

1 December 2014

Agenda Item: 8

## **REPORT OF DEPUTY DIRECTOR, ADULT SOCIAL CARE, HEALTH AND PUBLIC PROTECTION**

### **FEEDBACK FROM PEER CHALLENGE PROCESS**

#### **Purpose of the Report**

1. The report will inform the Committee about the peer challenge process which took place earlier this year and the outcomes of this process. It also recommends that an action plan addressing areas of development identified through the challenge is presented to the Committee in April 2015.

#### **Information and Advice**

2. As part of the sector led improvement process the department is required to complete a self-assessment template on an annual basis which challenges the Council to assess and illustrate how well it is performing against 6 key themes:
  - Enabling maximum choice and control
  - Helping people to stay well and independent
  - Enabling accessible information and positive advice and support
  - Keeping people safe
  - Leadership
  - Use of resources
3. The Committee will recall that in 2013, further to completion of the self-assessment, the Council was the first in the East Midlands to be subject to a peer review, involving senior managers from other councils in the region reviewing and assessing our performance and progress in 3 'key lines of enquiry' that the Council had identified. These were: integrated commissioning for older adults, safeguarding and personalisation.
4. The Council received national recognition for the process completed in 2013 and was subsequently asked to present the work undertaken at a conference in London led by Towards Excellence in Adult Social Care. Overall the outcome of the peer review process was positive; some suggestions and recommendations were also made and these were taken forward in an action plan. Progress against these actions has been monitored at the department's regular Performance Board meetings.
5. This year the Council was required to review and update the self-assessment which then formed the basis of a 'local challenge' in July 2014 involving the Deputy Director and an

independent social care consultant, Eddie Clarke, with regard to the Council's current performance in adult social care, its strengths and the areas for development. Further to this the cycle of challenge was completed with a summit in September involving all the Directors of Adult Services in the East Midlands meeting to share and discuss their progress; a regional action plan was developed following the summit. A local action plan to address the areas for development identified in Nottinghamshire will be reported back to Committee in April 2015.

6. The 'local challenge' session highlighted the areas of significant progress or achievement, such as managing the budget with a small overspend by taking action during the year when required; progressing the partnership with the NHS, which has involved substantial work on the Better Care Fund, with 6 Clinical Commissioning Groups (CCGs), 3 Acute Trusts and 7 District Councils; and sustaining and improving performance with good outcomes for people, for example in the area of support for carers.
7. Against the key theme of enabling maximum choice and control, the challenge recognised the progress made with provision of personal budgets and direct payments, in particular the work with the Alzheimer's Society in promoting direct payments for people with dementia and the trailblazer work on provision of direct payments in residential care. Areas for development were identified in relation to the employment of people with mental health problems and the numbers of people with significant mental health problems living independently.
8. Against the theme of helping people to stay independent, it was recognised that the rate of permanent admission of older people to care homes has risen slightly although it compares favourably with the Council's comparator group (651.2 per 100,000 population in 2013/14 as against 700.1 in the comparator group). Work with Health and plans to extend Extra Care and assistive technology allied with a culture change amongst frontline staff and managers was praised. Ongoing work to undertake more integrated commissioning of services with Health was noted, as were plans to progress more integrated service provision with Health, through existing teams (eg. Intensive Recovery Rehabilitation Services (IRIS) and the possibility of co-located services. The challenge highlighted the need for continued work to reduce the number of older people funded in residential and nursing care homes, by focussing on alternatives as well as inappropriate early admissions.
9. In relation to the theme of enabling accessible information and positive advice and support, it was acknowledged that there are successful initiatives on community capacity building, such as co-production in mental health and time banking. It was highlighted that there is more for the Council to do in respect of developing strong and robust communities to cater for people with social care needs. This has been picked up as part of the work under the Redefining your Council programme. One of the options, which is currently part of the budget consultation process, proposes the expansion of community based care and support options to deliver new person centred opportunities for people who require low level support; this will enable them to access local support and activity through improved partnership working across the public, private, voluntary and community sectors.
10. With regard to keeping people safe, the Council's involvement as a pilot for Making Safeguarding Personal was recognised; this work has already been formally launched along with a review of policies and procedures. Gathering the views of those who go through the

safeguarding process is now done routinely and people are asked what outcomes they want at the start of the process and if they have been met after assessment/investigation.

11. It was noted that the Health and Wellbeing Board receives regular reports on safeguarding and that there is a strong relationship between the Council and the independent chair of the Safeguarding Adults Board. One of the areas for development identified was the possible benefits of greater corporate ownership and accountability for adult safeguarding through regular meetings with the Chair of the Board and the lead safeguarding officer, with the involvement of the Chief Executive, Director of Adult Social Care and the Committee Chair.
12. With regard to leadership and the use of resources, the challenge process noted the political leadership and corporate support for adult social care and the challenges it is facing. It acknowledged that the Council has developed a new operating model (Redefining your Council) which will shape the future relationship with its citizens. Also recognised was the strong progress made on the Better Care Fund, especially given the complex local context of 6 CCGs, and the fact that Nottinghamshire has been identified for 'fast-tracking' as a result of its progress.
13. In addition to this, the good progress on the Winterbourne View action plan was noted as well as the discussions being held with Health colleagues on a step up/step down model of care in the future and supporting more people to live independently.

### **Other Options Considered**

14. Not applicable.

### **Reason/s for Recommendation/s**

15. This report is for information only.

### **Statutory and Policy Implications**

16. This report has been compiled after consideration of implications in respect of crime and disorder, finance, human resources, human rights, the NHS Constitution (Public Health only), the public sector equality duty, safeguarding of children and vulnerable adults, service users, sustainability and the environment and ways of working and where such implications are material they are described below. Appropriate consultation has been undertaken and advice sought on these issues as required.

### **Implications for Service Users**

17. This year's self-assessment and peer challenge process indicates improvements in a number of key areas which focus on maximising independence, choice and control for service users as well as keeping people safe. The areas for improvement will be considered by the Senior Leadership Team and an action plan will be developed to address these.

## **RECOMMENDATION/S**

1) It is recommended that Committee:

- notes the contents of the report.
- receives an action plan addressing the areas for development in April 2015.

**Jon Wilson**

**Deputy Director, Adult Social Care, Health and Public Protection**

**For any enquiries about this report please contact:**

**Jennie Kennington, Senior Executive Officer**

### **Constitutional Comments (SLB 24/11/2014)**

18. Adult Social Care and Health Committee is the appropriate body to consider the content of this report.

### **Financial Comments (KAS 24/11/14)**

19. There are no financial implications contained within the report.

### **Background Papers and Published Documents**

Except for previously published documents, which will be available elsewhere, the documents listed here will be available for inspection in accordance with Section 100D of the Local Government Act 1972.

- Self-assessment template – completed May 2014.

### **Electoral Division(s) and Member(s) Affected**

- All.

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