

Devon Peer Challenge Action Plan

Area	Comment	Action	Owner
Whole System (Governance)	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 Public Services Board.	<p style="text-align: center;">Public Services Board</p> <ol style="list-style-type: none"> 1. Informal steps via conversations <ul style="list-style-type: none"> - Political support - Health and Social Care Development Group - Devon Strategic Partnership (Police, Fire) - Devon Chief Executives Group (District Councils) - Devolution bid 2. Formal steps via proposals <ul style="list-style-type: none"> - Proposal to existing Boards - Report to Cabinet 3. Public Service Board extending to partners <ul style="list-style-type: none"> - Terms of Reference - Membership - Calendar - Supporting Infrastructure - Links to devolution 4. Work Programme <ul style="list-style-type: none"> Focus: <i>Infrastructure</i> <ul style="list-style-type: none"> - Estates utilisation - Shared support functions - Workforce planning and development Focus: <i>Community Wellbeing</i> <ul style="list-style-type: none"> - Multi-agency commissioning - Community capacity building - Joint Strategic Needs Assessment 	Phil Norrey
	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		
	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		

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	<p>Reassess the feedback we received from carers in relation to the variability of some service provision, specifically mental health services.</p> <p>We would encourage you to connect strategic commissioning for health and care with integrated delivery on the ground.</p>	<p>Include in this the secondary commissioning of Mental Health Services and their quality, accessibility and coverage.</p> <p>Use the review of Healthwatch funding and contractual arrangements to renew its approach, shifting resources from assessing current to shaping future health and care services.</p> <p>Redevelop a Commissioning Involvement Framework to define:</p> <ul style="list-style-type: none"> - Our principles that Guide service user/carer Involvement - Involvement structures including Joint Engagement Board and Commissioning Involvement Group - Involvement standards including the use of involvement, co-production and consultation through the commissioning cycle - Standards for publicising Involvement and demonstrating its impact, including the use of Healthwatch - Alignment to Impact Assessment including of Equalities 	<p>Damian Furniss</p> <p>Damian Furniss</p>
<p>Commissioning (Care at Home)</p>	<p>Is Care at home is as joined up across Devon as it could be?</p> <p>A further issue we wondered was whether you should seek to increase access to flexible domiciliary care and both evening and overnight cover.</p> <p>There were instances too where reablement was not effective (mostly for reasons beyond the control of the service such as medical deterioration) and in these cases</p>	<p>Develop a joint Care at Home Strategy for Devon to include:</p> <ul style="list-style-type: none"> - Personal care - Rapid Response - Reablement - End of Life - Day opportunities <p>Work with the prime contractors appointed through the</p>	<p>Tim Golby/ Paul O'Sullivan/ Simon Tapley</p> <p>Ian Hobbs</p>

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	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.		
Commissioning (Advocacy)	We believe you need to clarify and be clear about the offer of general advocacy and think about who will provide this?	Review Advocacy Contract , monitoring arrangements, and access pathways, to ensure sufficiency, capability and responsiveness in meeting Care Act responsibilities.	Damian Furniss
Prevention (Strategy)	<p>Harness your approach to community resilience and focus on prevention and build that on an 'industrial' scale.</p> <p>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</p> <p>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.</p>	<p>Establish a Prevention Board with participation from across the Council.</p> <p>Develop the Prevention Strategy into an implementation plan focussed on three priorities:</p> <ul style="list-style-type: none"> - Prevent premature mortality and morbidity - Prevent, reduce and delay demand on statutory services - Prevent high and unmanageable costs. 	Phil Norrey
Prevention (Partnership)	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.	Extend membership of the Prevention Board to key partners.	Phil Norrey
Prevention (Information and	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	Implement the Information and Advice Portal to include Self-Assessment facilities and to incorporate an upgraded Devon Care Directory.	Tony Parker

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Advice)	<p>create an information /advice portal.</p> <p>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.</p>		
Prevention (Assistive Technology)	<p>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.</p>	Retender for assistive technology , focussing on culture change in adult social care management practice in its implementation.	Sally Slade
Prevention (End of Life)	<p>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.</p>	Incorporate a renewal of the End of Life strategy into a joint Care at Home Strategy.	Tim Golby/ Paul O'Sullivan/ Simon Tapley
Operational (Care Act)	<p>Address your approach to carers, specifically in terms of eligibility related to the Care Act.</p> <p>Ensure you are prepared for undertaking self-funder assessments from September</p>	<p>Review implementation of revised offer to carers considering whether the assessment process is sometimes disproportionate.</p> <p>Review Care Act Phase 2 requirements, given recent Department of Health announcement.</p>	<p>Ian Hobbs (Care Act – Carers Work stream)</p> <p>Tim Golby (Care Act Phase 2)</p>
Operational (Social Care)	<p>In respect of Reablement, develop a business case based on outcomes and financial viability</p>	Social Care Reablement Remodelling Business Case will be presented at SLT in October 2015.	Jan Ingram (Social Care)

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Reablement)	<p>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 significant lower hourly rate than provided by yourselves)</p> <p>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.</p> <p>The CareFirst system is entirely separate from the paper based reablement records. Although information from the initial assessment is passed through to the reablement service, CareFirst has no access to reablement records. The reablement team gather substantial quantities of rich information relating to needs, risks and progress against outcomes, but which is never seen outside of the reablement service.</p>	<p>It will include options for a mixed economy of provision.</p> <p>It will include record keeping, with a review of the referral form used by CareDirect Plus and Social Care Reablement.</p> <p>It will include pathways into the service and entry criteria.</p> <p>It will include a review of capacity.</p> <p>However, mental health service users are not currently in scope.</p>	Reablement Remodelling Project)
Operational (Community Enabling)	<p>In terms of Community enablement seek to join up housing, employment and your own corporate approach to lead in discussion with wider business community</p> <p>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?</p>	Community Enabling is currently being reviewed and remodelled with the potential for changes to the service offer and who it is targeted on.	Jan Ingram (Community Enabling Remodelling Project)
Operational (Safeguarding)	Ensure you are managing the connection between centralised safeguarding and localities so it is everyone's business	A Review of Safeguarding services in 2014 has led to their being remodelled as part of the planned operational service changes due for implementation by October 2015.	Sally Slade (Adult Social Care Operational Remodelling)
Operational	Whilst your recruitment is purposeful it's time to really see how you can make this more innovative and work at a	Workforce development , including recruitment and retention, are part of the planned operational service	Sally Slade (Adult Social Care

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(Workforce)	<p>quicker pace from advert to placement via your corporate services Human Resources team.</p> <p>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.</p> <p>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.</p>	<p>changes due for implementation by October 2015 although recent recruitment challenges may require this aspect of the project to be re-emphasised.</p> <p>We consider our relationship with the Universities we work with to be well established and our system of Practice Educators sound.</p>	Operational Remodelling)
Operational (Assessment Practice)	<p>The audit identified consistent instances of risk (particularly from falls, self neglect and poor nutrition) being identified at the point of initial assessment or from a previous episode of care. These known risks were, however, not followed through into the risk assessment, outcomes setting, planning and subsequent delivery of services in some of the cases audited.</p> <p>Several cases audited suggested that Care Direct Plus is not reviewing previous episodes of care as part of the initial assessment. As a result, important information that would inform the most current intervention is missed. In particular risks such as falls, nutrition or self-neglect are not always picked up.</p>	<p>The quality of practice in CareDirect Plus is under ongoing review with renewed emphasis on practice quality assurance in our new performance framework seeking to highlight and act on these and similar issues through:</p> <ul style="list-style-type: none"> - More robust case audit - Better use of user and carer surveys - Incorporation of learning, including from Peer Review, into learning and development opportunities. 	Sarah Mackereth and Sarah Cambridge (Practice Quality Assurance)