Derby City Council: local authority assessment

How we assess local authorities

Assessment published: 16 August 2024

About Derby City Council

Demographics

Derby City Council is a Unitary Authority in the East Midlands region of England. The population of the city is 263,490. The highest population can be found in the Normanton and Arboretum wards within Derby City. Derby has a total of 18 wards. Derby was ranked the 67th most deprived local authority in England (out of 317, 1 being the most deprived) with some pockets of very high levels of deprivation across the city. 34% of neighbourhoods in the city are within the most deprived 20% in England.

Derby has a higher proportion of people under the age of 20 years, and a lower proportion of adults aged 65 years + compared to England averages (as estimated at the 2021 census). 61% of the population was aged between 18 – 64 years old, with the latest census data indicating growth in the older adult population compared to the previous census. Between 2023 and 2043 the proportion of the population aged 65 years and over is projected to increase from 17.0% to 21.3%.

Derby is an ethnically diverse city. At the 2021 census 73.8% of residents identified within the White ethnic group category; 3.7% Mixed or Multiple ethnic groups, 15.6% Asian or Asian British, 4.0% Black, Black British, Caribbean or African, and 2.9% as Other ethnic groups.

Derby City works with the NHS Integrated Care Board (ICB) which works across Derby and Derbyshire. Derby City has been a minority Labour led local authority since May 2023 elections, when it changed from being a minority Conservative led Council. The Care Strategic Director of People Services is a dual role with statutory responsibilities for both adults and children services.

Financial facts

- The Local Authority estimated that in 2022/23, its total budget would be **£382,390,0000**. Its actual spend for that year was **£417,494,000**, which was **£35,104,000 more** than estimated.
- The Local Authority estimated that it would spend **£74,372,000** of its total budget on adult social care in 2022/23. Its actual spend was **£76,044,000**, which is **£1,672,000 more** than estimated.
- In 2022/2023, **18%** of the budget was spent on adult social care.
- The Local Authority has raised the full Adult Social Care precept for 2023/24, with a value of **2%**. Please note that the amount raised through Adult Social Care precept varies from Local Authority to Local Authority.
- Approximately **4655** people were accessing long-term Adult Social Care support, and approximately **975** people were accessing short-term Adult Social Care support in 2022/23.
- Local authorities spend money on a range of adult social care services, including supporting individuals. No two care packages are the same and vary significantly in their intensity, duration, and cost.

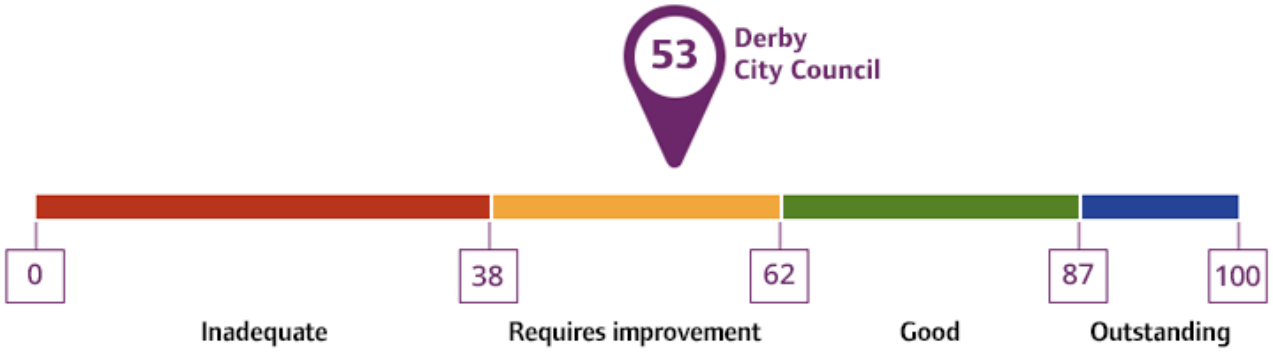
This data is reproduced at the request of the Department of Health and Social Care. It has not been factored into our assessment and is presented for information purposes only.

Overall summary

Local authority rating and score

Derby City Council

Requires improvement



Quality statement scores

Assessing needs

Score: 2

Supporting people to lead healthier lives

Score: 2

Equity in experience and outcomes

Score: 2

Care provision, integration and continuity
Score: 2

Partnerships and communities
Score: 3

Safe pathways, systems and transitions
Score: 2

Safeguarding
Score: 2

Governance, management and sustainability
Score: 2

Learning, improvement and innovation
Score: 2

Summary of people's experiences

People’s experiences of care and support from Derby local authority were mixed. Some felt their views were heard and listened to, with their needs considered throughout the assessment process. People identified positive relationships with social workers and clear involvement of the family when decisions were being made. Carers felt assessments were not carried out in a timely manner, highlighting a lack of communication between the teams and providers. Teams were aware of cultural differences and the diversity of Derby as a city. The need for different language interpretation had been acknowledged and where specific requests had been made information had been produced accordingly. The local authority had teams to support the deaf community and people with learning disabilities and autism. People told us there were clear gaps in provision for learning disabilities, autism and the Deaf community which impacted timely access to local service provision.

Derby Direct was the named contact centre for the local authority. People with non-eligible needs were provided with information and signposted to relevant organisations for support. Staff told us that Derby Direct referred people with eligible care needs directly to frontline teams, and that they were clear when to escalate identified problems. There was a range of online information which covered how to access different areas of adult social care. However, people told us that there was an over reliance on the online support which failed to consider barriers of access for people with learning difficulties or people where English was a second language.

Carers identified gaps in support and provision provided by the local authority. While the feedback the local authority received from carers was mixed, the feedback we received from carers was largely negative. They told us there was a lack of preventative measures put in place to support them and that the long waiting time for assessments was in some cases impacting on their mental health. The local authority was working to improve this, and work had already begun to improve communication and ensure regular engagement with carers to understand their needs.

Summary of strengths, areas for development and next steps

Derby local authority had gone through a recent change in political leadership. Both leadership and staff spoke of the positive governance in place, demonstrating scrutiny and challenge, with adult social care being viewed as a priority.

There was a positive learning culture, with staff acknowledging accessible training and the ability to request additional training when it was needed. Frontline teams considered the different needs of the people they worked with, however gaps in provision meant there wasn't always appropriate service provision for some groups of the community. The local authority had initiated work to start to understand the need of seldom heard groups, those people who find it more difficult to access council services, through such initiatives as their Black Lives Matter group, but we had feedback from community groups, and the local authority themselves recognized, there was more work to be done in this area. There was a gap in strategic understanding the experiences and needs of seldom heard groups to ensure service provision met their needs in the community.

The national data for Derby was in line with national trends with only slight variances in some areas. However, the trend of negative feedback we received from carers demonstrated that there was more work to be done to improve their experiences of accessing the support they needed. The quality of care was good with both residential care and nursing care available in the city. The local authority was aware where they had gaps in services and strategic plans had begun to identify areas of improvement which would take place over the next couple of years. Staff told us of gaps in the market that they had identified, and future work was planned to engage with providers in a consistent way. The local authority had several strategies in draft form and accepted the Covid-19 pandemic had affected progress on several strategic areas. There was a gap in how data and performance data was used to strategically develop and monitor service provision to ensure continuous improvement. There was also an acknowledged need to further develop systems which capture people's experiences in a consistent way to ensure the full engagement of people that use services.

The local authority had strong partnership relationships and had positive examples of working in an integrated way with health, staff told us that community connectors were trained to take blood pressure in the community and had successfully worked with people. There were clear relationships with the voluntary sector and processes to engage on issues experienced by the community. However, the voluntary sector told us they didn't always feel they were listened to and engaged with, as there was very little co-production, which affected the authorities' ability to understand the needs of the people they worked with. Staff told us that there was a need to involve people's experiences in the quality assurance of services, in a way that would support future strategic planning.

The take up of direct payments was high particularly amongst carers. Partners told us that prepayment cards were the only option for people to arrange services. We were told that people were told there were no alternatives and families often struggled to find services. Partners felt that this was an area which needed more monitoring as suitable services were not always available in the community.

Partners spoke positively about the relationship they had with the local authority; the Safeguarding Adults Board described the local authority's involvement in the Board as 'promoting a culture of openness' to challenges.

The local authority was going through a process of strategic change with many strategies in draft form. However, there was no overall plan for delivery of these strategies within the current resources of the organisation.

The local authority had identified that there were waiting lists and a backlog for safeguarding enquires and assessments. The local authority had taken action to address this and had started to reduce the back logs. There was also a waiting list for Deprivation of Liberty Safeguards (DoLS) assessments. Safeguarding was an area which had undergone huge changes, the local authority had recognised the issue of the backlogs and had made notable improvements. The reduction in waiting lists was supported by using additional staff. There was a gap in how strategic oversight of performance management was used throughout the authority to both mitigate risk for people using the service and ensure waiting lists did not escalate again.

Theme 1: How Derby City Council works with people

This theme includes these quality statements:

- Assessing needs
- Supporting people to live healthier lives
- Equity in experience and outcomes

We may not always review all quality statements during every assessment.

Assessing needs

Score: 2

2 - Evidence shows some shortfalls

What people expect

I have care and support that is coordinated, and everyone works well together and with me.

I have care and support that enables me to live as I want to, seeing me as a unique person with skills, strengths and goals.

The local authority commitment

We maximise the effectiveness of people's care and treatment by assessing and reviewing their health, care, wellbeing and communication needs with them.

Key findings for this quality statement

Assessment, care planning and review arrangements

People had access to the local authorities care and support services via a variety of channels, this included Derby Direct which offered people both telephone and a website support service. Derby Direct manages a high volume of calls with a high percentage of outcomes ending in signposting or linked to existing cases. The website provided a wide range of support including information on assessments, carers, financial assessments and advocacy. The website utilised a 'Reach Deck' tool which provided options of reading, translation and improved general accessibility. The website hosted a wide range of detailed information which included signposting to other organisations. We heard from some people that although the website was very helpful there was an over reliance on the internet to provide information which could affect people with no internet connection or accessibility issues.

Staff told us that they used strength-based practice, supporting adults to have as much independence as possible. We were told that there was a focus on challenging conversations about what people have in their own 'toolkit', rather than just giving services. Staff from more than one team explained that they would always assess people's care and support needs using a strength-based approach. Staff were unclear about the application of the strength-based approach, some struggled to provide the details of application and did not always have the knowledge of the key principles or knowledge of the tools used. A recent staff questionnaire to the teams highlighted that most people knew about strength-based approaches but couldn't always describe it. Providers felt that a person-centered approach was not always evident to promote a person's wellbeing. The staff explained that training in strength-based approaches had been arranged for a future date. The local authority had recognised this, as a large-scale training programme had been planned which would incorporate different models and how they work in different communities.

People's experiences of care and support assessments were mixed, some told us that they felt that their views were listened to and taken into account. They highlighted that their support needs were reviewed, and they were kept informed of the whole process. Others told us they didn't always feel involved in the assessment process as the accommodation was selected because the other providers were unable to meet their support needs, this reflects the challenges the local authority were experiencing in relation to availability of accommodation. They told us their family members had not been involved in this process. Providers felt they were not always informed of or involved when people's reviews took place. Where providers had been consulted about people's care, providers felt people's needs were not being met.

National data showed 61.59% of people were satisfied with the care and support they were receiving, this is higher than the national average of 60.56%, 73.64% of people felt they have control over their daily life, this is slightly lower than the England average of 77.21% (Adult Social Care Survey 2021/2022 ASCS). The local authority provided more recent data that showed an improving trend in this area.

There were a number of pathways that were available to people, ensuring that there were multiple avenues to access support. Support plans illustrated that frontline and specialist teams in different localities operated with flexibility so they could refer cases to other teams.

There was consistent positive feedback from members of staff about the quality and opportunities available regarding training. Staff highlighted that they felt comfortable asking for specialist training when it was needed. Staff also felt they were encouraged to explore specialisms and areas of interest.

Timeliness of assessments, care planning and reviews

The local authority had waiting lists for assessments and for reviews. Data shows that there were 1454 overdue reviews equating to 42.11% of total cases. Providers told us that reviews were not carried out in a timely manner and had stated that there were people whose care and support needs had increased, and this was not reflected in their current support plans, in their experience reviews were out of date. Some who were accessing their services had not had a review in many years. The average waiting time for community support assessments was 30.9 days at the end of March 2024. This was a reduction from 36.1 days in September 2023. Mental health assessments took an average of 14.5 days. The data provided by the local authority showed there had been a 4% increase in requests for support compared to the previous year and it was a priority in their improvement plan to reduce wait times further. The local authority had focussed on improvement in this area and these figures represented an improvement of 10% since March 2022.

There was a waiting list of 6-8 months to be assigned for ongoing visual impairment rehabilitation after initial screening. This was due to lack of capacity. A process to recruit a community care worker to support this backlog had begun. There had been consideration of the risks to ensure there was available support for people, the decision had been taken to use local authority co-ordinators to support in these situations.

There were challenges in relation to occupational therapy resource. The local authority told us there were vacant posts that had not been recruited to and had subsequently been removed. Issues with the Occupational Therapists (OT) resource was a common theme highlighted in feedback from frontline teams as impacting on assessment times. Staff felt that the reduction to the OT team had led to an increase in waiting list times in all areas including assessments, grant approvals, and funding allocations. At the end of December 2023, 53.2% of planned reviews had been completed, however there were long backlogs for occupational therapy assessments. The OT service was refocused to work on core service delivery. The local authority planned enhanced community care reviews to be conducted by (OT) to reduce the backlog. An external provider had been commissioned to undertake OT lead reviews. Staff felt the cuts to the occupational therapy team had a sustained effect across the organisation and left the team unable to perform their duties. Examples were cited of the direct impact on people that should have received the service in a timely manner. Staff told us that there was a big impact of not having a principal OT, it was felt that there was no focused drive on improvement and innovation in practice. Leaders recognised the challenges that were in recruitment, alongside the need to ensure people's needs were met in a timely way to aid choice, control and independence. It was felt that the plan going forward would include the use of technology and Artificial Intelligence (AI) to compliment the work of occupational therapy. Leaders explained that the first phase of the AI programme would involve a specialist occupational therapy provider who had worked with other local authorities to bring additional capacity, conducting 1,100 Occupational Therapist led, enhanced community care reviews. Although they are not specifically focused on reducing the OT waiting list, they will significantly reduce the pressures faced by our internal team There had been an additional focus on training a trusted assessor to put equipment in people's home. This was to enhance safety for people and a way to assist with the waiting lists for people awaiting OT assessments. Staff told us this intervention had reported successes. The local authority was aware that the backlog in OT assessments had the potential to have a direct impact on those with protected equality characteristics.

Providers told us that reviews were not carried out in a timely manner and had stated that there were people whose care and support needs had increased, and this was not reflected in their current support plans, in their experience reviews were out of date. The local authority had a risk management process for managing people on the waiting list which included a prioritisation tool. This tool was currently in a draft stage and so not yet finalised although staff had started using it. Managers reported to leaders on the size of waiting lists and the timeliness of reviews as part of ongoing monitoring.

Assessment and care planning for unpaid carers, child's carers and child carers

The local authorities frontline staff teams were responsible for carrying out assessments for unpaid adult carers. A provider was contracted to provide universal services for the carers support service in Derby, they supported adult unpaid carers.

The carers organisation was not commissioned to carry out carers assessments but had over 2000 registered unpaid carers which they said continued to increase. There was a helpline which was accessible for unpaid carers to reach out to discuss what was happening with them and their situation at home. Carers had the option of being registered within the service and the advisors were able to signpost or give information to them that was relevant for their individual circumstances.

Feedback from partners raised concerns around a lack of commissioned services for carers which they felt led to some carers being 'forgotten' or 'falling through the gaps'. Concerns were also raised around the heavy reliance on the local authority to triage carers assessments which were not always taking place within reasonable timeframes.

There was a total of 472 carers, of which 47.98% were overdue a carers review. Carers told us they were only being assessed following a mental breakdown or serious situations. The impact of the high proportion of carers waiting for review was evident in the experiences of carers we spoke with who, expressed a lack of support identified for carers and a lack of preventative measures in place.

National data shows that 32.47% of carers were accessing support groups or someone to talk to in confidence which was similar to the national average of 32.37%. Carers accessing training for their caring role was 2.63% which was below the national average of 4.11%. A further 49.35% of carers were experiencing financial difficulties because of caring, compared to the national average of 42.81% (2021/22 SACE). The local authority recognised that they faced additional challenges in relation to the financial impacts on carers because of levels of deprivation in the city and the cost of living crisis and were working to ensure carers were identified and able to access support. The local authority was prioritising the needs of carers and, alongside Derbyshire had secured funding from the Department for Health and Social Care to focus on this area in particular, supporting people to recognise themselves as carers, involving carers in the hospital discharge process and ways to conduct effective carers assessments.

Help for people to meet their non-eligible care and support needs

People were given help, advice and information about how to access services, facilities and other support to help with non-eligible care and support needs. There was available advice and support for people available through the website and Derby Direct. Derby Direct signpost people to information and advice including the local authority's website. However, providers told us that there was an over reliance on the website to provide information and there was a lack of accessible information for British Sign Language users.

Eligibility decisions for care and support

The local authority had a framework in place for assessing eligible care and support needs under the Care Act. This was made available to the public through the local authority website.

National data showed that 63.04% of people did not buy any additional care or support privately or pay more to 'top up' their care and support. This is slightly below the England average of 63.99% (Adult Social Care Survey). The local authority recorded and monitored complaints they received in relation to Care Act assessments. This included noting action as a result of the complaint such as service improvement or training and development of staff. The local authority noted that in the future they wanted to improve monitoring by collating themes to report to their improvement board which would embed learning.

Financial assessment and charging policy for care and support

There were processes in place to undertake community financial assessments with clear stages for the social worker, community charging teams and visiting officers. This included the process to be followed if as a result of an assessment the person fell below the threshold for local authority financial assistance. Community care financial assessments also had waiting times with an average of 65.38 days. There were processes in place to monitor the waiting list and manage the risk. There was a prioritisation tool that was in draft format and staff were using it while the process was finalised. Community support staff explained that each team monitored and managed their own waiting lists. This meant the lists were reviewed regularly to try and deal with emerging risk as soon as possible. Staff felt they were managing the waiting lists well and recently had additional staff in place to clear a backlog. There were processes in place to monitor the waiting list and manage the risk. There was a prioritisation tool that was in draft format and staff were using while the process was finalised. Staff told us if people's needs had changed or the person contacted duty, their case would be prioritised and allocated. The maximum wait for financial assessments was 337 days. In 2023/24 and 2022/23 there were no complaints made directly to the local authority that related to financial assessments and/or support, there had been two complaints to the Ombudsman that were associated financial elements, one of which was upheld, and one was closed after initial enquiries.

Provision of independent advocacy

The local authority commissioned external providers to deliver advocacy services, with one provider triaging requests for advocacy across different areas.

Frontline teams expressed having a good relationship with advocacy services, recommending the need for advocacy for people in relation to discharge and human rights. Examples were given by the Learning Disabilities and Autism team who mentioned they had good and responsive access to advocacy services. Advocacy support could not always be provided in a timely manner which meant that people encountered long delays before receiving support.

There was a backlog for advocacy services, with a significant increase in referrals for independent mental capacity advocate (IMCA) and a high demand for statutory advocacy support. High demand has led to a reduced capacity to provide non statutory advocacy support. Advocacy had been operating a rolling waiting list for referrals that could not be allocated to an advocate within the agreed five working day timescale. The local authority has taken steps to address this and are currently ensuring quarterly meeting with providers as well as future plans to re-commission the service.

The Mental Health Team shared concerns around the waiting times for advocacy providing an example of a case which took three months to assign an Independent Mental Capacity Advocate, which had an impact on the 28 day's timescale to complete the required assessment. Staff reported that the delays had an impact on peoples and carers wellbeing, which had resulted on an increased dependency on services. Staff mentioned they struggled to drive a person-centered practice due to the limited resources.

Staff raised concerns on the absence of a bespoke deaf advocacy availability in Derby this meant deaf people that required advocacy support were having to travel to another city to gain access to services suitable for their needs. Although the proximity of Derby to other urban areas meant that there were other cities with provision nearby.

Partners, including some providers expressed concerns around the risks of the local authority not meeting their responsibilities under the Care Act, this was specifically in relation to a lack of advocacy knowledge by Social Workers and the view that front line teams did not always have a strong understanding of legislation, including the Mental Capacity Act (MCA) and duties under the Care Act. For example, in one instance a social care worker had requested an IMCA as they had assessed a person to be lacking in capacity for choosing their accommodation, however, they had judged the person to have capacity to sign their tenancy.

Supporting people to live healthier lives

Score: 2

2 - Evidence shows some shortfalls

What people expect

I can get information and advice about my health, care and support and how I can be as well as possible – physically, mentally and emotionally.

I am supported to plan ahead for important changes in my life that I can anticipate.

The local authority commitment

We support people to manage their health and wellbeing so they can maximise their independence, choice and control, live healthier lives and where possible, reduce future needs for care and support.

Key findings for this quality statement

Arrangements to prevent, delay or reduce needs for care and support

The local authority demonstrated areas of proactive work with people, partners and the wider community to provide a range of services and resources. These services were designed to promote independence and prevent, reduce or delay the need for care and support. There were evident gaps in some areas of provision, demonstrating the need for a consistent approach across specific areas.

The Derby and Derbyshire Integrated Care Strategy 2023 outlined the co-ordinated approach the local authority, NHS, Healthwatch, and voluntary and community sector organisations would take to ensure they improved system level health and care challenges. This multi-disciplinary approach had been embedded into the methodology of both the local authority's locality teams and local area coordinators who were working collaboratively with health and the community. The contact centre, Derby Direct had good links with the Voluntary sector, and regularly signposted people to community provisions including local area coordinators.

Staff told us that future work was needed to create a stronger preventative approach around hospital discharge as there was very little provision within reablement to prevent or reduce peoples future care needs, as the focus had been on hospital discharge, rather than the type of provision available in the community once people were discharged. The national data reflected the need for more focus on a preventative approach. The number of people who had received short term care who no longer required support was lower than the England average, 63.98% compared to 77.6% respectively (Adult Social Care Survey 2021/2022). Recent data provided by the local authority shows an improvement in the percentage of people who received short term care who no longer required support.

The Mental Health Trust also acknowledged that more work was needed and had planned to increase the availability of services in the local area to prevent hospital admission and/or crisis. These plans were still at a strategic level and had not been implemented at the time of assessment.

We heard from staff that the council were aware of the needs of the community, using insight to shape strategies, plans and service and delivery. However, some staff told us that there was a gap in analysis which would support the local authority to ensure an agenda was developed to work with the community to ensure the right service provision was in place.

Partners feedback stated that the local authority had now made unpaid carers a high priority on their agenda and had provided an example of a recent forum for carers which was led by a member of cabinet within the local authority for adult social care.

National data shows that 73.91% of carers found information and advice helpful which is slightly lower than the England average of 77% (Survey of Adult Carers in England 2021/ 2022 SACE). Carers told us there had been a lack of support identified for them, illustrating those preventative measures such as respite care was often full, this meant that many carers felt that a lack of timely support affected their mental health.

There were some good examples of positive preventative support in the community such as the work of local area coordinators and community connectors who were trained to take peoples blood pressure in the local community to spot hypertension and prevent/ delay need for future services. The local area coordination programme had also been a successful addition to the preventative agenda, supporting a programme of positive intervention with vulnerable people that required support in the community.

A recent wellbeing event which included health, the voluntary sector and the local authority was reported by partners as a positive example of developing strong partnership working which allowed partners to share feedback on the needs of the community.

Provision and impact of intermediate care and reablement services

The local authority worked with partners to deliver intermediate care and reablement services that enabled people to regain and maintain independence. National data showed that 3.66% of people 65+ received reablement/rehabilitation services after discharge from hospital. This is in line with the England average of 3%. 83.64% of people 65+ were still at home 91 days after discharge from the hospital into reablement/rehab this is slightly above the England average of 82% (ASCOF).

The identified pathways for reablement were clearly defined, however as noted above there were issues with capacity. Staff spoke of their focus on keeping people as independent as possible, providing the best support, including utilising OT and physio in the community if it means they can get them home rather than to long term care or a step-down bed.

Perth House is managed jointly by the local authority and health to provide temporary beds under Pathway 2 of the local authorities Discharge to Assess process. These beds provided a range of requirements, including mild nursing and occupational therapy assessments. Staff highlighted the challenges around the facility being at capacity a high percentage of the time, this was particularly impacting on people with more complex needs and disabilities as there was an increasing dependence on support from private providers. The shortage in readily available reablement services for prevention and avoidance had been recognised by senior staff who highlighted plans for this to be managed as part of the successful completion and integration of the section 75 agreement.

People's experiences of hospital discharge and the support received was positive, specifically highlighting the support from social workers and frequent communication which helped them with their care needs.

Access to equipment and home adaptations

There was good access to equipment and minor home adaptations to help people maintain their independence and continue living in their own homes. There were 846 referrals to the equipment service between 1 April 2023 and 14 February 2024. 12.1 % of equipment was install within 15 days for low risk, 8.1% of equipment for medium risk cases was installed within 7 days. 6.9% of high-risk cases received equipment within 48 hours.

The local authority had successfully provided additional services which have had a positive impact on managing people's needs, examples of this include the handyman service funded through the Better Care Fund, which had no waiting list and was directed towards falls prevention, assisting with hospital discharge and minor items of domestic repairs and preventative maintenance. The Healthy Housing focused on the health aspects of the resident repairs and had completed approximately 800 cases per year. Both examples used Better Care funding and had demonstrated a positive impact on the hospital discharge and maintaining people's independence to continue living in their own homes.

Provision of accessible information and advice

There was information and advice available on the council website for people on their rights under the Care Act 2014. This specified ways for people to meet their care and support needs. This included information for unpaid carers, advocacy, assessments, and information for people who fund or arrange their own care and support. Information on the website was only accessible to people who had a computer which created a digital barrier to access. National data showed that 60.78% of people who use services said that they find it easy to find information about support which is slightly below the England average of 63%. (Adult Social Care Survey 2021/22 ASCS). The number of carers who found it easy to access information and advice was 44.64% which is below the England average of 57.83% (SACE 2021/22). The local authority shared data with us to indicate that since these surveys were carried out there is an improving trend in their data in this area, particularly in relation to carers accessing information.

Partners expressed concerns in relation to the local authorities over reliance on the internet specifically highlighting the use of online surveys used to collect digital feedback. It was felt that accessible information was not always being made available which could impact specific groups in the community.

Staff recognised that information wasn't always readily accessible for people of different languages, including printed and translation services. It was also recognised that more accessible information was also needed for the deaf community, this was an area which they were currently working to improve. Staff told us about their strong links with the deaf team, which had supported them to understand the needs of the deaf community.

Direct payments

The local authority had a good uptake of direct payments, national data reflects the total amount of service users who receive direct payments is 39.16% in comparison to the national average of 26.73%, 100 % of carers who had needs assessed as eligible for support, received direct payments (ASCOF). Direct payments were being used to improve people's control about how their care and support needs were met. There was ongoing access to information, advice and support to use direct payments, including support for people to employ their own personal assistants. Direct payments were managed and set up by the individuals following the assessment process which was undertaken by a social worker. Commissioning was focused on promoting services funded by individuals through direct payments. 48% of services were sourced by individuals through Direct Payments compared to 52% being through local authority contracted services.

Partners expressed concerns around the use of direct payments and prepayment cards, stating if people were eligible for personal budgets, they were often told that it was the only option to purchase services. Partners felt commissioners were often unable to advise people of alternative options to prepayment cards. It was also felt that there were inconsistencies around the direct payment usage as information shared explained that some families have direct payment accounts building up excessive amounts, for services that are unavailable or non-existent with no support to identify suitable services to meet their needs. We had feedback that there was little support, follow up or review on peoples needs or monitoring to ensure direct payments were being used effectively to improve outcomes.

Carers told us that they used personal budgets as they did not feel comfortable with finding carers themselves, and another carer fed back that they were worried that direct payments would be reduced April 2024. The local authority has confirmed that Direct Payments are uplifted each year, and this will continue for 2024/2025.

Equity in experience and outcomes

Score: 2

2 - Evidence shows some shortfalls

What people expect

I have care and support that enables me to live as I want to, seeing me as a unique person with skills, strengths and goals.

The local authority commitment

We actively seek out and listen to information about people who are most likely to experience inequality in experience or outcomes. We tailor the care, support and treatment in response to this.

Key findings for this quality statement

Understanding and reducing barriers to care and support and reducing inequalities

The local authority worked in partnership with a number of organisations to ensure they formed closer links to the community to understand the inequalities.

The Derby Health Inequalities Partnership worked together with the local authority to co-ordinate activity across local partners with the aim of reducing health inequalities in Derby. There were examples of joint working across public health and the local authority such as community connectors who also ensured engagement with a range of groups who represented people with protected characteristics, in the community. The connectors helped to address barriers and concerns for these groups, winning a Local Government Chronicle award in 2024 for diversity and inclusion. This initiative was set up in response to inequalities identified as a result of the Covid-19 pandemic and included a range of projects focussing on issues such as asylum seekers, support with the cost of living and getting people more active. Staff told us this had been successful, but gaps were identified related to the low representation of people with learning disabilities.

Staff told us that Derby feels dynamic in relation to its diverse communities, and they felt they were aware of the issues in the community. Staff were proud of projects such as the Black Lives Matter action group, which supported them to reach out to communities who would not normally have contact with the local authority.

Partners expressed having a good relationship with the local authority providing examples of recent work with the Asian carers which was developed into a video. The local authority had a range of groups and partnership boards with terms of reference that included the involvement of people with lived experience. However, despite this, concerns were raised by partners about the lack of representation across partnership Boards specifically the carers group and the learning disability partnership Board. Both providers and staff identified that there were gaps in relation to the provision for the established deaf community. It was unclear whether targeted work specific to adult social care needs was taking place with the emerging European communities and the lesbian, gay, bisexual, transgender, queer (LGBTQ+) community. Partners told us that different communities engaged in different ways and more work was needed to obtain feedback in a face-to-face manner with the voluntary sector that provided services, this would demonstrate that the local authority was engaging with all communities and getting the voice of seldom heard groups.

The local authority told us that insight was used to shape the delivery of services. Staff told us that they needed to further explore and understand groups of people who accessed services in order to work with the community in a targeted way.

There were examples of good partnerships and successful targeted projects particularly in relation to health inequalities, however, there was less clarity around the authority's strategic approach to deliver its Public Sector Equality Duty (Equality Act 2010) in the way it delivers its Care Act 2014 duties across all protected groups. It was clear that co-production had not been embedded strategically across adult social care which meant the local authority did not always proactively engage with the people and groups where inequalities had been identified.

Inclusion and accessibility arrangements

There were mixed feelings about the inclusion and accessibility arrangements in place. The experiences of people with lived experience and partners had raised concerns around how effective the arrangements were.

The local authority had commissioned an interpreter service which offered face to face, video, telephone and written translation. Publications were available in large print English and in the four main languages of Derby. Staff told us that people had choice and could use a family interpreter which ensured people had access to a person-centered approach.

There was a bespoke team to support deaf people and British Sign Language (BSL) interpretation was made available and accessible from multiple sources. However, partners told us that they did not always provide adequate face to face translation and that accessible information documents weren't always available. Partners felt that meeting the needs of deaf impaired people is a recognised challenge throughout Derby. This was having an adverse effect on the deaf community as it meant that there were a number of services which were not accessible. The local authority's interpretation service within the council was arranged through personal budgets. Partners felt that the direct payments methods were not always suitable for the BSL community and the result of this was that it created barriers and had left people without other alternatives.

Partners felt that a more joined up approach was needed to support advocacy services with better planning between social work front line teams. Partners felt that accessible information and provision was not always readily in place to support people. The capacity of assessment beds meant that people with autism and the Deaf community were often excluded due to lack of service provision which matched their needs. This was also an issue for people who were partially sighted who experienced barriers of access to services.

People felt that difficulties were experienced by first time carers where English was not their first language, it was felt they were not always receiving information and needed more face-to-face support not just language line. This had a direct effect on the South Asian carers in the community, who fed back that they did not always feel they were understood.

Theme 2: Providing support

This theme includes these quality statements:

- Care provision, integration and continuity
- Partnerships and communities

We may not always review all quality statements during every assessment.

Care provision, integration and continuity

Score: 2

2 - Evidence shows some shortfalls

What people expect

I have care and support that is co-ordinated, and everyone works well together and with me.

The local authority commitment

We understand the diverse health and care needs of people and our local communities, so care is joined-up, flexible and supports choice and continuity.

Key findings for this quality statement

Understanding local needs for care and support

The local authority worked with public health to create a digital tool for the Joint Strategic Needs Assessment (JSNA) data to understand the demographic and other factors impacting on people's health and wellbeing in Derby City. The JSNA provided a clear understanding of the key demographics, people's needs and anticipated changes for the future. Information about adult wellbeing and 'ageing well' factors were clearly outlined for Derby City, highlighting areas of health inequality. The local authority had integrated partnerships on the Health and Wellbeing Board, and while there was an Integrated Care Strategy for Derby and Derbyshire Integrated Care system, it was less clear how demographic data was used to inform the strategic intention of specifically to Derby. This was because there was no Health and Wellbeing Strategy specific to Derby as it was still being drafted. Therefore, there was no overarching strategy detailing the approach in Derby to preventing, reducing and delaying people's needs for care and how they ensured they met all people's needs including those with protected characteristics and those experiencing most deprivation.

There were noted disparities in health inequalities across minority groups affecting access to services. Staff told us there was a rising demand for people with complex needs that may require specialist provision for mental health, homelessness, substance misuse, learning disabilities and autism. There was an acknowledged gap in provision in the deaf community and for those living with dementia, where the authority was unable to provide local services and placements, including limited respite care, due to a lack of sufficiency to meet people's needs with the rising demand. We were told that focusing on the gaps in provision was a priority for commissioners who were working with the market to overcome this. It is unclear how long there has been acknowledged gaps in service provision. Derby has had a high prevalence of people from the Deaf community for a long period of time. It is unclear whether the needs of the Deaf community have changed or whether the community's needs have never been met. Staff said co-production work was in its infancy stages and steps had been taken by the local authority to build resource in this area to enable people's experience to inform and shape future services.

Market shaping and commissioning to meet local needs

People had access to a range of local support in Derby city that provided good quality care and support. Staff told us that there was a cross section of providers on the commissioning framework who covered a range of needs. National data showed that 64.14% of people who use services felt they had choice over services. This is lower than the national average of 69.81% (Adult Social Care Survey 2021/2022 ASCS) More work was needed to ensure services provided the choice and support people required, there were a number of areas of acknowledged service gaps which had a direct effect on seldom heard groups. People told us they experienced problems finding available service provision and national data shows that Derby is 5.66% beneath the national average here. People also told us about experiences of day services that they were using closing and then not always being able to find suitable alternatives. Providers told us historically providers were not a part of the consultation process for shaping the market. They felt with the introduction of the provider forum positive changes would occur, however, this had illustrated that work with providers required more development to create the right changes in the provider market to meet the needs of people.

The local authorities commissioning strategy planning was in a draft form due to be published imminently. The strategy outlined the intention to address shortfalls in current provisions, ensuring that co-production and engagement shaped service design. At the time of assessment these strategies were in their infancy and had not yet been able to influence national or local performance data.

The commissioning intentions demonstrated a grasp of the populations needs, recognising the increased demand for housing for people in different age brackets as well as the need for a host of preventative services to meet the growing demands of people with complex needs, mental health and high-level disability. Whilst commissioning teams understood the needs of adult social care, further integration with health was planned to focus on adults with complex needs.

The local authority had recognised the need for more extra care with draft housing plans in development, this took into account the needs of the community. The learning disability and autism accommodation strategy was a joint strategy with housing. This strategy had analysed the market to get an understanding of people with specialist needs. This was noted as a positive step for the council however, this document was again in its draft form. The local authority had recognised that there were rising numbers of people in the city with complex needs requiring specialist provision. They did not always have the provision within Derby to meet those needs and people were often placed out of area. Their new strategy planned to address this challenge, but it was not clear what provision would be available in the interim other than continuing to place people out of the area.

The local authority had considered provision for unpaid carers, a commissioned service provided support information, advice, guidance and peer support groups. They were currently undertaking work to remodel the service with a focus on the support journey for carers.

The out of hours service was available to carers and emergency cover could be arranged at short notice to support a carer that may be in crisis. National data showed that 28.95% of carers felt they could access support or services allowing them to take a break from caring for 1-24hrs, this is compared to the national average of 20.08% (2021/22 SACE). However, while this data was positive in relation to the national picture, carers told us that there were limited respite provisions that they could utilise and often the respite availability would not suit the needs of carers, there was a concern that support hours had been reduced in some cases.

Ensuring sufficient capacity in local services to meet demand

There was not always sufficient care and support available to meet the demand of the community. There was recognition of the gaps and future plans to address the areas. Partners informed us that joint working with Derbyshire Community Health Services had begun focusing on preventative measures to improve hospital discharge pathways and with an aim to keep people in their homes for longer. Partners explained that this had already led to a decrease in hospital admissions compared to the previous year because of joint working. Staff told us the availability of step-down beds would be increased alongside the implementation of the new section 75 hospital discharge agreement; this would directly provide a greater availability of beds to support people with more complex needs.

The local authority had identified that there was a lack of specialist provision for people with learning disabilities and autism. Staff told us that the alternative provision offered was direct payments to meet eligible needs. Carers told us that they struggled to find new packages of care for people they supported as there was a lack of experienced staff and providers in the local area to meet the needs of people with complex learning disabilities and autism spectrum disorder.

There was also a shortage of specialist housing provision for people with complex needs and a shortage of supported living and extra care for individuals over 60. This sometimes led to people being placed outside of the local area. Staff told us that recently extra care facilities had been reviewed with tenants to refresh the ethos of extra care and work had taken place to look at care services. Work had begun to improve services and homes for people with complex needs, plans had begun on a site of new provision to be completed 2027, this would also provide a provision for assessments.

There was a disproportionate impact on people with learning and disabilities in relation to housing, with higher waiting times for specialist placements.

Ensuring quality of local services

The local authority's quality monitoring team were integrated with the commissioning team. The team was responsible for the quality assurance of providers of care and support services across the different market sectors. The quality monitoring officers each had a portfolio of care and support providers across market areas. Providers had planned annual audits and quarterly meetings. Overall, the quality of care people received in Derby from providers was good. Most services (61%) had been rated and of those services that had been rated 81% of nursing homes had been rated good or outstanding and 78% of residential homes were rated good. (Care Quality Commission data).

Staff told us that quality monitoring of contracts had now been improved with the implementation of the new Quality Assurance Framework in 2023. It was recognised that, partly as a result of the Covid-19 pandemic, the team had been reactive in relation to quality management but the that the new system had helped them to be more proactive. Commissioners were proud of their relationships with social workers who they felt supported the process of reviewing packages of care and ensuring that care was fit for the person's needs. Strong internal partnership working was evidenced here.

Providers told us that they had a good working relationship with the commissioners and front-line teams and felt they could always be contacted in a number of ways. They felt there was consistency amongst the commissioning team which supported stability for the service.

Ensuring local services are sustainable

The local authority had identified pricing of packages as one of 8 areas identified in the Adults Commissioning Strategy, to be improved by 2027.

Staff told us that the Brokerage team had weekly meetings with the commissioning team, the discussions focused on areas of improvement which was used to shape the market. For example, where there were issues in finding placements in the East of the city after two providers withdrew from the market the commissioning team re tendered for the provision. There was a due diligence process in place to enable alternative provision to be sourced outside of the framework where necessary.

The local authority had acknowledged that there was a shortage of staff in areas of social care which was impacting the delivery of services. Staff specifically spoke of the difficulties in recruiting staff to support people with more complex needs. This was directly affecting people receiving services as it led to them being allocated standard placements which didn't meet their needs. Staff told us that they routinely had discussions with providers as part of the provider audits and quality assurance. The local authority offer training to providers through the council's workforce learning and development team however, providers told us that they had not received any support with training on dealing with lack of staffing. National data highlighted that 42.04% of adult social care staff had completed the Care Certificate which was lower than the England average of 49.65% (Skills for Care Workforce).

Partnerships and communities

Score: 3

3 - Evidence shows a good standard

What people expect

I have care and support that is co-ordinated, and everyone works well together and with me.

The local authority commitment

We understand our duty to collaborate and work in partnership, so our services work seamlessly for people. We share information and learning with partners and collaborate for improvement.

Key findings for this quality statement

Partnership working to deliver shared local and national objectives

The local authority worked closely with several stakeholders on initiatives which would improve outcomes for people. There were good examples of joint working with health particularly where Better Care funding had been utilised to support specific projects.

The local authority worked well with the hospital discharge team. The 'Home First' project was a positive example of joint working with health which utilised a strength-based approach. The close partnership working between health and social care staff supported admission avoidance and enabled quicker hospital discharge. Staff told us that the section 75 agreement was in the final stages of completion, this legal arrangement formalised the strategic partnership between Derbyshire Community Services NHS Foundation Trust and the local authority.

The 'Team up' initiative was a new approach between health, social care staff and the voluntary sector. The approach had been designed to ensure a 'No wrong door approach' to support people when navigating health and social care. The project focused on 'Shared Care Records' and joint working to avoid repetition. The local authority is currently developing a dashboard to capture the key successes and impact of the range of team up activities. Staff told us that partners sharing the building and being available to discuss issues supported them in their work.

The local authority also told us of the strategic approach in relation to housing which included embedding proactive measures for health and wellbeing. The Derby City Health and Wellbeing Board (HWB) sat alongside the new Integrated Care Partnership which came into existence in 2022. Better Care Funding had been used to fund the 'healthy housing hub' and disabled facilities grant support with home adaptions and falls prevention.

Staff told us that relationships across Boards and trust providers were strong highlighting that relationships with Integrated Care System (ICS) Integrated Care Board (ICB) had become stronger during the pandemic. The local authority felt there was healthy challenge in the relationships and good integration and shared focus on prevention not just hospital discharge.

Arrangements to support effective partnership working

Partnership working had clear governance arrangements in place, this included information sharing arrangements with various partners which supported staff to take a joint approach to support people's needs.

The section 75 agreement for hospital discharge had formalised the integrated work which had taken place between the teams over the previous years. The integrated teams had worked together to successfully reduce waiting times.

The Better Care Fund (BCF) was also used to fund several integrated work streams with health. The local authority had used this fund to support the local area coordinator project which demonstrated partnership working around prevention across the community in Derby. As of February 2024, 550 people were being supported through the local area coordinators project.

Partners told us the voluntary sector had the opportunity to share their voice through Community Action Derby. The information was shared at a range of Boards providing the opportunity to encourage shared learning about the community, this included the Health and Wellbeing Board.

Impact of partnership working

The local authority had systems in place to monitor and evaluate the impact of the partnerships on working practices, the local authority is currently developing a partnership dashboard to ensure that key backlogs and impact can be evidenced.

Data related to the hospital discharge showed that the partnership project was on target to achieve its goals and had a successful impact on hospital admissions. Data related to the implementation of the 'team up' approach showed a successful increase in home visits and positive feedback from staff's ability to communicate with partners.

Arrangements around co-production work were in its early stages with the draft development of a co-production framework. Staff told us that there was a future aspiration to create co-production groups as they acknowledged challenges in consistently engaging with people. This meant it was currently difficult for the local authority to monitor the effectiveness of their partnership working in terms of the impact on people's experience and identify areas where improvements were needed.

Working with voluntary and charity sector groups

The local authority worked collaboratively with the voluntary sector and the community to understand local social care needs. Local authority staff told us of strong relationships with the voluntary sector which allowed them to understand areas of the community. Staff told us that voluntary organisations managed the relationships with the community which allowed the community to have a voice. Frontline workers also spoke of their connections to the local community which supported them to signpost to services. Equality and Diversity Leads worked in partnership with voluntary organisations, and they felt that the relationship supported the local authority to have a shared understanding of the inequalities facing seldom heard groups. However, there were mixed views from partners about the effectiveness of these relationships with the local authority. Some confirmed their relationships had improved and with positive clear engagement. Others felt that they were not being listened to in a consistent way around the needs within communities and financial constraint had impacted their ability to deliver services. There was limited information on the areas of improvement for voluntary work however, there was an acknowledgement by the local authority that there were gaps in the available knowledge and engagement of specific seldom heard groups, this required further work to engage different areas of the community.

Theme 3: How Derby City Council ensures safety within the system

This theme includes these quality statements:

- Safe pathways, systems and transitions
- Safeguarding

We may not always review all quality statements during every assessment.

Safe pathways, systems and transitions

Score: 2

2 - Evidence shows some shortfalls

What people expect

When I move between services, settings or areas, there is a plan for what happens next and who will do what, and all the practical arrangements are in place. I feel safe and am supported to understand and manage any risks.

I feel safe and am supported to understand and manage any risks.

The local authority commitment

We work with people and our partners to establish and maintain safe systems of care, in which safety is managed, monitored and assured. We ensure continuity of care, including when people move between different services.

Key findings for this quality statement

Safety management

The local authority had some understanding of the risks to people across their care journey. There were positive examples of working with health partners and other organisations to ensure systems kept people safe during transitions. There was a draft process in place using a prioritisation tool to manage risk to people awaiting assessment. This process was still to be finalised, the impact in some areas such as safeguarding was relatively recent in the past 6 months. The out of hours team (careline), utilised a risk management system which senior management felt proud of as the team constantly monitored risk against each contact/referral that was made to Careline. Staff told us that the availability of senior managers, practitioners and social workers made it easier to discuss complex assessments and risks which supported them in their decision making.

Safety during transitions

Staff told us that the preparing for adulthood team had been able to manage any negative impact on waiting lists due to their early access to preparing for adulthood team working with young people from the age of 14. Staff told us that they managed waiting lists for referrals for adult's psychologists with good risk management through the continued use of child's psychologist until they were seen by the adult's psychologist team.

The local authority had protocols in place to commence planning from the age of 14 onwards to support transition. However, we received mixed feedback about the transitions of young people. Partners told us that the transition from children's to adult service provision was not always a smooth process as services for young people are more bespoke than adults service provision. It was felt that some people at the age of 18 had no support in place, for others an assessment had been completed, however, their needs were not met. Carers felt the transition process was uninformed, frustrating and difficult to understand, which often left them to chase a lot of progress.

The integrated hospital discharge team worked effectively to ensure that there were safe transitions for people moving out of hospital, examples were provided of early identification of support by working with short term wards such as A&E, this was a way of preventing people from becoming admitted to hospital and getting people home swiftly. People told us that they felt safe with the support and services they had received and had felt involved in the whole process.

There were mixed responses on how effective co-ordination across different providers and services worked. Providers felt the local authority did not always work with them to ensure people received coordinated safe support when moving between different services.

Contingency planning

The local authority had in place contingency plans to ensure they were prepared for possible risks in provision of care and support. Policies stipulate a number of potential options in the event of provider failure including spot purchasing from other care providers or utilising temporary staff from local agencies.

Safeguarding

Score: 2

2 - Evidence shows some shortfalls

What people expect

I feel safe and am supported to understand and manage any risks.

The local authority commitment

We work with people to understand what being safe means to them and work with our partners to develop the best way to achieve this. We concentrate on improving people's lives while protecting their right to live in safety, free from bullying, harassment, abuse, discrimination, avoidable harm and neglect. We make sure we share concerns quickly and appropriately.

Key findings for this quality statement

Safeguarding systems, processes and practices

The systems, processes and practices around safeguarding have recently been reviewed. Safeguarding remains a challenging area for the local authority with evident high backlogs in managing both safeguarding enquiries and DoLS assessments. Derby received 3,931 safeguarding referrals between April 2023 and December 2023. 1866, of these met the section 42 enquiry threshold. A large backlog of referrals had accumulated historically before action was taken. As a result of the action the backlog had been reduced prior to our assessment. Staff told us that some referrals were about the understanding of partners of safeguarding thresholds as Derby had received a high number of inappropriate referrals. The local authority had taken steps to manage this by meeting with partners and ensuring that further training was offered to support and develop understanding of safeguarding thresholds. Safeguarding was seen to be a priority for the authority with a notable commitment from all levels of the organisation to reduce the backlogs in a targeted way. There had been a recent successful focus on reducing the backlog, this had been achieved by using staff to support with the workload as well as reviewing a number of areas of the process.

There had also been an introduction of a new safeguarding referral portal, available online to the public and providers. Work is still taking place to ensure that partners and providers understand the threshold for safeguarding.

Staff told us they had the relevant training and support to enable them to carry out their safeguarding duties and felt positive about the reduction of the waiting lists. The local authority was clear that safeguarding was an area of work which they were focused on to ensure continuous improvements. Staff told us that areas such as the recording and reporting of safeguarding by the customer contact team remained an area acknowledged for improvement.

The local authority had a strong partnership and leadership role in relation to the Safeguarding Adults Board and its responsibilities. Partners felt that the local authority had an active involvement in the Board and had been responsive to challenges.

National data reflected that 89.11% of people who use services said those services had made them feel safe. This was above the England average of 85%. 72.73% of carers said they felt safe which was below the England average of 80% (Adult Social Care Survey 2021/2022 ASCS).

Responding to local safeguarding risks and issues

The local authority had worked closely with partners to reduce risks with established relationships across the Boards. There had been 2 SARs in Derby City and work had commenced relating to some recommendations, actions were identified in a number of areas including safety plans for adults to remain in their own home and the analysis of data to confirm the percentage of safety plans in place. The local authority had developed an action plan to ensure recommendations were being embedded. Partners told us that there were still concerns around the lack of monitoring of whether learning from safeguarding concerns had been effective to drive improvement. Staff when asked were unsure of the learnings and there was lack of clarity about how it had impacted practice.

Responding to concerns and undertaking Section 42 enquiries

The local authority had a system in place to address safeguarding enquiries that met the section 42 threshold. This process had recently been revised and included community teams completing section 42 enquiries, this only takes place following a s42 enquiry being managed through the MASH, and in instances when community support teams have established relationships. Further work had taken place with the implementation of the provider portal which had been designed as a more efficient way for safeguarding concerns to be managed.

To ensure adequate prioritisation of referrals, the local authority used a risk tool to prioritise concerns. Staff told us that sometimes this resulted in longer delays for lower risk cases. However, the local authority recognised these issues and was using additional staff resource to support with these backlogs.

Partners told us, that the local authority had a good safeguarding website however, concerns were raised around communication between the local authority and partners. The local authority had processes in place to ensure that partners were involved and informed in relation to safeguarding enquiries. However, partners felt they were not always asked for their input in investigations and where they had sent information to the local authority around the mitigation of risk, they did not always receive a response from the local authority. There was a waiting list in relation to Deprivation of Liberty Safeguards (DoLS) applications where some people had been waiting more than 6 months. The local authority ensured that all referrals received were risk assessed and RAG rated on receipt and then reassessed when cases had been waiting a set amount of time. The local authority received 1094 applications in 2023/24, 13% of these applications were granted. Further analysis showed that 13% were applications from hospitals and 87% from care homes.

The local authority had identified they had a high backlog in the number of DoLS applications awaiting assessment. This stood at over 600 in the second half of 2023. The local authority identified this as an area for improvement. They use a framework of contracted Best Interest Assessors to undertake DoLS assessments. This was reprocured in the autumn of 2023 which enabled them to focus on reducing the backlog in the first 4 months of 2024 so that by the time of our site visit this had reduced to 252, and the local authority told us that this had continued to reduce with the focus of additional resource.

There had been a marked improvement in reducing the waiting lists for both safeguarding and DoLs. A risk management tool was used to monitor risk while cases were waiting on the waiting list. The impact of the action by the local authority to reduce waiting lists was relatively recent and therefore it is too soon to judge whether the action taken will be sustained and will prevent large backlogs building up again in the future, particularly in the light of recruitment challenges faced by the local authority.

Making safeguarding personal

The local authority had a clear strategic priority in relation to making safeguarding personal. Partners told us that further work was needed which specifically focused on working with seldom heard groups within the community to understand the rationale behind lack of referrals coming in from these groups. The local authority told us they had done some work with the provider forum and also tried to engage providers in supporting the development of the portal to help understanding of safeguarding thresholds and referrals. However, we had feedback from partners who told us that there had not been aware of training or safeguarding workshops support for providers to support them to understand the appropriateness of referrals. This would have had a direct impact on providers understanding the safeguarding thresholds.

In relation to the training of the local authority's own staff, national data reflected positive performance against national data. 59.5% of staff completed MCA DoLS training compared to the national average of 37.48% (Skills for Care Workforce).

Theme 4: Leadership

This theme includes these quality statements:

- Governance, management and sustainability
- Learning, improvement and innovation

We may not always review all quality statements during every assessment.

Governance, management and sustainability

Score: 2

2 - Evidence shows some shortfalls

The local authority commitment

We have clear responsibilities, roles, systems of accountability and good governance to manage and deliver good quality, sustainable care, treatment and support. We act on the best information about risk, performance and outcomes, and we share this securely with others when appropriate.

Key findings for this quality statement

Governance, accountability and risk management

The local authority had experienced a recent change to the political leadership of the council, which has not impacted the delivery of services or strategic priorities for adult social care. Staff told us that there was a strong leadership team with an open, trustworthy culture.

The new section 75 around hospital discharge was a positive example of a robust governance structure which oversaw all activities provided by the NHS Trust on behalf of the local authority. This included Scrutiny Boards, contractual assessment meetings, key performance indicators (KPI), and daily discussions between departments.

Governance and management systems were in place, ensuring oversight and scrutiny from members. Senior staff spoke of their involvement in other Boards providing the opportunity for of shared learning and partnership work.

There was more work to be done on systems that ensured quality assurance of the delivery of the Care Act duties. Although there was an improvement board and a risk register in place which was reviewed quarterly, there were missed opportunities to ensure robust performance monitoring. An example of this was the escalation of safeguarding enquiries and the back logs of people waiting for reviews across the system. It was evident that use of qualitative and quantitative data in performance management required further development to objectively drive performance and allow for timely interventions. The local authority acknowledged that performance reporting was an area that required strengthening and required regularising. It was confirmed that a new performance management system was in progress.

There were pockets of work, which were designed to collate peoples' experiences, but evidence showed inconsistency in people's experience of adult social care. The local authority conducted quality assurance audits of people's care journey that included checks of staff' practice, such as checking how staff involved the person in care planning or whether the assessments people received were reflective of their strengths. This provided some oversight of people's experiences. However there were inconsistencies in people's experiences in areas such as waiting times for assessment and reviews and feedback about how staff had applied strengths-based approaches, indicating that further work was needed to use data effectively to drive improvements in people's experiences of adult social care.

There was a lack of clarity in the principal social worker's role specially around a functional plan of prioritisation.

Strategic planning

The local authority identified themselves that more work was required by them to ensure that information and data insight on risks and performance informed adult social care strategies and plans in a sustainable way. The local authority had begun work in this area with their data systems. However, in relation to strategies, there were a number of out-of-date strategies and a number of strategies which were under development yet to be signed off. Examples of strategies in the draft stage included the commissioning and housing strategy. The local authority was aware of where improvements were needed, and plans were underway to improve fundamental areas such as co- production and performance. These gaps had the potential risk of directly affecting the delivery of services and targets related to the outcomes for people.

It was acknowledged that the Covid-19 pandemic had impacted the development and progress of strategies, however, it was unclear how all the strategies would be delivered across the organisation.

Information security

The local authority had clear policies and procedures in place in relation to the security of information. Shared electronic records were used between the Trust and primary care services to make people's journeys through services easier and prevent repetition for people requiring discharge.

Learning, improvement and innovation

Score: 2

2 - Evidence shows some shortfalls

The local authority commitment

We focus on continuous learning, innovation and improvement across our organisation and the local system. We encourage creative ways of delivering equality of experience, outcome and quality of life for people. We actively contribute to safe, effective practice and research.

Key findings for this quality statement

Continuous learning, improvement and professional development

Staff told us there was an inclusive positive culture of continuous learning. There was consistent feedback which outlined the availability of good quality opportunities training including apprenticeships and specialist training in an area of interest.

Senior management told us the local authority was self-aware and willing to hold a mirror up to itself to ensure 'we all do our best'. Continual learning and improvement were cited as an area of commitment.

Staff told us that there was no principal OT, with no plans to create the role. They felt this left no one to drive improvement and innovation in practice in occupational therapy. The local authority had a number of initiatives aimed at improvement in this area including a small equipment pathway. However, staff told us that they felt there were some missed opportunities to improve service provision, such as training other staff to ease the workload.

Staff told us that there was good relationship with senior leads and a good network nationally. We were told that the workforce was educated and worked together well. Examples were provided around the strong links between community case workers and hospital team and home first which had supported people to return home. Partners identified gaps in safeguarding, specifically around the lack of monitoring of whether learning from safeguarding concerns had been effective to drive improvement. We were told that some learning events had taken place but monitoring of implementation of learning was left to individual organisations with no substantial oversight by the local authority. Staff told us they were unsure about how complaints were dealt with, and how information from the SARs was collated. Staff were unclear on how the learning from SARs were shared to support and improve practice in front line teams.

Staff described good line management support and regular supervision. They told us that regular group reflective sessions with other professionals had created a positive learning culture.

There were examples of additional training to ensure Care Act duties were delivered. The Hospital Discharge and Reablement Team were provided with MCA training to encourage positive risk taking and enable more people to return home rather than go straight into the care service.

There was a wide offer of different training available to staff including grant funded qualifications and specialist training. Staff told us there was limited specialist training for the deaf services team, with them receiving generic training.

The local authority was particularly proud of training delivered to neighbourhood community teams and working with frontline social workers which supported them to address barriers to people accessing services.

The local authority had worked collaboratively with people and partners on specific projects, there were examples provided by partners of joint working on a handbook of information and training on moving and handling to assist unpaid carers. There were further examples given of co-produced guidance on transitions which positively assisted the local authority to promote new ways of working to improve people's lives.

The local authority acknowledged that more work was needed around co-production, there were pockets of co-produced work, but this had not been embedded throughout the organisation. This had meant peoples experiences were not consistently being used to shape service provision. There was a commitment to improve this area with the commitment of a new post which would also look at capturing the views of people with learning disability and their carers.

There was also an evident culture of sharing information and best practice with peers in the local authority, staff spoke of networking with other teams and sharing reflective learning across different areas. There were mixed views around sharing best practice with partners. Partners specifically identified that communication could be problematic between providers and the local authority as they waited long periods of time for the outcome to safeguarding referrals.

Learning from feedback

There were systems in place to obtain peoples feedback about their experiences of care and support. The local authority had carried out surveys in relation to carers experiences and staff. The feedback from carers generated a high volume of negative comments over a range of themes. Partners informed us the local authority had now made unpaid carers a high priority on their agenda demonstrating a desire to learn from the feedback. Providers told us the recent carers forum had provided positive opportunities for carers to express their experiences however they were not aware of any feedback on outcomes from the local authority.

The local authority had a clear process to monitor and manage complaints. Their annual complaints report dated 2023 highlighted a total of 106 complaints received, with 21 upheld and 18 partially upheld (45%). The highest category for complaints received was 'poor or lack of communication'. A 'delay in service' is the second highest category followed by 'staff conduct or behaviour'. Community support is the category in which the most complaints had been received (48 out of the total of 106). There was 1 complaint upheld from the Local Government Social Care Ombudsman. The local authority had produced an improvement plan in response to the complaints report which set out key areas of development. The local authority also kept a record of compliments in order to understand where things were going well.

There were mixed views from partners on how learnings from safeguarding reviews were being captured, positive examples were shared around how collecting feedback from residents on commissioned services had been valued and considered appropriately by commissioners.
