ADASS
Yorkshire & Humber

Regional Account

2017
It has been another challenging year for local government and for adult social care services yet we continue to keep our focus on improving the lives of people with care and support needs as that is what sector led improvement is fundamentally all about. Despite shrinking budgets, I am enormously proud that local adult social care services continue to improve in the region. This has been achieved through the hard work and generosity of colleagues and partners to spend time supporting work beyond the boundaries of their own council and we continue to add value through collaborative endeavour.

Local Authorities have embraced a new model of care as set out in the Care Act: taking an asset-based approach, using the principles of personalisation and coproduction, promoting prevention and maximising people’s abilities to self-care/manage to maintain their independence.

The challenges do not get any easier and we all look forward to there being a sustainable solution to the appropriate funding of adult social care so people with care and support needs can lead fulfilling lives and have confidence in their care.

Foreword

Cath Roff
Director of Adults and Health
Leeds City Council
Chair: Yorkshire and Humber ADASS

I am pleased to support Yorkshire and Humber ADASS in delivering sector led improvement. This annual report demonstrates the significant work which has taken place over the past year to improve services, share best practice and to work together on local, regional and national priorities. The regional work programme for 2017/18 builds on this strong foundation and I look forward to continuing to work with colleagues on our shared improvement agenda.

Cath Roff
Director of Adults and Health
Leeds City Council
Chair: Yorkshire and Humber ADASS

Moira Wilson
Care and Health Improvement Advisor
Yorkshire and Humber ADASS

Our Key Achievements 2016/17

What outcomes has Sector Led Improvement helped us to achieve in 2016/17:

- Improved 50% of the regional average ASCOF measures, which is in line with national improvement.
- 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 than the national average into employment and to live independently.
- Increased the offer and effectiveness of reablement services to be above the national average.
- Remain one of the best performing regions in dealing with hospital discharges.
- Ensured that people with mental health issues have access to employment and remain independent higher than the national average
- Supported councils to increase the number of people who are assessed in 28 days.
- Put in place support to councils to implement the Care Act which they feel is making a positive difference; implementing personalisation and person centred/asset based approaches – 25% higher than the national average. This has helped more people to receive self-directed support and direct payments.
- Reduced by 5% the number of people admitted into residential care.
- Increased the number of people who feel safe as a result of services they receive.
- Dealt with over a quarter of million requests for support, 4% more than the previous year
- Reduced the number of people who are receiving long term support and increased by 10% the number of people who have received short term support back into independence
- Supported more than 46,000 carers, increasing those who receive a personal budget by 320%.
- More people are now satisfied with information and advice provision as a result of our regional Care Act work.
- Through mystery shopping, real customers have stated that 2/3rd of the access areas they have tested have improved over the last 12 months.
Our Current Performance Risks and Challenges

The region has identified the following risks and challenges to Councils through individual completion of the Towards Excellence in Adult Social Care (TEASC) risk assessment tool during 2016/17 and the external challenge provided at the sector led improvement event in February 2017.

- Supporting Councils to manage financial risks and achieve a more sustainable financial position going forward
- How to maintain overall customer satisfaction given increasing demands, demographic pressures and reduced budgets. Customer satisfaction in the region has worsened slightly to a level below the England average.
- Supporting culture change and new ways of working in social work practice to ensure that unnecessary assessments are avoided. People experience a good customer journey through good quality information, signposting and advice, person centred and proportionate assessments, timely reviews, and choice and control over their care and support
- Developing innovative commissioning both across Councils and with NHS partners to address shortfalls in market capacity and shape the market to meet future needs.
- Working with NHS commissioners, the Care Quality Commission and care providers to improve the quality of 24 hour and community care provision where concerns have arisen.
- Increasing the proportion of people who receive a direct payment to deliver the outcomes they want and to bring the region up to the national average.
- Analysing and addressing the variation in rates of people in receipt of continuing health care across the region
- Ensuring that the interface with hospitals operates effectively to ensure that people remain in hospital only for as long as their health needs require it, and that social care works closely with health partners to support people to leave hospital as soon as possible with the right level of care and support in place.
- Developing and sharing the learning about models of integrated working in the region.
- Continuing to embed Making Safeguarding Personal following the positive regional temperature check; supporting Councils in managing demands for best interest assessments under the Mental Capacity Act.
- Configuring initial access services in order to triage effectively at the first point of contact, be proactive about prevention, moving from a “script” to a “conversation” and getting the right skill mix of staff in place.
- Identifying good practice in realment, ensuring effective targeting and positive outcomes to enable people to sustain their independence and wellbeing.
- Further reducing the numbers of older people in residential/nursing care towards the national average (per population size); accelerating the pace of change to provide more support in people’s own homes; strengthening the links with housing providers; greater use of digital and assistive technology.
- Identifying and sharing best practice in preventive services across the region.

Based on our 2016/17 TEASC risk assessment, the areas identified in our Performance and Risk Dashboard and priorities identified in our Sector Led Improvement Event in February 2017 our priorities for 17/18 are:

2. Workforce Capacity across the whole Health and Social Care sector.
3. Market Sustainability, Market Failure and Quality of Care.
4. Integration and partnership with Health, deliverability of the Better Care Fund, Delayed Transfers of Care and Transforming Care.
5. Embedding Making Safeguarding Personal.
6. Deprivation of Liberties – capacity to deal with statutory requirements and the impact on the ability to deliver other demands which lead to backlogs and delays in assessments and reviews.
7. Prevention - changing organisational culture and developing the adult social care ASC workforce to focus on prevention and asset-based approaches to care and support.

Regional Profile
Overview of Adult Social Care in Yorkshire & Humber

The shape of Local Government in Yorkshire and Humber:

- Yorkshire and Humber has a population of just over 5.2 million people with Leeds (761,100) and Sheffield (551,800) 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.

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<th>Council Name</th>
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<th>Size km2</th>
<th>Population</th>
<th>Deprivation Rank</th>
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(I) Interim

- Yorkshire and Humber is covered by 4 Sustainability and Transformation regions – South Yorkshire and Bassetlaw, Coast, Humber and Vale, West Yorkshire and Durham, Darlington, Tees, Hambledon, Richmond, Shire and Whitby.
- There are six Transforming Care Partnerships in the region, these are – Barnsley, Wakefield, Kirklees, Huddersfield and Calderdale, Bradford, Humber, Leeds, North Yorkshire and Sheffield, Doncaster, Rotherham, North Lincolnshire.
Leadership and Governance - There is strong commitment to collaboration, sector led improvement and Peer Challenge in the region with 13 councils having had a Peer Review in the last 3 years. All 15 councils have signed a Sector Led Improvement Memorandum of Understanding. The TEASC risk awareness tool has been fully embraced and supported over the last 2 years – annual self-assessments, external challenge and quarterly reporting have informed risk management and improvement planning on a local and regional level.

We held a Sector Led Improvement Event in February 2017 which, utilising the Dashboard and our TEASC assessments, has helped us to identify our priorities and work programme for 17/18. We have held a regional leadership event in conjunction with the Local Government Association and the North East region targeted at lead members for adult social care and Health and Wellbeing Board Chairs focusing on their roles and responsibilities in challenging health and social care.

Performance and Outcomes - 15/16 was a year of progress for the region (in most but not all cases) with good and improving ASCOF figures for the region as a whole. The region has identified 5 ASCOF measures as priorities which are benchmarked and performance managed through the Standards and Performance network – Reablement (offered and effectiveness), Residential Placements (18-65 & Over 65), Delayed Transfers of Care (Social Care). This focus has helped deliver improvement over the last 2 years or has now resulted in the region performing better than the national average.

The region’s overall “quality of life” score stabilised in 2015/16, at the same level as the England average, while overall satisfaction declined slightly, to a level below the England average. Customer satisfaction with information and advice increased in 2015/16 – to meet two of the four targets set in their plans. Hospital discharges are a significant preoccupation for several systems but excellent or good performance is being sustained across the region in most cases. Only two councils are performing worse than the national average. For North East Healthcare NHS Region has a fairly typical rate of patients found eligible for CHC, but with huge variation between CCGs ranging from 11.01 to 53.78 patients per 5,000.

Progress on Transforming Care in the region is still challenging – a minimum of 49 people (net) needed to be discharged by 31 March 17 to meet target. There are still concerns about barriers to achieving change but frustrations that TCPs are not being sufficiently specific about what is required to resolve them. The issues are about releasing money from in-patient care to develop better community services and having a whole system approach rather than just looking at bed reductions. There are currently 114 people in YH with a length of stay of 5 years plus, from a total of 351 across the North as a whole. The Board agreed to reduce this by 50% by March 2019. There are still challenges due to fact that while people may be being discharged to community settings, new people with MH needs and or autism are being admitted. Also, young people receiving tier 4 CAMHS services are being added to the TCP cohort.

Commissioning and Quality - regionally we have the second highest level of services rated Inadequate (3%) or Requires Improvement (22%) by the Care Quality Commission, although there is variation across Council areas. The quality of care in nursing homes is the region is the biggest contributor to this – Inadequate (7%) / Requires Improvement (37%). Some areas in the region, particularly West Yorkshire, have experienced significant issues with market failure and poor quality of care which has pulled on local authority resources.

Most councils are experiencing capacity gaps in relation to nursing care (especially EMI) and domiciliary care. In both these cases, the pressures are likely to be related to recruitment and retention issues. In terms of market capacity, the single biggest challenge, for services to people over 65, is nursing EMI care with 12 councils reporting insufficient capacity; 8 councils reported insufficient homecare capacity. For people under 65 the situation is less severe but the biggest challenge is with nursing care with 6 out of 15 Councils reporting insufficient capacity for people under 65.

Our MSP regional temperature has shown we are level 6 on the roadmap (Period of embedding change of practice into the social care culture in the Local Authority) which is in line with the national assessment. The regional report provides good indications that with continued focus and momentum we will achieve full implementation. The demands to carry out Deprivation of Liberties assessments remains a pressure and risk, although the numbers awaiting allocation are reducing in year.

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National Priorities and Partnerships - The region supported all 15 local authorities to contribute to the development of their Better Care Fund plans. The region had two out of the seven areas nationally that went through the NHS England escalation process to achieve sign-off of their plans. Progress on delivery indicates that 12 out of 15 councils are on track to meet two of the four targets set in their plans. Hospital discharges are a significant preoccupation for several systems but excellent or good performance is being sustained across the region in most cases. Only two councils are performing worse than the national average.

For North East Healthcare NHS Region has a fairly typical rate of patients found eligible for CHC, but with huge variation between CCGs ranging from 11.01 to 53.78 patients per 5,000.

Responses in the ADASS Budget Survey show a significant level of pessimism on the part of DASSs in terms of their perception of the wider health and social care economy with 10 out of 12 DASSs being fairly or very pessimistic.

Not all councils reported on vacancy levels in the most recent dashboard update but on average 12.5% of FTE posts are not filled by permanent staff and 6.5% of ASC staffing budget is spent on agency staff across the region. Analysis from the National Minimum Data Set for Social Care (NMDS-SC) shows that for nurses the Yorkshire and Humber region has the second lowest rate of pay in the country.

Culture and Challenge - We have further embedded the TEASC risk awareness tool across all fifteen councils which has included an element of external challenge on the assessments. We also commissioned external challenge to our improvement programme from Rachel Ayling, Independent Consultant who facilitated our Sector Led Improvement Event in February 2017. All councils produced a local account for 15/16 and have stated they are producing a local account for 16/17 – 10 councils have already produced their local account.

Our regional pool of ‘Experts by Experience’ have carried out an assessment on the drafts to ensure they are customer focused and user-friendly. Our regional mystery shopping exercise for 16/17 has shown improvement in 64% of assessments of local authorities by our regional ‘Experts by Experience’. Significant improvements have been made in Face to Face and Website access whilst Out of Hours access remains a mixed picture.
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, the implementation of the Better Care Fund and Making Safeguarding Personal. The regional ADASS chair is Cath Roff, DASS Leeds City Council and Vice Chair is Rosy Pope, DASS East Riding. Our strong DASS leadership group includes a number of national leads – Cath Roff (ADASS Exec Group), Bev Maybury (ADASS Commissioning), Martin Farran (ADASS/LGA People and Communities Board) and Richard Webb (ADASS Honorary Secretary).

We have put in place a regional work programme which is focuses on delivering against our identified risks and priorities. The regional work programme is reported on and monitored at the regional branch meeting. Progress and activity against our work programme is set out in Section 3. The DASS lead for this is Bev Maybury, Bradford.

Sector Led Improvement has been strengthened through putting in place a dedicated Programme Director which has supported the development of a two-year peer review programme, regional masterclasses, a new memorandum of understanding, risk awareness of all fifteen councils and peer support where needed. The DASS lead for Sector Led Improvement is Rosy Pope. The Sector Led Improvement offer for the region has consisted of a series of:

- ‘Show and Tell’ and Master Class Events to share good practice on issues.
- ADASS Networks with clear work programmes is areas such as Safeguarding, Commissioning, Carers, Workforce, Integration, Learning Disabilities and Standards and Performance.
- Peer Challenges in Calderdale, Wakefield, North East, Lincolnshire, Leeds, York and Sheffield.
- Mystery Shopping of access arrangements in all fifteen councils.
- Stocktakes to identify improvement in MSP, Safeguarding Adult Boards, Commissioning for Better Outcomes, Integration and the Care Act.
- Training Programmes such as the aspiring leadership course, effective safeguarding adults reviews and individual management reports IMR’s.
- Targeted supportive action with individual local authorities where necessary.

Using the TEASC Risk Tool to identify our Priorities, Actions and SLI Activity and inform our Work Programme

The adoption of the TEASC risk tool has strengthened and supported the regions Sector Led Improvement offer:

- We have carried out an assessment across all 15 local authorities to inform our priorities for the regional work programme for the last two years.
- The tool has been used as the foundation of the regions Sector Led Improvement Memorandum of Understanding which has been signed off by all 15 DASS’, Lead Members and Chief Executives in Autumn 2015.
- Held ‘Show and Tell’ events on Commissioning for Better Outcomes, DTOC, Transforming Care, MCA DOL’s and Better Care Fund Plans showcasing regional/national good practice.
- Focused branch sessions tackling key risk areas - financial sustainability, quality of care and workforce capacity.
- Targeted local action such as dealing with demands in safeguarding and MCA DOLs, reducing high levels of delayed discharge days and improving quality of residential care settings.
- Developed a live ‘performance and risk dashboard’ which includes a suite of benchmarking data and a quarterly assessment of key risks. We have agreed to use the overview to inform the future regional work programme. This has been supported by three data consistency events through the Standards and Performance network to ensure there is good data quality in the region for ASCOF, SALT and Dashboard returns.
- Used the tool to hold a Risk Summit (Feb 16) and Sector Led Improvement Event (Feb 17) to shape our regional work programme and priorities.

CASE STUDIES

Calderdale - Using the TEASC Risk Assessment

One of our risks that was identified was sustainability of homecare provision and cost pressures. The dashboard has supported us to think about an overarching review of community based homecare provision and a review of our current fee structures. Also joint working with CCG on similar services to help create local market stability.

Sheffield - The Performance and Risk Dashboard

Outside of statutory returns, our ability to benchmark performance for adult social care was limited. With the dashboard, we now have a comprehensive tool at our disposal. This is helping us to assure elected members that the issues we highlight in our performance reports are not specific to our area; as well as helping to identify areas of good practice where we could support other areas.
Our Work Programme is focused on delivering against a number of priorities determined by our regional risk assessment, for 2016/17 these were:

1. Budget
2. Integration
3. Workforce Capacity
4. Commissioning
5. Safeguarding
6. MCA Dols
7. Implementing the Care Act (Community Capacity Building, Demand Management, New Models of Social Work and Supporting Carers)
8. Learning Disability/Transforming Care
9. Sector Led Improvement

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

**Priority 1: Budget - Supporting Councils fully understand the implications of the Comprehensive Spending Review and have put in place robust financial and transformational plans and manage the impact of the Living Wage**

Key activity:
- Held focused budget sessions as part of the bi-monthly DASS branch meetings
- Dedicated support to some councils to carry out an assessment against the LGA Use of Resources toolkit.
- Financial Sustainability Session held on 2nd December attended by all councils. This was facilitated by John Jackson where all councils completed the ADASS/CIPFA Risk Tool in preparation for the meeting.
- A further Financial Sustainability Session in March 2017 to support local authorities with workshops on the following:
  - Corporate financial pressures relevant to adult social care: demography, National Living Wage; inflation pressures facing the adult social care market; adult social care precept; Improved Better Care Fund
  - Housing – the scope for housing to help reduce the demand for adult social care or to provide less expensive ways of meeting those care needs.
  - Learning Disabilities.

**CASE STUDY**

**Rotherham - Use of Resources**

There has been a review of our resources which has been supported by the Regional CHIA and the National Care & Health Improvement Adviser Risks and Money. This has enabled us to look at where there are opportunities for change and reinvestment and a key component was the involvement of the Director of Finance which provided a positive opportunity to outline concerns, risk and timescales for savings. This provided an opportunity to “pause”, take stock and re-evaluate and prioritise our activity in light of our capacity and where there needed to be investment to transform the service through 2017/18 and position Rotherham along with our partners for 2018/19.

**Priority 2: Integration - Supporting the region to meet the challenges of Integration, Better Care Fund and Delayed Transfers of Care**

We have had a strong focus on integration over the last 12 months. As one of our key risks in the region we put in place a range of actions to support Councils to deliver the Better Care Fund but also contributing to the region performing well on delayed transfers of care.

- Put in place a regional integration virtual network chaired by Martin Farran (DASS York City Council) and Richard Webb (DASS North Yorkshire).
- Provided assurance support to all 15 councils throughout the 2016 DTOC Planning Process which ultimately helped national sign off of all BCF plans.
- Held a regional Integration Event in June 2016 which was attended by all 15 councils and SCIE which showcased good practice from North East Lincolnshire, Rotherham, Wakefield and York.
- We held a MasterClass in late 2015 which provided regional and national learning to support councils to deal with Delayed Transfers of Care. The subsequent focus and local action has helped the region sustain lower levels of delays across all systems than the national average. It has also helped individual council to reduce DTOC’s over the last 12 months.
- Carried out a regional integration stocktake which shared individual approaches and infrastructures to deliver against their Better Care Fund plans as well as supporting Councils to tackle issues they were currently facing.
- Held a multi-agency Y&H ‘High Impact Change Model’ workshop took place in May 16 which was facilitated by Sarah Mitchell, LGA Director of Social Care Improvement. All fifteen areas assessed themselves against the High Impact Change Model and provided a vehicle for taking these discussions further across all partners.
- Provided regional and national learning to support councils to deal with Delayed Transfers of Care. The subsequent focus and local action has helped the region sustain lower levels of delays across all systems than the national average. It has also helped individual council to reduce DTOC’s over the last 12 months.
- Carried out a regional integration stocktake which shared individual approaches and infrastructures to deliver against their Better Care Fund plans as well as supporting Councils to tackle issues they were currently facing.
- Held a multi-agency Y&H ‘High Impact Change Model’ workshop took place in May 16 which was facilitated by Sarah Mitchell, LGA Director of Social Care Improvement. All fifteen areas assessed themselves against the High Impact Change Model and provided a vehicle for taking these discussions further across all partners.
- Our Delayed Transfers of Care event in January 2017 enabled all local authorities to assess a range of national tools to support them through current winter pressures and showcased the work of two local authorities, Barnsley and North Lincolnshire, who are the best performers in the region
- Provided dedicated regional and national support to a number of Councils to help improve delayed transfers of care.

**CASE STUDIES**

**Leeds City Council – Reducing Delayed Transfers of Care**

Performance data for delayed transfers of care identified high levels of delayed days across the partnership. An independent review was commissioned through the region to look at the systems, process and work flow. The review made a variety of recommendations which has resulted in strengthened partnership discharge processes and decision making, retaining home care provision to be more outcomes and geographically focused and restructuring the joint care management team to create a larger hospital social work team to cope with the volume. Leeds has seen a 50% reduction in delayed days.

**North Lincolnshire – Addressing Delayed Transfers of Care - Right Support Right Place Right Time**

North Lincolnshire has put in place a range of actions and improvements over the last 12 months to ensure that it has an effective response to hospital discharge. This has helped us to sustain/improve our position in relation to delayed days for both NHS/Social Care. We have attended and participated in a range of regional events and activities such as the DTOC masterclass, High Impact Change Model Self-Assessment and Delayed Transfers of Care Event which has helped our improvement journey. To support this, we have put in place a range of activity:

- We are a provider of Intermediate Care-Residential and Community, providing a safety net for provider failure
- SW Team based within the hospital & Care Coordinators in A & E - 7day and In Frail and Elderly unit
- Commissioned - Home from Hospital and Carers support schemes (practical help and support, handyperson etc.)
- Educated Ward staff, implemented “Why not home, why not now” policy on all wards and introduced Board Rounds on eight wards.
Priority 3: Workforce Capacity - Supporting Councils to effectively address the current internal and external workforce challenges

Key Activity:
- We have reinstated the regional Workforce Network which is chaired by DASS lead Phil Holmes, Sheffield. Terms of reference and work programme have been agreed focusing on:
  - Improving and sharing activity on recruitment and retention,
  - Workforce strategy development and
  - Sharing how local authorities are innovatively managing workforce development
- Good practice in developing integrated workforce strategies has been shared and Leeds and North Lincolnshire have shared their assessment documentation.
- Carried out a DASS Stocktake on the ADASS National Workforce Development Leadership paper which was issued at Spring Conference which has helped shape the priorities for the regional work programme.
- We are currently developing a regional event to showcase good practice in conjunction with Skills for Care, in particular - Workforce Strategy and Managing Change – York, Recruitment – getting fresh people into sector, use of apprenticeship levy – Leeds and Workforce Development Income Generation – Barnsley.

CASE STUDY
York Council – Integrated Workforce Strategy
In order to build upon the work of the York Adult Care Workforce Strategy Group and address some of the key adult health and social care workforce challenges in partnership, City of York Council facilitated a multi-agency workshop in May 2016. The aim of which was to bring together key partners to identify shared challenges in relation to the adult health and social care workforce in York and to identify joint approaches and solutions to these challenges. A wide range of organisations from across York were represented, including York Council for Voluntary Service, private care providers, York Teaching Hospital NHS Foundation Trust, Vale of York Clinical Commissioning Group, City of York Council (adults and children’s services), Skills for Care and Higher Education institutions. The group identified 5 key challenges within the sector in York – Recruitment, Retention, Reputations, Career Pathways, Supporting Positive Risk. Joint action plans were developed as part of the workshop which have now been built upon through the establishment of subgroups who report to the wider multi-agency York Adult Care Workforce Strategy Group. This was further informed by learning from other good practice across the region. These groups are working on initiatives such as joint health and social care recruitment events and an event for business leaders to debate the need for New Philanthropy and opportunities to work together to help to address the national crisis in health and social care.

Yorkshire and Humber have embraced the Commissioning for Better Outcomes (CBO) framework. We have completed our second annual self-assessment across the region and used the tool to identify good practice, target support and hold regional ‘show and tell’ events. Using the tool local authorities have addressed the following areas:
- Improved leadership and joint working with partners. (Barnsley, Bradford, Doncaster, East Riding, Hull, Leeds, North East Lincolnshire, North Lincolnshire, North Yorkshire, Sheffield, Wakefield)
- Better engagement of providers (Bradford, Doncaster, Hull, Leeds, NE Lincolnshire, North Yorkshire, Rotherham)
- Outcome focussed commissioning and co-production, (Barnsley, Bradford, Calderdale, East Riding, Hull, Leeds, North Yorkshire, York)
- Developing the workforce. (Doncaster, Hull, Kirklees, North Lincolnshire, Wakefield)
- Community (Leeds - Asset Based Commissioning) (York - Community Transport and Direct Payments).

To support improvement in areas where councils identified issues we held a CBO Masterclass in October to showcase good practice. It was attended by over 60 delegates – best practice delivered from Sheffield, Calderdale, Wakefield with regards to their recent CBO Peer Challenges and masterclasses were delivered on the following - Whole System Approach - North East Lincolnshire, Workforce - Barnsley, Sustainable Markets – Leeds. Other key activity undertaken:
- Quarterly benchmarking of Commissioning and Quality measures has commenced from quarter 1 in the Performance and Risk dashboard which includes unit cost information, quality of care and state of the market.
- Benchmarking of the cost of care across the region in residential and domiciliary care.
- Strengthened relationships at branch level with the Care Quality Commission.
- Market Failure Strategies and good practice from across the region shared - Barnsley, North East Lincolnshire, Bradford and Calderdale.
- Held a dedicated market development event to discuss and share current provider risks and identify regional solutions and support and minimise impact when care provider fail.
- Adopted the Leeds Market Support tool to inform a regional approach to tackling market failure.

Priority 4: Commissioning - Delivering effective approaches to Commissioning for Better Outcomes in Yorkshire and Humber

CASE STUDIES
Bradford City Council – Commissioning for Better Outcomes
The CBO regional self-assessment and risk assessment identified that we needed to address our commissioning arrangements which was affecting the quality of residential care settings with a number of homes at risk of closure. Bradford have now implemented new commissioning framework which include a quality assurance model and strengthened their relationship with Care Quality Commission. As a result, Bradford is now in a more stable position and has supported a number of commission services to improve the quality of their provision.

Barnsley Council - Commissioning for Better Outcomes
Barnsley has participated in the regional CBO self-assessment for the last two years. We have used this to drive improvement across our commissioning activity. An area we have significantly improved through the assessment is further developing the commissioning and provider workforce, we have:
- New adult social care commissioning and contracting structure – more fit for purpose
- Corporate focus on commissioning contracting and procurement – commerciality, technical expertise to support commissioners
- Basic awareness training for the wider workforce, Workforce development training offer – accessible and comprehensive
- Contract and performance management arrangements – visible and firmly supportive
- Provider forum – well attended & felt to be useful
- Developmental & collaborative commissioning approach – involves & engages providers positively.
CASE STUDY

North East Lincolnshire - Commissioning for Better Outcomes (Whole Systems Approach)

We think we’ve developed truly person-centred services in a whole system approach North East Lincolnshire and have been able to support people with very complex needs to live ordinary lives in their communities. Our focus on Commissioning for Better Outcomes across the region has helped us to develop and showcase this to others. Asset Based Community Development can be used to describe the Whole Systems Approach that commissioners in North East Lincolnshire have used to Commission Best Outcomes for people with LD and complex needs. The Commissioner’s focus has been on using the natural assets of working relationships between their micro-commissioners: social workers, health professionals, specialist community services, supporters, families and individuals to identify how to meet the accommodation and support needs of people with the most complex needs in our community. It has been through identifying these relational strengths within existing service provision and working in partnership with families and providers from the start that the Commissioners have been enablers, allowing processes to develop, informed by the collective knowledge of the community, that provide structure for the creation of innovative, person centred local services. One example is the impact this way of working has had on David, the first young person we supported successfully through the transition into Adult Services.

Safeguarding is a clear regional priority. We carried out a regional self-assessment against the statutory guidance for SABs in June 2016 across all 15 local authorities. The outcomes of the assessment identified several areas where we could provide regional support to SAB chairs and board managers, strengthening the approach to Safeguarding Adults Reviews, supporting operational practice and improve performance management and benchmarking.

Actions taken include:

- Training for SAB Chairs, boards and managers to deliver effective SAR’s and IMR’s
- Sharing and identifying areas of good practice from multi-agency QA arrangements.
- Holding a Making Safeguarding Personal event in Bradford in July showcasing regional good practice
- Sharing strategies and plans – which all councils have produced and uploaded onto the regions website.
- Strengthening our approach to deal with “People in Positions of Trust” – learning from national models and putting in place a regional good practice framework.
- Implementing a suite of safeguarding performance measures as part of the regions risk dashboard which is helping us to improve practice around s42 enquiries and SARs.
- Providing Safeguarding legal literacy training for all 15 councils.

We have completed the regional MSP Temperature check which has identified future regional priorities such as:

- Strengthening the undertaking of SARs and developing a regional approach to obtaining SAR authors
- Reviewing and looking at future collaboration opportunities in the different existing IT systems
- Put in place regular regional practitioner workshops/shared learning events to encourage networking and sharing good practice.
- Sharing performance outcomes and dashboards across SAB’s and fully embedding a regional dashboard of safeguarding measures.

“This is good progress compared to the national picture and shows the region has embraced MSP and is getting on with it. Similarly MSP has taken root in Adult Social Care where social workers have welcomed it as a return to core values and a chance to work more closely with people to empower them to take more control over their lives.” MSP Regional Temperature Check – January 2017

“This approach has been very much welcomed by individuals who have gone through safeguarding, a typical comment is ‘I now feel much safer and happier.’” Calderdale

“Staff are now more comfortable with MSP - we are listening more closely to what the wishes are of the person concerned but can’t evidence that at the moment.” East Riding

“It’s made it easier for people to understand what’s happening and given them more control over their lives. We now have more involvement from mainstream staff - it’s less about following a process. - it’s not as oppressive or alienating. We didn’t have the exit points that we have now. Our decision-making has improved.” Sheffield

CASE STUDY

Kirklees – Supporting Safeguarding Adult Boards

In April 2015, The Safeguarding Coordinators Group worked in partnership with the DASSs and the independent chairs to develop a regional stocktake to see how all Y and H Safeguarding Adults Boards were prepared for implementing the Care Act requirements for boards. The region revisited this in 2016 to see how boards had developed. This was shared across the region to encourage the sharing of best practice. For the Kirklees SAB, this has been an essential tool for ensuring we have the best local arrangements in place. We have developed and published our first 3-year strategic plan, and at the end of its first year in operation currently updating it. This has helped the board have a longer-term view of its priorities, rather than just an annual work plan.
MCA/DOLs continues to be a key risk for the region. We held a masterclass in February 2016 which was supported by all local authorities. Several themes came out of the event such as the backlog growing, there is a lack of trained workers to act as either Best Interests or Mental Health Assessors, insufficient numbers trained staff (sufficiently independent of care arrangements) to act as ‘authorised signatory’ and there was a rise in the number of s21A appeals. Key activity:

- Most local authorities are continuing to increase their numbers of trained assessors and ‘authorised signatories’.

- A risk reduction toolkit has been developed and circulated along with practice guidance for assessors to avoid any downturn in the quality of assessments despite the pressures of meeting the volume of requests.

- Sheffield Hallam University is now delivering a BIA module along with Huddersfield and Leeds Beckett Universities in the region. The Royal College of Psychiatrists have updated and launched a revised training module for Mental Health Assessors.

- ADASS have supported the development of an Advice Note in terms of transitional proposals for the managing and processing of referrals.

- The Court of Protection has revised the application process for applications and may publish if agreed.

This focused effort has started see reductions in authorisations awaiting in the region.

**CASE STUDY**

**Hull City Council – Strengthening Safeguarding/MCA DOLs Arrangements**

We identified risks around demands in safeguarding and dealing with MCA DOLs. The region supported Hull City Council to bring in external specialist support to further look at the issues and identify an improvement plan. As a result, Hull City Council have now strengthened their safeguarding arrangements, fully adopted MSP, improved quality assurance arrangements, put in arrangement to manage backlogs and carry out all assessments with 28 days.

We put in place significant regional support to all fifteen councils through the implementation of the Care Act with focused work to improve information and advice, support for carers, further development of ‘Connect to Support’ and communication to the public. Stocktake 6 from Yorkshire and Humber councils showed that regional results are generally in line with those reported nationally. However, there are some differences:

- There is stronger agreement in Y&H than there is nationally that councils have embedded statutory requirements and the ‘spirit’ of Care Act.
- 47% of councils in Y&H feel strongly that the Care Act has made a positive difference to implementing personalisation and person centred/asset based approaches to assessment and support planning. This is 25% higher than the national figure
- 80% of Y&H councils feel that the Care Act has made a positive difference to ‘making safeguarding personal’. A figure that is 20% higher than the national average.
- However, it is clear that challenges remain in Yorkshire and Humber in three key areas - Support for Carers, Advocacy and joint working in Prisons and approved premises.

The Care Act Stocktake has demonstrated the improvement journey that has taken place in the region and has helped target support where it is needed most. Improvements include: the preparation and continued development of assessment and support planning practitioners; the development of information and advice services and levels of confidence in ensuring that councils are on track with embedding necessary changes. Key Activity:

- Enabled councils in the region to consider and plan for the future of personalisation through the development of a partnership approach with TLAP and ADASS NW in the delivery of a learning exchange event which focussed on strength and assets based approaches, individual service funds and new models of homecare.

- Regional Strengths event delivered successfully which shared good practice from the region and beyond. Over 70 delegates attended and each delegate completed star outcomes assessment of their current position and approaches in delivering strengths and asset approaches and achieving culture change. The participants completed also a plan for action on the activities required to deliver improvements in their approach.

- Continued to support two major community capacity building projects in Barnsley and Leeds, which provide a model for early intervention and the resilience mapping of community assets and resources in relation to local capacity for mutual support.
  - Literature review undertaken
  - The mapping model with resilience indicators has been developed and has been applied to Leeds and Barnsley
  - The project has been extended to include mapping across North Yorkshire and Doncaster to test the indicators in diverse areas in terms of geography, demographics and health inequalities

- Development of adult social care specific indicators
- Initial development of approaches on how best to utilise and improve individual and community strengths, resilience and assets.
- Supported the development of a bid for LGA Local Investment Programme funding.

**Priority 6 : MCA/DOLs** - Councils are supported to embed the principles of the Mental Capacity Act with the purpose of raising the quality of professional practice

**Priority 7 : Embedding the Care Act** - changing organisational culture and developing the adult social care workforce to focus on prevention and asset-based approaches to care and support
CASE STUDY

Leeds Council has been supporting in the project development, refinement and ongoing delivery of their Community Resilience Mapping Model. They have created the model and have been assisted in assessing the feasibility of the model across other areas.

CASE STUDY

North Yorkshire

We have had the mapping model applied to our areas at a Lower Super Output level, to provide us with an understanding of the resilience of their areas to inform decision making.

CASE STUDY

Calderdale Council has developed an innovative approach to their digital offer which will manage demand, assist people to make informed choices and enable them to stay safe, healthy, independent and live in their own homes.

- A regional learning exchange event on effective information, advice and guidance has been delivered and the learning from 2 independent IAG (Information, Advice and Guidance) reviews has been shared.
- Councils across the region have been supported in responding to the requirements of the Accessible Information Standard and good practice examples shared.
- All councils were in compliance of the Standard by 31 June 2016.
- Working with the Principal Social Worker Network in the region, we have developed an extensive regional development programme to support the delivery of culture change and a transition to prevention, early intervention, strengths and asset based working.
  - A regional Steering Group has been established and project plan has been developed to ensure effective delivery.
  - A draft regional strengths and asset based assessment tool has been developed
  - Peer to peer assessments have been agreed
  - Learning sets at an STP level have been agreed; the process to appoint an independent facilitator has been established and the recruitment process commenced
- A regional Lead for carers has been appointed which has improved links to the ADASS Branch and provided additional legitimacy to the group, with greater opportunities to influence key decision makers.
- The network has improved links to additional Local Authorities operating good practice in the region.

To support the delivery of social care in Prisons and Approved Premises we are working with ADASS nationally to develop a regional screening tool. The regional Prisons Network holding an event to address the current challenges in delivering the Care Act requirements.
We have reviewed our regional network for Learning Disabilities and have strengthened our focus on Transforming Care. Key Activity:

- Held a Transforming Care Event in December in conjunction with NHS England. The event showcased the 6 TCP plans. Feedback was extremely positive. Key issues raised were:
  - Transitions/Links to Children’s services
  - Ensuring we have a network of sharing good practice
  - Working better with housing services to improve access to suitable housing
  - Mental health
  - Workforce development
  - Finance
- The Learning Disability has put in place a work programme which focuses on:
  - Develop a tool or process to support regional sharing, problem solving and action planning.
  - Develop outcome focused and person centred commissioning - including development of Individual Service Funds/ frameworks that support the individual to live an ordinary life.
  - Transition to adulthood - the conversation with children and their families needs to change, and address their aspirations, hear their voice. We will review the NICE guidance on transitions and how they can be embedded as good practice across the region.

CASE STUDY
Transforming Care Event
Feedback from the event was extremely positive:

“Life stories and people’s experiences are powerful. Greater understanding of CQC position.”

“It was all very useful. As the senior for a new residential reviewing team, the CQC Stats and info will help inform the practice of the team.”

“A greater understanding of adult social care, the burning issues and how I can affect change and improvements back in the workplace.”

We held an ADASS Yorkshire & Humber Social Work Conference 15th July, 2016 - The theme of the conference was ‘No decision about me, without me’ and was attended by over 150 delegates from across the region. This built on the Department of Health Better Social Work for Mental Health early adopters programme and the Transforming Care Programme aiming to improve outcomes for adults with a learning disability and/or autism, and explored issues relating to culture change, risk enablement and upholding of human rights within adult social work practice across the Yorkshire & Humber region. The event explored issues around the following:

- Strengths based approaches towards culture change which ensure that people’s wishes, feelings and beliefs are central to their support (in keeping with the UN Convention on the Rights of Persons with Disabilities).
- Integrated Personalised Commissioning and expanding the Personal Health Budgets offer.
- Practice issues emerging from the Department of Health Social Work for Better Mental Health early adopters.
- Driving up the quality of care through tightened regulation and inspection.

We have also have also had a strong focus on the Mazar’s report into unexpected deaths. The region has undertaken a stocktake against the key findings of the Mazar’s report. The assessment has provided the region with an insight into the awareness and preparedness of councils. Each council has identified development areas as a result of the assessment. Through this focus we have:

- Raised general awareness of the report and its findings, with the majority of SABs fully aware.
- A number of councils who have done considerable work on this with strengths in a number of areas
- Focused councils to develop systems for monitoring, reporting and investigating unexpected deaths.
- Strengthened involvement of Carers and Family’s needs strengthening.

CASE STUDY
Humber Transforming Care Partnership
Our top three partnership successes are:

- A Transforming Care consultation event held in May 2016. Over 100 attendees heard about the plans and contributed views to support future planning
- A workshop to look at improving pathways at times of crisis. 50 attendees. Presentations from Intensive Home Support for Hull and East Riding, and for North East Lincs. Table top discussions could compare the different models and agree next steps
- Effective reporting to the Board of achievement against trajectory and identifying the reasons for individual delays to discharge. This enabled Board to take effective action when it could be seen we were off trajectory.
Thirteen out of fifteen local authorities in the region have undertaken a peer challenge in the region over the last three years. In the last 12 months Calderdale, Wakefield (Commissioning for Better Outcomes), North East Lincolnshire (Adult Social Care), Leeds (Use of Resources), Doncaster, York and East Riding (Adult Safeguarding) have taken place. Kirklees will take part in the national pilot of the Health and Social Care Peer Challenge in March 2017. Already in the programme for 2017/18 are Leeds and Bradford (Commissioning for Better Outcomes), Rotherham (Adult Social Care). We are currently in discussion with North Yorkshire to carry out a peer challenge in 2017. Calderdale, Leeds, North East Lincolnshire, Wakefield, Doncaster and York have all received Peer Challenges in the last 18 months.

CASE STUDY
Wakefield – Peer Challenge

Our Commissioning for Better Outcomes Peer Challenge in June 2016 has led to a number of improvements:

- Establishment of joint operational delivery group to develop the health and social integration agenda in Wakefield to ensure consistency of approach and delivery to all partnership connecting care hubs which includes the implementation of a single assessment tool for all partners.
- We have streamlined assessment and contact points of our Hub offer – using a single assessment tool across all partners including GP’s, assigning a lead professional to every caseload, a named point of contact for each patient, third sector and carer support workers all part of the Hub.
- Reducing the number of long term cases held by our reablement services.
- Working with Wakefield CCG through the Care Home Vanguard to improve quality within residential settings resulting in improved ratings in four care homes in Wakefield.

The Doncaster Safeguarding Adults Board undertook a Peer Review of its Safeguarding Adults arrangements in November 2015. Since this time key significant actions and improvements have been made as a direct result of the findings:

- The development of a comprehensive multi-agency action plan to respond to the recommendations identified by the Peer Review Report and overview by the Safeguarding Adults Board.
- The creation of a Safeguarding Adults Hub which has clarified the pathways, processes and oversight of safeguarding adult’s cases.
- The strengthened leadership of the Board through the appointment of a new Independent Chair, Dr John Woodhouse and separation of the Board support function from operational practice.
- The revision of the Boards performance framework to provide wider partnership assurance that health and social care providers are delivering safe services and can identify and respond to abuse in Doncaster.

The Doncaster Safeguarding Adults Board, in collaboration with the Care Quality Commission and the West Yorkshire Hub of Excellence, have undertaken a number of mystery shopping visits over the last two years. This has resulted in improved ratings in four care homes in Wakefield.

Yorkshire & Humberside has a well-established mystery shopping regional arrangements. The region has a pool of ‘Experts by Experience’ who test access to services across all 15 councils providing ratings against a range of scenario’s and a ‘tripadvisor’ rating overall. The pool has built up over the last four years and includes real customers from Rotherham, Calderdale and North Lincolnshire. The regional pool of ‘Experts by Experience’ have been trained in mystery shopping techniques and between November 16 and January 17 embarked on the annual exercise, carrying out face to face visits, telephone calls and website check. Regional improvements include:

- 64% of individual judgements rated ‘Good’ or ‘Excellent’ – 60% in 15/16
- 11 out of 15 are rated by ‘Experts by Experience’ as Good or Excellent for their overall access to services.
- 11 out of 15 councils have improved some or all of their access to service arrangements over the last 2 years
- 9 out of 15 councils have services rated Fair to Excellent (only 3 out of 15 in 2012)
- All councils are now rated Fair to Excellent for Website access.
- 12 out of 15 councils rated Fair to Excellent for face to face access, the most improved area over last 12 months.
- 11 out of 15 councils are rated Fair to Excellent for their reception facilities (7 out of 15 in 2012)
- 8 out of 15 councils have been rated Good or Excellent for out of hours arrangements
- 9 out of 15 have been rated Good or Excellent for Safeguarding Access, five councils improved their ratings over the last 12 months.

Cabinet success stories:

- Calderdale have significantly improved their Face to Face service from Unsatisfactory (2012/13) to Excellent (2016/17) and their Website from Unsatisfactory (2012/13) to Good (2016/17)
- East Riding have improved their Face to Face and Reception arrangements from Fair (2012) to Excellent (2017). They have also improved their telephone access from Unsatisfactory (2012) to Good (2017).
- Wakefield have improved its Face to Face and Website from Fair (2015/16) to Good (2016/17)
- York has improved its out of hour’s arrangement from Unsatisfactory (2013) to Excellent (2016/17).
- North Yorkshire has improved its Website from Unsatisfactory (2012) to Good (2016/17)
- Rotherham has improved its Website from Fair (2013/14) to Good (2016/17)
- Bradford has improved its telephone access from Unsatisfactory (2012) to Good (16/17) and Face to Face from Unsatisfactory (2012) to Good (16/17)
- Sheffield improved its reception facilities and Website from Unsatisfactory (2012) to Good (16/17), Face to Face from Unsatisfactory (2014) to Good (16/17), Out of Hours from Unsatisfactory (2013) to Excellent (2017).
- Leeds have improved its Face to Face from Unsatisfactory (15/16) to Good (16/17) and Safeguarding Access from Fair (15/16) to Good (16/17)
- Kirklees have been rated Excellent for Face to Face and its Reception for the last four assessments and have improved Out of Hours from Good (15/16) to Excellent (16/17)
- Barnsley improved its telephone access from Unsatisfactory to Good over the last 3 years and website from Fair (13/14) to Excellent (16/17)
- North East Lincolnshire improved its Face to Face and Reception from Unsatisfactory (2012) to Good (16/17).
- Doncaster improved its reception facilities from Unsatisfactory (2012) to Good (16/17), Out of Hours from Unsatisfactory (13/14) to Excellent (16/17), Safeguarding Access from Fair (13/14) to Good (16/17) and Telephone from Fair (13/14) to Good (16/17)
- North Lincolnshire improved its reception facilities from Unsatisfactory (2012) to Good (16/17), Face to Face from Unsatisfactory (12/13) to Good (16/17), Safeguarding Access from Fair (15/16) to Excellent (16/17)
- Hull improved its reception facilities from Unsatisfactory (2013) to Good (16/17), Face to Face from Unsatisfactory (13/15) to Good (16/17).
Good Practice Case Study - continued

Delivering excellent access to service:

- Telephone – Leeds and North East Lincolnshire
- Website – Barnsley, Bradford and York
- Face to Face – Calderdale, Kirklees and East Riding
- Reception – East Riding and Kirklees
- Out of Hours – Doncaster, Kirklees, North Lincolnshire, North Yorkshire, Sheffield and York
- Safeguarding Access – North Lincolnshire, Sheffield and York.

“The mystery shopper report provides a valuable external view of the elements of Council’s services that supports the ongoing service improvement journey.” North Lincolnshire

“This useful report provides us an invaluable reality check of how much impact our efforts to improve the experiences of service users are having.” “We are grateful to the work of the experts by experience who have provided their feedback. The comments are particularly powerful in conveying the extent to which staff sought to help people and treat them in a respectful manner.” Leeds

“An action plan was developed to drive forward necessary improvements in areas identified by the inspectors as requiring improvements such as reviewing information and advice and prominence of information on the Council website, improving from a Fair rating to Good for website and face to face transactions.” Wakefield

CASE STUDY

East Riding - Using Mystery Shopping to Improve Customer Access, Advice and Information

The regional mystery shopping exercise has provided invaluable feedback for East Riding over the last five years. In 2012 we received fair and unsatisfactory ratings for the services we provide face to face and by telephone respectively. The information provided by real customers has helped us rethink and reshape the way we communicate with our customers. Our carers centre in Beverley now provides an ‘excellent’ customer experience, and complements the service provided through our Customer Service Networks. Acting upon previous feedback, we have also strengthened and streamlined our telephone access, which is now rated as ‘good’. The reports we receive are invaluable, as part of our overall service improvement cycle to ensure we continually review our offer to customers, both on line and face to face.

Our Priorities, Actions and Sector Led Improvement Activity for 2017/18

Whilst councils have identified their own unique risks they are facing, there are some key common risks are emerging from the exercise that the region are facing. We held a Sector Led Improvement Event in February 2017 and the DASS and lead officer group identified our top 3 priorities are: Budget, Workforce Capacity and Market Sustainability, closely followed by Integration/BCF/DTOC. Our work programme for 17/18 will aim to address these risks as well as tackle the areas identified in this report. Our priorities and key actions will include:

Priority 1 - Budget - Impact of cuts and future efficiency agenda

The Regional ADASS branch meeting will continue to provide ongoing support on this issue. We will hold key officer workshops to focus on:

- Corporate financial pressures relevant to adult social care: demography; National Living Wage; inflation pressures facing the adult social care market; adult social care precept; Improved Better Care Fund
- Housing – the scope for housing to help reduce the demand for adult social care or to provide less expensive ways of meeting those care needs.
- Learning Disabilities
- Assistive Technologies, IT and Information and Advice.
- The impact of the additional monies for adult social care and its implications.

Priority 2 - Workforce Capacity across the whole Health and Social Care sector

In conjunction with Skills for Care we are currently developing a regional event to showcase good practice in conjunction with Skills for Care and support our work programme, in particular:

- Workforce Strategy and Managing Change
- Recruitment – getting fresh people into sector, use of apprenticeship levy
- Workforce Development Income Generation.

Priority 3 - Market Sustainability, Market Failure and Quality of Care

Through the Commissioning Network we will be:

- Tackling market failure through the implementation of a regional approach to gathering intelligence and targeting training and support to providers.
- Working collectively to further develop integrated commissioning, using the High Impact Change Model and Commissioning for Better Outcomes self-assessment to learn from others.
- Supporting local authorities in commissioning home care.

Priority 4 – Integration - Better Care Fund, Delayed Transfers of Care and Transforming Care

We will be accessing regional funds to carry out further assurance on the 15 BCF plans and accessing national and regional LGA/ECIP support to help local authorities with DTOC. Through the Learning Disability/Transforming Care network support the 6 TCPs by:

- Embedding good practice across the region to support transition to adulthood
- Developing the provider market, supporting outcome focused and person-centred commissioning and defining what a good ISF model looks like.
- Strengthening our participation and learning from the LEDER programme.
Our Priorities, Actions and Sector Led Improvement Activity for 2017/18 continued

Priority 5 - Embedding Making Safeguarding Personal

Through sharing good practice and learning we will further embed MSP following our regional temperature check which will include:

• Strengthening our approach to sharing safeguarding performance data, improving consistency around section 42s and SARs and improving outcomes.
• Holding regional learning events focusing on SAR outcomes, practice and learning from what’s not gone so well.
• Improving our approach to Safeguarding Adult Reviews.

Priority 6 - Deprivation of Liberties

We have a strong regional MCA Dols network which will focus on the following:

• Setting cost ceilings across the region for the use of Independent Best Interest Assessors.
• Developing a practice guidance for mental health assessors.
• Region wide multi-agency training programme for BIA’s.

Priority 7 - Prevention

We will work collectively to understand and learn from each other about different models to prevention and reablement.

• Through the PSW network, put in place peer to peer audits across councils to assess and evaluate current practice and deliver a development programme which includes learning sets with health and social care practitioners.
• Produce a regional community resilience mapping model which will support evidence based interventions which will prevent, reduce and delay demand on ASC.
• Further develop the Connect to Support offer in 5 priority areas – Self self-able working, assessment teams online, communities and helping people at home.
• Deliver a regional event to share good practice to support the development and effective implementation of Information Advice and Guidance Strategies.
• Produce, agree and disseminate the project products from the working Carers project and identify future support requirements.

Supporting the delivery of the Work Programme through Sector Led Improvement

We will continue to use the TEASC risk awareness tool as means of annual self-assessment and use the Performance and Risk Dashboard to provide us with a quarterly assessment of risk and picture of current performance issues.

We are revising our SLI MOU which will have a number of new initiatives for the next 12 months:

A two year Peer Challenge programme for all 15 councils.
• Thematic peer challenges across the region.
• Annual external challenge sessions against the TEASC risk awareness assessment.
• New DASS mentoring programme.
• System, not just Sector Led Improvement.

The DASS branch will have a continued focus on the work programme as well holding dedicated sessions throughout the year on:

• System Leadership and Culture Change
• Integration, Better Care Fund and System Resilience
• Budget
• Performance and Outcomes
• New Models of Care.

Our SLI improvement identified the need for future shared learning events:

• Continuing Health Care to support integrated working and address financial risks.
• Prevention, Reablement and Strengths and Asset Based Outcomes to share good practice to support people live independently and address demand.
• Safeguarding Section 42’s to ensure consistency in approach and to further support the delivery of MSP.
• Transformation and Culture Change to further develop integrated workforce approaches and demand management.

ADASS Yorkshire & Humbers Work Programme 2017/18 - Plan On A Page

ADASS Y&H PRIORITY 1 - Budget - Impact of cuts and future efficiency agenda

LEAD DASS - ROBERT & NICKY

The Regional DASS branch meeting will continue to provide ongoing support on this issue. We will hold key officer workshops to look at:

• Corporate financial pressures relevant to adult social care demographics;
• National Living Wage; inflation pressures facing the adult social care market;
• Adult social care precept; improved BCF;
• Housing - the scope for housing to help reduce the demand for adult social care or to provide less expensive ways of meeting care needs;
• Learning Disabilities;
• Assistive Technologies, IT and Information and Advice;
• The impact of the additional monies for adult social care and its implications.

ADASS Y&H PRIORITY 2 - Workforce Capacity across the whole Health and Social Care sector - LEAD DASS - PHIL H UMBERT SHEFFIELD

Through the Workforce network and Skills for Care we are currently developing a regional event to showcase good practice in conjunction with Skills for Care and support our work programme, in particular:

• Workforce Strategy and Managing Change
• Recruitment - getting fresh people into sector, use of apprenticeship levy
• Workforce Development Innovation

ADASS Y&H PRIORITY 3 - Market Sustainability, Market Failure and Quality of Care - LEAD DASS - BEV MAYBURY BRADFORD

Through the Commissioning Network we will be:

• Tackling market failure through the implementation of a regional approach to gathering intelligence and targeting training and support to providers.
• Working collectively to further develop integrated commissioning, using the High Impact Change Model to learn from others.
• Supporting local authorities in commissioning home care.

ADASS Y&H PRIORITY 4 - Integration - Better Care Fund, Delayed Transfers of Care and Transforming Care - LEAD DASS - MARTIN FARRAN, YORK AND RICHARD WEBB, NORTH YORKSHIRE

Supported by the Integration network we will be accessing regional funds to carry out further assurance on the H BCF plans and accessing national and regional LGA/CFP support to help local authorities with their STS and through the Learning Disability/Transforming Care network support the £600m by:

• Embedding good practice across the region to support transition to adulthood.
• Developing the provider market, supporting outcomes focused and person- centred commissioning and defining what a good life looks like.
• Strengthening our participation and learning from BCF.

ADASS Y&H PRIORITY 5 - Embedding Making Safeguarding Personal - LEAD DASS - CATH ROFF, LEEDS

Through the Safeguarding Co-ordination Group and Safeguarding Board Managers Network we will be sharing good practice and learning we will further embed MSP following our regional temperature check which will include:

• Strengthening our approach to sharing safeguarding performance data, improving consistency around section 42’s and SARs and improving outcomes.
• Continuing regional learning events focusing on SAR outcomes and learning from what’s not gone so well.
• Improving our approach to Safeguarding Adult Reviews.

ADASS Y&H PRIORITY 6 - Deprivation of Liberties - LEAD DASS - CATH ROFF, LEEDS

We have put in place a strong regional MCA Dols network which will focus on the following:

• Setting cost ceilings across the region for the use of Independent Best Interest Assessors.
• Developing a practice guidance for mental health assessors.

ADASS Y&H PRIORITY 7 - Prevention - LEAD DASS - ROBERT & NICKY

We will work collectively to understand and learn from each other about different models to prevention and reablement.

• Through the PSW network, put in place peer to peer audits across councils to assess and evaluate current practice and deliver a development programme which includes learning sets with health and social care practitioners.
• Produce a regional community resilience mapping model which will support evidence based interventions which will prevent, reduce and delay demand on ASC.
• Further develop the Connect to Support offer in 5 priority areas - self self-able working, assessment teams online, communities and helping people at home.
• Deliver a regional event to share good practice to support the development and effective implementation of Information Advice and Guidance Strategies.
• Produce, agree and disseminate the project products from the working Carers project and identify future support requirements.
For more information contact

David.Roddis@leeds.gov.uk
ADASS Yorkshire & Humber

Web: http://adassyh.org.uk/home
@adassYandH