Jennie Stephens,
Strategic Director People
Room G36
County Hall
Topsham Road
Exeter EX2 4QD

17 July 2015

Dear Jennie

Devon County Council (DCC)
Regional Adults Social Care Challenge
16-19 June 2015

On behalf of the peer team, I would like to say what a pleasure it was to be invited to Devon to deliver the recent peer challenge as part of the regional arrangement delivered in partnership with SW ADASS and the LGA.

Peer challenges are delivered by experienced elected member and officer peers. The make-up of the peer team reflected your requirements and the focus of the peer challenge. Peers were selected on the basis of their relevant experience and expertise and agreed with you. The peers who delivered the peer challenge at DCC were:

- Maggie Rae, Corporate Director, Public Health and Adult Service – Wiltshire Council
- James Cawley, Associate Director, Adult Care Commissioning, Safeguarding and Housing – Wiltshire Council
- Ann Donkin, Chief Officer – NHS South Norfolk Clinical Commissioning Group
- Margaret Barrett, Principal Social Worker and Lead Manager, Adult Social Care – Gateshead Council
- Cllr Graham Gibbens, Cabinet Member for Adult Social Care and Public Health – Kent County Council
- Kate Waterhouse, Head of Insight, Planning and Performance – Staffordshire County Council
- David Vitty, Head of Adult Social Care Services– Poole Borough Council
- Paul Clarke, Challenge Manager- LGA

1. Scope and focus of the peer challenge

You asked the peer team to provide a challenge which would provide an overall assessment of Adult Social Care in Devon with a particular focus on the following five core areas:

- Outcomes for people who need care and support to improve independence and well being
- Vision, strategy and leadership
- Resource and workforce management
- Service delivery and effective practice
- Commissioning and market shaping

In addition you also asked the team to specifically consider the following six areas which were also core components of the challenge:

- An overall assessment of our readiness to meet the requirements of the Care Act
- A review of our Information and Advice strategy and delivery
- A review of our Prevention strategy and delivery
- A review of the reach and effectiveness of our Reablement Service
- An overall assessment of the potential of our approaches to demand management to contribute further to required budget savings in the next three years and beyond
- A review of the effectiveness of CareDirect phone-based assessments. This was largely picked up through the Case Audit file, which is appended to this main letter and provides details of our findings

We hope the feedback provided, which is structured to address the areas you wanted us to focus on, will help DCC and your partners build upon your self- evident strengths and stimulate your future plans.

2. The peer challenge process

Our Regional Peer Challenge is not an inspection. Instead it offers a supportive approach, undertaken by friends – albeit 'critical friends'. It is designed to help an authority and its partners assess current achievements and areas for development, within the agreed scope of the review. It aims to help an organisation identify its current strengths, as much as what it needs to improve. But it should also provide it with a basis for further improvement in a way that is proportionate to the remit of the challenge. All information was collected on the basis that no comment or view from any individual or group is attributed to any recommendation or finding. This encourages participants to be open and honest with the team. The peer team would like to thank councillors, staff, people who use services, their carers and other

partners for their open and constructive responses during the challenge process. The team was made very welcome.

The peer team prepared for the peer challenge by reviewing a range of documents and information in order to ensure they were familiar with the Council and the challenges it is facing and as outlined this was further informed by the undertaking of a Case File Audit exercise over two days in May 2015 by David Vitty. The report which accompanies that is appended to this letter. It provides summary feedback and recommendations, which was derived from the fieldwork, which consisted of a review of 12 cases chosen at random but with a specific view being sought from the audit i.e.:-

- Whether social care reablement is reaching the right people and maximising their independence;
- Whether community enablement is reaching the right people and maximising their independence;
- Whether phone based assessments and Care Direct Plus are identifying peoples' strengths and looking for solutions in the person's family, social network and local community;
- Whether opportunities were missed to delay or reduce needs by other means earlier in the case history

This letter provides a summary of the peer team's findings. It builds on the feedback provided by the peer team at the end of their on-site visit. In presenting feedback to you, they have done so as fellow public services officers and members, not professional consultants or inspectors.

3. Summary of feedback: overall observations and messages to help you improve

Devon County Council (DCC) is self-aware. It is clear about the challenges and opportunities that face the health and social care system both locally and nationally. In response to such challenges it has sought to reshape the market, reduce costs and refocus its efforts in terms of prevention. It has and continues to face such challenges. Its successfully managed residential homes closure is an example of what it can achieve.

Furthermore, the council and especially in relation to social care (which has been the core focus of the challenge) have many elements of what we would recognise as a 'Learning Organisation'. DCC prepared purposefully for the peer challenge and its openness and transparency, willingness to engage and listen were all abundantly evident. We saw effective supervisory practice at a professional level that was to be admired in its endeavors to promote sound practice. The impact of that we then saw at

first hand through the ways your staff support clients and their carers with dignity and respect.

The council is focused on delivering improved outcomes. It is aware of its performance challenges and through benchmarking and effective management constantly seeks to improve. Through the Peer Challenge it has sought to really drill deeper into practice by utilising the opportunity to undertake a case file audit. Again this highlighted for the most part good and effective practice and improved outcomes. Importantly, where the audit highlighted issues to address the council has actively sought these out and we are clear they will tackle them. This appetite for learning and improvement is a massive strength.

The council recognises that it is one part of a wider and complex health and social care system and it shared with us proposals for revised governance, including the potential for a Public Services Board (PSB). Such governance would embrace the breadth of decision makers across the system and seek through this to tackle collectively the massive challenges that system faces. We applaud the Council for promoting this.

A phrase we used as a team in respect of the council was that 'you are conscious in chaos'. This was a reference to the council being self-aware, as outlined. It was also recognition of the complexity and challenges that the broader system faces. Finally, it is also an invitation from us to the council itself to make the best contribution it can at a strategic leader level across the system and with the many strengths it has to seek to influence more.

We spoke with the council about being clear on what we called its "big ticket" issues for DCC and its residents and present these as a united and forceful message to the whole system to change for the better. In line with the above comments our challenges to DCC are:

- To tighten its grip on, and cement better the link between, itself as an organisation and its current and potential future role across the health and social care system. This is essentially a challenge to DCC to more proactively influence further Devon's health and social care system and promote its governance plans.
- Through purposeful engagement with its residents and communities work in harness as further changes are made-this is scaling up the community and prevention focus which underpins your approach and building that on an 'industrial' scale.
- Look again at the core balance between driving costs out of the system and maintaining and improving quality. In our view this is at a watershed and the ways to address these now require a more in depth review

- Take a partnership wide approach to issues such as workforce, estate and asset management so that people and physical resources are coordinated for the maximum benefit to the community

As part of our approach to looking at your preparation for the Care Act we wanted to affirm our support to your ambition to place carers at the heart of your priorities. However, from our brief time with you we picked up carer unrest and dissatisfaction with some elements of your revised approach and we believe it is important that you should re-visit your implementation strategy.

Finally, we also saw your new Prevention Strategy. We recognise this as a platform for promoting a proactive approach to revolutionising the way you do things. In that revolutionary spirit our message is to drive pace into this now, scale up with purpose what you are doing and be clear about your approach, especially for example how you quantify and then tackle what you deem 'secondary prevention'. Once you have done this there should be a relentless focus on outcomes and performance to drive real change for the benefit of the residents of Devon

4 An overall assessment of Adult Social Care in Devon

As already highlighted our feedback for this area covered five main areas and the commentary for each is presented in turn

4.1 Outcomes for people who need care and support to improve independence and well being

It was clear from our work with you that your priorities as outlined in your annual report reflect local needs and are evidenced through your Joint Strategic Needs Assessment, supported by district and town level profiles. We saw how this data is clearly driving your service commissioning and redesign

We wanted to place on record the simply stunning practice we saw and heard from your staff. We only had limited exposure to this but through our visits to user's homes, our engagement with people in community and residential settings, our observation of phone assessments and the review of the case audit we saw time and again your front-line staff dealing with people with dignity and respect. This is a huge strength.

We have made reference to your self-awareness. Overall you are a well performing Council, have a well-run adult social care team and you have a range of encouraging performance data as outlined in your Local Account. For example, your performance for people with a learning disability in paid employment is impressive.

You are developing a proactive and increasingly focussed approach to tackling health inequalities under the stewardship of your Health and Wellbeing Board. In line with our comments about a 'Learning Organisation' you are testing a self-assessment tool to review your progress across a range of indicators which underpin your approach to health and wellbeing. This we are sure will provide further insights and drive improved outcomes.

This challenge did not focus on safeguarding matters and as such the comments we make here are based on limited experience and exposure. However, from what we saw and heard we believe that safeguarding and quality permeates your business intentions. We believe you are not complacent and will take action if and when required and your systems and processes help to reinforce this.

Our main advice in relation to safeguarding is at some stage there may be benefits in reviewing your approach in practice. One question for us remained as we left and that was 'How are you managing the connection between centralised safeguarding and localities so it is everyone's business?' This is not to say you don't. However we did not see gather sufficient evidence of this during our time with you to assure us.

You know there are things that need to improve. We heard mixed messages around outcomes and services through our engagement with users, carers and other stakeholders. A recurring theme was dissatisfaction with mental health services. Some of this was about quality, response times, and continuity of staff and consistency of service delivery across the entire patch. Again, clearly our engagement was limited but we believe you should look at this afresh.

In some areas your performance is good, in others areas this is not the case. Our key message here is that it would be wise to develop a thorough understanding of your data at all levels and model your services and their development and improvement with this in mind.

Finally we were very encouraged with the blossoming role of *Healthwatch* and the commitment to including the voice of residents in the work of your Health and Wellbeing Board. However we did hear some recurring themes from their annual report, for example, dissatisfaction with hospital discharge, timeliness, aftercare and communication. We would encourage you to ensure that this feedback has more focus in your service delivery and commissioning intentions. It is also important to close the loop in terms of communicating how the input has been used.

4.2 **Vision, strategy and leadership**

The commitment to the peer challenge process from the senior leadership of the Council was palpable. There is a focussed and determined alignment of political and managerial leadership in DCC. This manifests itself directly in our area of challenge, adult social care. The Chief Executive and portfolio holder take lead responsibilities

regionally for sector led improvement in adult social care. The Director of People and her senior management team are strong, purposeful, and collaborative and get results.

It was clear to us what the Council's priorities were for adult social care within their broader corporate policies. Importantly the managers and staff we spoke to were attuned to this too.

The ambitions for the new Prevention Strategy are clear. This is led from the top by the Chief Executive, co-ordinated through localities across the county and driven by the whole Council. This commitment is critical if the strategy is to serve its purpose.

Overall through feedback and engagement with external stakeholders and staff it is clear to us that DCC is a very well regarded public sector organisation.

Building on all of the strengths above is now the key to achieving future transformation at pace. The potential for the proposed new governance arrangements and the Public Services Board in particular will require strategic focus, bravery and pace, recurring themes within this report. The acid test of the success or otherwise of the Prevention Strategy will be whether the transformation agenda is truly council wide.

There is an awareness of the lack of available resources and the financial pressures within and across the system, particularly in health commissioning and service delivery. Two issues emerged as important themes. Firstly, the council has its own financial pressures and it tries to be on the front foot in addressing them, notably the homes closure programme referred to already. Secondly, that both DCC and the Clinical Commissioning Groups, of which there are two across the patch should seek to work more closely to focus on the available resources for health and social care.

We raise within this report the importance of the data analysis you possess and using this to investigate the progress towards the outcomes you are seeking, i.e. the shift to prevention and community resilience and the need to make this the bedrock of your change process. The report that was presented to the Health Scrutiny Committee during our visit reported that over 40% of patients in one hospital should not have been there was compelling evidence and using such data should be fundamental to developing your narrative for change.

We completely endorse your focus on prevention and demand management to addressing the challenges of the future. These are the approaches that, if applied with courage, pace and consistency, will deliver real change. This needs to be aligned with your organisation-wide strategy, your engagement with residents, and with a focus on both finance and quality, and supported by tangible performance data.

Finally, at such a fundamental time for change we echoed the challenge you have recognised yourselves, namely the importance of ensuring that you have adequate management capacity and continuity to deliver your vision at pace.

4.3 Resource and workforce management

A core message already referred to but one we are happy to repeat here is that your staff are proud to work for DCC and genuinely care about the people they support. In truth the team all came away with a strong sense of the commitment from your staff and with a number of good practice examples they intended to take back to their own organisations.

Your adult social care operational services have a clear focus on integration, safeguarding, quality, prevention with strong voluntary sector co-ordination, delivered through effective local partnerships. These are all fundamental building blocks for a good and progressive service.

We reinforce our point about a 'Learning Organisation' by highlighting the way you were so keen and open to learn from the findings of the case audit. There was not an air of defensiveness. This self-critical and challenging approach is modelled from the ground up by your Principal Practitioners in both social work and occupational therapy. From this we also see purpose and sense in your line management, supervisory arrangements, spans of control and the breadth of your training programmes.

You, like many other places are facing significant recruitment and retention issues. Indeed it is a significant risk for some of your crucial areas e.g. the delivery of the Care Act. In response to this, we saw a council trying to be ahead of the curve, for example in the recent re-grading of adult social care staff; your approach to purposefully trying to recruit in a saturated market and the approaches that exist to succession planning.

Whilst your recruitment is purposeful it's time to really see how you can make this more innovative and work at a quicker pace from advert to placement via your corporate services Human Resources team.

We also thought you might want to embrace opportunities for working with educational partners such as the University to 'grow your own' talent and we raised the potential for an Institute of health and Social Care.

We saw a developing workforce plan within adult social care. We sincerely believe that your Better Care Plans discussions and the potential for the PSB in your governance arrangements provides you with platforms to properly establish a future focussed workforce plan across the whole health and adult social care system.

In that sense our final challenge in this section for DCC is whether your contribution or response in partnership is too passive at times? There is, in our opinion, the

opportunity for DCC to be more assertive in system leadership and the deployment of public services assets and resources

4.4 Service delivery and effective practice

In the true sense of peer challenge our team will take much learning away from the challenge to use back in our respective workplaces and first and foremost with this is the abiding memory of the respect and dignity shown by all your staff to carers and cared for when we witnessed this via telephone, face to face, in meetings and home settings.

At the feedback session on the final day of our challenge we put up a slide which highlighted just some of many examples of good practice. We have listed some of them below. They are by no means exhaustive: Westbank – Young carers support, Positive scrutiny, Commissioning Involvement Group, IPL group, 'Totnes Cares', Frailty service, 'ICE project', 'Virtual ward', Discovery Day for Healthy Lifestyles Service. It would be wrong to pick any of these out specifically but the team who visited the Frailty service returned and described it as inspirational. It shows what can be done with Social Care and Health really working together. The GP who is leading on the health side has truly 'got' what is needed in this area and is driving real change, specifically a reduction in older people acute admissions last winter. We really did feel this was a service model that does seem to be leading the way.

From our field work with you, both Case File Audit but also field work by our team too, we saw and read good assessment practice being demonstrated and users and carers being treated with dignity and respect. The work we saw was outcome focused and practice evidenced.

At a local level we also saw many examples of strong and purposeful integration. This was evidenced in the strong integrated working arrangements in the Health and Social Care Community Services teams where health and social care workers worked side by side to produce person centred outcomes. There were established arrangements with links to GP practices via Cluster arrangements, and a clear urgent response team triage process in place. The integrated, co-located health and social care teams were supported by the three Care Direct Plus Centres.

In terms of recruitment and retention in Social Work we felt you should look to building capacity in your Practice Educators as this may aid your recruitment of social work staff. The more students that have a positive learning experience may lead them to consider a career with Devon Council when they achieve qualification. The National 'Think Ahead Programme', a fast track two year social work training programme in adult services may be worthwhile considering .For more information http://wethinkahead.org/

You are already attuning to the deficit you have in terms of an effective front facing accessible resource directory. Our challenge to you here is if we returned in twelve months would we see evidence of its existence and if so on how it makes a difference.

A further issue we wondered was whether you should seek to increase access to flexible domiciliary care and both evening and overnight cover. We know this is so much more easily said than done but again we would recommend you try and be more purposeful in this area.

Finally, an absence of the review was any meaningful engagement with some other key partners, specifically the district councils and as such we didn't hear enough about how effectively or otherwise you forged links on, for example, housing, leisure and culture

4.5 Commissioning and market shaping

As outlined it is fundamental that your data and intelligence drives commissioning decisions. Our work with you demonstrated that you are starting to use JSNA data to inform such decisions.

We heard and saw that you are working closely with health and importantly taking a whole population approach. An example of good practice we believed was your Healthy lifestyles services bidder event.

You have demonstrated your ability to reshape markets and the re-modelling of care home provision and the closure of council care homes is a significant step forward.

There were some good examples of co-production, for example, 'Be Involved Devon' and the Commissioning Involvement Group. However despite examples such as these we wanted to hear more about and see how you could translate these across other services areas.

We were impressed with the Quality Audit team. This seems a very productive and useful resource. They are starting to be a real driver for improvement. For example, the reablement service felt they had been significantly challenged by your Quality Assurance team to ensure improvements were made within that service are service. That internal robust challenge is key.

However, we did feel there was room to build upon these strengths. We would encourage you to connect strategic commissioning for health and care with integrated delivery on the ground. Our challenges to you here would be:

- Whether Care at home is as joined up across Devon as it could be?
- Are you getting the best service and financial outcomes from an internal reablement service?(Other Councils are working with the private sector to

deliver reablement at a significantly lower hourly rate than provided by yourselves)

- Do you have a strategic partnership approach with providers or is it a procurement relationship?
- Have you got the balance correct around quality and cost?
- Do you provide enough accommodation options for vulnerable people in Devon?
- How best could you work with District Councils and care and housing providers to shape the care accommodation and housing market for vulnerable people?
- Is the self-funder market impacting on placements and care for council funded care?
- How can you utilise telecare to support your prevention strategy?

We felt you could make more of some opportunities that were available to you, for example linking into regional work of ADASS including the market mapping and shaping for Learning Disabilities care accommodation.

Finally, we thought you should also consider how smaller providers can be included in the care market. We heard that some of the existing procurement rules in play seem to be restricting their access and thought this was an opportunity lost and one to revisit and explore.

5. Other areas for consideration

As part of the peer challenge process you also sought a view from the team on a further six areas. Five are these are reported below and the sixth is addressed in the Case File Audit Report.

5.1 Prevention strategy and delivery

There has been a co-ordinated effort to develop the strategy and gain buy-in from politicians and senior managers. It is clear to us that it is Member-led and that this democratic mandate is really important as a means of engaging the public, gaining support from other partners and ultimately improving lives. It is also important to the organisation that the Chief Executive is the Officer lead for Prevention. This should help to galvanise action from across the organisation.

We spoke with many of DCC's stakeholders and partners who recognise and believe that the council has a significant role to play in prevention, to stimulate change through market shaping and inspiring others. We were hugely encouraged that the lead for the strategy development was within your communities section and building upon this within your People and Place Directorates. As such you have strong-buy in throughout the organisation. Prevention is now part of the narrative of the council.

This solid foundation can be built on with tangible actions in the short term to identify champions and celebrate good practice. We thought you had some major plus points in this area: excellent community assets, strong models of integrated working in localities, multi-disciplinary teams, great support from communities who are also up for the challenge, users are on message and want to help DCC lobby for more influence, a thriving voluntary sector and committed partners such as Devon and Somerset Fire and Rescue Services.

Our fundamental challenge to you in terms of the Prevention Strategy is now about moving from rhetoric to reality and to scaling up a number of successful pilots to achieve more significant returns on investment for the health and social care system as a whole.

You do need to focus on what the anticipated benefits realisation will be from implementation. We would encourage you to model the levels of return within your strategy with prime focus on the secondary level and really establish what you can change, how and why and at what cost. We believe that DCC could lead the way on this regionally and nationally offering a positive solution to the demographic challenges faced by others.

As suggested your prevention agenda is very broad. Whilst in the long term this is realistic, in the short term it is crucial that you prioritise to gain momentum and increase staff/stakeholder engagement, building on existing expertise e.g. Care Direct Plus staff. Additionally, we would encourage you to show through implementation how confident you are in your one council approach by supporting public health, transport, environment, schools, housing to work together to develop integrated solutions.

Pace and engagement will be the bywords of the success of your approach here. Partner engagement in some areas is strong, however this needs to be expanded to include other services e.g. mental health and districts/housing to create a “complete care environment” including the fit elderly (prevention), as well as those with current needs.

We did not study your Better Care Fund Plan in specific detail but based on observation of the working group we felt there was a risk that the plan placed too much focus on the here and now, no doubt because of your challenged health economy, and therefore lacked ambition for a sustainable, whole system solution. We would encourage you to pool more resources strategically and be bold. The system wide workforce plan would be a product of such leadership.

We heard that you existing ‘End of Life’ strategy is nearing to review date. In terms of prevention we felt any new approach should be a component of your Prevention

Strategy and lead to tangible improvements in the experiences of those approaching the end of life, as well as releasing costs from the acute sector to support with early intervention. This will require a strong focus on being able to monitor quality, experience and finance.

A final suggestion was that as this strategy moves into delivery mode it will be essential to articulate impact on outcomes and then build meaningful performance measures that the partnership can get behind, including practitioners and users, so that people can see what you are doing is making a difference.

5.2 Readiness to meet the requirements of the Care Act

We attended a meeting of your operational review group for the implementation of the care act. A key observation was that you do have a robust plan and that it is managed well through strong governance arrangements

We saw at first hand strong senior leadership in terms of both direction and challenge to that delivery group. It is that strong leadership that is helping you maintain focus and pace and we would encourage all practitioners to continue to both welcome and meet those challenges

From the assessment documentation we reviewed we felt that you were Care Act compliant and our other key observation is that your staff have a clear understanding of pre and post Care Act responsibilities.

You are also being very proactive in some key areas. For example, how you have the new responsibilities for prisoners and for people with sensory impairment that the Care Act required. Your planning in terms of staff training and devoting extra resources to this area showed a sound commitment and planning.

However, there were four key areas were we felt you could pay more attention to, specifically:

- Information and Advice – we felt you need to ensure that your corporate IT capacity is supporting you to deliver your statutory obligations to ensure Devon residents have access to clear and concise information / advice. You have been working on the OLM portal and this would be a significant way forward if this could be developed appropriately

- Advocacy - we believe you need to clarify and be clear about the offer of general advocacy and think about who will provide this?

- Carers – we reflected that you should say what is the offer to carers as part of your Prevention Strategy. We did wonder whether you have put

too much emphasis on assessment rather than offering services to carers?

- 2016/17 implications – we were not clear you are adequately prepared for undertaking assessments for self-funders or indeed whether you have considered who will be best to undertake these assessments.

Finally, we wondered whether there may be gaps that you need to address as the absence of information about, for example transition and specifically the connection between CAMHS and Adult MH services was an area that we felt we were unable to properly cover in the 4 day challenge. It may be an area you should just review.

5.3 Reach and effectiveness of our reablement service

This was an area of strength and as the Case File Audit Report shows there were excellent outcomes and some outstanding person centred work. As part of this we especially commended the way that the involvement of Occupational Therapy staff and practice in reablement seems to add value and contribute to better outcomes

You are taking strides to improve services. We heard very positive feedback from both staff and customers about how you were re-modelling the existing service to have a greater focus on positive outcomes. In that same vein we saw examples of first class customer support and experience.

We visited the Community Enabling Service and our abiding memories will be of a service that is delivering positive outcomes and again a very positive recurring theme of this letter, very motivated staff team.

We did pick up some issues you may wish to consider further. Geographically and service wise, e.g. in terms of mental health and reablement concerns were raised with us about the sometimes patchy response. We believe it's worth you exploring this further. We appreciate the constraints of a county the size of Devon but it's important that people know what they will receive in terms of a service, irrespective of where it is delivered from.

We have commended you upon the delivery of training and reinforce it here. You do provide good training. In this specific area we also felt it would be further supported by using practice examples to make training real.

Our advice in terms of community enablement is twofold. We felt there were opportunities to join up housing, employment and a corporate approach to lead

in discussion with wider business community. We did not hear enough of this. Equally, we were not clear about the process or approach about what happens after 12 weeks for low level need? Do you consider a drop in service and could this support your Prevention Strategy and stop people falling back into statutory services?

5.4 Information and Advice strategy and delivery

As in the section on service delivery and practice there are great examples too for this area, such as the Tavistock memory café and the single point of access at Westbank.

We found that the CCGs engagement contract with *Healthwatch* was purposeful and progressive and there was evidence in the draft annual report of reports in key areas, for example long term conditions and hospital discharge.

CareDirect Plus and reablement both provide fantastic opportunities to be responsive to customer need, and to target staff resources appropriately due to the complexity of need, with social work resources targeted to more complex work and safeguarding.

However, we did raise with you during the challenge a range of concerns from carers. These covered a range of issues from: CAMHS, mental health in general, access to advocacy and the eligibility criteria surrounding the Care Act.

Furthermore, a clear information and advice strategy is a requirement of the Care Act, and your draft strategy (dated November 2014) requires completion, using the opportunities and offers from voluntary sector partners to co-produce this. By engaging with the voluntary sector in this way, you could make progress in this area. Clear guidance to the public on how to access financial advice is an important component. A further key component is to be clear what your advocacy offer is, and further work may have already been completed in this area since the first draft of the strategy was produced but we were not aware if it was.

As peer challengers with a non-expert view we did not always follow clearly the routes through your pathways and would suggest you check this out with people who have or do. As you will see from the Case File Audit Report we saw limited evidence that helpful information was always given in the right format.

Additionally, we didn’t really see any great innovations in your digital offer in relation to information and advice. We did wonder if the prevailing debate around superfast broadband across Devon was holding you back at all?

We felt that your approach to Advocacy needs a clearer strategy. We did not find it was consistent and as you will know gaps in service have been highlighted by *HealthWatch*

Importantly DCC is seen as a trusted organisation, by staff and by service users. This is a good foundation to build upon and our view was that you risk diluting some key messages and advice through too many access points and different 'brands'.

5.5 Demand management

We saw a number of initiatives and pilots of both primary and secondary prevention. You are doing a range of varied things across your communities to shift the focus to prevention and stemming unnecessary demand. Again the advice from the team is that if you are to be successful this can and must now grow exponentially.

As well as being self-aware you are resourceful too. You are adept at using external time limited funding, for example in relation to your ICE project to gain momentum and then build in sustainability. It is important to maintain this innovation in partnership.

You have a three year rolling plan for change and a strong and purposeful approach to programme management. Your work to date has shown that you can deliver efficiencies and large scale transformation. It is important that staff are recognised for their work to date and that their knowledge and expertise is used effectively to face the challenges ahead. This may mean allowing staff to work in different ways, for example encouraging more matrix working across the organisation and with partners to uncover new ideas.

Your previous examples of innovation and your willingness to try new things are clearly important strengths in terms of taking forward a demand management approach. We were keen to highlight in the potential for closer links with Public Health. The examples we saw around data sharing, in-depth analysis on behalf of the CCGs and the approach to healthy lifestyle procurement demonstrated the benefits of working collaboratively to find solutions based on demand management and achieving a balance between universal and targeted services in order to have the greatest impact.

We have highlighted the strengths of a number of your established models of community engagement, as well as some of the new approaches you are developing around your market towns. You help build social capital and in many areas your residents are willing and able to make their contribution count, for example 'Caring Town: Totnes'. Likewise in Newton Abbot we saw at first hand the impact your Frailty

Hub was having in terms of a brilliant example of agencies and people working together to spot things early and find solutions. It is clear that you are working at pace within existing models and using you resources to deliver savings and achieve better outcomes.

We spent time with you talking through that massively difficult balance of quality and cost. Our 'gut feeling', based on what we saw and heard was that you had taken out a lot of costs and made a number of tough decisions about de-commissioning services. In the future there needs to be detailed assessments made of the impact on quality of any further cuts and any un-intended consequences in terms of the impact of previous changes on capacity to deliver and the sustainability of current provision. There was some evidence that the quality of services is being adversely affected by current funding decisions. This needs to be closely monitored through the performance data to gain an accurate picture, including the user of user and carer feedback through *Healthwatch* and other consultation mechanisms.

You are just one partner in a complex and financially challenged health and social care environment. You should really look at what is realistically deliverable in terms of savings this year and build a longer term plan. Your approaches to prevention, your Public Services Board and the big ticket issues referred to will all contribute positively to this.

It is inevitable that there will be more system changes in the future and new approaches introduced. Recognising the change that staff, support workers and volunteers have already been through it will be important that time is invested in fostering this important resource and that DCC and its partners build a strategic approach to supporting this brilliant staff resource to effectively challenge their expertise and enthusiasm, avoid duplication and plan in sustainably.

We have said you should be more brave and in part this was also based upon some of the community sector feedback we received where some of these groups see you as risk averse with a tendency to put governance over action. It would be worth exploring this with the sector in more detail to agree how your collective ambitions to drive pace and improvement can be jointly met. There is a willingness to do this based on a pride in the resilience of Devon as a county and a strong sense of community cohesion.

The Case File Audit gave us a specific view that some opportunities were being missed to target advice, information and signposting. These examples came through CareDirect Plus and in our view it was not always clear about your workers awareness of social capital. We felt there was the potential to respond to this positively by looking for more opportunities to involve users (and potential users) in mapping their journeys and co-producing solutions

6. Recommendations/areas we believe you could explore further

- Develop a clear and compelling “big ticket” narrative for the council and in turn the broader health and social care environment.

- Tighten your grip on, and cement better the link between itself as an organisation and its current and potential future role across the health and social care system. This can be significantly influenced by the adoption of the PSB.

- Harness your approach to community resilience and focus on prevention and build that on an ‘industrial’ scale.

- Review the core balance between driving costs out of the system and maintaining and improving quality.

- Take a partnership wide approach to issues such as workforce and estate/asset management so that people and physical resources are coordinated for the maximum benefit

- Address your approach to carers, specifically in terms of eligibility related to the Care Act

- Drive pace into the delivery of your Prevention Strategy. Be clear how you quantify and then tackle what you deem ‘secondary prevention’ and the benefits realisation you can gain from this. Once you have done this place a relentless focus on outcomes and performance to drive real change for the benefit of the residents of Devon

- Reassess the feedback we received from carers in relation to the variability of some service provision, specifically mental health services.

- Ensure that the feedback you receive from *Healthwatch* has more focus in your service delivery and commissioning intentions.

- Finalise your information and advice strategy , with co- production with users/carers and the voluntary sector partners and make use of your existing IT through OLM to create an information /advice portal

- Ensure you are prepared for undertaking self -funder assessments from September

- Consider how assistive technology could support your prevention strategy and seek to embed fully the culture of using assistive technology with staff and the public. There may be opportunities to use Care Direct Plus, Community Enablement and Reablement to more

routinely target the use of assistive technology, particularly as a preventative measure.

- In respect of Reablement, develop a business case based on outcomes and financial viability

- In terms of Community enablement seek to join up housing, employment and your own corporate approach to lead in discussion with wider business community

7. Next steps

You will undoubtedly wish to reflect on these findings and suggestions made before determining how the council and its partners wish to take things forward. As part of the peer challenge process, there is an offer of continued activity to support this.

We discussed the potential for a follow up visit with some of the peer challenge team returning in perhaps 6-12 months to hear about the progress you have made following the challenge and the subsequent action plan which I know you are drawing together. I will discuss and plan this with Damian Furniss in due course.

In the meantime we are keen to continue the relationship we have formed with you and colleagues through the peer challenge to date. We will endeavour to signpost you to other sources of information and examples of practice and thinking in relation to the areas of improvement we have raised. I will liaise with the other team members for their views and suggestions, as well as other colleagues in ADASS and the LGA.

I have included the contact details for Andy Bates who, as you know, is our Principal Adviser (South West). Andy can be contacted via email or telephone at andy.bates@local.gov.uk (07919 562849). He is the main contact between your authority and the Local Government Association. Hopefully this provides you with a convenient route of access to the Local Government Association, its resources and any further support.

All of us connected with the peer challenge would like to wish you every success going forward. Once again, many thanks to you and your colleagues for inviting the peer challenge and to everyone involved for their participation.

Yours sincerely

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On behalf of the challenge team