

ADASS Yorkshire and Humber regional account

2019

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Foreword - Phil Holmes

I'll begin by quoting from the Foreword of last year's Regional Account as we looked ahead to 2018-19.

“This is a critical year: the cracks are really starting to show. It is getting harder to balance budgets, to ensure good quality services and a sustainable market. The Green Paper must offer a viable solution to supporting our most vulnerable citizens so they can live their lives with dignity and without fear.”

As we begin 2019-20 we're still waiting for a Green Paper, nevermind a viable national solution for sustainable adult social care. We still have many areas of challenge, with many of us dealing with significant budget pressures, ensuring we have sufficient capacity in our workforce and, even more so in the last 12 months, meeting the demands of a care market which is becoming even more fragile. With this backdrop it has become even more critical that, as we always do in Yorkshire and Humber, we are cracking on, delivering continued improvement locally and coming together and supporting each other regionally to add value.

It's our shared values that make Yorkshire and Humber an increasingly vibrant place to work in adult social care. We continue

to find significant common ground on strength-based practice and by using that to drive better partnerships with our citizens and our communities. We continue to develop strong joint work with NHS colleagues, supporting them to think locally and act personally as Integrated Care Systems emerge within the region. Over the next 12 months we will also be strengthening our connections with Directors in Public Health to enhance our prevention strategies and working much closer with Directors of Children's Services in areas such as Transitions.

You'll see from this Account that our shared work programme remains impressive and you'll note the continually improving performance across the region in spite of the difficult circumstances we face. In 19/20 we're refreshing regional work in line with ADASS "Next Generation" priorities. We'll continue to prioritise social justice and inclusion, drawing on the strength of our Local Authority roots and our commitment to both place and people. We'll also look to strengthen our focus on our diverse workforce as our biggest asset, and we'll start to pull together regional and national innovations in digital and technology. Whatever does or does not happen nationally, in Yorkshire and Humber we'll keep innovating and keep cracking on.



Phil Holmes

Director of Adults, Health and Wellbeing, Doncaster Council
New Regional Chair, Yorkshire and Humber ADASS



Foreword - Moira Wilson

This year's regional account demonstrates that Directors and their teams across Yorkshire and Humber continue to work together to improve outcomes for people, to share best practice and provide support and challenge to each other. The strong focus on peer review enables Councils and their partners to demonstrate commitment to continuous improvement, transparency and learning from others.

Some highlights of 2018/19 include:-

- addressing the quality of care provision in the region as demonstrated by improved CQC ratings, recognising this is still work in progress;
- the continued focus on Transforming Care for people with learning disabilities which has resulted in more people moving out of hospital care and being supported to live in community settings;
- and the work undertaken by the region towards achieving greater consistency in responses to safeguarding in line with Making Safeguarding Personal, which has also contributed significantly to the national debate.

The 2019/20 priority actions show a strong sense of commitment to continuous improvement despite the continuing uncertainties, including budget pressures and awaiting publication of the adult social care green paper. Areas for further development include strengthening transition to adulthood jointly with Directors of Children's services, looking with public health colleagues at how key issues such as isolation, poverty and social inclusion can be tackled, and a refresh of the regional dashboard will see the development of a regional suite of measures to assess efficiency and productivity. I look forward to continuing to work on our shared improvement agenda, supporting local and regional partnerships, engaging with health and other colleagues, and building on the regions strength-based approaches to help make a real difference to people's lives.



Moira Wilson

Care and Health Improvement Adviser,
Local Government Association, Yorkshire and Humber

The Outcomes we delivered in 2018

What outcomes has Sector Led Improvement helped us to achieve in the last 12 months:

- Improved around 75% of the regional average ASCOF measures and have increased the level of satisfaction with people who receive services.
- Supported more people through short term services to live independently in the community and less older people into residential care.
- Supported more people with learning disabilities and mental health issues than the national average to live independently.
- Remain one of the best performing regions in dealing with hospital discharges.
- Increased the number of people who feel that they have social contact.
- Increased more people to take up a direct payment to support them to live independently.
- Increased the number of carers who feel they have a good quality of life, are satisfied with the services they receive, are happy with the involvement they have and how they are kept informed.
- Increased the percentage of people who feel safe as a result of the services they receive.



Yorkshire and Humber Adult Social Care Overview

Our Regional Risks

Our annual regional risk assessment, which is carried out using the Local Government Association (LGA) Adult Social Care Risk Assessment tool, by all fifteen local authorities identified the top three challenges and risks; the budget, market sustainability and the workforce capacity.

1. The Budget

Councils have seen increased pressures due to demand and complexity result in not delivering a balanced budget. Seven out of our fifteen councils overspent their budget, and most have highlighted the requirement to deliver savings to balance the Council medium term financial plan. The ADASS Budget Survey indicated there is clear uncertainty around savings plans being achieved beyond 19/20. As a result of making savings DASS's are concerned that the NHS will be under increased pressure, Providers are facing financial difficulties and quality challenges. 80% of DASS's feel pessimistic in some way about the financial state of the health and care economy and are concerned about the impact of this in meeting statutory duties.



2. Market Sustainability

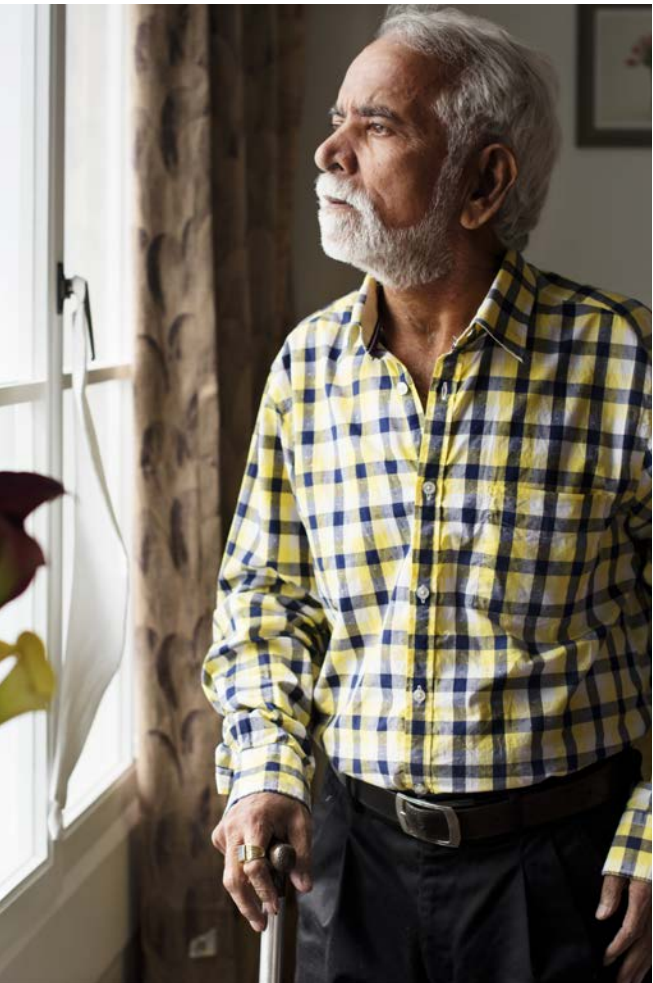
Care Quality Commission (CQC) inspection ratings for all adult service provision shows that Yorkshire & Humber are ranked bottom in relation to the percentage of services which are rated Good/Excellent (78%). Most councils have seen significant budget reductions whilst demand, volumes and costs continue to increase, resulting in tightening budgets across commissioned services with the subsequent longer-term impact this has on sustainability and quality across the market particularly when affordable/budgeted care quite often impacts on CQC ratings. Most councils in the region are experiencing capacity gap in relation to Elderly Mentally Infirm (EMI) Nursing care, Extra Care and Domiciliary Care. A high number of councils are also concerned about the supply of supported living, domiciliary care, and extra care. The care market is becoming even more fragile, three-quarters have seen providers close/cease trading in the last six months and a number of national providers have been at risk and have been the subject to intensive supportive activity from local authorities to ensure continuity of care for their service users.

3. Workforce Capacity

There are unrelenting pressures being faced by our workforce across the region. A regional stocktake completed of current workforce gaps in each local authority has signalled that Home Care/Domiciliary Care Staff, Social Workers/Senior Social Workers and Nursing Care Staff are our biggest pressure points. There are uncertainties around Brexit as the region with around 80% of providers employing a European Union (EU) workforce. Around 50% have already stated they have difficulties recruiting staff and 20% of providers have stated that reducing the pool of workers from the EU would significantly affect their ability to recruit sufficient levels of staff.



Our Performance, Outcomes and Challenges



Regionally around 75% of the national Adult Social Care Outcome Framework (ASCOF) measures have improved over the last 12 months however we have some areas which have seen deterioration. The region's average "quality of life" score improved and is similar to the England average however we have a significant number of areas who have some of the highest levels of deprivation and health inequalities.

Overall satisfaction also improved for the second year running but remains lower than the England average however the top three areas of complaints raised from across the region relate to reductions in levels of service, staff conduct, and financial decisions. Customer satisfaction with information and advice improved for the first time in three years, which is in recognition of the strong regional focus on strengths-based working which is resulting in improved outcome focused conversations. The region formally launched our Strengths Based Charter and supportive audit tool and our local and regional approaches were showcased at the ADASS national conference.



The rate of planned reviews of older people has increased and is now in line with the All England average. The average numbers of requests for support in the region is consistently above the England average for each of the last four years. The proportion of people who feel in control of their daily life has increased in the Region – and is similar to the national average. The proportion of people who receive a direct payment has improved – but is lower than the England Average. 89.3% of adults in the region are in receipt of self-directed support, which is in line with the England average of 89.7%. Of these 27.2% receive Self Directed Support (SDS) via a direct payment, slightly lower than the England average of 28.5%.

The region's monitoring of safeguarding processes has revealed problems with data quality – with councils apparently defining a “safeguarding concern” and a “Section 42 (S42) enquiry” in different ways. There has been extensive work to unpick this issue including carrying out a stocktake of the referral journey in each council to undertaking an assessment of 16 decision

making case studies. All of this has fed into the development of national guidance which will be published in Summer 2019. Our Making Safeguarding Personal (MSP) regional temperature has shown we are level 6 (Embedding change of practice in the culture). Further improvements have been identified from the assessment including sharing audit and quality assurance tools being and learning from areas who have embedded the service user voice.

Deprivation of Liberty (DOLs) pressures continue to be universal and ongoing and it remains a high risk in the majority of our councils particularly around capacity to deal with assessments effectively and timely.

During 2018/19 the region has undertaken a review of working age adults which has resulted in a set of recommendation on areas for improvement. The report demonstrated that the region performs relatively well on the adult social care outcome measures relating to adults of working age particularly employment and supporting people to live at home, with several Councils improving in these areas and performing much better than the England average. Data and intelligence show a positive picture for people with physical disabilities.

The region has more working age service users in long-term service provision than the rest of the country which results in higher spend for people with learning disabilities and in residential and nursing care. Requests for support are consistently higher than the rest of the country and have been for the last four years, increasing year on year which is causing concerns for future budget planning. The take up of personal budgets and direct payments across working age adults is not in line with the national average, leading to more traditional based service provision.

The region's rate of offering reablement is still lower than the England average. The ASCOF data relating to the effectiveness of reablement suggest that the region achieved generally good results.

There has been significant work on strengths-based approaches over the last 12/18 months that is being recognised nationally with particular focus on older people and community networks. There are also some great examples in the region where local communities are benefitting from primary care and social care working well together to support local communities.

Four Councils in the region participated in a CQC System Review – Bradford, Leeds, Sheffield and York. All have shared their experiences and have improvement plans in place following their feedback. The leaning is helping to design a ‘System Review’ peer challenge methodology for the region which will be tested in Autumn 2019.

The published NHS-Social Care interface dashboard shows that that we have two systems in the bottom quartile compared to four systems 12 months ago. because of their systems’ performance against the range of indicators.

Performance in relation to social care-related delayed transfers is better than the England average in this region in all areas. Delayed Transfers of Care related to social care has further reduced in the last 12 months and we are the third best performing region.

36% of additional Better Care Fund (BCF) funding in the region is being spend on meeting adult social care needs. Top key areas of success associated with the additional BCF were partnership working with the NHS/health and social care integration, tackling capacity and stabilising the local care market, and reducing Delayed Transfers of Care (DTC). Top key areas of challenge associated with the additional BCF were tackling DTC, workforce recruitment/retention, financial pressure and managing demand. As a result of additional BCF funding in 2018/19, there has been 2,796 home care packages provided, a total of 1,476,310 hrs of home care provided and 662 care home placements.

Yorkshire and Humber as a whole is slightly below the England average, with fewer use of fast track Continuing Health Care applications. However, within the region there are significant differences both across Clinical Commissioning Groups (CCG) and at times within Local Authority boundaries which needs more in-depth investigation.

The intensive focus on Transforming Care particularly in the last 12 months is now showing an improving picture, particularly in relation to a joint approach between adult social care and health but it is acknowledged that there is more to do. Yorkshire and Humber are now the most improved area.

Although we are the bottom region, the position has on CQC inspections has improved over the last 12 months with the region improving the percentage of Good/Excellent. The region has increased the percentage of Community Social Care, Nursing Homes, Residential Homes and Domiciliary Care services rated Good/Excellent. There has also been a reduction in the percentage of Nursing Homes rated Inadequate since September 2018. Yorkshire and Humber have also improved the domain ratings to Good in Safe, Effective, Responsive and Well Led by 1% since September 2018. There has been many examples of market failure and areas where councils have had to provide



significant support to ensure continuity of care for service users. As a result of this there has been significant focus on quality assurance and sharing market intelligence with the production of the regional Quality Assurance principles and the development of the information sharing protocol which has supported several significant issues around provider failure. This protocol has been pivotal in supporting our response to major national providers who have been at risk over the last 12 months.

The regions Commissioning for Better Outcomes (CBO) self-assessment has identified that developing the workforce, promoting a sustainable and diverse market, adopting a whole system approach and co-production are our main priorities.

Seven councils reviewed their Market Positions Statements in 2018/19. A review of the Joint Strategic Needs Analysis from the 15 local authorities took place which showed a significant variation in content and that we need a more consistent approach across the region. Whilst the majority mentioned adults with learning disabilities less than half mentioned children with learning disability. Only half forecast population changes for adults and only two out of the fifteen forecast population changes for children. The inclusion of health information needs and social context for adults and children had a similar coverage. Less than half include any focus on autism for both adults and children.

Yorkshire and the Humber is a relatively “low spending” region for Adult Social Care (ASC) - this partly relates to the lower unit costs/prices in the region. Financial planning appears to be more robust than in previous years with the majority being positive about the quality of financial plans in 19/20. All have made good use of the adult social care precept. Given the austerity pressures that have existed in the region, financial planning is much more robust and there is real confidence in the 19/20 savings plans that are in place

however there is less confidence in plans beyond this. DASSs have acknowledged that they have good relationships with colleagues in Children’s services which is helping them to deal with areas such as Transitions. The region overall is showing that gross expenditure for both long and short-term care is lower than all England particularly for residential care.

All councils appear to have good relationships with children’s colleagues on transitions and other internal colleagues. This picture will have been helped by the fact that most DASSs and most corporate officers have been in post for some time.

The uncertainty about 2020/21 onwards and NHS financial challenges is the biggest concern. This is a common theme from other regions. Workforce is considered a risk and has many financial implications; if providers struggle to find workers they will cease to exist, and local authorities will end up paying more. Even if they do continue to operate, local authorities will end up paying more. Inflation is also the biggest financial pressure facing adult social care (more significant than the impact of demography).

There is significant variation in overall spending per adult aged 18+ within the region from £328 per adult to £454. Average spending in the region is just over 4% lower than the England average. There is also



significant variation in spending within the region per younger adults aged 18 to 64 from £150 to £217. Average spending in the region is more than 10% less than the England average. Only two authorities spend more than the England average – and they spend only just more.

There is significant variation in spending within the region on younger adults per long-term client, from £11,437 per client to £29,280. Nevertheless, average spending per client in the region is more than 18% less than the England average. High spending per clients is not necessarily negative if support is focused on those with the greatest care needs and those with lower level needs are supported in other ways.

We currently have a permanent DASS in 14 councils, with three new DASS’s starting in the region over the last 12 months. There has also been good portfolio holder stability.

All 15 councils have signed a Sector Led Improvement Memorandum of Understanding. The ASC risk awareness tool has been fully embraced and supported over the last 3 years

– annual self-assessments, external challenge and quarterly reporting have informed risk management and improvement planning on a local and regional level. Twelve councils carried out a full blow self-assessment against the ASC risk tool.

Thirteen peer reviews have been undertaken in the last 2 years as well as four CQC System Reviews. Barnsley (Use Of Resources), Calderdale (Integrated Commissioning for Better Outcomes), Doncaster (ASC), Kirklees (Safeguarding), North Yorkshire (Use Of Resources) and Wakefield (Health and Social Care) all had a peer challenge in 18/19. North Lincolnshire, Rotherham and East Riding will have one in 19/20.

All councils fully participate in the quarterly regional performance and risk benchmarking activity which includes an identification of their key risks and the vast majority are engaged in the variety of regional networks that exist. Several regional stocktakes have taken place with all local authorities taking part, these include assessments on continuing health care, safeguarding, transitions and high cost placements.

Our Priorities for 2019/20



As well as the top three risks of the budget, market sustainability and workforce capacity the following areas were also identified as risks in the regional risk that we collectively face:

- Integration – Partnership with NHS / IBCF Delivery / Finances / NHS Long Term Plan / DTOC
- Transformation of ASC / Capacity to Change while delivering day to day
- Managing demand and the shift to Prevention
- DoLS – Resources / Caseloads / Demand
- Safeguarding – Response / Managing levels of contacts / MSP / Delivering Statutory Duties
- Mental Health – Data / Partnership
- Brexit

Based on this regional risk assessment, the areas identified in our Performance and Risk Dashboard and key issues identified we have developed a work programme for 2019/20 that will help to mitigate these risks from a regional perspective. We have adopted the three national ADASS priorities that have been developed through national consultation in the Next Generation work. These are:

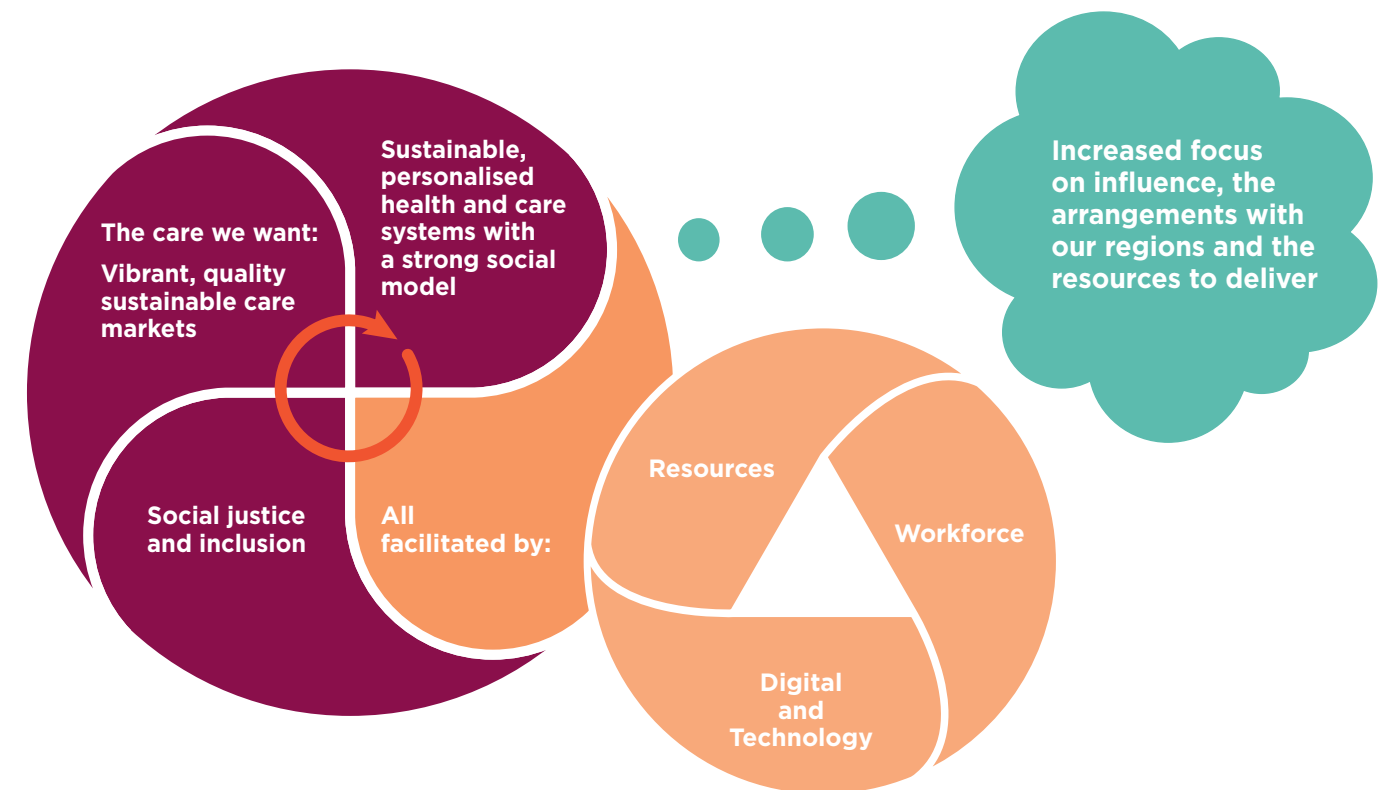
- 1 The care we want, vibrant quality sustainable care markets
- 2 Sustainable, personalised health and care systems with a strong social model
- 3 Social Justice and Inclusion

These are supported by three enablers, which will underpin all our networks and work programme:

- 1 Resources
- 2 Workforce
- 3 Digital and Technology

The following diagrams set out how our regional networks map against these priorities:

ADASS's priorities for the next 3 years



The care we want: Vibrant, quality sustainable care markets

- Commissioning

Social justice and inclusion

- Carers
- Principal OT Network
- DoLS
- Principal Social Worker Network
- Safeguarding

Sustainable, personalised health and care systems with a strong social model

- Prevention
- Integration
- Mental Health
- Transforming Care

All facilitated by:

Resources
Workforce
Digital and Technology

These enablers will be supported by the following networks and ADASS priority leads – Standards and Performance, Finance, Workforce and Digital.'

We are aware that during the next 12 months the outcome of the green paper will provide other challenges to the health and social care system in our region and therefore there may be need to review and revise our priorities when this becomes clearer.

Sector Led Improvement in the Region

We have in place an ADASS Branch meeting which meets every two months. This group has tackled a number of significant issues in the last twelve months including financial sustainability, admission avoidance, high cost placements, market sustainability, safeguarding decision making and held dedicated workshops on value for money and digital working. The regional ADASS chair for the last three years has been Cath Roff, DASS Leeds City Council and Vice Chair is Phil Holmes, DASS Sheffield). Cath has now handed over the Chair duties to Phil Holmes and following election the Vice Chair is now Alison Barker, DASS Hull City Council. Our strong DASS leadership group includes a number of national leads – Cath Roff (ADASS Use of Resources), Bev Maybury (ADASS Commissioning), Sharon Houlden (ADASS Digital), Phil Holmes (Workforce) and Richard Webb (ADASS Honorary Secretary).



Sector Led Improvement has been strengthened through the continuation of a dedicated team which has supported the development of a two-year peer review programme, regional masterclasses, a memorandum of understanding, risk awareness of all fifteen councils and peer support where needed. The Sector Led Improvement offer for the region has consisted of a series of:

- 'Show and Tell' events and regional workshops to share good practice on issues.
- Peer Challenges in Barnsley, Calderdale, Doncaster, Kirklees and North Yorkshire
- Mystery Shopping of access arrangements in all fifteen councils
- Stocktakes to identify improvement in Workforce Gaps, Safeguarding Decision Making, Continuing Health Care, Transforming Care, Quality Assurance Arrangements and Admission Avoidance.
- Training Programmes such as the aspiring leadership course, safeguarding legal literacy and modern slavery.
- Targeted supportive action with individual local authorities where necessary
- Regional ADASS Networks with clear work programmes.

Regional ADASS Networks

NETWORKS	DASS LEAD - CHAIR/SUPPORT
Commissioning	Bev Maybury
Safeguarding	Cath Roff
Workforce	Phil Holmes
Standards and Performance	Alison Barker
Prevention	Iain Baines
Integration	Iain Baines/Richard Parry
PSW	Chaired by Nigel Parr, Leeds
Transforming Care	Anne Marie Lubanski
Carers	Karen Johnson
DoLS	Bev Compton
Continuing Health Care	Lennie Sahota
Mental Health	Richard Parry
Finance	John Skidmore

Work Programme Delivery 2018/19

We have adopted the ASC risk assessment tool in the region for the last four years and this has helped shape our work programme and priorities. This is backed up by an established Performance and Risk dashboard of benchmarking measures which has been launched as a web-based tool in October 2017.

Our work programme was focused on delivering against a number of priorities determined by our regional risk assessment, for 2018/19 these were:

Priority 1 – Use of Resources

Priority 2 – Sustainable Health and Care Systems

Priority 3 – Market Sustainability, Quality and Safeguarding

The following details the progress and activity that has been undertaken to deliver against these priorities:

Priority 1 - Use of Resources

- Undertaken a regional assessment against the CIPFA/ADASS Finance Risk Tool completed by all 15 local authorities and held a workshop attended by 60 delegates facilitated by John Jackson
- Participated in the new national value for money assessment facilitated by John Jackson in January 2019.
- Carried out a regional analysis and produced a report on Working Age Adults (WAA) to assess spend, activity, future demand, good practice and identify further regional priorities.
- Carried out an in-depth analysis of high cost placements and reported findings to Branch.
- Held an ASCOF/SALT Data Event to support all 15 local authorities with their returns and benchmarking. This was attended by every local authority and has resulted in fully completed submissions across the region as well as early benchmarking of the ASCOF measures.



- Undertook a regional stocktake of Continuing Health Care (CHC) across all 15 local authorities and held a workshop in December attended by 20 delegates, facilitated by Jim Ledwidge LGA, to share good practice and identify future priorities, and relaunch a regional CHC network.
- Shared good practice across the region on the impacts and benefits of carrying out reviews of people and packages of care.

Priority 2 - Sustainable Health and Care Systems

- Held a regional digital event in May, facilitated by Mark Golledge and Ed Humphries, LGA which shared good practice from across the region and nationally.
- Launched the regional Prevention network who have shared good practice on reablement and hospital admission avoidance.
- Held a Conference in October to showcase models of asset and strength-based approaches and to launch the regional Strengths Based Charter as well as showcasing local and regional approaches at national ADASS conference.
- Carried out regional stocktake to identify workforce gaps and to influence discussion around the national adult social care workforce programme.

- Supported two further System Reviews in the region and shared learning from their experiences.
- Developed and signed off a regional commissioning framework of enhanced community care and support provision for people with a learning disability and/or autism (including people with a mental health condition and/or forensic histories) who display behaviour that challenges. This covers six Transforming Care Partnerships (TCPs) – 20 CCGs and 15 LAs across Yorkshire and Humber (Y&H). This will give all 35 commissioning organisations access to the framework from March 2019.
- Held a regional High Impact Change Model event showcasing good practice across the region in October attended by 70 delegates.
- Held a regional system-wide workshop in November and launched a refreshed Integration network.
- Developed a top tips/self-assessment tool to support joint working and more effective provider engagement for Transforming Care initiatives



- Developed a high-level framework to be used by TCP's in the region around the Section 117 guidance and future funding requirements.

Priority 3 - Market Sustainability, Quality and Safeguarding

- Implemented the market failure intelligence framework across all 15 local authorities which has been triggered seven times. The framework supported the intelligence sharing and gathering around Allied and is now being showcased nationally with other regions adopting.
- Develop a regional set of Quality Assurance Principles which identifies suggested arrangements for commissioners to improve quality and standards in care settings.
- A Commissioning for Better Outcomes self-assessment across all 15 local authorities has been completed and results reported to the Commissioning network. The region has agreed to commence a regional self-assessment against the ICBO standards.
- Developed, in conjunction with Bradford Council, a quality heat map which identifies CQC rated provision across the region.
- Held a Self-Neglect Learning Event on 1st March which included presentations from Michael Preston-Shoot and included good practice sharing from Suffolk County Council, Barnsley Council, South Yorkshire Fire and Rescue and North Lincolnshire Council. This was attended by over 100 delegates. This event finalised a suite of Yorkshire & Humber Self-Neglect Principles which has now been launched.
- Carried out a stocktake of how local authorities/SAB's have oversight of modern slavery and implement a set of audit questions for DASS's and SAB Chairs to carry out their own self-assessment of arrangements.
- Carried out further Legal Literacy training for 60 Social Workers across the region.



- In conjunction with West Yorkshire Crime Commissioner carried out training of 50 Social Workers to become first responders for modern slavery.
- Carried out a stocktake of how areas involve families in Safeguarding Adult Reviews with a view of developing a set of regional principles.
- Successfully supported 10 local authorities to mitigate risks around Allied Healthcare – 9 LAs transferred its services to other providers. Our regional information sharing Protocol support all local authorities in the region to gather intelligence and share experiences throughout.
- Carried further regional work to improve practice and data consistency for Safeguarding Section 42 enquiries which included:
 - Regional stocktake of Safeguarding IT Systems and Customer Journey followed by a regional workshop attended by 40 delegates to identify issues
 - All 15 local authorities carrying out an assessment against 16 real case studies to look at local decision making.
 - Held a regional workshop with 60 social care practitioners and data officers to look at the analysis and agree areas of commonality and issues.
 - Influencing and contributing to two national workshops in November to look at improving decision making and practice, facilitated by Jane Lawson, LGA.
 - Informing the national guidance which will be produced in Spring 2019 by holding a further regional workshop in May.

- Support four regional DoLS conferences attended by around 800 people from across the region focusing on regional benchmarking and sharing good practice.
- Completed a regional Brexit Survey with over 450 responses from providers to gauge preparedness and impact.

Sector Led Improvement

- All 15 local authorities participated in the annual risk assessment to carry out a local self-assessment of risk and identify future priorities for the region.
- Carried out a further five regional peer challenges in the region in Barnsley (Use of Resources), Calderdale (Integrated Commissioning for Better Outcomes), Doncaster (Adult Social Care), Kirklees Safeguarding Adults Board (Safeguarding Adults) and North Yorkshire (Use of Resources).
- Published Mystery Shopping Reports for all 15 LAs which tests access to services.
- Supported over 50 regional network meetings including Branch, Workforce, Standards and Performance, Commissioning, Principal Social Workers, Safeguarding, Prevention, Learning Disabilities and Transforming Care, Continuing Health Care, Integration and DoLS.
- Continued to publish quarterly benchmarking data for all 15 local authorities through our Performance and Risk Dashboard which has led to deeper dives into areas such as social care assessments, DoLS spend, sickness and short-term services to improve data quality and to learn from good practice.

Our Priorities, Actions and Sector Led Improvement Activity for 2019/20

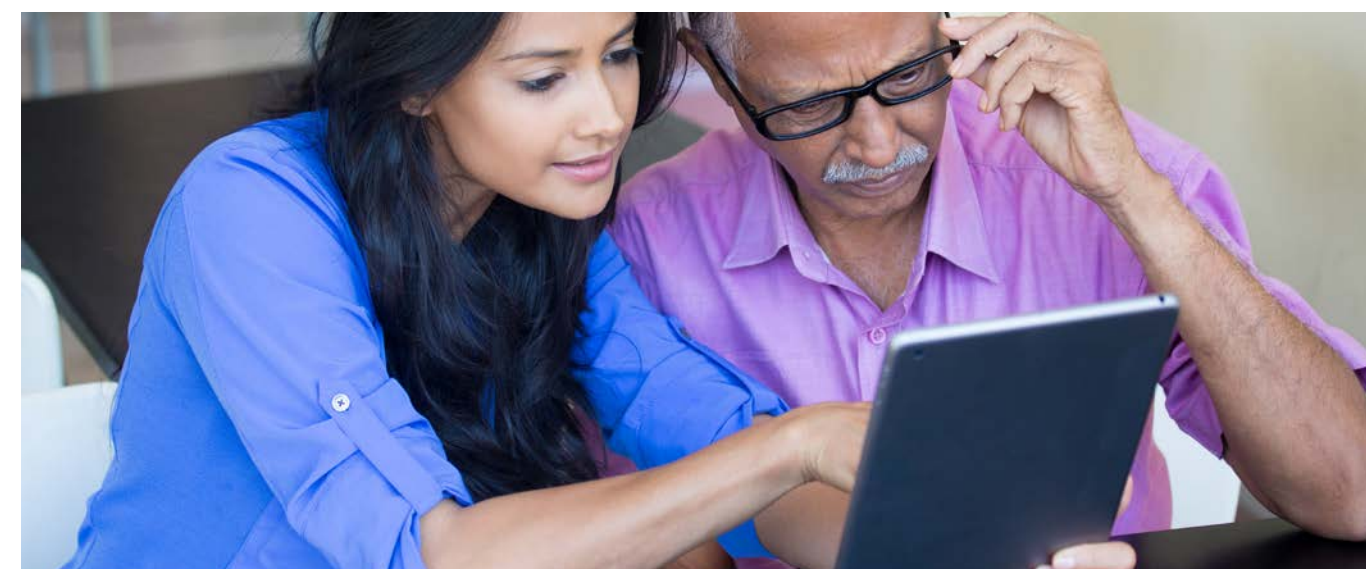
The following sets out the activity we wish to deliver through Sector Led Improvement to tackle our priorities for 2019/20.

Please note that actions which are followed by (WAA) were agreed as part of the Working Age Adults report and its recommendations.

Priority 1 - The care we want, vibrant quality sustainable care markets

Commissioning (DASS lead - Bev Maybury)

- Put in place regional support, intelligence gathering and targeted action to deal with the exit from the EU, working with national ADASS and other partners. Provide support around ensure there is fit for purpose business continuity planning.
- Support the region to participate and hold an event to share findings and good practice in the national market modelling project
- Hold a regional Improving Quality and Standards event (15th July) to share good practice and launch and implement the regional QA principles to strengthen local and regional arrangements with CQC. (WAA)
- Hold a regional 'Reimagining Home Care' event with DASS's and Commissioning Leads supported by the LGA
- Hold a Supported Living Commissioning Event and develop a regional framework, supported by the LGA
- Develop a collaborative strategic commissioning framework for community-based support, employment or other day opportunities and access to universal services. (WAA)
- (in conjunction with the Transforming Care/Learning Disability network) Develop a regional or sub-regional collaborative commissioning approach for people with more complex needs, learning from recent initiatives in the regional Transforming Care Programme. (WAA)
- Carry out a regional assessment of the Integrated Commissioning for Better Outcomes Standards and hold a regional event to share good practice.



Priority 2 - Sustainable, personalised health and care systems with a strong social model

Prevention (DASS lead - Iain Baines)

- Identify and share good practice and best uses of the apprenticeship levy for reablement through a regional event.
- Understanding and recommending Occupational Therapist led activities to support prevention and alleviate front door pressures
- Sharing what works and learning from digital initiatives in the region and nationally. Re-establish a digital network to increase independence. (WAA)
- Sharing good practice and establishing a regional set of principles which supports a better reablement offer including a targeted piece of work to increase the reablement offer to younger adults. (WAA)
- Developing a regional protocol to cultivate a safe and positive risk-taking culture across all agencies in acute settings.
- Connect and work with the NHS to understand and influence the relationship with the new Link Worker for each Primary Care Network.
- Holding a joint ADASS and DPH event to look at shared priorities including community asset building, prevention at scale and population health management. (WAA)



Integration (DASS lead - Richard Parry/Iain Baines)

- Put in place a framework for carrying out assurance on the 15 Better Care Fund plans
- Put in place workshops and events to improve regional engagement in the NHS Plan and future ASC Green Paper
- Hold three system-wide Integration events (one in each STP/ICO area) focusing on the High Impact Change Model, Integrated Care, Learning from CQC Reviews, Risk aversion in acute settings, DTOC, BCF and Length of Stays.

Mental Health (DASS lead - Richard Parry)

- Put in place a regional lead for Mental Health and undertake a stocktake to understand issues surrounding mental health data with recommendation to improve data consistency. (WAA)

Transforming Care (DASS lead - Anne Marie Lubanski)

- Undertake a stocktake on Transitions. (CIPFA/Risk Assessment Action)
- Working with the regional DCS network sharing learning from regional good practice around Transitions and hold a joint event. (WAA)
- Identifying an approach to deal with implications of the changing landscape of TCP Boards including continued adult social care input on the Transforming Care region programme with Deputy SRO representation at each meeting. (WAA)
- Undertake an analysis on autism to understand prevalence offer and market shaping and improve regional data analysis. (WAA)

Priority 3 - Social Justice and Inclusion

Safeguarding (DASS lead - Cath Roff)

- Launch a regional approach/guidance to involving people in Safeguarding Adults Reviews
- Carry out a review of all Safeguarding Adult Boards Dashboards to establish and share good practice
- Work with West Yorkshire Trading Standards to share good practice across the region with regards to tackling Financial Scamming and Financial Abuse including regional events
- Develop a regional set of principles for dealing with safeguarding referrals from adults who were abused as children and people who have complex needs.
- Put in place a regional programme for Safeguarding Adults Week which incorporates events from all 15 areas and includes a future safeguarding regional event
- Further participate and support the work on improving data quality and practice around Section 42's including the development of national guidance
- Publish the regional MSP stocktake results and identify future regional priorities
- Share good practice and develop regional principles around getting the service user voice into SAB's and performance dashboards; and the use of audit and assurance tools to strengthen safeguarding practice.
- Work with CQC to develop solutions where fire safety impacts on residents in commissioned placements.
- Hold a further regional event following the published guidance on Modern Slavery and identify further training for first responders.

Principal Social Workers (DASS lead - Richard Parry)

- Understanding the impacts and benefits of carrying out reviews of people and packages of care, sharing good practice and updating the regions strengths-based audit tool.

Continuing Health Care (DASS lead - Lennie Sahota)

- Carry out further work to improve CHC contributions – developing a:
 - Hospital Discharge Regional Approach
 - Joint Packages Regional Framework
 - Training programme for assessors
 - Section 117 Stocktake

DoLS (DASS lead - Bev Compton)

- Hold four DoLS regional training conferences to support practice, benchmarking and sharing good practice.

Carers (DASS lead - Karen Johnson)

- Implementation of the regional Carers Project – development of a regional audit tool which includes the voice of the carer, peer to peer support framework, peer challenge and regional event for carers.



Workforce (DASS lead - Phil Holmes)

- (In conjunction with Commissioning and PSW network) Further develop our regional approaches to asset and strengths-based working including:
 - Further programme of audits across the region including a deeper dive working age adults. (WAA)
 - Strengths based commissioning
 - Regional event to showcase wider workforce approaches
- Putting in place a regional approach to improving workforce recruitment and retention for Home Care learning from good practice across the region.
- Identifying a regional framework for value-based recruitment
- Putting in place a regional model for training charges.

Finance (DASS lead - John Skidmore)

- Developing a regional model for determining value for money and effective outcomes for people requiring high cost support and explore the potential for a regional / sub-regional model for fee frameworks. (WAA)

Standards and Performance (DASS lead - Alison Barker)

- Carry out further analysis on home care (CIPFA/Risk Assessment Action)
- Carry out further work to develop a regional suite of outcome measures (CIPFA/Risk Assessment Action)
- Review the regional dashboard, its utilisation by Branch and development of a new suite of measures to ensure that we can address high cost and low performance and improve data quality
- Hold showcase events focusing on best performers for Self-Directed Support, Direct Payments, Reviews and Use of Residential or Nursing Home Care under 65. (WAA)



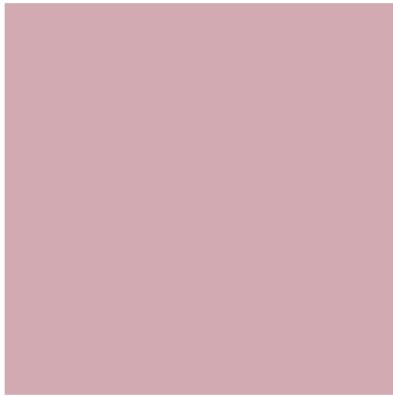
The shape of Local Government in Yorkshire and Humber:

- Yorkshire and Humber has a population of just over 5.4 million people with Leeds (789,200) and Sheffield (582,500) being the largest centres of population. The region covers 15,408 square kilometres and is the fifth largest region in England.
- The area is formed of 15 councils and covers South Yorkshire (4 councils); West Yorkshire (5 councils); East Riding and Hull; North Yorkshire and York; and North and North East Lincolnshire.




Council Name	DASS	Type of council	Size km2	Population	Deprivation Rank (Based on *CSSR's)	Sustainability & Transformation regions	Transforming Care Partnerships
Barnsley	Wendy Lowder	Metropolitan Borough Council	329.1	245,200	32	SY&B	B,W,K,H,C
Bradford	Bev Maybury	Metropolitan Borough and City Council	370.0	537,200	16	WY	B
Calderdale	Iain Baines	Metropolitan Borough Council	363.9	210,100	65	WY	B,W,K,H,C
Doncaster	Phil Holmes	Metropolitan Borough Council	568.0	310,500	35	SY&B	S,D,R,NL
East Riding	John Skidmore	Unitary Authority Council	2,408.7	339,600	118	C,H&V	H
Hull	Alison Barker	City and Unitary Authority Council	71.45	260,600	3	C,H&V	H
Kirklees	Richard Parry	Metropolitan Borough Council	408.6	438,700	69	WY	B,W,K,H,C
Leeds	Cath Roff	Metropolitan Borough and City Council	551.72	789,200	56	WY	L
North Lincolnshire	Karen Pavey	Unitary and Borough Authority Council	846.3	172,000	85	C,H&V	S,D,R,NL
North East Lincolnshire	Bev Compton	Unitary and Borough Authority Council	191.9	159,800	25	C,H&V	H
North Yorkshire	Richard Webb	County Council	8,053.0	614,500	126	C,H&V, DDTVHRW, WY	NY
Rotherham	Anne Marie Lubanski	Metropolitan Borough Council	286.5	264,700	42	SY&B	S,D,R,NL
Sheffield	Sara Storey	Metropolitan Borough and City Council	367.94 (City) 3,949.2 (Urban area)	582,500	48	SY&B	S,D,R,NL
Wakefield	Andrew Balchin	Metropolitan Borough and City Council	338.6	345,000	53	WY	B,W,K,H,C
York	Sharon Houlden	City and Unitary Authority Council	271.94	209,900	138	C,H&V	NY

*CSSR - Council with Social Services Responsibilities



For more information contact

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ADASS Yorkshire & Humber

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