate, co-location of colleagues, and joint training and recruitment.

This forms part of the Team Up Derbyshire directive which aims to create one team across health and social care in Derbyshire by teaming up existing services to help create additional capacity. This includes a wider collaboration with general practice, mental health, and the voluntary and community sector, all working together and with their local communities. This integrated way of working improves communication to provide safer coordinated care and supports safe transitions between different community services. The Integrated Care Transfer Hubs based within the two largest acute hospitals enable health and social care colleagues to work in a co-located environment supporting safe discharges from hospital into community services.

Our implementation of the Derbyshire Shared Care Record across our health and social care system is enabling improved efficiency and access to information and will support improved outcomes for local people.

We have worked collaboratively as a health and social care system with people with lived experience over the past two years to co-design and deliver a community multi-agency mental health offer, integrating colleagues from primary and secondary care, statutory and voluntary sectors, and people with lived experience. This Living Well Team provides mental health and wellbeing support across the range of challenges people face. Support provided by the team is person centred, holistic and easy to access. It enables people to seamlessly move through different types of help, advice, and support, and will connect with the wider community and network to ensure that every person gets the help they need and is able to flourish.

Adult social care maintains strong assurance relationships with providers, the Care Quality Commission (CQC) and with the Integrated Care Board. This enables effective quality assurance and improvement work to be delivered at pace to safeguard people who use these services and enables providers to deliver improvements with appropriate support.

Specific Examples of Evidence

Quality of community-based support at home	How do we know?
We have invested in delivering a proactive approach to improving quality in our market and we work effectively with providers and partners to achieve and maintain good quality care standards and protect people from harm.	89% of our registered homecare services in Derbyshire are rated “Good” by the Care Quality Commission.
<p>We have clear and transparent quality assurance and monitoring frameworks in place to measure the overall quality of provision and triangulate information gathered.</p> <p>Quality is measured against contractual terms and conditions, core standards and the delivery of outcomes.</p>	Recent review highlighted effective partnership working when formal intervention is required with collaboration identified across ASC’s Contracting & Compliance team, frontline assessment teams, ICB & other partners.
A risk tool is maintained for every service which informs RAG ratings and action plans are developed and	A review of ASC Contracting and Compliance activity completed for a current Safeguarding Adult Review highlighted good practice and effective

<p>delivered within specified timescales to support providers and to mitigate risks.</p> <p>We regularly review impact and risk evaluation informs the frequency of quality monitoring visits and any action.</p> <p>A traffic light report for the whole market is maintained alongside a detailed list of providers where concerns have been identified. This informs ASC and partnership action and there is daily communication to share risk ensuring the most appropriate agency is deployed and all parties are sighted on latest intelligence.</p>	<p>use of intelligence to inform support and intervention with a provider.</p>
<p>System-wide work to transform our community mental health offer-Living Well</p>	<p>How do we know?</p>
<p>We have worked alongside the Innovation Unit to prototype and develop the new model, which has been co-produced with experts by experience, family carers and staff working in the locality.</p> <p>The model is based on a shared set of values and principles. It seeks to close the gap between primary and secondary care for people with mental ill health, offering a holistic accessible offer of support that addresses both clinical need and wider determinants of health using a strengths-based approach.</p> <p>Our model incorporates recovery and peer support workers which form the VCSE part of the MDTs for Living Well county-wide.</p> <p>We also jointly fund Mental Health Together who recruit and support Experts by Experience involved in the transformation.</p>	<p>In 22/23: 546 people received 1:1 targeted support from the service.</p> <p>There were 81 peer support groups active across the county.</p> <p>518 people were supported by the service to achieve their personal support goals.</p>
<p>Work to increase age-appropriate accommodation</p>	<p>How do we know?</p>

<p>We have revised and published our accommodation strategies and are working on new formulas to accurately predict projected demand on a more granular level across all eight district and borough areas.</p> <p>We have published a refreshed Market Position Statements for Accommodation and Support to communicate our projected need across the County regularly to the market and work with partners, including providers, to shape new provision.</p> <p>We have a Housing and Health Strategic Group with a wide membership of District & Boroughs, ICB and ASC colleagues.</p>	<p>Our accommodation strategies have influenced the district and borough Local and Neighbourhood Plans and we have strong strategic planning relationships with housing officers.</p> <p>We have successfully identified 6 sites across the county during 2022/23 to increase the availability of age-appropriate housing in collaboration with our district and borough partners.</p> <p>We have used corporate land / property assets as an incentive to attract developers and providers into Derbyshire to build bespoke accommodation schemes e.g. extra care / specialist community care centres.</p> <p>We are working with our corporate asset management team to identify further opportunities to deliver step-up/step-down services and appropriate accommodation for people within the Building the Right Support cohort.</p> <p>We have supported development of the Derbyshire Homelessness and Rough Sleeping Strategy 2022-27 and a joint Homelessness Project Officer has been appointed to deliver against the Strategy (jointly funded by 8 x District/Borough Councils).</p> <p>Our Winter Pressure Single Contact Point work benefitted 176 people in 22/23.</p> <p>Recommendations from our Housing and Health Impact Assessment 2022²⁸ for Derbyshire Private Sector Housing are being agreed to ensure category 1 HHSRS hazards such as damp and mould, excess cold and falls risks are addressed to improve health outcomes.</p>
<p>People whose behaviours may challenge</p>	<p>How do we know</p>

We have worked in partnership to improve outcomes for people in the Building the Right Support pathway as we recognised that this was an area of comparative weakness for us which NHSE had confirmed in 2022.

In the past 12 months we have:

- Supported 5 people to leave inpatient settings and move into bespoke community placements.
- Established a range of new provision across the county that will help support current demand and prepare for the future.
- Improved our oversight of allocation of specialist resources.
- We have developed and implemented enhanced quality assurance processes such as the SEAL (Safe, Effective, Affordable, Legal) Application for Funding, and the Gateway to support off-framework commissioning.
- Improved partnership working processes to optimise our joint working efficiency.
- A deepened strategic understanding of our local Provider market.
- Reduced oversight from NHSE due to increased grip and performance management linked to the Long-Term Plan.

“Having spent many years previously as an inpatient, where I am now is the best place that I've lived - I'm in the community, with my own friends, my own belongings, and my own apartment that I take pride in looking after. I have staff who help me when I need it, but I also feel supported to take ownership of different parts of my life, such as money, medication, and how I spend my time.”

To Maintain

- Our track record in delivering quality improvement in our directly delivered registered services and subsequently supporting all services to maintain their current “good” rating as well as supporting remaining services to achieve a “good” rating when they are first/next inspected.

- Our well-established and effective provider improvement processes to maintain the high quality of care at home, supported living and residential care for 18-64 year olds delivered in our local market.
- Our work with health partners to jointly commission key services taking a best value approach including on key contracts such as the Integrated Community Equipment Service, advocacy, carers support.
- Continue to address our workforce challenges via our regional approach to overseas recruitment, continued collaboration with providers, delivery of our market sustainability plans, and continued delivery of our system-wide workforce strategy and plan.
- Ensure sustainability via the fair cost of care.

Plans to Improve

- To work with partners to revise nominations and allocations policies for extra-care housing to ensure this is accessible to people at risk of developing health and social care needs
- To review our model of support for people living in extra-care housing to ensure it meets the holistic needs of residents and is best value.
- Development of the necessary qualitative and quantitative data sets to monitor delivery and impact of our Housing and Health Impact Assessment
- To continue to work with partners and providers to drive quality improvements across our residential and nursing care provision in our local market.
- To continue our journey concerning the proposed redesign of the direct care services offer ensuring an enablement, reablement and progression emphasis to enable people to plan for their future and to be supported to become as independent as they can be, with the aim of improving outcomes for local people and ensuring the most efficient use of public money.
- Continue to ensure people can access the care they need when they need it via expansion through the wider system our work with Team Up, and further delivery of our Building the Right Support Action Plan.
- The development of a prevention strategy.

Theme 3: Ensuring Safety

Associated Quality Statements	
Safe systems, pathways, and transitions	Safeguarding
<p><i>When I move between services, settings or areas, there is a plan for what happens next and who will do what, and all the practical arrangements are in place.</i></p> <p><i>I feel safe and am supported to understand and manage any risks.</i></p>	<p><i>I feel safe and am supported to understand and manage any risks.</i></p>
<p>We understand the diverse health and care needs of people and our local communities, so care is joined-up, flexible and supports choice and continuity.</p>	<p>We work with people to understand what being safe means to them and work with our partners to develop the best way to achieve this. We concentrate on improving people's lives while protecting their right to live in safety, free from bullying, harassment, abuse, discrimination, avoidable harm and neglect. We make sure we share concerns quickly and appropriately.</p>

Adult social care maintains effective working relationships with partners across the County which support improved safety for people in receipt of multi-agency services and support and for those who transition between services. We work in partnership with our Children's services to deliver our transitions strategy which is improving the outcomes of young people preparing for adulthood and transitioning from children's to adult social care services.

We have strong representation at the Derbyshire Safeguarding Adults Board, including at all subgroups, the Derby and Derbyshire Prevent Board, the Multi Agency Public Protection Strategic Management Board and with the Community Safety Partnership Board and subgroups, including the Domestic Homicide Review Group and the Modern Slavery Partnership Board. Colleagues represent adult social care on MAPPA level two and three panel meetings and provide a social care perspective to need and risk assessment and management. We have a team of social workers dedicated to providing in-reach and assessment to people detained in the local prison estate ensuring a responsive and effective service to those with adult social care needs.

Adult social care works effectively with partners to address emerging need, and this is evident in our partnership approach to tackling modern slavery in health and social

care settings. We have developed local guidance which has been shared by partners with the Local Government Association (LGA) Modern Slavery Network and the Modern Slavery and Organised Immigration Crime Coordinator for the East Midlands Region, and both intend to share this across the network for use by other local authorities and other regional police forces.

There are 334 people who are currently residing in out of area placements outside of Derbyshire. Our central reviewing team is working with people placed outside of the county to review their needs and consider with them whether their needs would be better met within Derbyshire. 58 of these were the only available placement that could meet assessed needs, 35 were requested by family, 11 were requested by the person themselves and 11 were closer to home than other parts of Derbyshire.

We moved away from our previous “allocated worker” model in January 2024 with colleagues now allocated until a specific intervention has been completed rather than on a continuous basis. This has enabled us to effectively use the personnel resource we have to prioritise assessments and safeguarding work in our frontline teams, with a newly established central reviewing team prioritising review.

We embedded a new structure across our frontline social work and occupational therapy teams in the middle of January 2024 at the same time we established our redesigned reablement and short-term service (START). This new structure has affected colleagues’ caseloads with higher assessment caseloads currently allocated to those colleagues working in our long-term social work and long-term occupational therapy teams than in the rest of the department. We anticipate it will take several months for the new structure, processes, and pathways to be fully embedded and for average caseloads to change as a result. We continue to monitor caseloads via performance reporting and supervision and ensure these remain at safe levels.

We implemented a conscious approach of mutual aid in adult social care in 2023 to mitigate the risk of disadvantage for people living in areas with insufficient practitioner capacity to meet demand for assessment, unplanned review and safeguarding. Alongside this, we have also recently implemented a new approach to enable people in one of our areas of high demand to wait well pending allocation for assessment. This model includes allocation of community connectors to support people to access appropriate services and resources in their local community whilst waiting for allocation.

Our safeguarding performance has been one of our key priorities for improvement in 2023/24. To deliver the necessary improvements, we have revised the forms on our casework electronic system and made several fields mandatory to improve recording of Making Safeguarding Personal and additionally revised our Making Safeguarding Personal training module to ensure this meets the needs of practitioners. The revised forms were implemented in April 2023. Whilst continued improvement is required, Making Safeguarding Personal performance has started to improve in 2023/24 with 57% of people recorded as having been asked about their outcomes in December 2023 in comparison with 44% in April 2023.

We have also revised our recording policy to ensure that both aspects meet the needs of practitioners and support continuous improvement. Audits have highlighted a lack of consistent recording of safeguarding activity which affects the accuracy of performance reporting. To address this, we invested in recording training for practitioners in 2023/24 and commissioned this externally with the whole of the assessment workforce asked to enrol in the training programme. Sixty-eight percent of our assessment workforce had completed the training by October 2023.

Specific Examples of Evidence

Collaboration & commitment to safeguarding	How do we know?
<p>We have strong partnerships which are formalised via our Safeguarding Adults Board which support effective operational relationships across the County.</p>	<p>We have a range of partnership policies & procedures to enable a co-ordinated approach to safeguarding interventions across the County. We have a well-established and effective Vulnerable Adults Risk Management (VARM) process which is jointly funded by the 3 statutory partners. Several other SABs have adopted the Derbyshire model & we are completing a peer review with those Boards in 2024/25 to enable shared learning & improvement.</p>
<p>We have invested in a dedicated safeguarding assurance team alongside a safeguarding & practice standards group manager to improved support practice.</p>	<p>Following collaboration and training to address inappropriate referrals in line with safeguarding thresholds, which was co-facilitated by Derbyshire police and adult social care, the volume of referrals from the police to adult social care reduced by almost half from June 2022 (140 referrals) to September 2022 (76) referrals, whilst the quality & appropriateness improved.</p> <p>The conversion rate from referral to s.42 enquiry improved and increased by approximately 15% from Quarter 4 of 2022 to the same period in 2023.</p> <p>Audits conducted in 2023/24 identified increased evidence of due consideration being given to consent & capacity by frontline police officers & of police officers successfully connecting residents with health services when there was no role for adult social care.</p>

	<p>In partnership with the Principal Social Worker, the team has developed and implemented safeguarding practice standards and a safeguarding audit tool. It completes thematic reviews of completed audits and manages the associated moderation panel, ensuring learning is shared with frontline colleagues and informs future training, policy development and practice.</p>
<p>We have invested in our Deprivation of Liberty Safeguards capacity using the Market Sustainability and Improvement Fund to reduce the number of people waiting for Deprivation of Liberty Safeguards.</p>	<p>The number of people waiting for deprivation of liberty safeguards in Derbyshire has reduced from 2608 people in September 2023 to 2193 people in February 2024.</p>
<p>Transitions offer</p>	<p>How do we know?</p>
<p>We have a strong approach to transitions with our children’s social care department and our performance is monitored via our Transitions Board. Our improvement work has focused on improving the experience and outcomes for young people and their parents/ family transitioning using a planned and outcome-focused approach to achieve their best possible outcomes in life.</p>	<p>Between November 2021 – December 2023 165 young people accessed our transitions offer. Of these:</p> <p>76 achieved a more independent outcome when they transitioned through to adults than predicted and are receiving support through supported living, direct payments and shared lives.</p> <p>6 young people achieved an independence level that they no longer required support from Adult Social Care.</p> <p>Our Community Connector service expanded its focus in July 23 to include young people from the age of 14. In the last 12 months, the service has supported over 60 young people under 18 preparing for adulthood with a learning disability and/or who are autistic to maximise their opportunities for achieving independence.</p>

To Maintain

- Embed the safeguarding practice standards & related audit activity using learning to inform future safeguarding training, policy & improvement activity.
- Continue to hold safeguarding community of practice meetings to enable shared learning.
- Retain our strong ASC representation at Safeguarding Adults Board & all sub-groups
- Retain the leadership & development of the EM ADASS safeguarding community of practice to enable a regional approach to safe management of rising demand for safeguarding and drive improvements to the quality of referrals.
- Continue to embed the transitions panel ensuring all children & young people with care have a post-18 plan.

Plans to Improve

- Revision of the safeguarding adults board partnership decision making guidance to clarify when the Vulnerable Adult Risk Management procedure should be initiated rather than safeguarding.
- Develop and implement qualitative and quantitative measures to monitor the impact of the VARM procedure.
- Continue to deliver our targeted approach to reduce the number of people waiting for Deprivation of Liberty Safeguards.
- Continue to improve recording of people's expressed outcomes, their views/those of their advocate as to whether these have been met & whether risk has been reduced, removed, or has remained the same.
- Continue to prioritise people residing in out of area placements for review.

Theme 4: Leadership

Associated Quality Statements	
Governance, management, and sustainability	Learning, improvement, and innovation
<p>We have clear responsibilities, roles, systems of accountability and good governance to manage and deliver good quality, sustainable care, treatment, and support.</p> <p>We act on the best information about risk, performance, and outcomes, and we share this securely with others when appropriate.</p>	<p>We focus on continuous learning, innovation and improvement across our organisation and the local system.</p> <p>We encourage creative ways of delivering equality of experience, outcome, and quality of life for people. We actively contribute to safe, effective practice and research.</p>

We have reviewed and strengthened our supervision policy and are trialling, in advance of full roll-out, the use of an app to measure compliance with supervision and performance appraisal expectations in adult social care. We expect to implement use of the app by 1/5/24 and our target is to achieve 90% compliance for supervision and appraisal by the 1/11/24.

We have used the Market Sustainability and Improvement Fund to increase Service Manager and Senior Practitioner posts to further support the welfare of our colleagues and ensure that all colleagues receive regular and high-quality supervision and personal development review meetings.

We have finalised and published our adult social care workforce strategy to enable us to ensure sufficiency & resilience of our whole market workforce and continue to work with system partners via Joined Up Careers Derbyshire to address this.

We have identified co-production as a priority for improvement and have published and implemented our participation strategy, which has been co-produced with people with lived experience, and are developing a training package for colleagues and people with lived experience to enable effective implementation.

We have also strengthened our approach to quality assurance via publication of our revised quality assurance strategy and the development and maintenance of a corresponding risk register. We have also launched a quality assurance practice framework and are monitoring delivery of our training plan across our assessment & direct care workforce. We held our first joint Practice Week for colleagues working in children's and adult social care services in January 2024 on the theme of "Think Family" to ensure protected time for colleagues to have opportunities for shared learning.

We have worked hard to further embed our culture of colleague engagement and communication via forums, Executive Director emails, practice bulletins and via our adult social care Connect pages.

Specific Examples of Evidence

Governance	How do we know?
<p>We have strong governance arrangements in place in ASC.</p>	<p>We keep the portfolio holder, wider Cabinet and the Corporate Management Team appraised of performance. The Council takes a collaborative approach to risk through departmental and corporate risk registers. We hold weekly senior leadership team meetings, fortnightly directorate management team meetings and monthly directorate management performance meetings. The agendas for our meetings include discussion of highest priorities and areas of risk and include decision making on mitigations. Our Quality Assurance (QA) board meets six weekly to review quality across all areas of ASC activity. All meetings are minuted with decision and action logs in place for SLT and DMT meetings. The departmental risk register is reviewed and revised quarterly in the DMT meeting and a risk register is in place for the QA board which is reviewed each quarter</p>
<p>Our Best Life Derbyshire Transformation Board has appropriate terms of reference, reporting to the Adult Social Care and Health Board and the Portfolio Delivery Group.</p>	<p>The Board provides visibility & assurance to the wider council and is meeting its milestones and revised savings targets. The clear line of governance to the Portfolio Management Office ensures a corporate collaboration approach to improvement and change.</p>
<p>Our monthly Directorate Performance Meeting is well-established and reviews departmental performance, budget & delivery of savings targets & risk alongside quarterly review of our departmental risk register.</p>	<p>Our departmental risk register, corresponding items on the corporate risk register & statutory officer's report ensure visibility and full consideration of risk and impact by statutory officers, including the s151 officer.</p>

<p>The DASS provides the statutory officer's report to the Managing Director of the Council on the delivery of the Council's ASC duties under the Care Act and the Executive Director's annual assurance process complements this.</p>	
<p>Continuous learning & improvement</p>	<p>How do we know?</p>
<p>We have a strong learning and development offer for all ASC colleagues informed by a needs analysis.</p>	<p>83.6% of our workforce confirmed they have the training they need to be effective in their role when surveyed in 2023.</p>
<p>We have a well-established social work apprenticeship programme & we implemented the equivalent occupational therapy programme in 2023.</p> <p>Our ASYE programme is well-established with a high pass rate.</p>	<p>3 colleagues passed and graduated from the social work qualification programme in 2023, 8 colleagues are enrolled and completing their second year, and a further 6 commenced their first year in January 2024.</p> <p>2 are colleagues are enrolled on the occupational therapy programme.</p> <p>We have reached the finals of the Social Worker of the Year Awards 2 years in a row.</p>
<p>The care delivered in our internal direct care services is of a good standard and quality. Our arrangements for quality monitoring and improvement for these services are effective.</p>	<p>87% of our homes for older people are rated "Good", 13% are rated "Requires Improvement" and 1 home is uninspected. 100% of our registered homecare services are rated "Good" as are 100% of our supported living provision. Our Shared Lives service is rated "Good" as are 100% of our residential homes for people with a learning disability.</p>

“I felt proud. Proud of myself, what I have overcome and what skills and knowledge I have learnt in order to get to where I am. Proud that I work for Derbyshire County Council, whereby processes such as progressing are made to feel so natural and not forgetting that working for DCC allows me to do a job I can honestly say I love.” - Social Worker upon progression to more senior grade.

Enabling effective leadership	How do we know?
<p>There is a strong leadership training offer in place for all colleagues working in the Council, including leadership training and management and higher management apprenticeships.</p>	<p>33 adult social care colleagues are enrolled on leadership apprenticeships at either chartered manager or higher leader levels.</p>
<p>In 2022, the Council identified a need to equip its leaders with robust leadership skills to deliver our council plan. Inspiring Leaders training has been externally commissioned with delivery monitored via an interdepartmental project group. This training commenced in 2023.</p>	<p>All colleagues with line management responsibilities in adult social care are being enrolled on the Inspiring Leaders training. 279 adult social care managers were enrolled in and completing this training from April to the end of December 2023, with additional cohorts being enrolled and due to start in April 2024.</p>

To Maintain




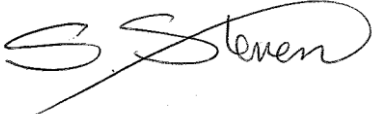


- Our approach to risk assessment and mitigation via our established governance processes at departmental and corporate levels.
- Our approach to ongoing performance monitoring & management at departmental & corporate levels.
- Our governance arrangements for transformation and quality assurance via our Best Life Derbyshire Board & steering Group, and our Quality Assurance Board and steering groups.
- Continue to participate in sector-led improvement via the ADASS regional networks and communities of practice, and to learn from and contribute to the development of best practice as a member of the D2N2 teaching partnership.

Plans to Improve

- Monitor compliance with Personal Development Review (PDR) and supervision requirements via implementation of performance reporting and assess and monitor the quality of supervision and PDR via the launch of an audit programme.
- To continue to work in partnership with children’s services and learning and development colleagues to build on the success of our joint Practice Week, held in January 2024, to further strengthen our approach to learning and development and to share and celebrate good practice.

Our Self-assessment Process and Sign Off

We confirm that we have been engaged in the development of this self-assessment which, from our different perspectives and within the areas of our respective expertise, provides a robust, balanced and accurate overview of Derbyshire County Council’s performance in the delivery of its Care Act 2014 duties and responsibilities.

Name	Signature	Organisation (if applicable)	Position (if applicable)
Gemma Poulter		Derbyshire County Council	Assistant Director- Quality, Safeguarding & Performance
Vanessa Ward		Derbyshire County Council	Principal Social Worker
Linda Elba-Porter		Derbyshire County Council	Interim Director of Adult Social Care
Simon Stevens		Derbyshire County Council	DASS & Executive Director for Adult Social Care & Health
Natalie Hoy		Derbyshire County Council	Elected Member for Adult Social Care
Emma Alexander		Derbyshire County Council	Managing Director

